



Interprofessional rural primary healthcare memory clinics: Patient and family experiences

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Website www.ruraldementiacare.usask.ca



Background and Objectives

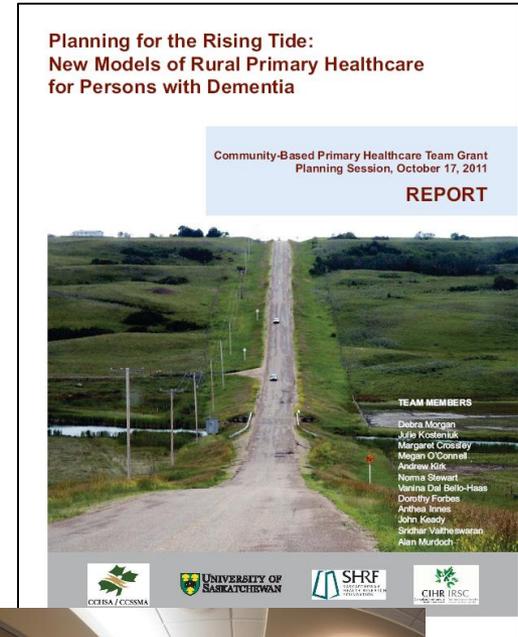
- Diagnosis and management of dementia is ideally situated within **primary healthcare (PHC)**, especially in rural communities with aging populations and limited resources.
 - A central role for PHC in dementia is recommended because of the importance of care coordination and post-diagnostic support.¹⁻²
- In partnership with rural PHC teams in Saskatchewan, the RaDAR team has developed interprofessional team-based rural memory clinics delivered by local healthcare professionals.³
- Study objective: to **explore the assessment and diagnosis experiences of patients and families who attended a rural PHC memory clinic.**

References:

1. Prince M. et al. World Alzheimer Report 2016: Improving healthcare for people living with dementia. London: Alzheimer's Disease International; 2016. 131 p.
2. Morgan D. et al. (2020). Rural Dementia Research in Canada. In A. Innes , D Morgan & J Farmer (Eds.), Remote & Rural Dementia Care: Policy, Research, & Practice. Bristol Policy Press.
3. Morgan D. et al. (2019). Barriers and facilitators to development and implementation of a rural primary health care intervention for dementia. BMC Health Services Research, 19:709



Provincial Consultation on Rural PHC for Dementia



Dr. Debra Morgan
Director



Dr. Megan O'Connell
Neuropsychologist



Dr. Andrew Kirk
Neurologist



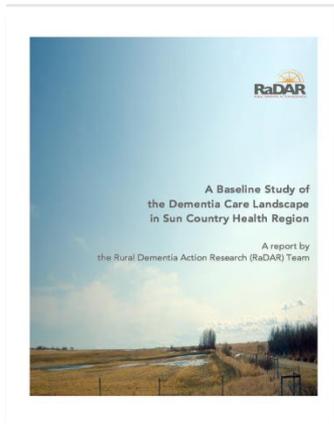
Partnership with Sun Country Health Region



GOAL: To work with rural PHC teams to develop a **model for dementia care** that was based on research evidence, and that is effective, feasible, sustainable, & adaptable to diverse rural contexts.

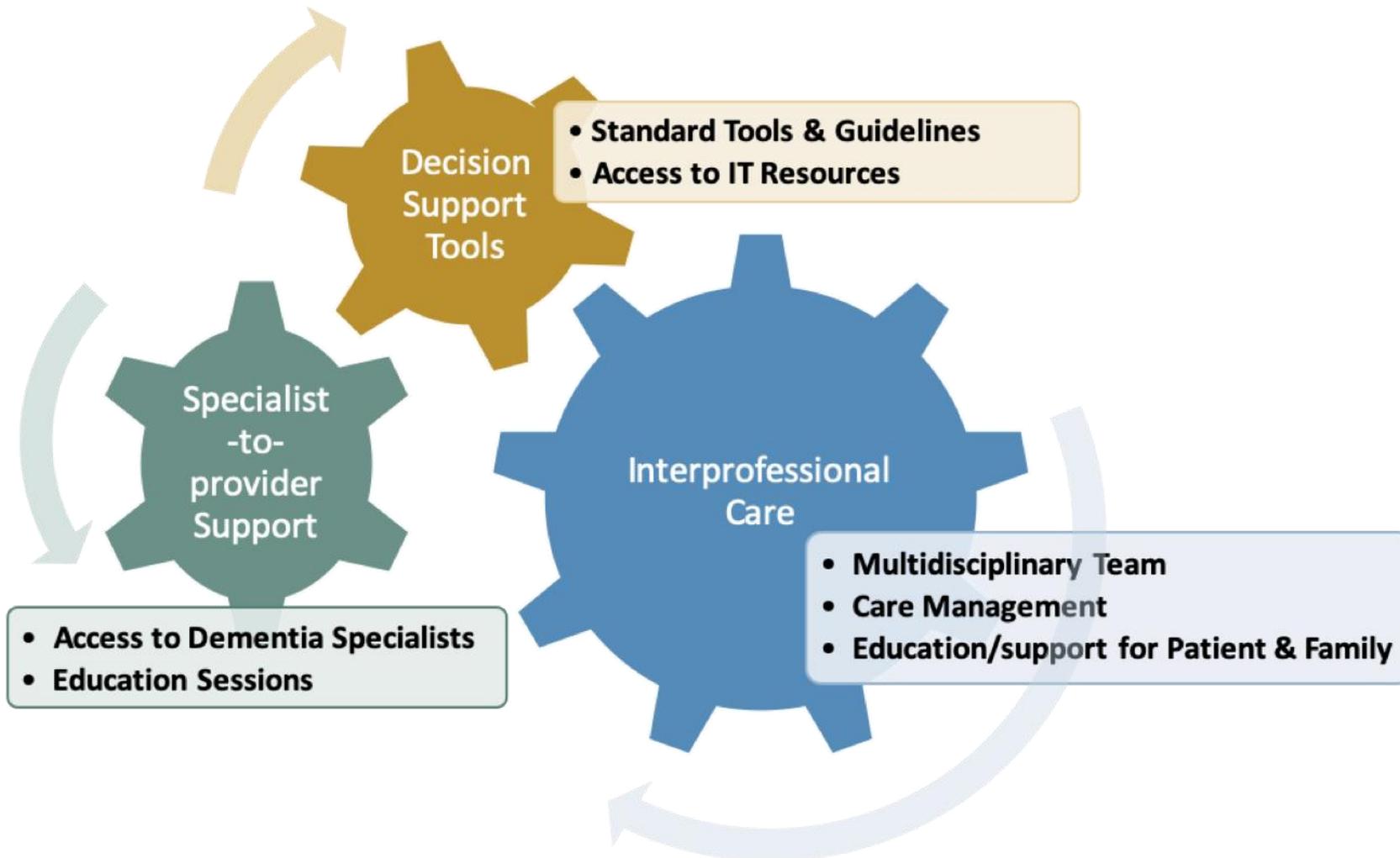
Needs assessment findings

- Challenges in early identification and diagnosis
- Lack of decision support tools and care pathways
- Need for team-based care strategies for dementia



Rural PHC Model for Dementia

Best practices based on review by Aminzadeh et al. (2012)





Interprofessional Care

Interprofessional Team

- Family Physician or Nurse Practitioner
- Home Care Nurse
- Social Worker
- Occupational Therapist
- Physical Therapist
- Alzheimer Society First Link Coordinator
- PHC Facilitator
- Office staff

Care Management

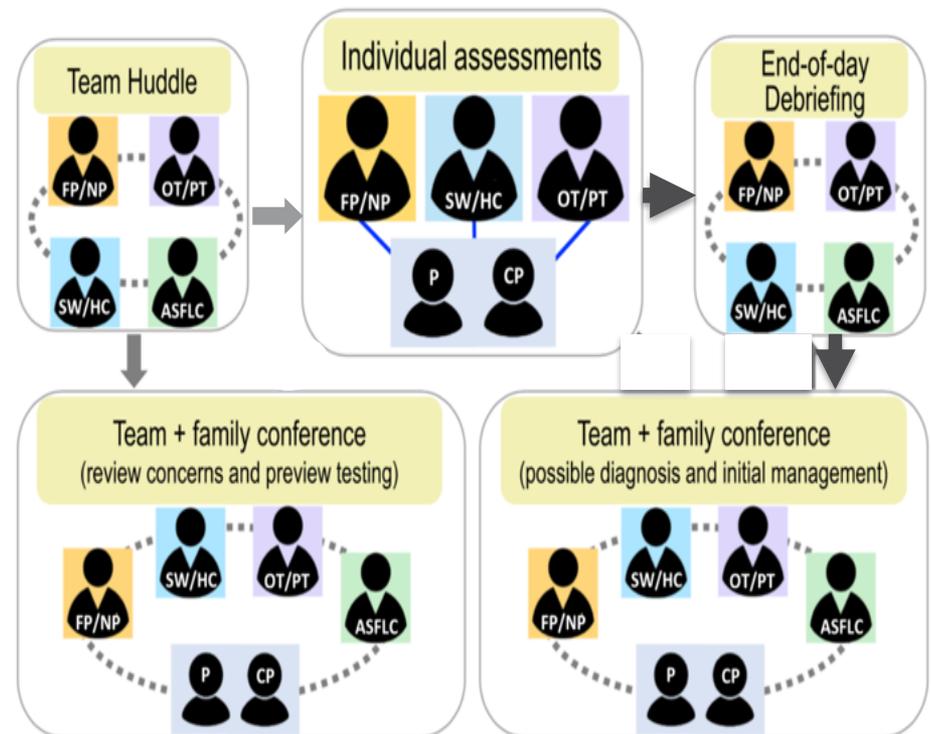
- Clinic day assessments
- Shared EMR flowsheets and decisions
- Team conference with patient and family
- Shared care plan

Education/support for Patient & Family

- Alzheimer Society services
- Community services

Team

1-day Memory Clinic (Initial Evaluation)



FP/NP = Family Physician/Nurse Practitioner; OT/PT = Occupational Therapist/Physical Therapist;
 SW/HC = Social Worker/Home Care Nurse; ASFLC = Alzheimer Society First Link Coordinator;
 P = Patient; CP = Care Partner



PC-DATA™

Primary Care Dementia Assessment & Treatment Algorithm

- based on Canadian guidelines
 - Visit flow sheets in EMR with section for each team member
 - Algorithms
 - Education manual
 - Education sessions

Developed by Dr. Dallas Seitz
Geriatric Psychiatrist
University of Calgary

Physician/NP

Initial Evaluation PC DATA Dementia Visit Flowsheet

PC DATA [Help/Support](#)
PC DATA [Education Manual](#)
PC DATA [Algorithms](#)

Physician/NP Section
Date patient seen (DD-MM-YYYY) _____

1. Demographic Data
Living Environment: _____
Living Situation: _____
Main Caregiver (Relationship): _____
Name (POA / Friends): _____
PHSA (Personal Care): _____
Educational Achievement: _____
Primary Language: _____

2. Family History
Family History: Anxiety Depression Neurologic conditions Bipolar/Mania/Borderline Alzheimer's Disease
If history of Alzheimer's Disease give specifics: _____

3. Past Psychiatric History
Past Psychiatric History: Anxiety Depression Psychosis Alcohol Use (current/past) Other substance use (current/past)
If history of drug or alcohol abuse please specify: _____

4. Presenting Complaint
Source of information regarding change: _____
Presenting Symptoms: Functional decline High risk population (individuals over age 75, new onset depression, history of delirium, stroke or TIA) Memory Impairment Personality change Psychosis or Suspicion

Home Care/Social Work

11. History of Cognitive Changes
Duration of Complaint (years): _____
Onset: _____
Progression: _____

Cognitive Symptoms

Memory Difficult recalling recent events
 Forgetting appointments
 Forgetting conversations
 Forgetting medications
 Misplacing objects

Language Difficulty understanding conversations
 Difficulty repeating names or paragraphs
 Word finding difficulty
 Word substitutions

Visuospatial Difficulty navigating in unfamiliar environments
 Getting lost while driving
 Handwriting lost of home

Agnosia Failing to recognize familiar locations
 Failing to recognize familiar people

Apraxia Difficulty using appliances
 Difficulty with dressing
 Difficulty with walking

Complex Attention Difficulty planning
 Difficulty organizing activities

Executive Functioning Difficulty sequencing actions
 Loss of abstract thinking

Associated Symptoms

Behavioural/Personality Changes
 Abnormal motor activity
 Agitation/aggression
 Anxiety
 Apathy/loss of interest
 Appetite/weight changes
 Decreased initiative
 Disinhibition
 Elation/euphoria
 Hallucinations
 Irritability
 Sleep disturbances
 Socially inappropriate behaviour
 Suspiciousness/paranoia

Physical Therapist

Physical Therapy Assessment

16. Living Arrangement: _____
Stairs/Railings: Outside: _____
Stairs/Railings: Inside: _____
Equipment: Cane Crutches Standard Walker 2w/ 4w/ Wheelchair
Home Oxygen: _____ L/min
Other: _____
Mobility: _____

Falls in the last year? _____
Comments: _____

4 Meter Walk Test _____ m/s

Occupational Therapist

15. Functional and Cognitive Abilities Assessment Tools

CLOX: _____
Trails A: _____
Trails B: _____
TUGS Score: _____
Others: _____

Task Oriented Assessment Coin Sort Medication Management Cooking Paying Bills Telephone Menu Planning Categorization

Comments: _____

Specialist to Provider support

PC-DATA education

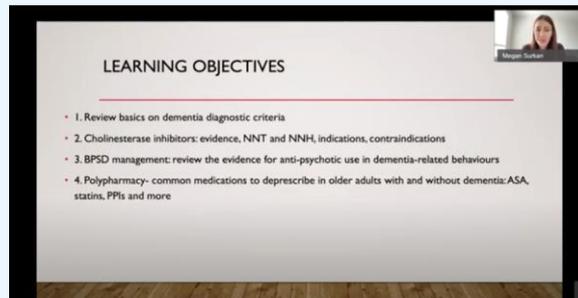


*Education session with Dr. Dallas Seitz
June 2019*

Education webinars 3-4 times/yr

Past topics

- Differential diagnosis
- Medications
- Capacity and competency
- Driving assessment
- Behavioural symptoms
- End-of-life care



*Education webinar with geriatrician
Megan Surkan, April 2021*

Specialist RRMC Clinic in Saskatoon provides remote support to rural PHC memory clinics:

Rural primary health-care memory clinic patients can be referred to **specialist RRMC clinic (Drs. Kirk and O'Connell and interdisciplinary team)**



Memory Clinic Teams



Lead: Jean Daku, NP
Kipling (pop. 1,140)



Lead: Dr. Oberkirsch
Weyburn (pop. 10,900)



Lead: Toni Giraudier, NP
Bengough (pop. 332)



Lead: Nicki Ford, NP (retired)
Maryfield (pop. 348)



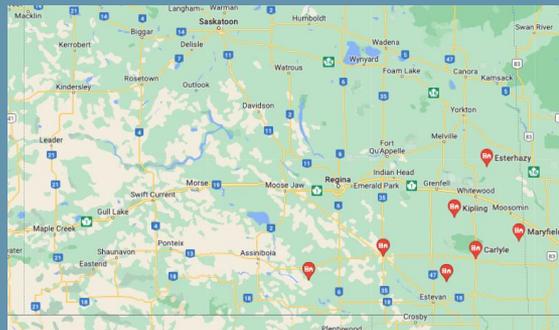
Lead: Laura Wood, NP
Carlyle (pop. 1,500)



Lead: Dr. Mandi Nel
Esterhazy (pop. 2,345)



Lead: Lois Coffey, NP
Lampman (pop. 673)



Local RaDAR Team members support sustaining and spreading

Methods and Participants

- Mixed-method qualitative and quantitative design
- Data collected via telephone interviews and mail-in surveys*, between Nov 2018 & Feb 2023
- Clinics in 5 rural communities were included in this study
- **8 Telephone Interviews**
 - 1 Spouse
 - 2 Patient & Spouse
 - 5 adult children
- **25 Surveys completed by:**
 - 3 patients
 - 10 patient & family/friend
 - 12 family or friend

* 10-item mail survey adapted from Van Hout et al., (2001), Lyons et al., (2016)

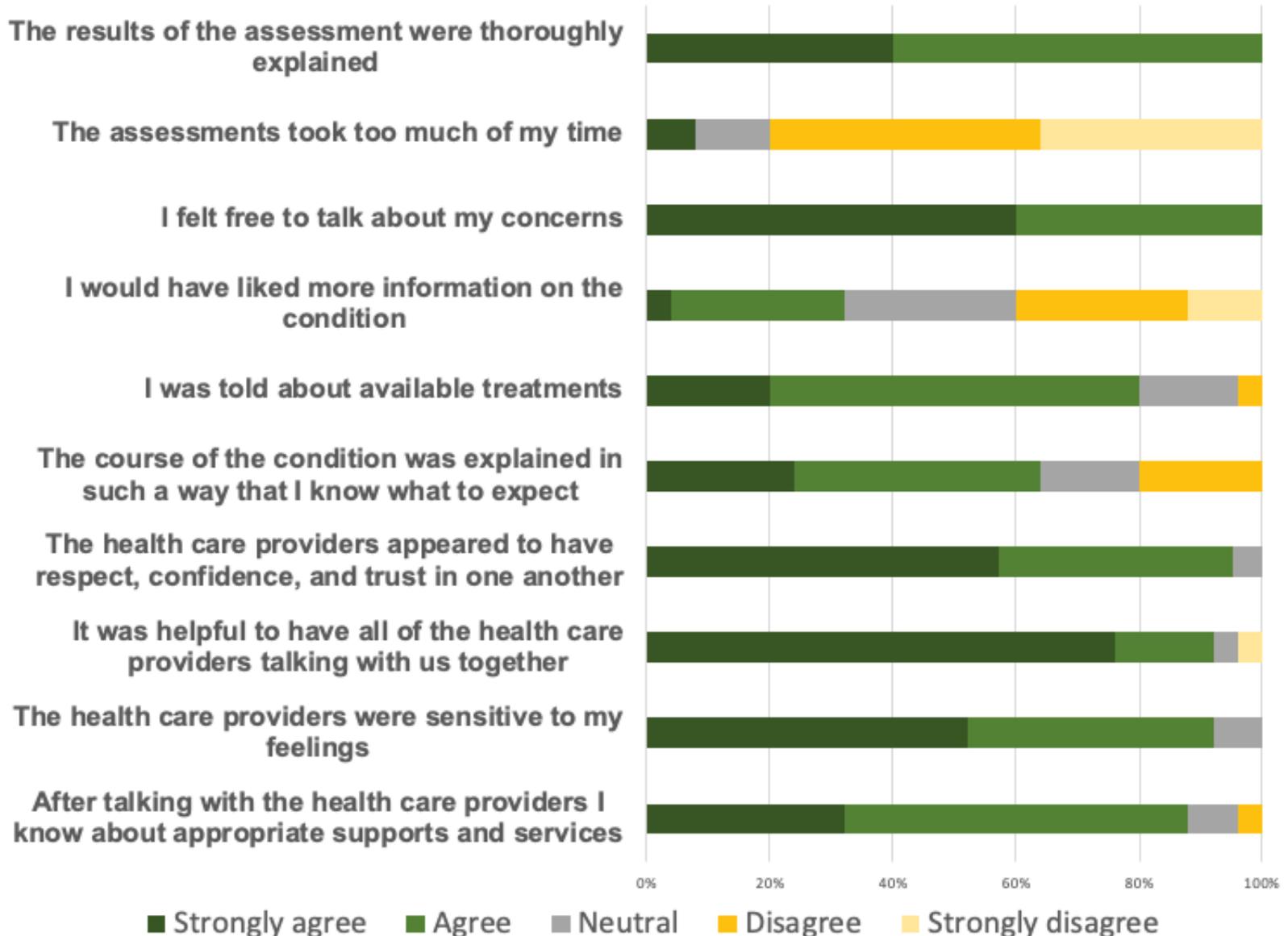


Qualitative interview and survey data

- **Local, rural-based care (comfort and convenience):** *It is wonderful to see this clinic in a small town. It is so important to the elderly to have local health care and not have to travel many miles or come to a big city to get help.*
- **Being heard (positive interactions & clinic duration):** *We were quite involved... a lot of times when you go for a specialist appointment... there's not much room for talking. Whereas this way was really good, you got to have input, and feedback, so I felt it was way better.*
- **Team-based care (same room, same page):** *All of those folks as well as my mom, my dad, my brother and I, hearing the same message... it's so helpful in trying to determine what do we need to do, how do we need to help this person, how do we need to help the family.*
- **Support for the future (not alone, feeling hopeful):** *It was quite good to talk 1:1, and then at the end to express things [with whole team], this was the first time we had any discussion about what was going to happen... Finding some answers, knowing there is help... it was like phew, ok, I don't have to do this myself.*



Quantitative Survey Data



Conclusions

- Patient and family experiences with the rural memory clinics have been very positive:
 - Attendees felt at ease and appreciated the team's professionalism, expertise, openness to questions, sensitivity, and understanding.
- An area for improvement is providing more information about clinic processes prior to the appointment.
- Key elements to success of the clinics were:
 - their locality, the multi-disciplinary team format, positive team functioning, a patient/family centered approach, and informative communication.
- Findings have informed further refinement of the rural memory clinics and prompted development of a brochure.



Publications on RaDAR Memory Clinics

Morgan et al. *BMC Health Services Research* (2019) 19:709
https://doi.org/10.1186/s12913-019-4548-5

BMC Health Services Research

RESEARCH ARTICLE Open Access

Barriers and facilitators to development and implementation of a rural primary health care intervention for dementia: a process evaluation

Check for updates

Debra Morgan^{1*},
Melanie Bayly¹,
Deb Kennett-Russell¹

Abstract

Background: We explored barriers and facilitators to the development and implementation of a rural primary health care intervention for dementia in rural settings. The role of models for dementia care in the sustainability of a rural primary health care intervention was explored. We collaborated with rural primary health care teams to develop and implement a rural primary health care intervention for dementia in a rural setting, involving individual stakeholders, small groups, and a deductive approach.

Primary Health Care
Research & Development

cambridge.org/phc

Development

Cite this article: Morgan D, Kosteniuk J, Seitz D, O'Connell ME, Kirk A, Stewart NJ, Holroyd-Leduc J, Daku J, Hack T, Hoiuim F, Kennett-Russell D, Sauter K. (2019). A five-step approach for developing and implementing a Rural Primary Health Care Model for Dementia: a community-academic partnership. *Primary Health Care Research & Development* 20(e29): 1–11. doi: 10.1017/S1463423618000968

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Key words: community-based participatory research; dementia; implementation; primary health care; rural

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A five-step approach for developing and implementing a Rural Primary Health Care Model for Dementia: a community-academic partnership

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¹Professor and Chair of Rural Health Delivery, Canadian Centre for Health & Safety in Agriculture, University of Saskatchewan, Saskatoon, SK, Canada, ²Professional Research Associate, Canadian Centre for Health & Safety in Agriculture, University of Saskatchewan, Saskatoon, SK, Canada, ³Associate Professor, Department of Psychiatry, Queen's University, Providence Care - Mental Health Services, Kingston, ON, Canada, ⁴Associate Professor, Department of Psychology, University of Saskatchewan, Saskatoon, SK, Canada, ⁵Professor, Department of Medicine, Head of Neurology, University of Saskatchewan, Saskatoon, SK, Canada, ⁶Professor Emerita, College of Nursing, University of Saskatchewan, Saskatoon, SK, Canada, ⁷Section Chief, BSF Chair in Geriatric Medicine and Professor, Section of Geriatrics, Departments of Medicine and Community Health Sciences, University of Calgary, Alberta, Canada, ⁸Nurse Practitioner, Sun Country Health Region Kipling, Saskatchewan, Canada, ⁹Home Care Nurse, Sun Country Health Region, Kipling, Saskatchewan, Canada, ¹⁰Business Manager, Primary Health Care, Sun Country Health Region, Kipling, Saskatchewan, Canada, ¹¹Occupational Therapist, Regional Manager of Therapies, Sun Country Health Region, Kipling, Saskatchewan, Canada and ¹²Facilitator, Primary Health Care, Sun Country Health Region, Kipling, Saskatchewan, Canada

Abstract

Aim: This study is aimed at developing a Rural Primary Health Care (PHC) Model for delivering comprehensive PHC for dementia in rural settings and addressing the gap in knowledge about disseminating and implementing evidence-based dementia care in a rural PHC context. **Background:** Limited access to specialists and services in rural areas leads to increased responsibility for dementia diagnosis and management in PHC, yet a gap exists in evidence-based best practices for rural dementia care. **Methods:** Elements of the Rural PHC Model for Dementia were based on seven principles of effective PHC for dementia identified from published research and organized into three domains: team-based care, decision support, and specialist-to-provider support. Since 2013 the researchers have collaborated with a rural PHC team in a community of 1000 people in the Canadian province of Saskatchewan to operationalize these elements in ways that were feasible in the local context. The five-step approach included: building relationships; conducting a problem analysis/needs assessment; identifying core and adaptable elements of a decision support tool embedded in the model and

Morgan et al. *BMC Health Services Research* (2022) 22:148
https://doi.org/10.1186/s12913-022-07550-0

BMC Health Services Research

RESEARCH Open Access

Factors influencing sustainability and scale-up of rural primary healthcare memory clinics: perspectives of clinic team members

Check for updates

Debra Morgan^{1*}, Julie Kosteniuk¹, Megan E. O'Connell², Dallas Seitz³, Valerie Elliot¹, Melanie Bayly¹, Amanda Froehlich Chow⁴ and Chelsie Cameron¹

Abstract

Background: The aging of rural populations contributes to growing numbers of people with dementia in rural areas. Despite the key role of primary healthcare in rural settings there is limited research on effective models for dementia care, or evidence on sustaining and scaling them. The purpose of this study was to identify factors influencing sustainability and scale-up of rural primary care based memory clinics from the perspective of healthcare providers involved in their design and delivery.

Methods: Participants were members of four interdisciplinary rural memory clinic teams in the Canadian province of Saskatchewan. A qualitative cross-sectional and retrospective study design was conducted. Data were collected via 6 focus groups ($n = 40$) and 16 workgroup meetings held with teams over 1 year post-implementation ($n = 100$). An inductive thematic analysis was used to identify themes.

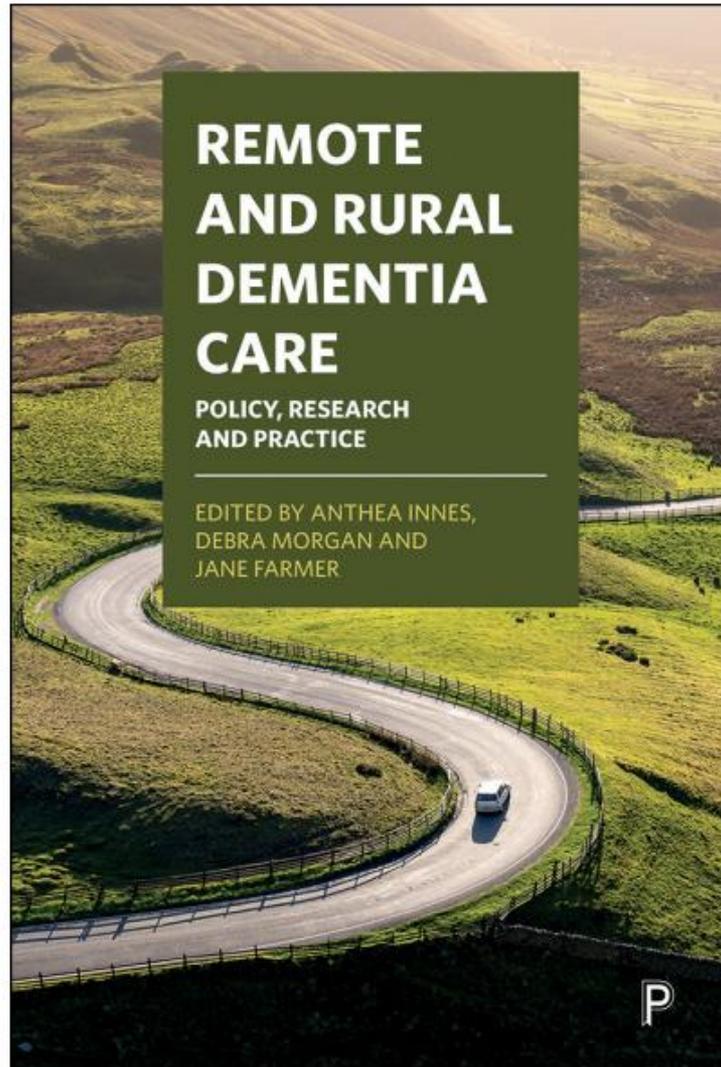
Results: Eleven themes were identified (five that influenced both sustainability and scale-up, three related to sustainability, and three related to scale-up), encompassing team, organizational, and intervention-based factors. Factors that influenced both sustainability and scale-up were positive outcomes for patients and families, access to well-developed clinic processes and tools, a confident clinic leader-champion, facilitation by local facilitators and the researchers, and organizational and leadership support. Study findings revealed the importance of particular factors in the rural context, including facilitation to support team activities, a proven ready-to-use model, continuity of team members, and mentoring.

Conclusions: Interdisciplinary models of dementia care are feasible in rural settings if the right conditions and supports are maintained. Team-based factors were key to sustaining and scaling the innovation.

Keywords: Sustainability, Spread, Scaling up, Primary healthcare, Memory clinic, Rural, Dementia

Introduction

The expanding field of implementation science reflects increasing awareness that many innovative pilot programs have failed to have a significant impact because of challenges in sustainability and scaling up [1]. Early efforts to address this research-to-practice gap focused on understanding factors influencing suc-



- Edited by Anthea Innes, Debra Morgan, and Jane Farmer.
- Sections
 - Policy Drivers
 - Research Evidence
 - Practice Challenges
 - Living with Dementia
- The chapter “Rural Dementia Research in Canada” features the RaDAR program, including specialist RRMC and rural primary health-care memory clinics.



Questions?

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RaDAR website:

www.ruraldementiacare.usask.ca

Alzheimer Society
CANADA



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