

Debra Morgan¹, Melanie Bayly,¹ & Julie Kosteniuk¹ ¹University of Saskatchewan

Background

- Interdisciplinary primary-care based memory clinic models are recommended, especially in low resource settings (ADI, 2016)
- RaDAR co-designed and implemented 1-day interdisciplinary primary care memory clinics in 4 rural communities in Saskatchewan. An Alzheimer Society of SK **First Link Coordinator (FLC)** is embedded in each team
- **Study Objectives:** to examine the role and impact of including a First Link Coordinator in rural primary care memory clinics

Methods

- Parallel mixed methods design (Qual + Quan)
- **Semi-structured telephone interviews** with 3 First Link Coordinators serving 4 rural memory clinic teams
- **Alzheimer Society of Saskatchewan e-Tapestry database** data comparing *Rural Memory Clinic, self, and direct referrals from primary care professionals* on: timeliness, number of Coordinator-client contacts and topics discussed, contact method & duration



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First Link Coordinator Interview Themes

1. Benefits to patients & families of FLC involvement

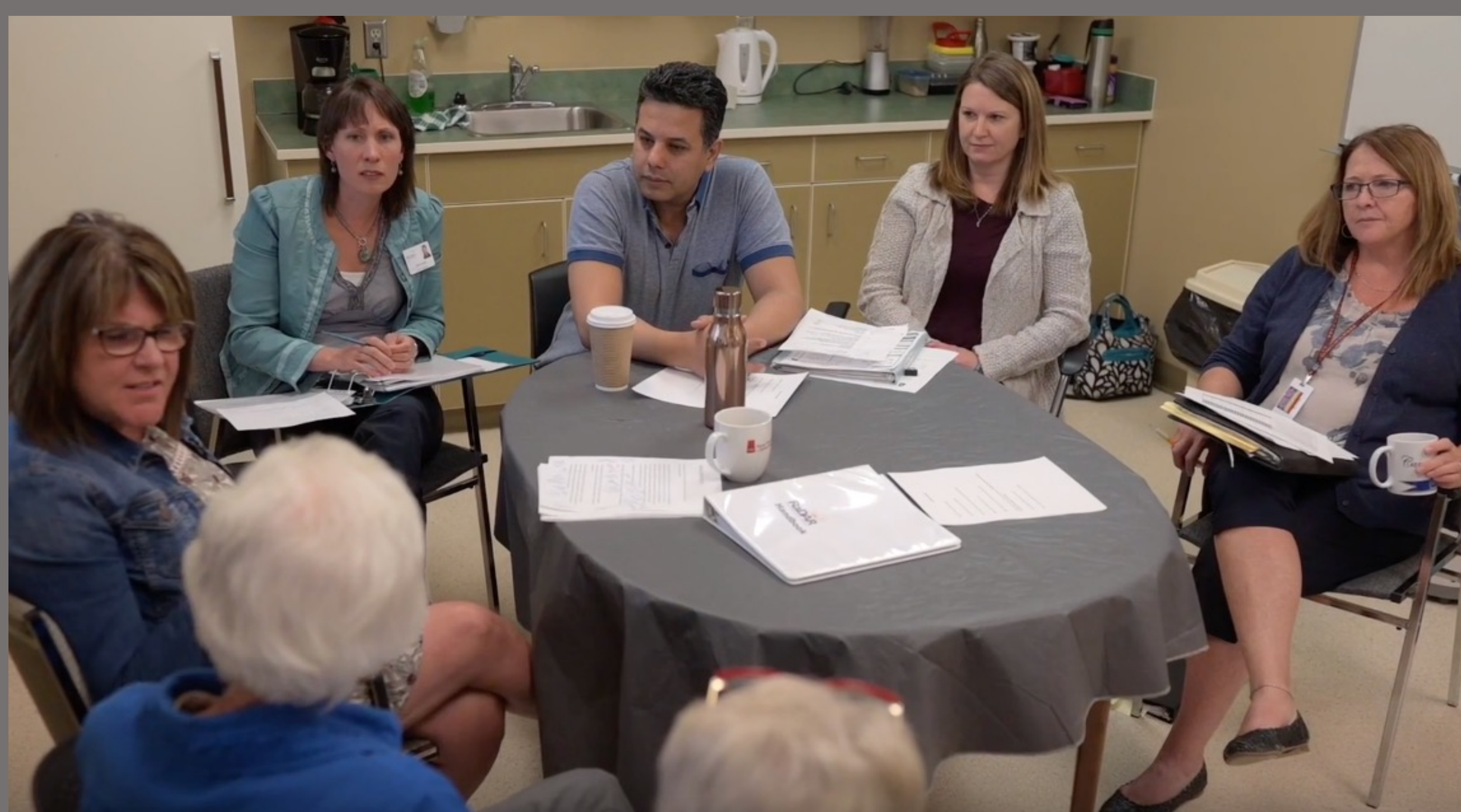
- Team approach provides a better experience; team shares information on clinic day
- Meeting face-to-face establishes bond with FLC; makes follow-up more comfortable and opens doors to further support

2. Benefits to memory clinic and team members

- FLC has unique role; fills a gap in providing emotional support, directing to services; dementia support is what they do
- Other team members can focus on their unique contributions
- Coordinator involvement shows team FLC role & benefits

3. Benefits to ASOS, First Link Program, and First Link Coordinators

- Relationships with team means FLC can refer other patients or contact team members about clinic patients
- FLC involvement validates and raises awareness of FLC role
- Mutual learning among team members from different disciplines is highly valued



Alzheimer Society e-Tapestry Database

- 127 clients were referred to ASOS from Dec 2017 – Dec 2021 (42% spouses, 33% children, 17% PLWD, 8% other).
- Clients: 38% female, 23% male; sex missing for 40%
- We compared memory clinic (n = 49), self (n = 25), and direct referrals from primary care professionals in the same area as the memory clinics (n = 53).
- **Statistically significant ($p < 0.05$) differences between memory clinic clients and self/direct referrals included:**
 - **Memory clinic clients contacted sooner after referral** than direct referrals (75% same day or within 3 days)
 - **Longer duration of first contact for memory clinic clients** (76% had 3-4 hour contact vs. 15-90 minutes)
 - **More in-person contacts for memory clinic clients** (85% vs. 15% for self-referral, 6% for direct referral)
- No differences in number of completed contacts or number of topics discussed at first contact

Conclusions

- First Link Coordinators identified benefits for: **patients and families**, the memory clinic team, for themselves and the Alzheimer Society. These benefits stem from the face-to-face interaction at the memory clinics; resulting relationships facilitate future FLC contacts with patients, families, and team members.
- Analysis of E-Tapestry data identified **positive outcomes of FLC involvement in the memory clinics:** earlier contact, longer duration of first contact, and more in-person contacts.
- Together these findings provide **evidence of the value of an embedded First Link Coordinator** as a core team member in rural primary-care based memory clinics.