

# Saskatchewan Rural Primary Health Care Memory Clinics





CCNA CCNV 15

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Alzheimer Society

# Background

- Dementia prevalence is higher in rural than urban areas<sup>1,2</sup>
- A greater proportion of older adults resides in rural than urban Canada (20% vs. 16%)<sup>3</sup>
- Specialist dementia care is not easily accessible to rural and remote communities
- According to Canadian guidelines, dementia diagnosis and management should be concentrated in primary care<sup>4</sup>
- Study purpose: To develop, adapt, sustain, and spread 1-day memory clinics in rural primary health care teams

## **Methods**

- Ongoing intervention study
- Community-based participatory research approach
- Developed a Rural PHC Model for Dementia that incorporated 7 elements associated with positive outcomes (see figure)
- Operationalized the model of dementia care into a 1-day memory clinic in collaboration with one rural PHC team, using a 5-step approach
- 1-day memory clinics were implemented and adapted in collaboration with a total of 4 PHC teams in rural SK communities
- A mixed cross-sectional and retrospective study design was used to identify factors associated with sustaining and spreading the memory clinics

# Results

### **1-day Memory Clinics**

 Four PHC teams in southeastern Saskatchewan hold 1-day memory clinics every 1-2 months, assessing 2 patients each day (am/pm)

### Interprofessional care

- Memory clinic teams include a family physician/nurse practitioner, home care nurse/social worker, occupational and physical therapists, and Alzheimer Society First Link Coordinator
- 3-hr clinic appointment includes team huddle, team meeting with patient and family to discuss concerns and review appointment plan, patient assessment by separate team members, family consult with First Link Coordinator, team debrief, and case conference with patient and family to discuss results, recommendations, and follow-up plans

### **Decision support**

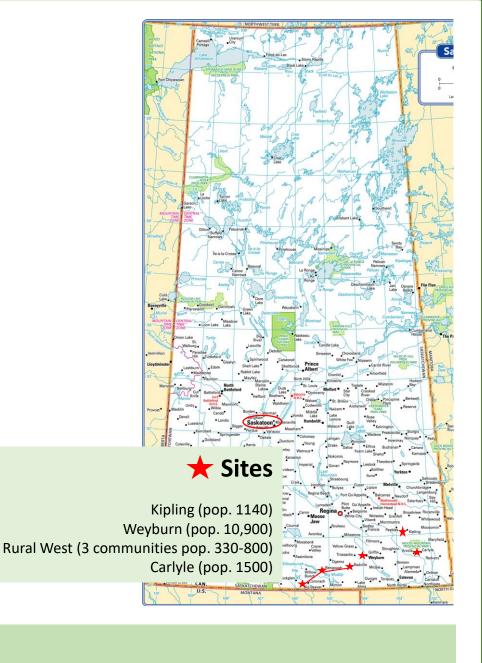
- EMR flow sheets in Telus Med Access and Accuro guide patient assessment
- Flow sheets include a separate section for each team member (FP/NP, HC/SW, OT, PT) and the case conference
- Flow sheets are based on the Primary Care Dementia Assessment and Treatment Algorithm (PC-DATA<sup>TM</sup>)<sup>5</sup>

### **Specialist-to-Provider support**

**Rural PHC Model for Dementia** 

- Teams take part in PC-DATA<sup>TM</sup> education<sup>5</sup> with Dr. Dallas Seitz (UCalgary)
- Continuing education webinars on dementia-related topics 3-4 times/yr
- Remote specialist support is available
  - Telephone consultation with Saskatoon geriatricians
  - Rural and Remote Memory Clinic offers remote diagnosis and remotely-delivered interventions

# Initial Evaluation PC DATA Dementia Visit Flowsheet PC DATA Webbaggs PC DATA Benarios Manual PC DATA Dementia Manual PC DATA Dementia Manual PC DATA Mychines In Demographic Data 1. Demographic Data 1. Demographic Data 1. Demographic Data 1. Stairs/Railings: Outside: Stairs/Railings: Outside: Stairs/Railings: Outside: Crutches End of Occupational TherapyPhysical Therapy Section Dementia Case Conference Duprosis and Initial Management 17. Impression 17. Impression Impression 18. Past Ps; Demographic Data Dementia Case Conference Duprosis and Initial Management 18. Determine Type of Dementia In Presenti Source Med Altheirer's Dementia Dementia Pressure Learner Le



### **Sustain and Spread Factors**

- 11 factors were identified, including 5 that influenced both sustainability and spread
  - Well-developed clinic processes and tools
  - Clinic champion and engaged, confident leader
  - Positive outcomes for patients and families
  - Facilitation by local facilitators and researchers
  - Organizational and leadership support

# Decision Support Tools Specialist -toprovider Support • Access to IT Resources Interprofessional Care • Multidisciplinary Team • Care Management • Education Sessions • Education/support for Patient & Family

# Conclusions

- 1-day memory clinics have been established in collaboration with 4 rural PHC teams to increase access to dementia diagnosis and management in rural communities
- Several related research projects are in progress focusing on patient and family experiences, care partner outcomes, patient quality of life and service needs, and community programs.
- Our research team continues to sustain and spread memory clinics using strategies to promote key intervention, team, and organization factors
- Although the study is ongoing, the COVID-19 pandemic has had a impact in terms of fewer memory clinics, reduced data collection, and slower spread.

### References

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