

Background

Rural older adults may experience barriers to accessing specialized services and resources including delays in dementia diagnosis and management.^{1,2}

Primary care professionals have a good understanding of the medical and personal circumstances of patients and families³ and offer a familiar environment where concerns can be raised related to cognition or behaviour.⁴ Canadian experts recommend that dementia diagnosis and management occur mainly within collaborative primary care settings, with referrals to specialists and resources as needed.⁵

Interprofessional 1-day primary care memory clinics in rural Saskatchewan communities have been developed in collaboration between RaDAR and local primary health care teams (Kipling, Weyburn, Bengough, Carlyle, Maryfield, and Lampman).

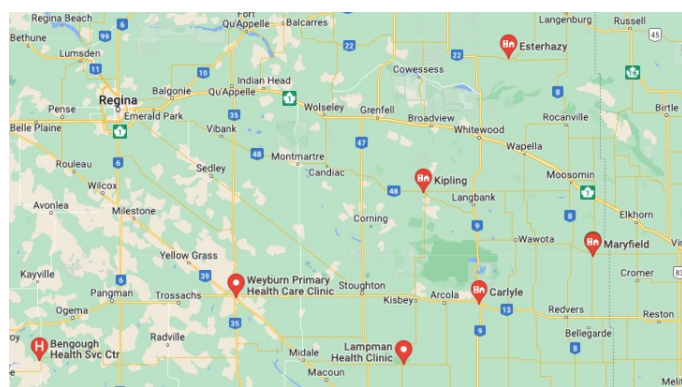
Objective: With funding from *Dementia Supports in Rural Saskatchewan*, our objective was to implement and sustain 1-day rural memory clinics in the Yorkton and Esterhazy areas.



Esterhazy RaDAR Memory Clinic Team (L to R): Carolee Zorn, Jenna Kulovany, Holly Scheier, Glenda Erickson, Dr. Mandi Nel
Not pictured: Lori Henderson, Kristin Lomenda, Kailie Bomberak, Deborah Matsalla

- Esterhazy Memory Clinic Team
 - Family Physician (Lead)
 - Home Care Nurses
 - Occupational Therapist
 - Community Pharmacist
 - Alzheimer Society First Link Coordinator
 - Primary Health Care Facilitator
- Esterhazy Population: 2,345 plus surrounding area

First memory clinic held June 2023



RaDAR Memory Clinic Sites

- Kipling
- Weyburn
- Bengough
- Carlyle
- Maryfield
- Esterhazy
- Lampman

Methods

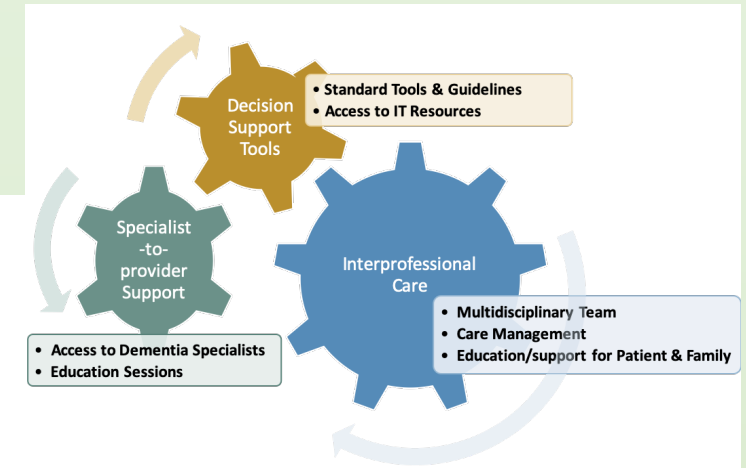
This ongoing intervention study uses a community-based participatory research approach:

- **Information sessions and initial meetings** held with leadership and staff in Southeast 1-5 Health Networks (April-Oct 2022)
- **5 planning meetings** to develop the Esterhazy memory clinic held with Southeast 1 and 2 leadership (Oct 2022 to March 2023)
- An **orientation and training workshop** was attended by the new Esterhazy memory clinic team (March 2023)
- The Esterhazy memory clinic **family physician lead shadowed** a Weyburn memory clinic (May 2023)
- The **first Esterhazy memory clinic** was held June 2023



Rural Dementia Action Research (RaDAR) Team (L to R):
Valerie Elliot, Jean Daku, Dr. Debra Morgan, Dr. Dallas Seitz

Rural Primary Care Memory Clinic Model



Interprofessional Care

- **Interprofessional team** (e.g., FP/NP, HC/SW, OT, PT, Alzheimer Society First Link Coordinator)
- **Coordinated clinic day assessment**
 - Team huddle, team meeting with patient and family to discuss reason for visit
 - Patient assessments and care partner interviews
 - Team debrief, team meeting with patient and family to discuss care recommendations
- **Shared electronic medical record (EMR) templates**
- **Shared decisions and recommendations**

Specialist-to-Provider Support

- **PC-DATA™ education** with Dr. Dallas Seitz (Geriatric Psychiatrist, UCalgary)
- **Continuing education webinars** on dementia-related topics
- Specialist Rural and Remote Memory Clinic (USask) offers **virtual assessment and interventions** for patients and families
- Telephone consultation with Saskatoon geriatricians (polypharmacy and falls assessment)

Decision Support

- Assessments guided by the **Primary Care Dementia Assessment and Treatment Algorithm (PC-DATA™)** developed by Dr. Dallas Seitz, based on Canadian guidelines
- **EMR templates** based on PC-DATA™ and available to memory clinic teams in both provincial systems, include a separate section for each team member to guide patient assessment and inform the final case conference between team, patient, and family
- **RaDAR Handbook** includes scripts, work standards, forms for patient letters (e.g., appointment confirmation) and PC-DATA education manual

Esterhazy Memory Clinic

- First 1-day clinic held June 2023
- 5 clinics to date (June - October)
 - 10 patients assessed, accompanied by care partners
- Esterhazy team resources funded by *Dementia Supports in Rural Saskatchewan*:
 - Training (e.g., Montreal Cognitive Assessment)
 - Continuing education (e.g., 11th Canadian Conference on Dementia in Toronto)
 - Team laptop
 - RaDAR team member attends each clinic to provide operational support and collect data

EMR Template

The image shows a stack of overlapping EMR template forms. The top form is titled "PC DATA Initial Evaluation" and includes a link to "PC DATA Webpage". Below it are sections for "Physician/NP Section", "End of Physician/NP Section", "Social Work/Home Care Section", and "11. History of Cognitive Changes". The next form down is titled "End of Social Work/Home Care Section" and "Occupational Therapy Section", followed by "15. Functional and Cognitive Abilities Assessment Tools" with sub-sections for "GLOX", "Trails A", and "Trails B". The third form is titled "Physical Therapy Assessment" and includes "16. Living Arrangement" with sub-sections for "Stairs/Railings: Outside" and "Stairs/Railings: Inside". The bottom-most form is titled "End of Occupational Therapy/Physical Therapy Section" and "Dementia Case Conference Diagnosis and Initial Management", followed by "17. Impression" and "18. Determine Type of Dementia". Section 17 includes checkboxes for "Normal Aging", "Subjective Cognitive Impairment", "Mild Cognitive Impairment - Amnesic", "Dementia", and "Uncertain". Section 18 includes checkboxes for "Alzheimer's Disease" (Onset Insidious, Slow Progression), "Vascular Dementia" (Initial Symptoms often deficits in short term memory, History(stroke), Neuroimaging, Physical Exam), "Mixed Alzheimer's and Vascular", and "Dementia with Lewy Bodies" (Major criteria: Parkinsonism within 1 year of onset of cognitive symptoms, Major criteria: visual hallucinations early in course).

"I really love the team members. I think they all contributed tremendously to every patient's assessment and the final analysis and giving information to the patients. I'm looking forward to working with everyone in the future with that."



Clinic video

"...the most rewarding part is whatever way it goes, it's nice to be able to give the client a diagnosis or not diagnosis at the end. I think it really — either way, gives them the opportunity to lay their fears or move forward ..."

Role of the RaDAR Team

- **Work with new PHC teams to adapt clinic to their practice**
 - Clinical mentorship from Kipling NP (Jean D)
 - Operational support from former facilitator (Chelsie C) and research data collection
- **Provide resources** (e.g., team laptop, conference phone, MOCA training)
- **Provide decision support** (PC-DATA EMR templates and RaDAR handbook)
- **Provide dementia-related continuing education**
- **Regular workgroup meetings** in first year of clinic operation to support and debrief
- **Quarterly check-in meetings** with teams' PHC facilitators and managers
- **Quarterly regional Steering Group meetings** with ASOS and southeast managers (PHC, LTC, Mental Health)
- **1-1 meetings** with individuals as needed
- **Knowledge mobilization** with newsletters, reports, annual Summit
- **Fund travel**
 - to shadow nearby memory clinics and specialist RRMCC
 - Summit and national conferences for continuing education

Related Research Projects

Within Memory Clinics

- Patient quality of life and service needs
- Care partner service needs and self-efficacy
- Patient and family experiences

Using Memory Clinic EMR data

- Impact of memory clinics: patient assessments and perceptions of team members

With Memory Clinic Team Members

- Alzheimer Society First Link Coordinator role
- Process Evaluation⁶⁻⁸
- Dementia-related continuing education⁹

In Memory Clinic Communities

- Environmental scan of community programs
- Evaluation of community program



References

1. Constantinescu A, Li H, Yu J, Hoggard C, Holroyd-Leduc J. Exploring rural family physicians' challenges in providing dementia care: a qualitative study. *Can J Aging*. 2018;37(4):390-399.
2. Bauer M, Fetherstonhaugh D, Blackberry I, Farmer J, Wilding C. Identifying support needs to improve rural dementia services for people with dementia and their carers: a consultation study in Victoria, Australia. *Aust J Rural Health*. 2019;27:22-27.
3. Moore A, Frank A, Chambers L. Role of the family physician in dementia care. *Can Fam Phys*. 2018;64:717-719.
4. Sethuram C, Helmer-Smith M, Hammond J, Liddy C. Effective dementia care: what matters most to people living with dementia and five key components for delivery in primary care. *UTMJ*. 2022;99(2):11-12.
5. Varette O, Baddeley A, Briere A, Lambert L, Rader T, Boucher J, Mittmann N. Understanding the Portrait of Dementia Care in Canada: A CADTH Panel of Experts. *Can J Health Tech*. 2022 Aug 10;2(8).
6. Morgan et al. A 5-step approach for developing and implementing a rural primary health care model for dementia: A community-academic partnership. *Prim Health Care Res & Dev*. 2019; 20(e29): 1-11.
7. Morgan et al. Barriers and facilitators to implementation of a rural primary health care intervention for dementia. *BMC Health Serv Res*. 2019;October; 19: 709.
8. Morgan et al. Factors influencing sustainability and scale-up of rural primary healthcare memory clinics: Perspectives of clinic team members. *BMC Health Serv Res*. 2022;22(1): 1-19.
9. Kosteniuk et al. Dementia-related continuing education for rural interprofessional primary health care: perceptions and needs of webinar participants. *Prim Health Res & Dev*. 2022;23 (e32): 1-7.

Funded in part by the
Government of Canada's
New Horizons for Seniors Program

