MoCA: Use of the Montreal Cognitive Assessment in Primary Care

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Agenda

- When to complete a cognitive screen?
- What is the best practice training required to perform a MoCA?
- Which role does this fit within best - RN, LPN, or both?
- What is the recommendation for who completes assessment versus who interprets results?
- When is the right time to consult Geriatrics in relation to cognitive function?

Routine Cognitive Screening Not Advised

Both the Canadian Task Force on Preventive Health Care and the Canadian Medical Association Journal (CMAJ) strongly recommend **AGAINST** routine, instrument-based cognitive screening (such as the MoCA or MMSE) in asymptomatic adults aged 65 and older. [1, 2]

Why Screening is Not Recommended:

- **Lack of Benefit:** No high-quality evidence shows that screening asymptomatic adults improves health outcomes, quality of life, or care planning.
- **High False-Positive Rates:** Tests like the Montreal Cognitive Assessment (MoCA) can result in up to a 25% false-positive rate, which can cause unnecessary patient anxiety.
- **Treatment Limitations:** Pharmacological treatments for mild cognitive impairment have not proven effective, and non-pharmacological interventions yield only small, non-clinically significant benefits. [1, 2]

When Should Cognitive Screening Occur?

Providers should actively evaluate patients when individuals are symptomatic, including: [1, 2, 3, 4]

- Symptomatic individuals who are concerned about their own cognitive performance (i.e. the patient has raised complaints about cognitive changes with their clinician or others)
- Individuals who are suspected of having mild cognitive impairment or dementia by clinicians or non-clinicians (Care Partners, family, or friends) **and/or** have signs or symptoms suggestive of mild cognitive impairment or dementia (such as loss of memory, language, attention, visuospatial, or executive functioning, or behavioural or psychological symptoms that may either mildly or significantly impact a patient's day-to-day life or usual activities).[1, 2]

MMSE or MoCA?

MMSE:

- 11-item test that requires 5-10 minutes to administer
- Scoring: suggested cut-off of 24 or less out of 30 should raise concerns about cognitive impairment
- Best suited for moderate-to-severe impairment screening
- MMSE-2 offers 3 versions (Brief, Standard, Expanded) and 2 alternate forms (Red and Blue options); available in 8 languages.
- Consider choosing when: screening for moderate to severe impairment, time constraints are significant, historical comparison data is needed, working with diverse cultural populations, monitoring established cognitive decline.

MoCA:

- 11-item test that requires 10-15 minutes to administer
- Scoring: total score possible is 30; 26–30 = normal cognitive performance; 18–25 = mild impairment; 10-17= moderate impairment; 0-9= severe impairment.
- Significantly more sensitive than the MMSE for detecting MCI (inclusion of more challenging executive function tasks, complex visuospatial items, and demanding memory components)
- Best suited for highly educated individuals or when assessing executive function concerns
- Multiple versions available; more suitable for repeat screening to limit learning effect
- Education correction factor (additional point for education less than grade 12)
- Consider choosing when: screening for mild cognitive impairment, assessing highly educated individuals, evaluating executive function concerns, conducting comprehensive cognitive assessment, early detection is prioritized.

MoCA Versions

- MoCA Full: Quickly and accurately test subjects for mild cognitive impairment, irrespective of etiology. Available in three versions to decrease possible learning effects when MoCA is administered every three months or less.
- MoCA Basic: For subjects who are illiterate or who posses a low education level i.e. <5 years of education.
- MoCA Blind/Telephone: Adapted for administration by voice only.
- MoCA 5-minute/Telephone: The 5-minute “Mini MoCA” is an abbreviated version of MoCA to allow for even quicker screening and remote evaluation.
- MoCA Hearing Impairment: For subjects with hearing impairment.
- Paper test is available in nearly 100 languages.

Cognitive Screening: Information, not a Diagnosis

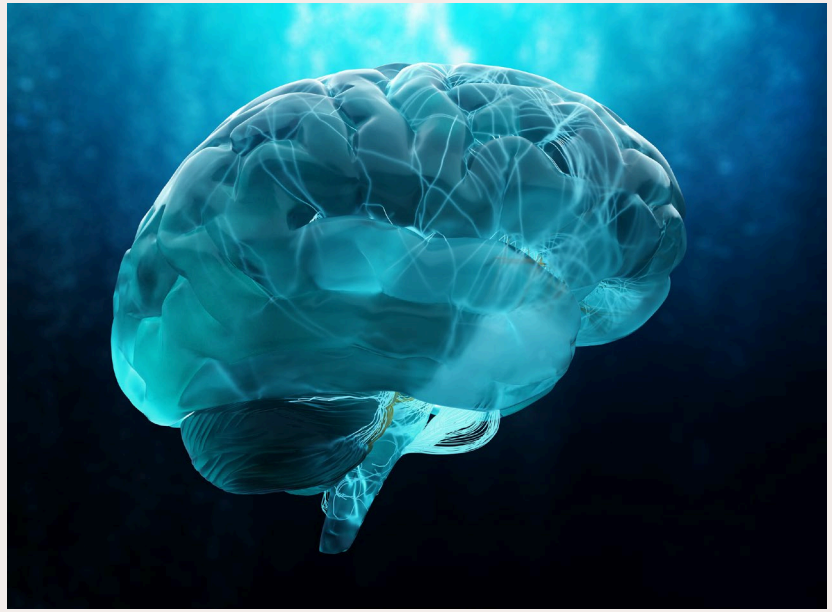
- Cognitive screening yields a number, which can then indicate need for a more comprehensive cognitive and functional assessment
- Need to consider changes in functional status (changes in ability to complete IADL's and BADL's) as well as life history i.e. education level.
- A MoCA score of 27 does not mean the same for everyone!

Who Can Complete a MoCA?

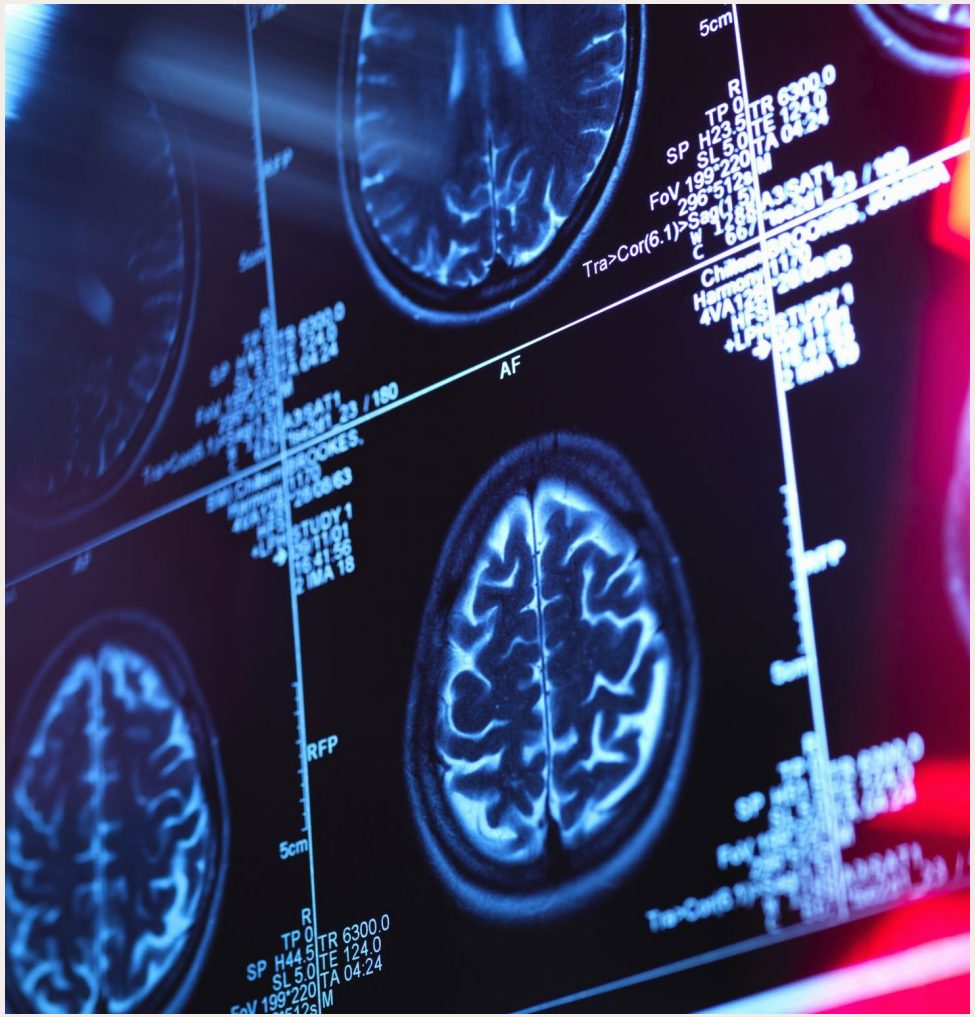
- Any clinician, care provider, or researcher can administer the MoCA by following the official administration and scoring instructions that accompany the official PDF test packages downloaded on the MoCA Cognition website:

  https://mocacognition.com/

- Training is **optional** for those solely considering the total MoCA Score.
- Professionals using the MoCA test to interpret individual tasks, sub-scores, or cognitive domain–specific impairments are **required** to complete the official MoCA Training & Certification program.



MoCA: Who Completes What?



- Any healthcare professional can administer the MoCA (LPN, RN, OT, MD)
- Only medical professionals with specific training in cognition can interpret the results and sub-scores (HCP whose role consists of assessment and care coordination AND has relevant clinical training) or make a diagnosis following a more comprehensive cognitive and functional assessment (Physician or NP)

MoCA Certification

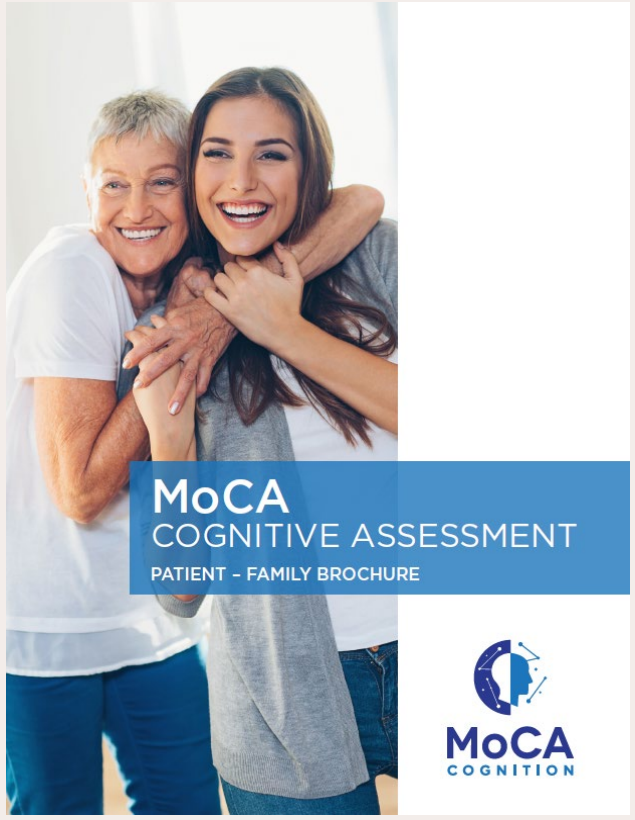
As of December 2025, training is optional for healthcare professionals using the MoCA test solely for screening, triage, or referral purposes, where interpretation is based only on the total score, and required for healthcare professionals who use the MoCA test to interpret individual tasks, sub-scores, or cognitive domain–specific impairments.

Advantages of certification: greater administrator proficiency, accuracy and consistency, helping to maintain test validity. Certified HCPs receive a unique MoCA number and certificate.

Training & Certification program (1-hour virtual, self-directed course) is **FREE** for full-time employees of publicly operated institutions, with completed application by Senior Director/Administrator (otherwise $150USD).

Re-training after 2 years is recommended, but not mandatory (50% of initial training cost)

MoCA Resources



MoCA Training Certification:

https://mocacognition.com/training-certification/

MoCA Fact Sheet for HCPs:

https://mocacognition.com/moca-fact-sheet

MoCA Patient/Family Brochure:

https://mocacognition.com/preview-brochure/

When to Refer to the Provincial Geriatric Program?

- Complicated social situations
- Worsening responsive behaviors/symptoms
- Unusual presentations (young onset, atypical presentation of cognitive change)
- Multiple concerns from patient and/or support persons
- Determining treatment options

For more information, please contact:

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PROVINCIAL GERIATRIC PROGRAM/DEMENTIA SPECIALTY TEAM

Thank you