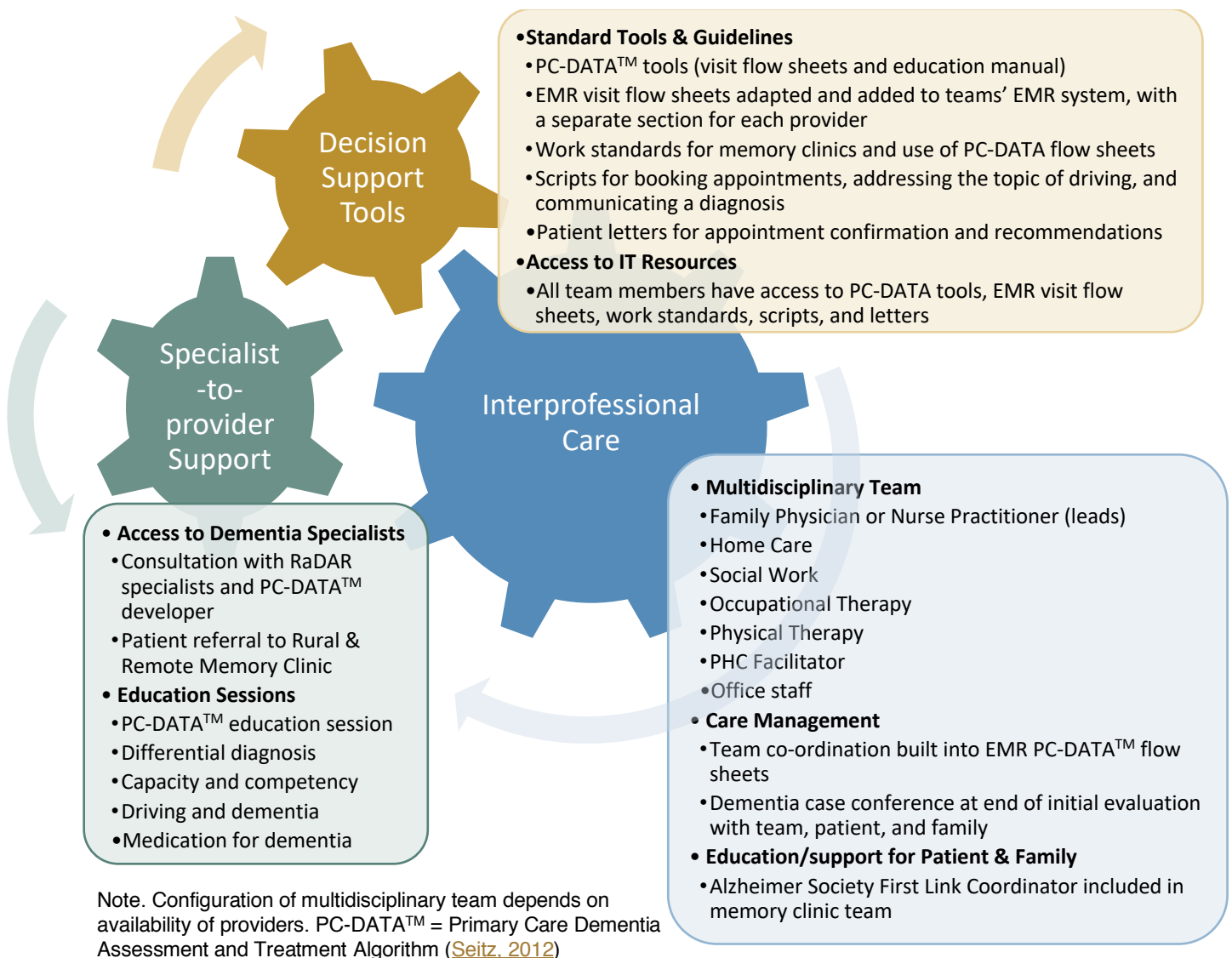




# Background

**Partnership between RaDAR Team and former Sun Country Health Region.** In 2014, the [Rural Dementia Action Research Team](#) led by Dr. Debra Morgan (University of Saskatchewan) and the former Sun Country Health Region partnered on a 5-year research intervention program as part of the Canadian Consortium on Neurodegeneration in Aging.

**Research Goal.** Our main goal was to translate into practice a rural primary health care model of dementia diagnosis and management. The model integrates elements of comprehensive and coordinated care - *interprofessional care*, *remote specialist-to-provider support*, and *decision support tools* - all of which are associated with positive outcomes for health care providers, patients, and families (Aminzadeh et al. 2012).



*Rural Primary Health Care Model for Dementia*



**Sun Country Steering Group.** We brought together a regional steering group in 2013 to share information about dementia-related services and initiatives, and to support the research program. The group continues to meet quarterly, and includes representatives from primary health care, home care, long-term care, social work, chronic disease management, mental health, the Alzheimer Society of Saskatchewan, and the RaDAR team.

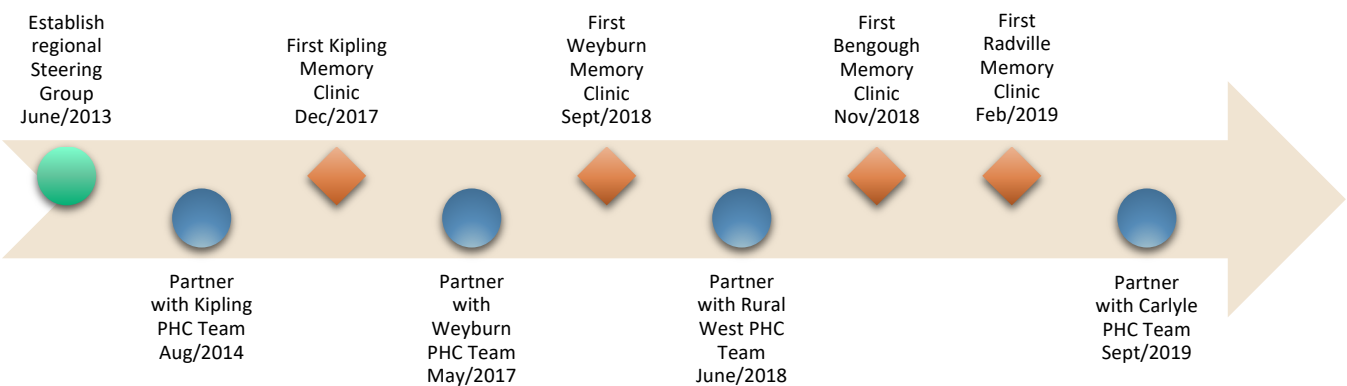


Sun Country Steering Group, 2015

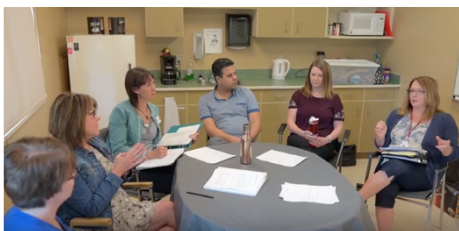
Kipling PHC Team, 2016



**Kipling – First Rural PHC Memory Clinic Site.** We began a multi-year partnership in 2014 with the Kipling Primary Health Care Team, using a 5-step approach to translate the model into practice ([Morgan et al. 2019](#)). A needs assessment and several focus groups were conducted to determine the team’s priorities. We collaborated closely with the team to adapt the model to fit their needs and resources, initially testing a sequential method of patient assessment. In December 2017, the Kipling team held the first 1-day interprofessional memory clinic. The RaDAR team continues to collaborate with the Kipling team to assist with sustaining the clinic and engaging new team members, and to collect outcome measures (see *upcoming projects*).



Timeline of rural PHC memory clinic development



Memory Clinic Teams (from top): Kipling, Weyburn, Bengough, and Radville

**Current Rural PHC Memory Clinic Sites.** Memory clinics are regularly offered by 3 PHC teams: Kipling, Weyburn Primary Health Care, and Rural West. Clinics are held monthly or every second month depending on patient need.

Efforts are ongoing to standardize processes across the clinics, acknowledging that the resources available to each team are unique. Continuous improvement occurs through feedback and reflection during regular RaDAR workgroup sessions with each team (more than 30 sessions in total across all teams to date).

**Specialist-to-provider Support.** Each memory clinic team takes part in initial and follow-up education session with PC-DATA developer, geriatric psychiatrist Dr. Dallas Seitz. Continuing education on topics identified by the teams is also an key part of this model. Provided by specialists Dr. Andrew Kirk and Dr. Megan O'Connell, memory clinic teams have taken part in education sessions on differential diagnosis, capacity and competency, and medication for dementia.

Education sessions:  
Drs. O'Connell and Kirk (top);  
Valerie Elliot, Jean Daku, Dr. Morgan, Dr. Seitz,  
Dr. Nokam (bottom)



#### Rural PHC Memory Clinics

	Kipling	Weyburn	Rural West Bengough	Rural West Radville
Family Physician	1	1	n/a	3
Nurse Practitioner	1	1	1	n/a
Home Care Nurse	2	1	2	2
Social Worker	n/a	3	n/a	n/a
Occupational Therapist	1	1	1	1
Physical Therapist	1	1	1	1
Alzheimer Society First Link Coordinator	1	1	1	1
Primary Health Care Facilitator	1	1	1	1
Memory Clinic Members	8	10	7	9

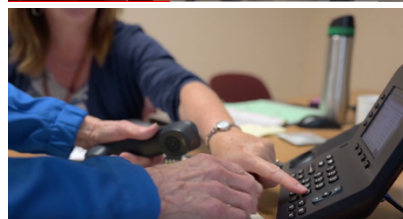
# Rural PHC Memory Clinics

**Pre-Assessment.** Patients are referred to the memory clinic for an initial evaluation by any member of participating PHC teams using a pre-assessment form. Patient bookings and family member accompaniment are arranged by office staff. Prior to evaluation, a CT or bloodwork may be ordered and completed for review on clinic day.

**Initial Evaluation (Clinic Day).** Each evaluation appointment is approximately 3 hours, with the team assessing one patient in the morning and one in afternoon. The initial evaluation begins with a team huddle, followed by a meeting with the patient and family to discuss their concerns and review the appointment plan. The patient then undergoes separate assessments by each provider in turn, and the family consults with an Alzheimer Society First Link Coordinator and other providers as appropriate to review available services and support. The team then debriefs, and a case conference is held with the patient and family to discuss the results, recommendations, and follow-up plans.

**Follow-up.** Follow-up visits in the memory clinics are scheduled as needed. Because most memory clinic patients are initially evaluated by their own PHC team, they are also followed outside of the memory clinic by their same team.

**Decision Support Tools.** All memory clinic team members use the same EMR visit flow sheets to guide initial evaluation and ongoing management. The flow sheets are based on Canadian guidelines (Moore et al. 2014) and have been adapted for interprofessional use from the Primary Care Dementia Assessment and Treatment Algorithm (PC-DATA™, [Seitz 2012](#)). Each provider has a dedicated section in the Initial Evaluation flow sheet, which currently includes sections to guide assessments by the Physician/NP, Home Care Nurse/Social Worker, Occupational Therapist, Physical Therapist, and the end-of-day case conference with the patient and family.



Photos from the [Rural Primary Health Care Memory Clinic Video](#)  
(Credit: Tara Yolan Productions)



# Ongoing Research Projects

## Patient and Family Experiences

**Dr. Melanie Bayly (Lead).** Patient and family experiences of assessment and diagnosis in the rural memory clinics are being sought, to answer the following three questions:

- 1) What are the experiences of patients and families receiving memory clinic care?
- 2) How do they perceive the team-based format of the clinics?
- 3) How can care be further improved?



To date, 26 individuals (8 people with dementia and 18 family members) have shared their experiences either through a mail-in questionnaire (12) or short telephone interview (6). Overall, their experiences have been very positive. Specific highlights from this feedback include:

- Having a rural-based, local clinic is important for patient/family comfort and convenience
- The length of the half-day clinic and positive interactions with (and among) team members make families feel heard and supported
- Patients and family members appreciate the combined expertise of team members and interprofessional format of the clinic, which helps to get everyone on the same page
- The clinic is informative regarding the patient's condition, supports and services, and future planning
- Information on the condition and clinic/assessment processes could be increased further
- Patients and family members feel at ease during the clinics and appreciate team members' professionalism, sensitivity, and understanding

This feedback suggests that patients and families appreciate the rural memory clinics, and shows elements key to their success. This information will continue to be collected and is important to guide the future operation of the rural memory clinics.

## Provider experiences

**Dr. Amanda Froehlich Chow (Lead).** This project aims to explore interdisciplinary collaborative care approaches employed among rural primary health care (PHC) teams delivering care to older adults living with dementia and other chronic conditions. In addition, we are working to develop a better understanding of PHC providers' experiences and perceptions of unique factors (barriers and facilitators) affecting collaborative care in rural settings.



To date, 16 PHC providers (from 3 PHC teams) have shared their perceptions, experiences and strategies associated with collaborative care in rural areas. Additionally, document review of annual

survey data collected by PHC team facilitators has yielded further insight into how PHC teams collaborate to deliver care: Key themes identified to describe factors that affect how PHC team members work together included:

- Collaborative versus coordinated care approaches
- Flexibility in implementing and adopting collaborative strategies
- Establishing a close working relationship among all team members
- Strategies for communication when colocation is not an option

Overall care providers have unanimously reported that the rural memory clinics have provided an effective model for fostering interdisciplinary collaboration among providers. Data analysis is ongoing and specific factors associated with being rurally located were identified as both enhancing (e.g., small communities result in relationships outside of the PHC setting) and hindering (e.g., travel distance among communities) the capacity of PHC teams to engage in collaborative care approaches. Moving forward, this work will inform collaborative care strategies employed by the rural dementia clinics, with the broader goal of enhancing providers' abilities to deliver care to those living with dementia in rural areas.

## Upcoming Research Projects

### **Dr. Julie Kosteniuk and Dr. Debra Morgan (Co-leads)**

- Evaluation and management of patients in interprofessional rural primary health care memory clinics: a chart review study
- Care partner outcomes after family member evaluation in interprofessional rural primary health care memory clinics
- Interprofessional rural primary health care memory clinics: a multiple case observational study

### **Dr. Megan O'Connell (Lead)**

- We thank Jeanie Daku for consulting with PhD student Andrea Scerbe on the format and content for an **education app**, and Dr. O'Connell is piloting some examples at Summit 12 in Saskatoon

## Sustaining and Spreading

We recently welcomed Chelsie Cameron to the RaDAR Team as the first Rural PHC Memory Clinic Coordinator. A focus of the Coordinator's role will be supporting existing and new rural memory clinics.

**Sustaining current memory clinics.** We will continue to sustain the memory clinics by holding regular workgroup meetings with each team, monthly check-in meetings with PHC Facilitators for the teams, and one-on-one calls with individual participants. An action plan to sustain new and existing memory clinics will be co-designed with participating PHC teams and the Steering Group.



**Spreading the memory clinics to other rural PHC Teams.** A process evaluation led by Dr. Morgan found that *facilitators* to the development of the Kipling memory clinic included leadership engagement at all stages, presence of champions and opinion leaders, and presence of a shared EMR system accessible by most team members (Morgan et al. in press). Going forward, we will collaborate with participating PHC teams and the Steering Group to identify and implement strategies to spread the memory clinic initiative to other rural PHC teams.

## Media

Video with [RaDAR Team](#) by Tara Yolán Productions. July 22, 2019.

Video with [Rural PHC Memory Clinics](#) by Tara Yolán Productions. July 22, 2019.

Interview of Dr. Debra Morgan by Drew Wilson, CJWW Radio. [Bringing Dementia Care into Rural Saskatchewan](#). September 19, 2019.

Backgrounder on Rural PHC Memory Clinic model on Saskatchewan Health Authority website. [RaDAR – The Rural Dementia Action Research Team](#). September 12, 2019.

SHRF support of Rural PHC Memory Clinics on Saskatchewan Health Research Foundation website. [Building Capacity for Rural and Remote Dementia Care](#). September 12, 2019.

Profile of Rural PHC Memory Clinics on Saskatchewan Health Authority website. [RaDAR: Dementia care close to home](#). August 8, 2019.

## Publications & Reports

### Peer-reviewed Publications

Morgan et al. 2019. A 5-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). [Google Scholar](#)

Morgan et al. In Press. Barriers and Facilitators to Development and Implementation of a Rural Primary Health Care Intervention for Dementia: A Process Evaluation. *BMC Health Services Research*.

Morgan et al. 2016. Dementia-related work activities of home care nurses and aides: frequency, perceived competence and continuing education priorities. *Educational Gerontology* 42, 120–135. [Google Scholar](#)



Kosteniuk et al. 2016. Focus on dementia care: continuing education preferences, challenges, and catalysts among rural home care providers. *Educational Gerontology* 42, 608–620. [Google Scholar](#)

## Reports

Kosteniuk et al. 2016. *A Baseline Study of the Dementia Care Landscape in Sun Country Health Region: A Report by the Rural Dementia Action Research (RaDAR) Team*. Saskatoon, Saskatchewan: University of Saskatchewan. [PDF](#)

Kosteniuk et al. 2014. *Dementia Learning Needs Assessment for Sun Country Health Region: Survey Report*. Saskatoon, Saskatchewan: University of Saskatchewan. [PDF](#)

## Funding

Ongoing research funding is provided by a Canadian Institutes of Health Research Foundation grant to Dr. Morgan, and funding from the Saskatchewan Health Research Foundation through Phase 2 of the Canadian Consortium on Neurodegeneration in Aging (Co-Leads Drs. Megan O’Connell and Debra Morgan).

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Aminzadeh F, Molnar FJ, Dalziel WB, Ayotte D. (2012). A review of barriers and enablers to diagnosis and management of persons with dementia in primary care. *Canadian Geriatrics Journal*, 15(3), 85-94.

Moore A, Patterson C, Lee L, Vedel I, Bergman H. (2014). Fourth Canadian Consensus Conference on the Diagnosis and Treatment of Dementia: recommendations for family physicians. *Canadian Family Physician*, 60(5), 433-8.

Seitz, D. 2012. *PCDATA Primary Care Dementia Assessment & Treatment Algorithm*. Available at: <http://www.pc-data.ca/>.