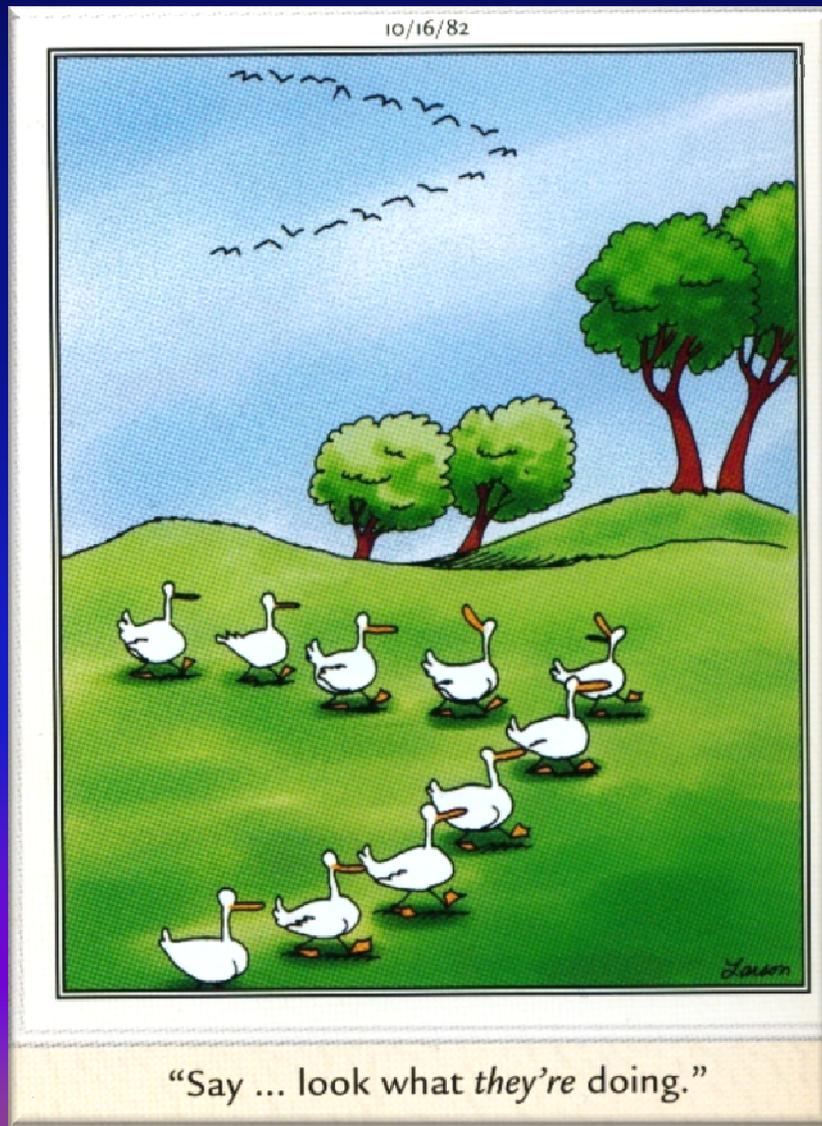


Primary Care Memory Clinics:



Improving care
for seniors with
cognitive impairment
and dementia

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The Centre for
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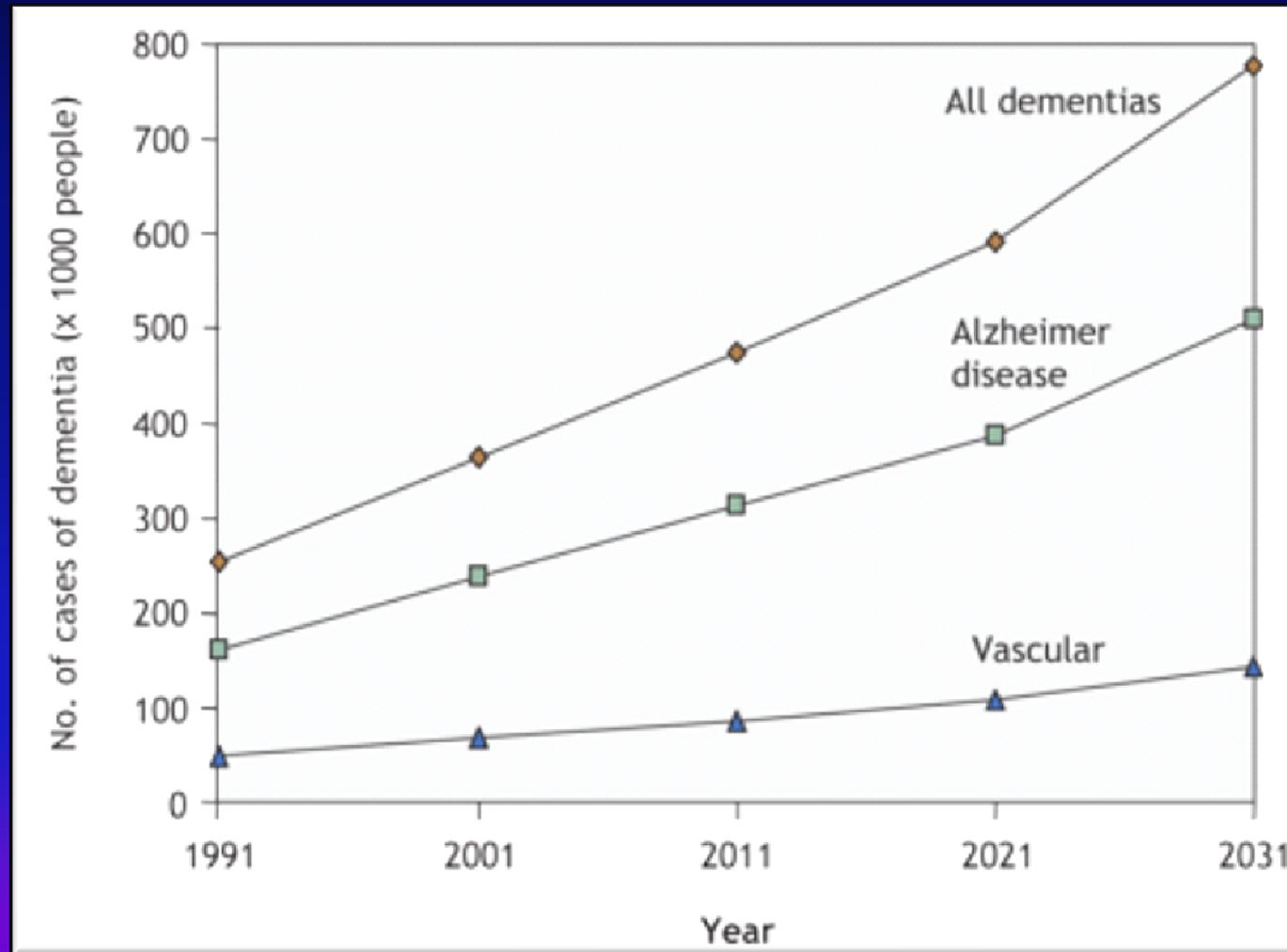


Superman in his later years

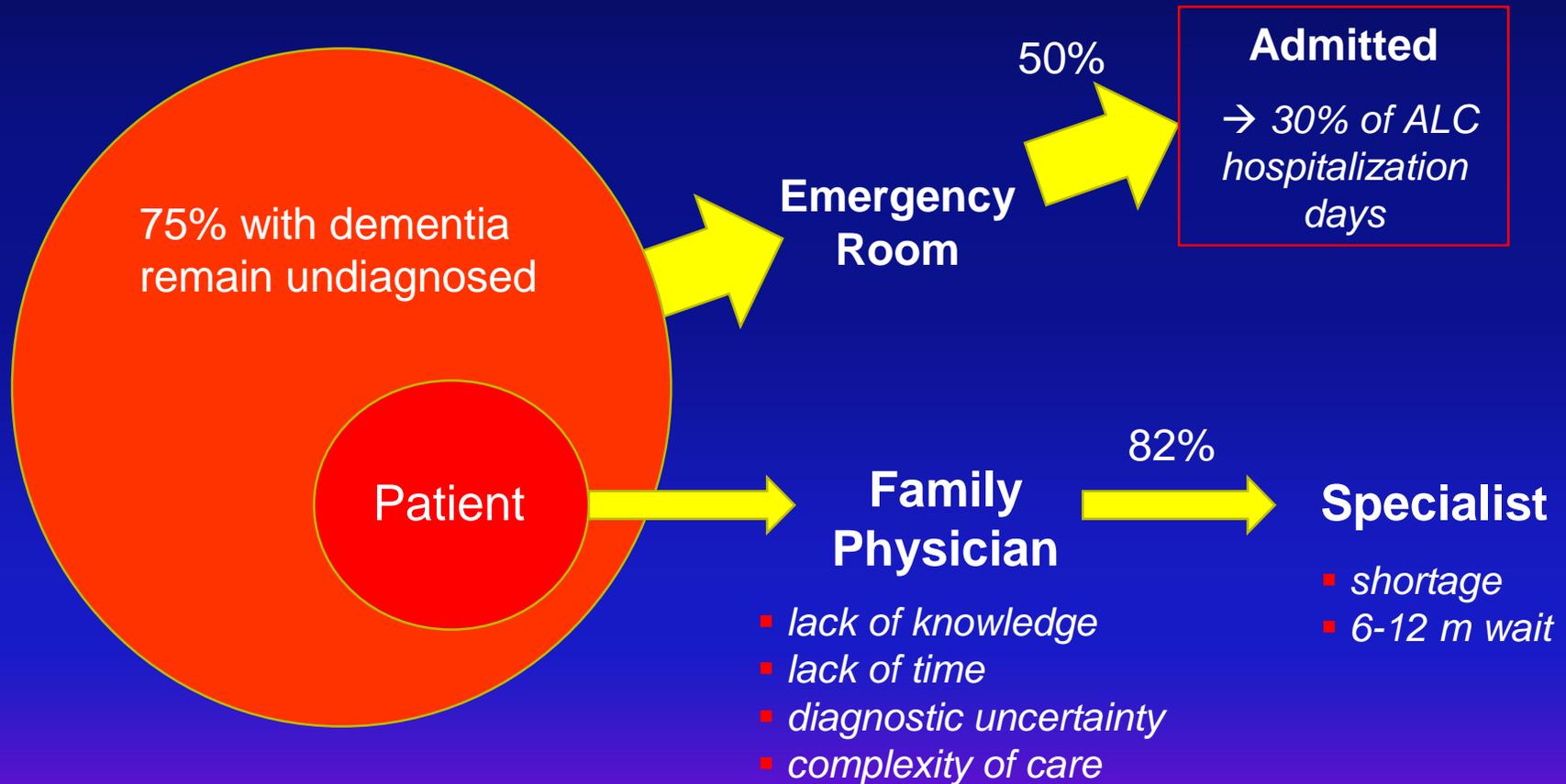
Objectives

- Describe the benefits of primary care memory clinics to the patient/caregiver, family physician, specialists, and health care system utilization
- Review evaluative studies of the CFFM Memory Clinic and pilot round of FHT/CHC Memory Clinic training

Projected prevalence of all dementias, Alzheimer disease and vascular dementia in Canada



Currently...



Pimlott NJG, et al. Can Fam Physician 2006
Massoud F, et al. J Nutr Health Aging 2010
Feldman HH, et al. CMAJ 2008
CIHI 2007
CIHI Alternate Level of Care 2008

Currently...

- ▶ Canada is facing a “dementia epidemic”:
480,600 in 2008 → projected prevalence 1,125,200 in
2038

Alzheimer Society of Canada, 2010

- ▶ Patients with dementia had 3.3 X total medicare
expenditures than non-dementia patients, 54% of
adjusted costs due to hospitalization

Bynum JPL, et. al. *JAGS* 2004

- ▶ 2008-2038: projected cumulative cost of dementia will be
\$872 billion

Alzheimer Society of Canada, 2010

Reduced health care cost in year following diagnosis by an interprofessional dementia clinic in primary care

Study demonstrates 54% decline in health care costs in the year following diagnosis by DDP* team as compared to 25% decline in patient diagnosed by a non-DDP clinics

McCarten JR, et al. ICAD July 2010

*DDP = Dementia Demonstration Project

Reduced hospitalization with early diagnosis and outpatient care

Study demonstrates less hospitalization in patients with cognitive impairment who had greater outpatient physician contact.

Conclusions:

“The findings suggest the need for increased outreach targeted at identification of community-dwelling older adults with decline in cognitive function who are in need of care but are underdiagnosed, underutilize physician care, and are overhospitalized.”

Caspi E, et al. *Alzheimers & Dementia* 2009

Inter-professional approaches are effective

- ▶ Support and counseling for spouse-caregivers of patients with AD delays nursing home placement (2.7 years vs 4 years)

Mittleman MS, et al. JAMA 1996

- ▶ Treatment guidelines for AD delivered through collaborative primary care model significantly improves behavioral and psychological symptoms and caregiver stress

Callahan CM, et al. JAMA 2006

“We have to figure out how to make the job of primary care doable once again. We have to learn how to surround primary care physicians with teams that help them care for their populations of patients.”

Lee, TH. The Need for Reinvention. NEJM 2008



2006 - CFFM Memory Clinic established
- 21,000 patient base

2008 - MOHLTC grant

- expansion includes Social work
Pharmacy
Optometry
Nursing
Medicine



- development of an accredited Training Program in partnership with the OCFP, WWLHIN, unrestricted educational grants

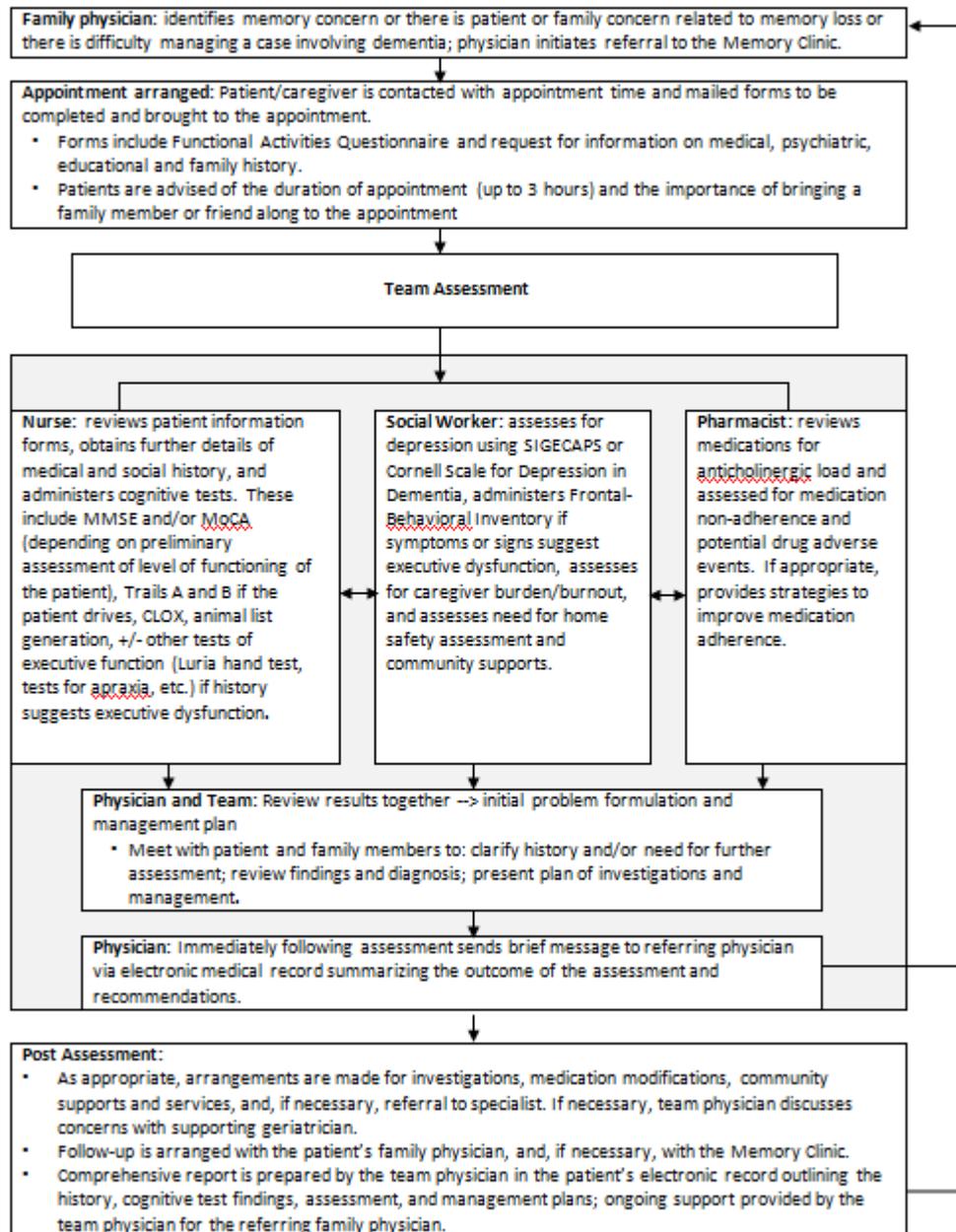
Principles of the Memory Clinic

- ❑ Increase capacity and quality of care for patients with cognitive problems at a primary care level
- ❑ **Holistic interprofessional care and support** of patients and caregivers → aim to reduce crisis visits, caregiver burnout, premature institutionalization, and improve quality of life for as long as possible
- ❑ Balance diagnostic accuracy and effective interventions with efficient, sustainable utilization of resources.
- ❑ Streamline referrals to specialists/community resources

Structure of the Memory Clinic

- ❑ Typical team: 1 lead family physician, 2 nurses, 1 social worker, geriatrician support
- ❑ 1 – 2 clinics per month, FHT funded
- ❑ Family physician refers patients to the FHT Memory Clinic for initial assessment and periodic follow-up (shared care model)
- ❑ Interprofessional assessment and management; typical visit 1.4 – 2 hours
- ❑ Memory Clinic team streamlines referrals to specialist/CCAC/community supports and provides timely guidance to patient's own family physician

Flow diagram of the CFFM Memory Clinic Model of Care



The Assessment Process

- Family physician identifies a concern re memory
→ referral to the FHT Memory Clinic
- Patient or caregiver is contacted, given appointment
& sent forms for completion
- Patient / caregiver assessed by team:
 - Medical and social history
 - Cognitive testing
 - Review of results with physician → initial problem formulation and management plan

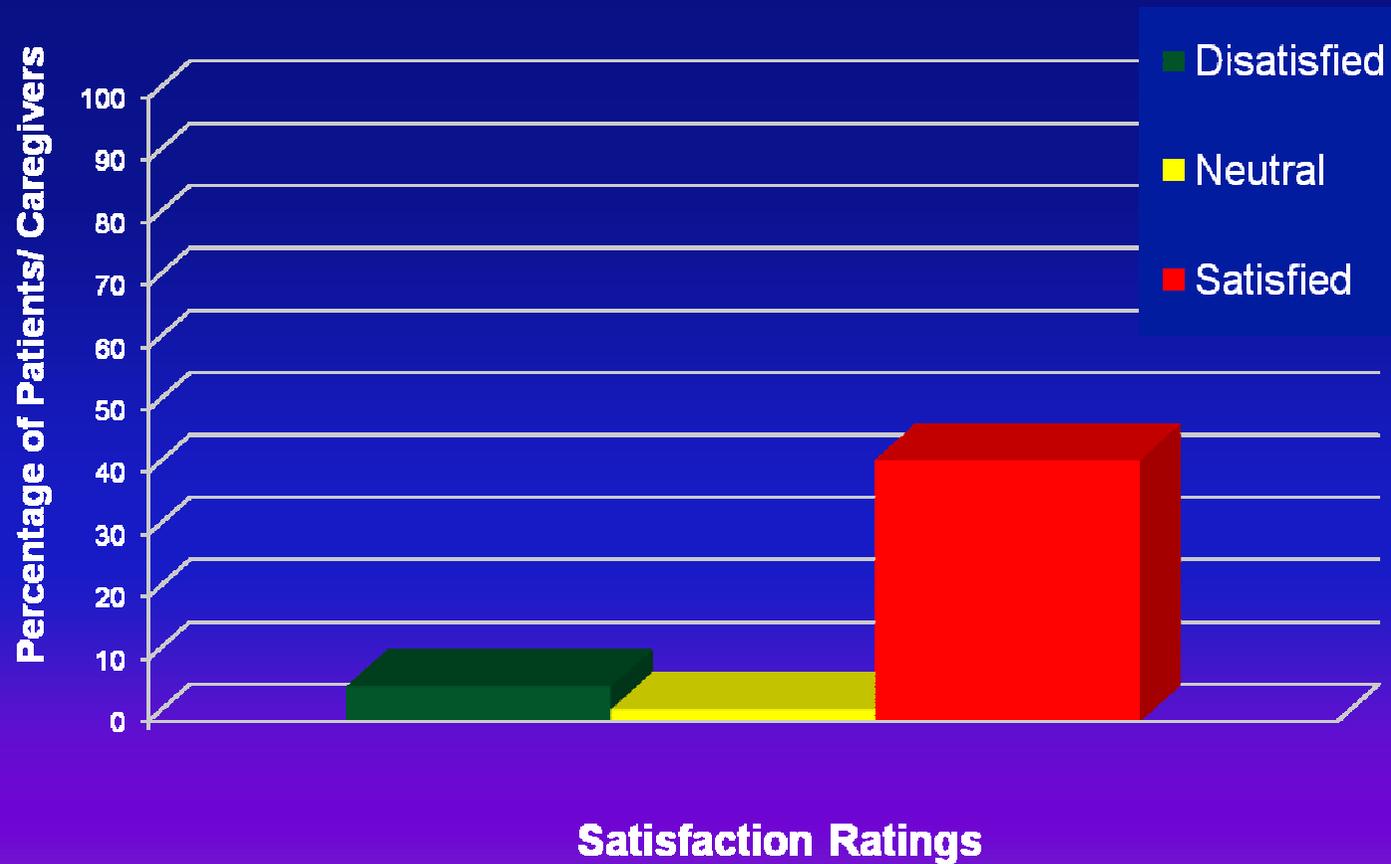
The Process, cont'd...

- Physician and other team member(s) meet with patient & family member
 - Clarification of history and/or further assessment if needed
 - Review findings & diagnosis
 - Present plan of investigations & management
- Comprehensive report sent to referring physician
- Ongoing care by patient's own family physician
- Follow-up as needed (usually 6-12 months)

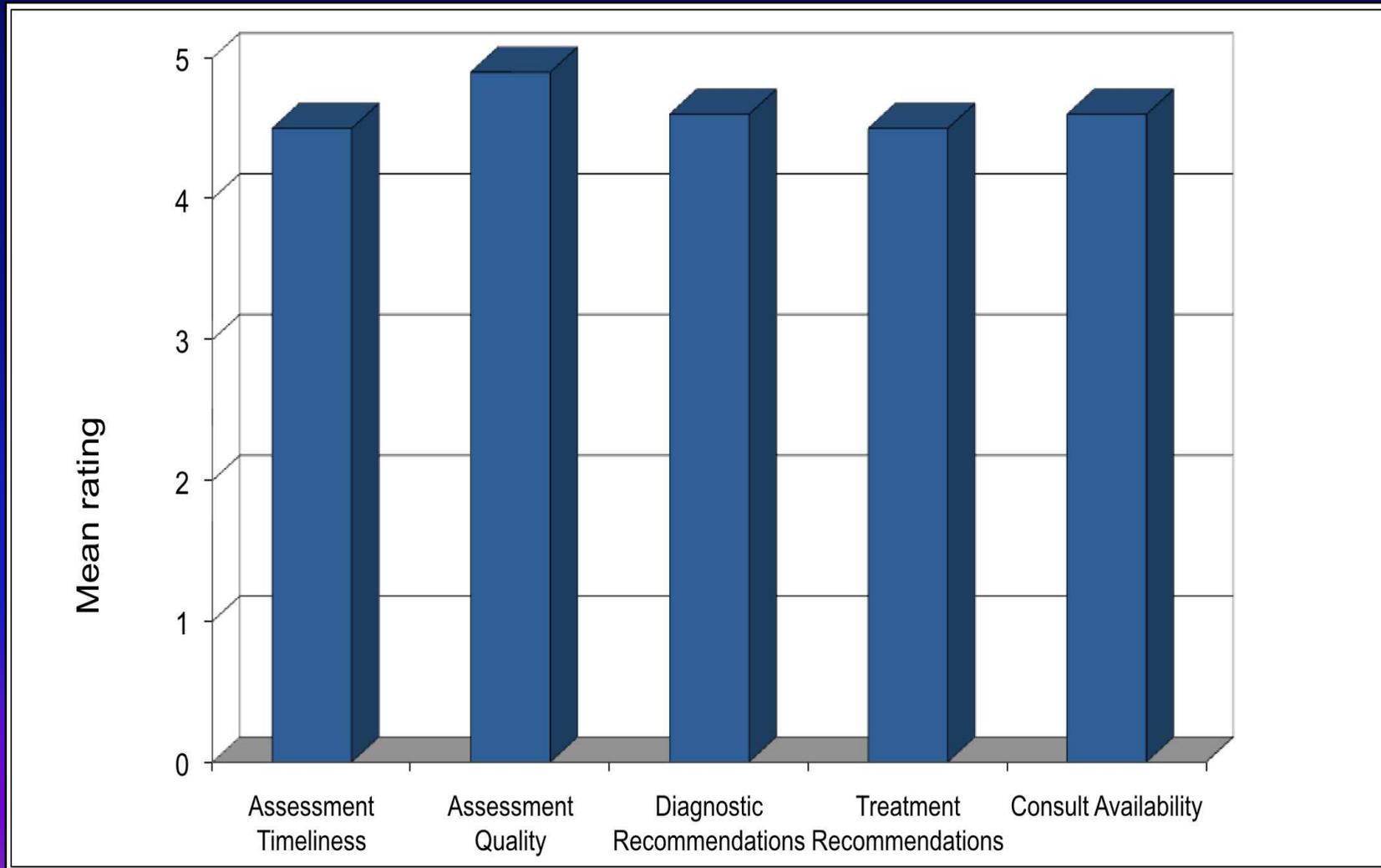
Evaluation of the CFFM Memory Clinic

- in press, *JAGS*
- 3 years of data
- 256 patient assessments (151 different patients)
- **8% referral rate**: 12 referrals to specialists over 3 years (geriatrician/neurologist)
- Independent 30 chart audit by 2 geriatricians:
no concerns with diagnosis, management, and decision to refer/not refer to specialist

Patient & caregiver ratings of satisfaction with their visit to the CFFM Memory Clinic



Mean ratings of physician satisfaction with the CFFM Memory Clinic



Average Assessment Times

	Arrival → Testing Complete (hrs)	Testing Complete → Finish (hrs)	Total Visit Time (hrs)
New Patient	1.4	0.6	2.0
Follow-up Patient	0.7	0.7	1.4



The primary care Memory Clinic model increases capacity for care in 3 distinct ways:

1. a practice-based mentorship to increase knowledge and skills among referring family physicians
2. as an intermediary, to manage flow of cases between patient's family physician and specialists
→ referring only necessary cases
3. by reduced burden on specialist care + increased efficiency of specialists' assessments
→ potential for decreased wait times for urgent specialists' appointments

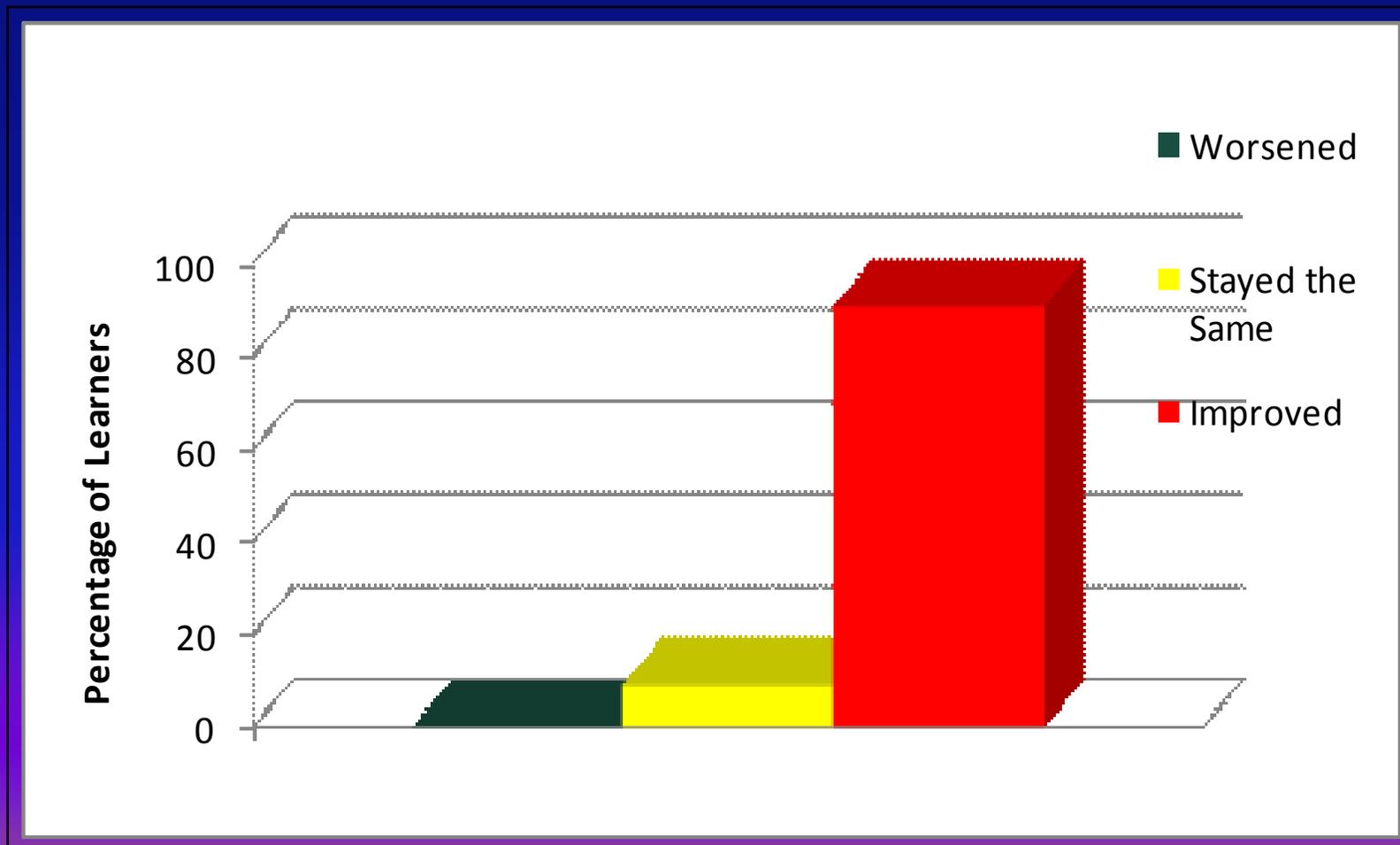
OCFP/CFFM Memory Clinic Training Program

- ❑ 2 day **interprofessional** workshop
 - ❑ On-site clinical training day at the CFFM Memory Clinic
 - ❑ 2 days of mentorship at the FHT site
- Training of teams → sustainable model of care



4 Pilot Clinics: 6 month post-training

Ratings of changes to the quality of care provided
as a result of the training program



OCFP/CFFM Memory Clinic Training Program Participants

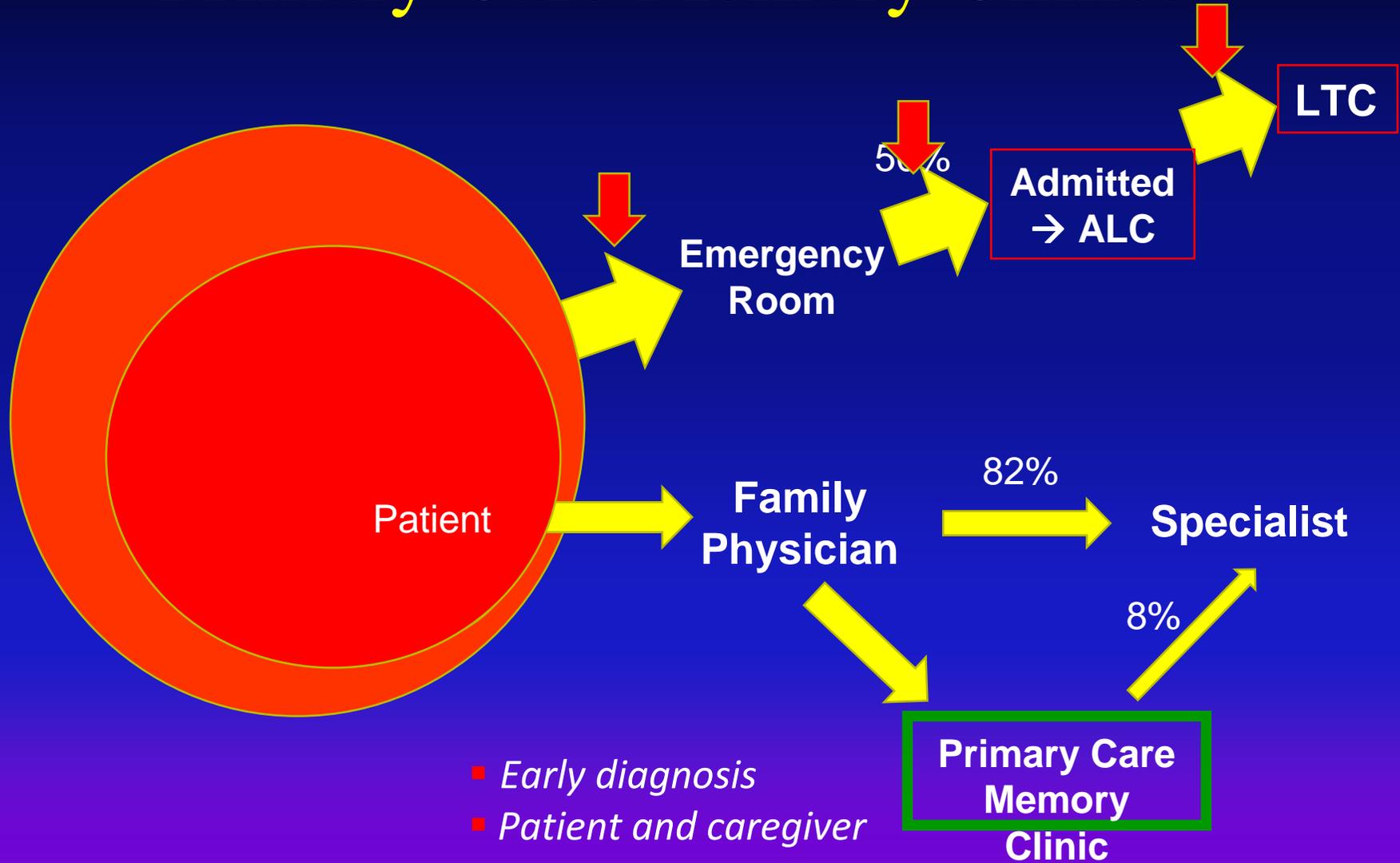
- Upper Grand FHT (Fergus)
- Dorval Medical Associates FHT (Oakville)
- New Vision FHT (Kitchener)
- Langs Farm Village CHC (Cambridge)

- Two Rivers FHT (Cambridge)
- Brockton and Area FHT (Chelsey, Durham, Mildmay, Paisley, Walkerton)
- Minto-Mapleton FHT (Clifford, Palmerston, Harrison, Moorefield, Drayton)

- SE Toronto FHT
- Upper Grand FHT (Fergus)
- Summerville FHT (Mississauga)
- Owen Sound FHT
- Thames Valley FHT (Byron Clinic, London)



Primary Care Memory Clinics



- *Early diagnosis*
- *Patient and caregiver supports*
- *Pro-active LTC planning*

How Dinosaurs became extinct.

