

Perceptions & outcomes of an embedded Alzheimer Society First Link Coordinator in rural primary healthcare memory clinics



Debra Morgan¹, Melanie Bayly² & Julie Kosteniuk¹

University of Saskatchewan, CANADA ¹Canadian Centre for Rural & Agricultural Health & Dept of Medicine. ²Human Ethics Office

Rural Dementia Action Research (RaDAR) Team

Background

- *Interdisciplinary primary-care based memory clinic models are recommended*, especially in low resource settings (¹ADI, 2016).
- A review of dementia services in rural areas identified that **having a single point of access for information and referral & local presence** helped overcome barriers to service use. (^{2, 3})
- The RaDAR team has co-designed and implemented **1-day interdisciplinary primary care memory clinics in 10 rural communities** in Saskatchewan.
- An Alzheimer Society of SK **First Link Coordinator (FLC)** is embedded in each team. This study was conducted with the first 4 clinics established.

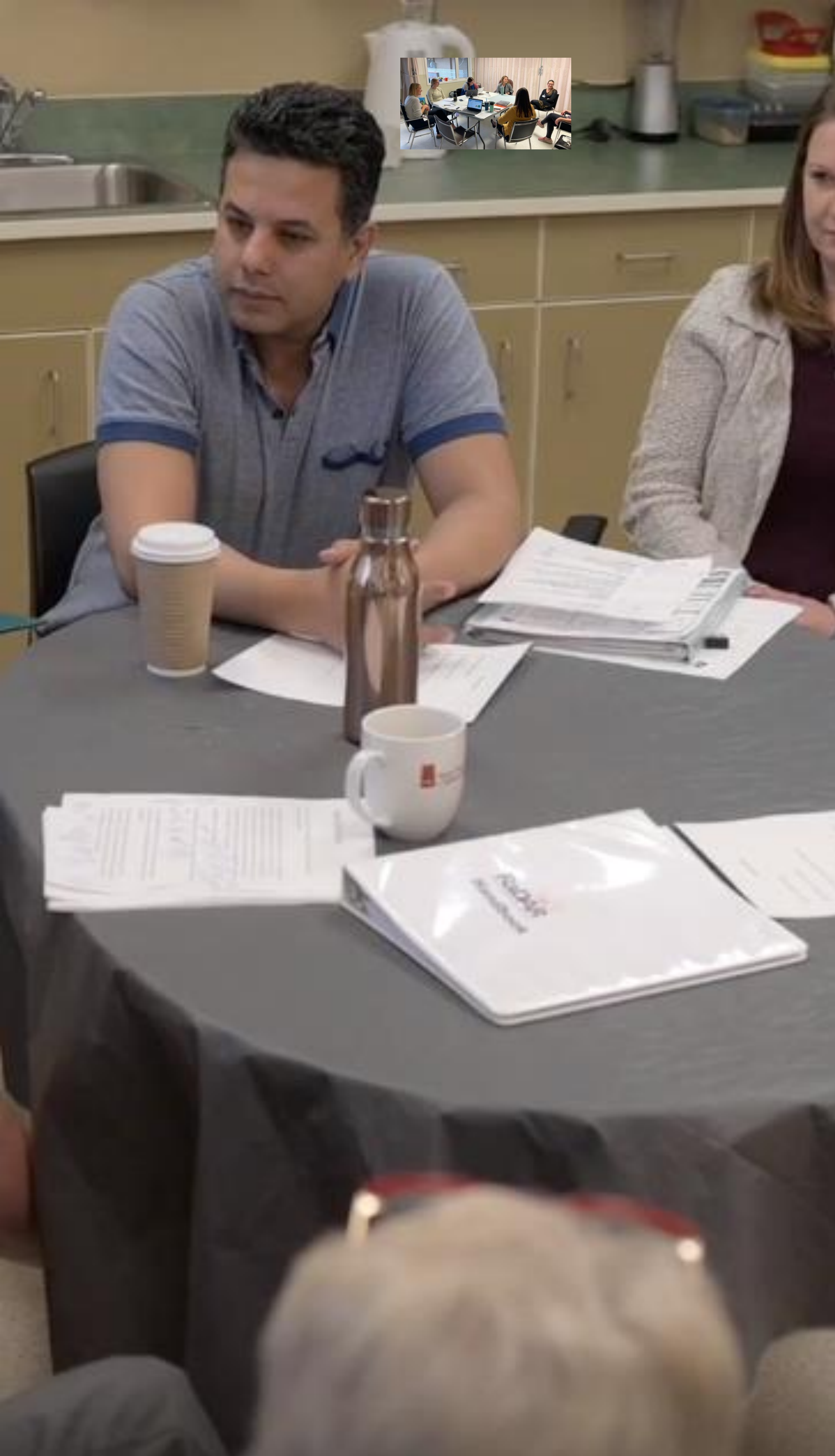
Study Objectives

Examine the **role and impact of including a First Link Coordinator** in rural primary care memory clinics.

Methods

- Parallel mixed methods design (**Qual + Quan**)
- **QUALITATIVE**: Semi-structured telephone interviews with **3 First Link Coordinators** serving 4 rural memory clinic teams & **6 memory clinic team members**. An **inductive thematic analysis** was conducted with each group.
- **QUANTITATIVE**: longitudinal retrospective analysis of **Alzheimer Society of Saskatchewan e-Tapestry** database **comparing 3 types of referrals** to the Alzheimer Society First Link Program:
 1. *Rural Memory Clinic referrals,*
 2. *Self referrals*
 3. *Direct referrals from primary care providers*
- **Outcomes**: timeliness, number of completed Coordinator-client contacts, number of topics discussed, contact method & duration.





THEMES: Interviews with First Link Coordinators & Primary Care Team Members

Benefits to memory clinic patients & families

- Caregiver sees First Link Coordinator (FLC) sooner.
- FLC can **share caregiver information** with clinic team.
- Caregiver meeting face-to-face with FLC **establishes bond**: makes follow-up more comfortable
- FLC fills a gap in providing **emotional support**
- FLC provide **on-going follow-up**



Benefits to memory clinic & team members

- Team members can **focus on their contributions**.
- Team members **relieved** knowing caregiver needs addressed.
- Team **learns about FLC role** and Alz. Society services
- FLC a **resource to team** about dementia & services.



Benefits to Alzheimer Society and First Link Program

- **Relationships** with team means FLC can contact members after clinic day.
- FLC involvement **validates, raises awareness** of role.
- **Mutual learning** among disciplines is highly valued.



Impact of rural location on FLC involvement

- FLC are not from the community; **caregivers may be more comfortable sharing** information with “outsider”
- **FLC may be the only support** available.
- **FLC travel long distances** to clinics; winter challenges.

Alzheimer Society e-Tapestry Database

139 clients were referred to ASOS from Dec 2017 – Sept 2022

- 41% spouses, 35% children, 16% PLWD, 8% other
- Clients: 44% female; sex missing for 31%

Comparisons were made between:

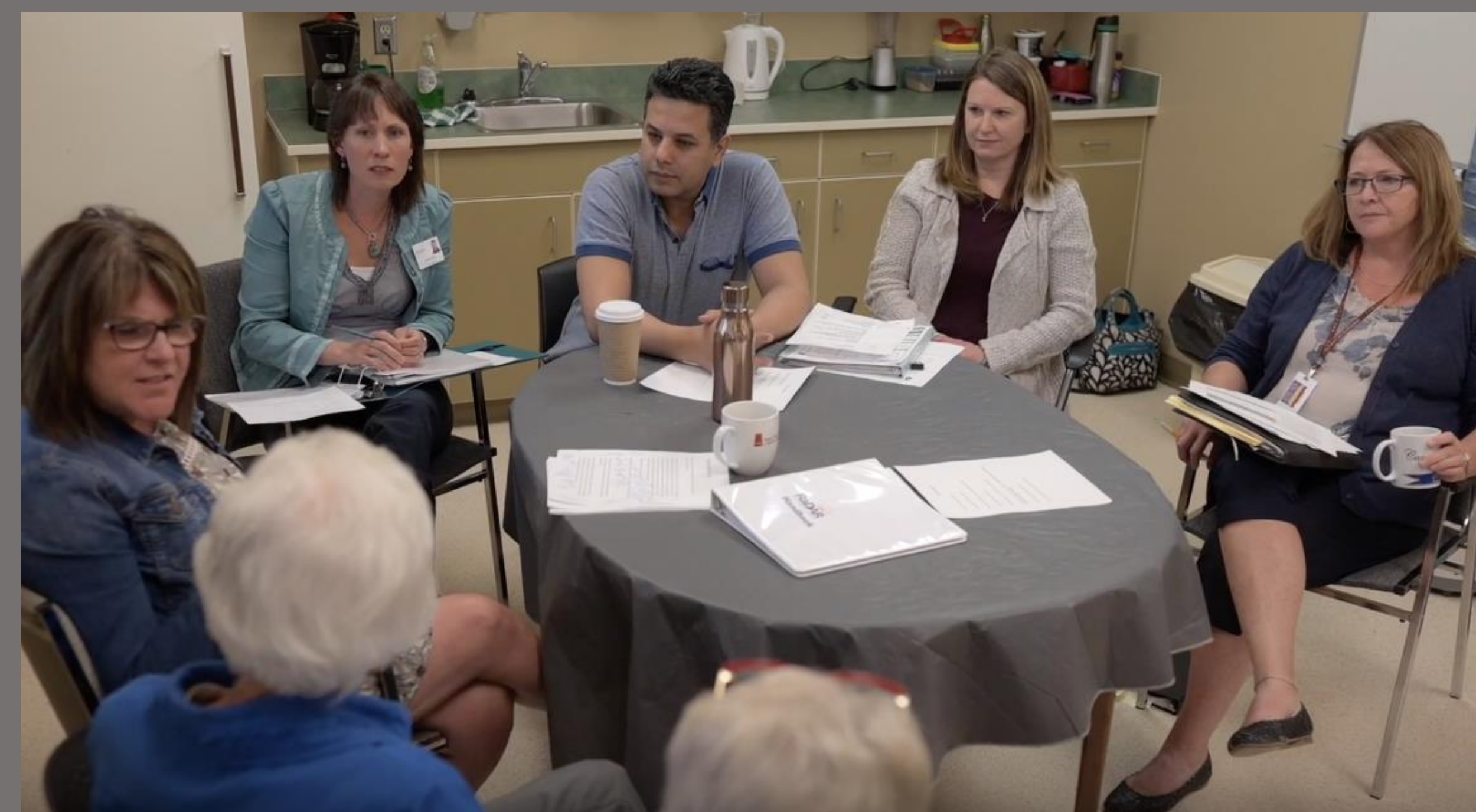
- memory clinic referrals (n = 47)
- self-referred (n = 34), and
- direct referrals from primary care professionals in the same area as the memory clinics (n = 58).

- **Statistically significant differences between memory clinic clients and self/direct referrals:**
 - **Memory clinic clients contacted sooner after referral** than direct referrals ($p < 0.001$)
 - 75% same day or within 3 days
 - **Longer duration of first contact for memory clinic clients** ($p < 0.001$)
 - 77% had 3-4 hour contact vs. 15-90 minutes for self and direct-referred
 - **More in-person contacts for memory clinic clients** ($p < 0.001$)
 - 85% vs. 13% for self-referral, 6% for direct referral
 - **More completed contacts for memory clinic clients** compared to self referrals ($p = 0.012$) and direct-referred clients ($p = 0.049$)
 - **More topics were discussed with memory clinic clients** ($p = 0.035$) and direct referrals ($p = 0.033$)
- No differences in number of Alzheimer Society or community services recommended at Contact 1.



Conclusion

- Alzheimer Society First Link Coordinators and memory clinic members 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 clinics; resulting **relationships** facilitate future FLC contacts with patients, families, & team members.
- Analysis of Alzheimer Society data identified **positive outcomes of FLC involvement**: earlier contact, longer duration of first contact, more in-person contacts, more completed contacts, and more topics discussed.
- These findings support **the value of an embedded First Link Coordinator as a core clinic team member.**
- Earlier studies found that a **consistent key contact person and early contact to establish a bond of trust** help overcome barriers to service use (2, 4). Embedding an Alzheimer Society First Link Coordinator in rural memory clinics is associated with positive outcomes.



UNIVERSITY OF SASKATCHEWAN
Canadian Centre for Rural and Agricultural Health
CCHSA-CCSSMA.USASK.CA

RURAL DEMENTIA CARE

Improving the care of persons with dementia in rural and remote areas

RaDAR

- Improving the delivery of rural dementia care
- Involved in early detection, diagnosis, and management
- Services include research, knowledge exchange, resources, and memory clinics
- Bringing a new approach to delivering services for rural communities



Saskatchewan's aging population

- As of 2021, 17.5% of the population of Saskatchewan is aged 65 years and over
- Older adults in Saskatchewan are much more likely to live in rural areas
- Dementia is not a normal part of aging, but age is the primary factor associated with the onset of dementia
- Rural adults with dementia may have trouble accessing health care services

EARLY DETECTION AND CARE ARE IMPORTANT!

Scan this QR code and visit the RaDAR website!



www.ruraldementiacare.usask.ca



References

- ADI (2016). *World Alzheimer Report 2016*
- Bayly et al. (2020). Dementia-related education & support service availability, accessibility, and use in rural areas. *Can J Aging*; 39(4), 545-85
- Longstroth et al. (2022). Exploring information & service needs of individuals with dementia and informal caregivers in rural & remote areas. *Clin Gerontologist*; 45(4), 808-20
- Stephan et al (2018). Barriers & facilitators to access and use of formal dementia care. *BMC Geriatrics*, 18: 1-6

CONTACT EMAIL:
debra.morgan@usask.ca

See RaDAR Website for Published Paper and 4-minute videos of 2 teams

Morgan et al. *BMC Health Services Research* (2024) 24:607
<https://doi.org/10.1186/s12913-024-11066-0> BMC Health Services Research

RESEARCH Open Access

Perceptions and outcomes of an embedded Alzheimer Society First Link Coordinator in rural primary health care memory clinics

Debra G. Morgan^{1*}, Julie Kosteniuk¹ and Melanie Bayly²

Abstract
Background Primary health care has a central role in dementia detection, diagnosis, and management, especially in low-resource rural areas. Care navigation is a strategy to improve integration and access to care, but little is known about how navigators can collaborate with rural primary care teams to support dementia care. In Saskatchewan, Canada, the RaDAR (Rural Dementia Action Research) team partnered with rural primary health care teams to implement interprofessional memory clinics that included an Alzheimer Society First Link Coordinator (FLC) in a navigator role. Study objectives were to examine FLC and clinic team member perspectives of the impact of FLC involvement, and analysis of Alzheimer Society data comparing outcomes associated with three types of navigator-client contacts.
Methods This study used a mixed-method design. Individual semi-structured interviews were conducted with FLC (n=3) and clinic team members (n=6) involved in five clinics. Data were analyzed using thematic inductive analysis. A longitudinal retrospective analysis was conducted with previously collected Alzheimer Society First Link database records. Memory clinic clients were compared to self- and direct-referred clients in the geographic area of the clinics on time to first contact, duration, and number of contacts.
Results Three key themes were identified: FLC involvement, benefit to patients, and connection to services. FLC involvement facilitated connection to services, and connection to services, and relationship with caregivers that facilitated dementia care. Although challenges were identified, the FLC role was even more important in rural areas.
Conclusions FLC and team member involvement in rural memory clinics is associated with positive outcomes for patients and themselves, many of which were not previously reported.
Keywords Memory clinic, Rural dementia care, Care navigation, Saskatchewan

