

Background & 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 care 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
- The objective of the current work was to explore the assessment and diagnosis experiences of patients and families who attended a clinic.

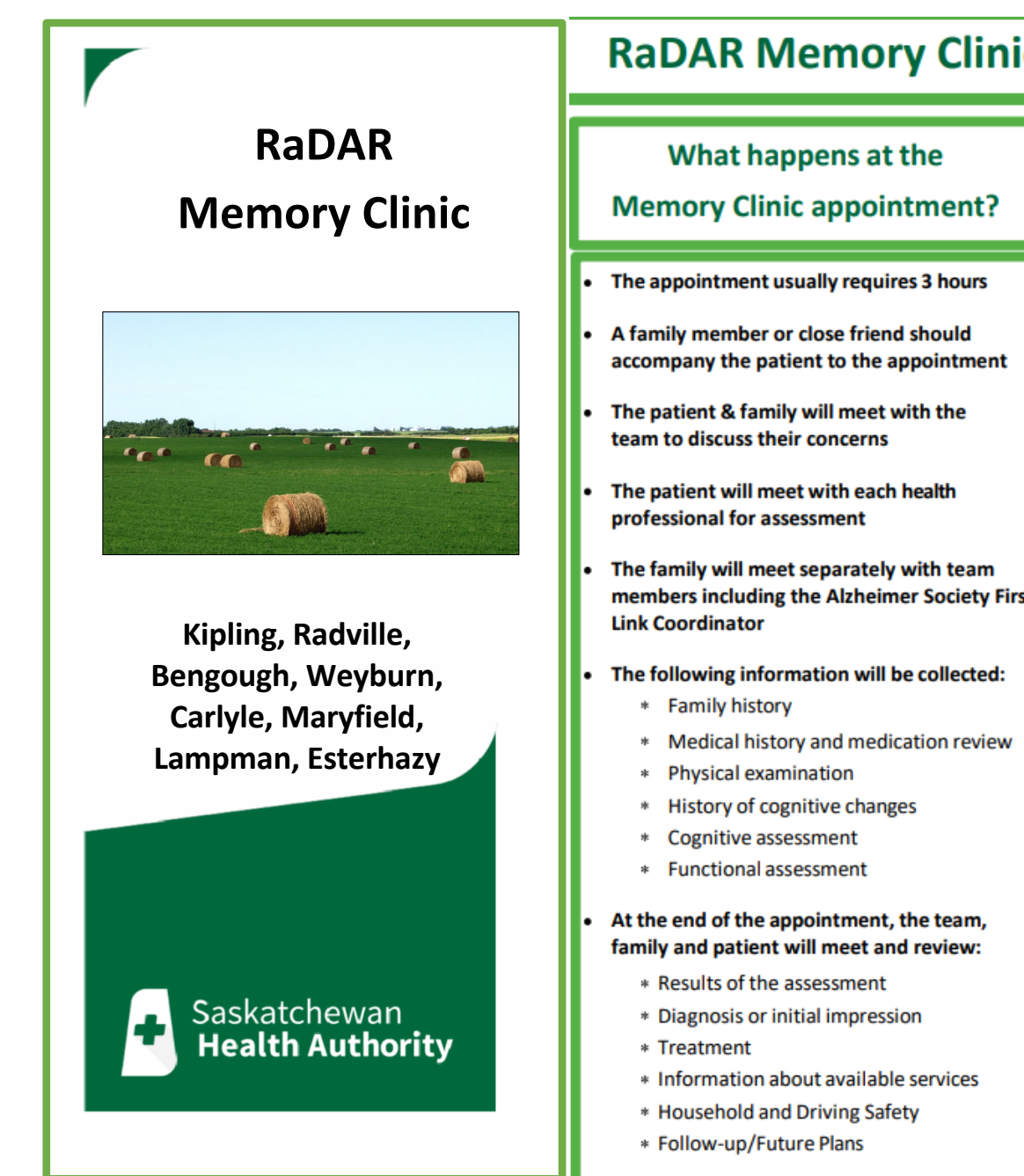
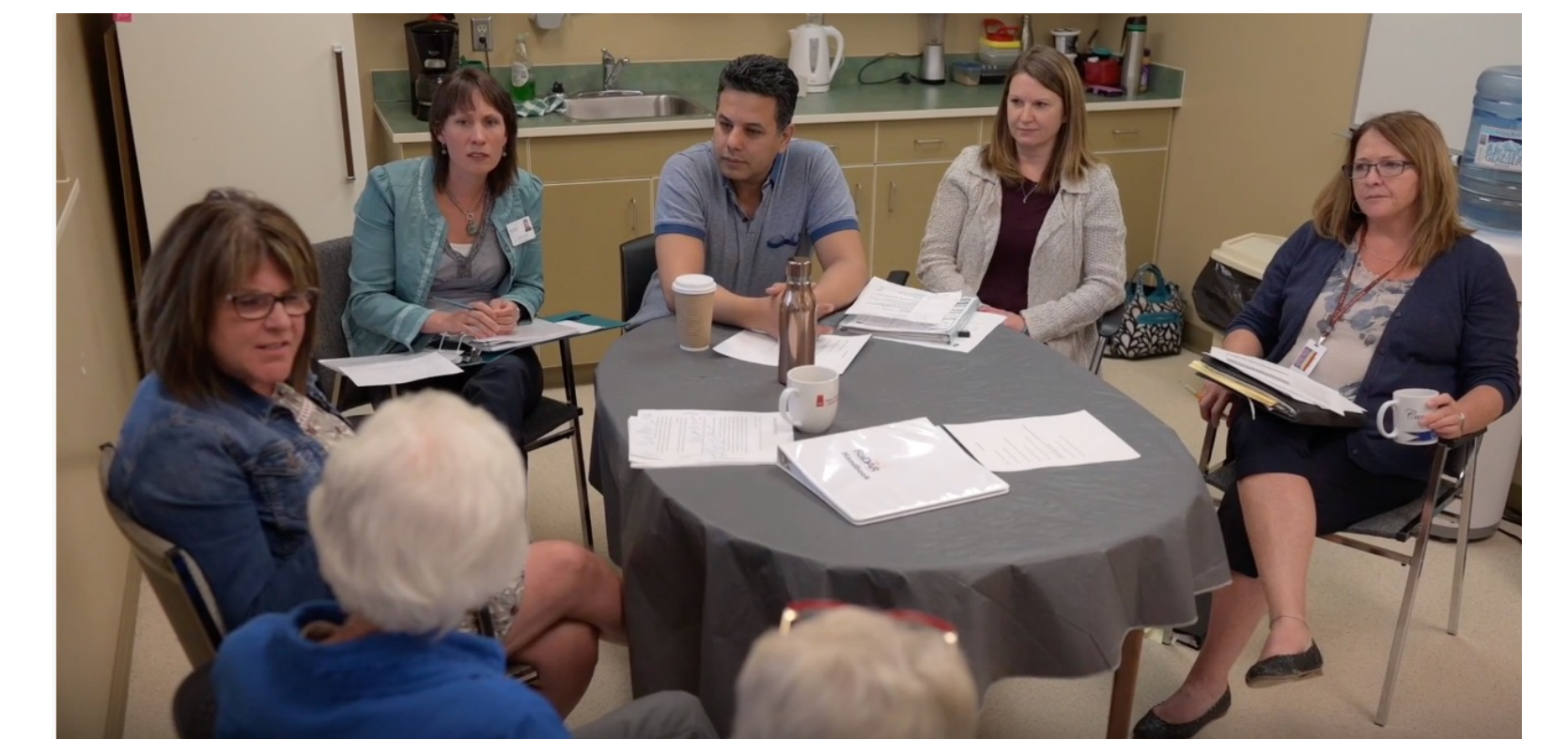


Figure 1. Memory Clinic Brochure

Rural PHC Memory Clinics

- Interprofessional team (Physician or NP, OT, PT, Home Care Nurse or Social Worker, Alzheimer Society First Link Coordinator) assess the patient and meet with family members.
- Half-day assessments end with case conference of team, patient, and family to discuss the diagnosis/findings and next steps. Follow-up is provided by the team or individual members.
- Clinics are located in 7 rural communities with populations from 311 – 2,345 (mean 2,250).



Methods & 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:

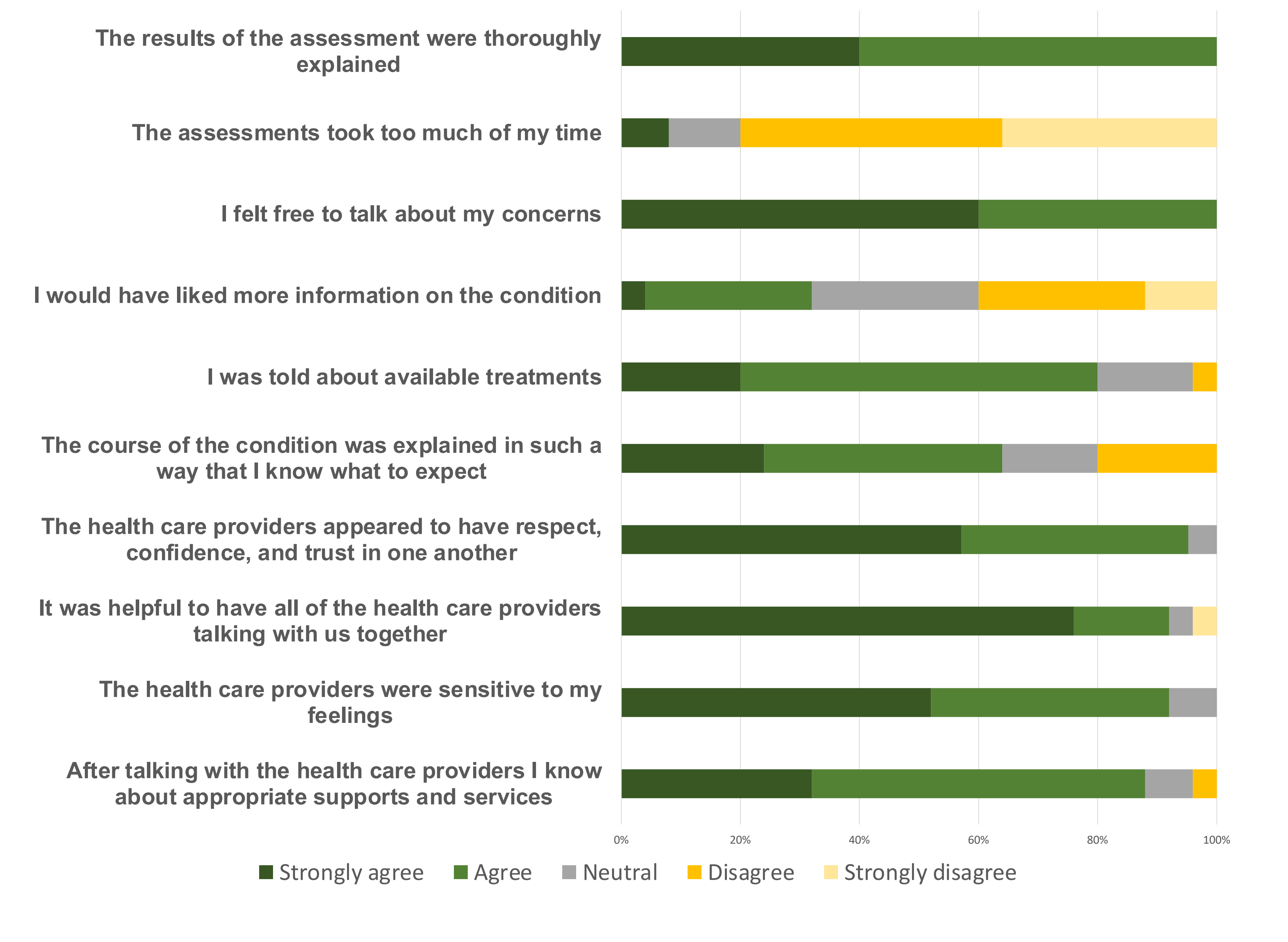
- 3 patients
- 10 patient & family/friend
- 12 family or friend

Findings: Qualitative and Quantitative

Qualitative interview and survey data suggest positive patient and family clinic experiences

- **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** (*in same room, on 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 also illustrated the value of a half-day, team-based memory clinic approach



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, especially about the clinic.
- 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 (Figure 1) or see full brochure using QR code).



References

1. Prince M, Comas-Herrera C, Knapp M, Guerchet M, and Karagiannidou M. *World Alzheimer Report 2016: Improving healthcare for people living with dementia: Coverage, quality, and costs now and in the future*. London: Alzheimer's Disease International; 2016. 131 p.
2. Morgan D, Kosteniuk J, O'Connell M, Stewart N, & Kirk A. (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, Kosteniuk J, O'Connell M 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