Primary Care Memory Clinics:
A new model of dementia care within family practice

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What is a Primary Care Memory Clinic?

- An *intermediary* clinic

- An interdisciplinary model of co-active team-based case management, rooted in primary care practice
  - efficiently integrates specialist and community resources
  - assists with *the most challenging aspects* of dementia care
  - ensures the patient’s family physician maintains central role in care → defragmented care

- *Builds capacity* within primary care practice
  - Moves much of dementia care from specialty care into primary care

- Unique!
Sustainable, Efficient Care

"Access to the right amount of care for the right patient."

Low-intensity CDM 75%
Mid-intensity CDM 15-20%
High-intensity CDM 5-10%

Patient's Family
Physician

Primary Care
Memory Clinic

Specialist

Scott IA. Medicine Journal 2008;38
Heckman GA.. Healthcare Papers 2011;11

Courtesy: Dr. George Heckman
Primary Care Memory Clinics

- 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
- Minto-Mapleton FHT
- SE Toronto FHT
- Summerville FHT (Mississauga)
- Owen Sound FHT
- Thames Valley FHT (Byron Clinic, London)
- Cochrane FHT
- Upper Canada FHT (Brockville)
- City of Kawartha Lakes FHT (Lindsay)
- Leamington FHT
- Garden City FHT (St. Catharines)
- Delhi Community FHT
- Portage Medical FHT (Niagara Falls)
- Welland McMaster FHT (Welland)

- Niagara Medical Group FHT (Niagara Falls)
- Grandview FHT (Cambridge)
- East Wellington FHT (Erin/Rockwood)
- Freeport Memory Clinic for 3 FHOs:
  - Kitchener-Waterloo FHO
  - Waterloo Region FHO
  - Grand River FHO
- Winston Park Retirement Home
- Hanover FHT
- Loyalist FHT (Amherstview)
- Stratford FHT
- Strathroy FHT
- Port Colborne FHO
- Oakmed FHT (Oakville)
- Oakville Centre FHO
- Argus FHO (Oakville)
- Superior FHT (Sault Ste Marie)
- Iroquois Falls FHT
- Parry Sound FHT
- Powassan FHT

...servicing > 500 family practices in Ontario!
2006 - Primary Care Memory Clinic established to support 17 CFFM FHT family doctors
- 21,000 current patient base

2008 - MOHLTC grant
- expansion includes Social work
  Pharmacy
  Nursing
  Medicine
  Occupational Therapy

- development of an accredited interprofessional Training Program in partnership with the Ontario College of Family Physicians, with guidance from geriatricians
Primary Care Memory Clinic

- Possible Team members:
  - 1-3 family physician leads
  - 2 nurses/nurse practitioners
  - Social worker
  - Pharmacist
  - Alzheimer Society member
  - Specialist e-mail or telephone support

- “Practice-based mentorship”

- Stratify patients according to risk of poor outcomes and tailor intensity of intervention accordingly

- Aim to reduce crises and avoidable ER visits and hospitalizations and delay institutionalization
A highly efficient model!

- 1 clinic day per month supporting 10,000 patient base
- Referrals to specialists streamlined to only the most complex (<10%)
- Highly-functioning interprofessional team collaboration
- Defragmented care
CFFM/OCFP Memory Clinic Training Program

- 2-day case-based interprofessional Workshop
- 1-day Observership at the CFFM Memory Clinic
- 2 days of Mentorship at the new Memory Clinic site
  - Discipline-to-discipline mentoring
  - Model adapted to local needs and available resources

Accredited for 17 hours MainPro-C credits by the College of Family Physicians of Canada
Annual Booster Days

- Knowledge and process updates, review of challenging cases
- Sharing of best practices within disciplines
- Builds a community of practice

Webinars

- Hosted by the Alzheimer’s Knowledge Exchange
- Presentation by experts with discussion
- Designed to meet the needs of Memory Clinics and supporting specialists, eg. driving, capacity issues
Evaluation of the CFFM Memory Clinic

- 3 years of data
- 256 patient assessments (151 different patients)
- 8% referral rate to specialists over 3 years
- Quality of care: Independent 30 chart audit by 2 geriatricians demonstrated appropriate diagnosis, management, and decision to refer/not refer to specialist
Evaluation of Trained Memory Clinics

- Submitted for publication, presented at AAIC 2012
- Evaluation of 21 Family Health Teams and 1 Community Health Centre, range of patient base 4,149-118,000
- N=124 (Family Physicians and Interprofessional Health Care Providers)
- Varied composition of Primary Care Memory Clinics (minimum 1 MD, 1 RN)
- Includes CIHR-funded evaluation of 5 sites

Wait times and specialist referrals

582 patients assessed /12 months
- 70.1% (N = 408) initial assessment only
- 29.9% (N = 174) initial assessment and 1+ follow-up visits

- Wait time:
  - Average = 1.4 months (SD = 1.7)
  - 35% (N = 174) within a month of referral

- Referrals to specialists:
  - 8.9% (N = 52)

Data from 13 of 15 sites
Chart Audits (N = 50)

High level of agreement on the appropriateness of:
- Diagnosis
- Investigations
- Requested lab tests
- Treatment plan
- Medications

- Quality indicators based on CPSO chart audit template
- 5 consecutive sites audited, 10 charts audited per site
- Audits completed independently by 2 geriatricians
- Disagreement related primarily to lack of documented physical examination
Patient and caregiver satisfaction surveys

- Response rate: 47.3% (4 of 5 CIHR funded sites)
- 67% rated “very” or “extremely” satisfied; mean rating 6.2 on a 7 point scale
Further reading…

- Training program:

- Interprofessional training:

- “Lessons learned” in team development:
  Lee L, et al. Can J Aging, accepted
Study of Alzheimer’s Society team members in primary care Memory Clinics

- Study funded by the Regional Geriatric Program Central
- Accepted for presentation at AAIC 2013
Increase to Alzheimer Society Services

FHT Referrals to the Alzheimer Society in the 6 Months Prior to and Following Alzheimer Society Representation on the FHTs

*Across 4 FHTs
## Increase to Alzheimer Society Services

<table>
<thead>
<tr>
<th>Site</th>
<th>Pre-AS involvement (6 months)</th>
<th>Post- AS involvement (6 months)</th>
<th>Percent increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site A (Leamington FHT)</td>
<td>0</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Site B (City of Kawartha Lakes FHT)</td>
<td>3</td>
<td>22</td>
<td>663.33%</td>
</tr>
<tr>
<td>Region A (Niagara; 4 FHTs*)</td>
<td>4</td>
<td>22</td>
<td>450.00%</td>
</tr>
<tr>
<td><strong>Total (Across 7 FHTs)</strong></td>
<td><strong>7</strong></td>
<td><strong>54</strong></td>
<td><strong>671.43%</strong></td>
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</tbody>
</table>

*Excluding Welland FHT for which AS role was not yet formulated at the time of the interviews.*
Future directions

- Develop mechanism for standardizing specialist support and quality assurance (Alzheimer Society Canada grant)
- Adapt program to different cultural settings
- Establish consistent funding source for ongoing training (35+ teams on wait list for training)
- Evaluate broader health system impacts and economic evaluation