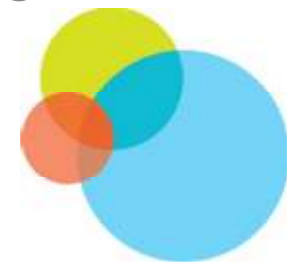


Dementia in Primary Care

Dr Tony Foley, GP
Project Lead, KCoRD
Lecturer, Department of General Practice, UCC



This Morning's Talk

- Chronic Disease Management
- What works?
- KCoRD Project
- Propose a 'Dementia Care Model'



Chronic Disease

...defined as illness that is prolonged in duration, does not often resolve spontaneously, and is rarely cured completely (1).

...are diseases of long duration and generally slow progression...by far the leading cause of mortality in the world, representing 63% of all deaths (2).

1. Australian Institute of Health and Welfare 2012. *Risk factors contributing to chronic disease*
2. World Health Organization, 2011

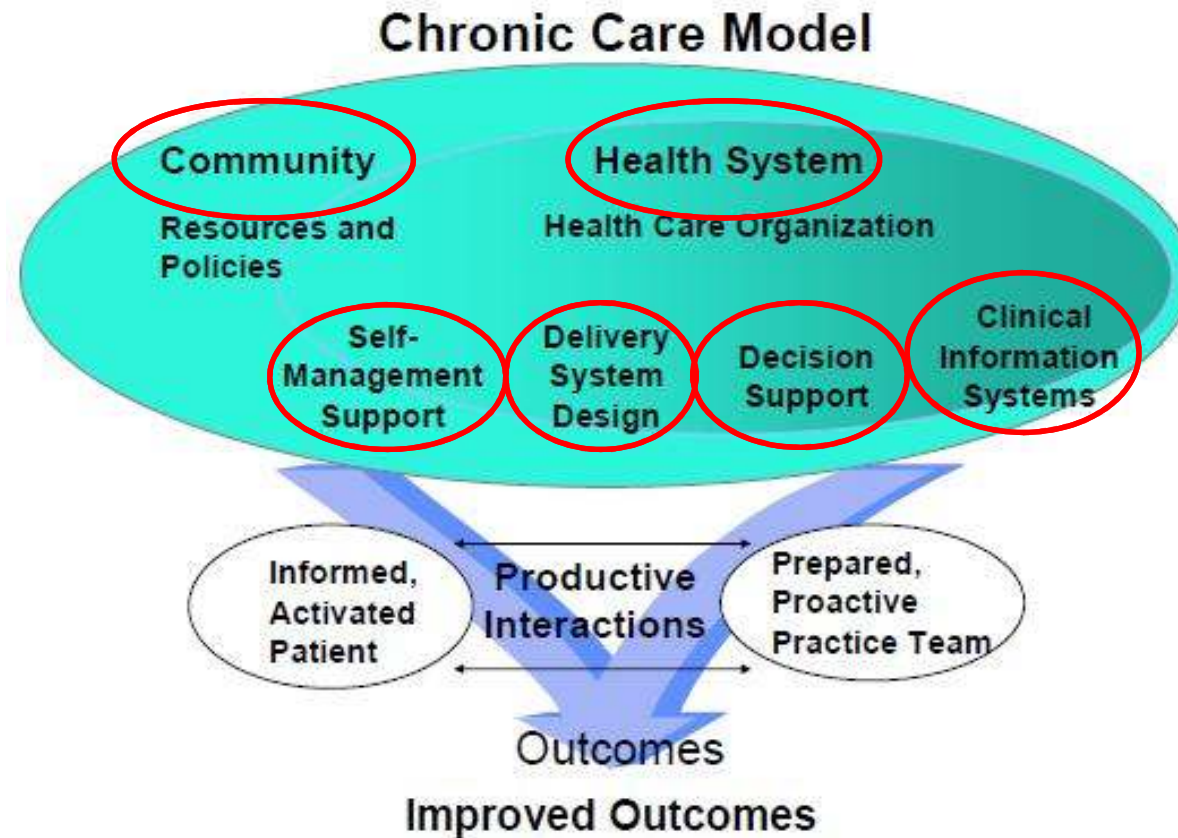


Why is this topic critical?

- Relocation of chronic disease management to primary care
- Dementia prevalence and impact
- Suboptimal organisation of primary care



What works?



Wagner EH, Austin BT, Von Korff M. Improving outcomes in chronic illness. *Manag Care Q.* 1996;4(2):12-25.

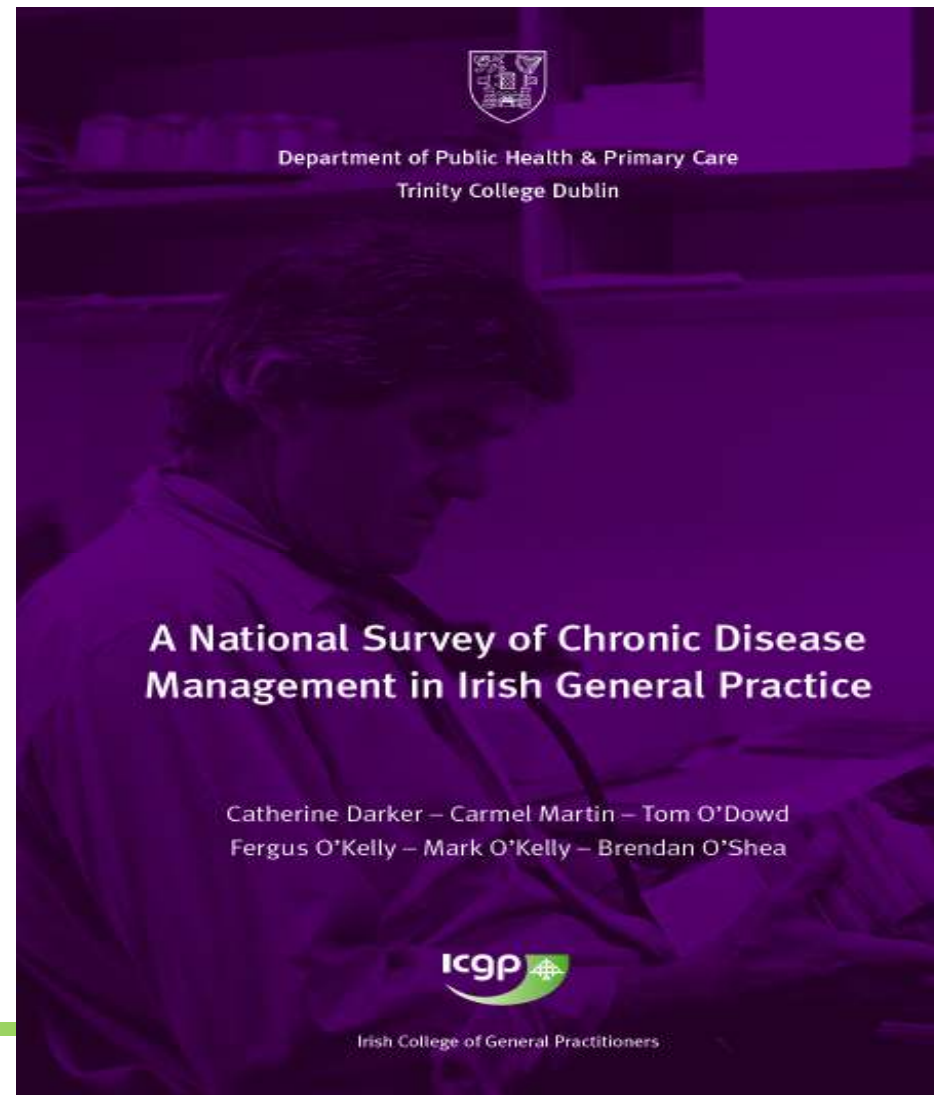
What works?

- Disease registers
- Information systems
- Use of guidelines

Dennis SM, Zwar N, Griffiths R, Roland M, Hasan I, Davies GP, et al. Chronic disease management in primary care: from evidence to policy. *Medical Journal of Australia*. 2008;188(8):53.



The quality of chronic disease management in Ireland



Do you use electronic patient medical records in your practice?

| | YES |
|------------------------|------------|
| Ireland (N=380) | 82% |
| Australia | 95% |
| Canada | 37% |
| France | 68% |
| Germany | 72% |
| Italy | 94% |
| Netherlands | 99% |
| New Zealand | 97% |
| Norway | 97% |
| Sweden | 94% |
| UK | 96% |
| US | 46% |

Do you receive a reminder for guideline-based interventions for the management of chronic diseases?

| | Yes, using a computerised system | Yes, using a manual system | No |
|---------------------|----------------------------------|----------------------------|-----|
| Ireland (N=380) | 6% | 5% | 89% |
| Australia (N=1016) | 67% | 6% | 27% |
| Canada (N=1401) | 9% | 17% | 71% |
| France (N=502) | 27% | 27% | 45% |
| Germany (N=715) | 12% | 10% | 77% |
| Italy (N=844) | 31% | 16% | 52% |
| Netherlands (N=614) | 9% | 7% | 83% |
| New Zealand (N=500) | 45% | 4% | 51% |
| Norway (N=744) | 7% | 9% | 83% |
| Sweden (N=1450) | 4% | 6% | 88% |
| UK (N=1062) | 62% | 10% | 26% |
| US (N=1442) | 20% | 19% | 58% |

Are any areas of clinical performance reviewed against targets at least annually?

| | YES |
|------------------------|------------|
| Ireland (N=380) | 25% |
| Australia | 52% |
| Canada | 32% |
| France | 30% |
| Germany | 55% |
| Italy | 29% |
| Netherlands | 41% |
| New Zealand | 81% |
| Norway | 18% |
| Sweden | 46% |
| UK | 92% |
| US | 61% |

Barriers to effective chronic disease management

| | Extremely important | Not important | Important |
|--|---------------------|---------------|-----------|
| Increased workload/lack of time (N=379; 99%) | 310 (82%) | 18 (5%) | 51 (13%) |
| Lack of appropriate funding (N=378; 98%) | 286 (76%) | 33 (9%) | 59 (15%) |
| Poor communication between hospital teams and general practitioners (N=379; 99%) | 206 (55%) | 66 (17%) | 107 (28%) |
| Lack of ongoing access to specialists for advice (N=379; 99%) | 217 (37%) | 55 (15%) | 107 (28%) |
| Lack of skills and education/knowledge gaps (N=377; 97%) | 91 (24%) | 154 (41%) | 132 (35%) |

Chronic Care Model



Wagner EH, Austin BT, Von Korff M. Improving outcomes in chronic illness. *Manag Care Q.* 1996;4(2):12-25.

K-CORD

KINSALE COMMUNITY
RESPONSE TO DEMENTIA





Dementia Care Conference

Kinsale Primary Care Team
 "Learning together to work together"



9am to 4.30pm Wednesday
 November 23rd 2011, Acton's Hotel, Kinsale

In association with:

Cramer's Court Nursing Home, Haven Bay Nursing Home, Kinsale Community Hospital

An Bord Altranais Category 1 Approved for CPD

Kindly Sponsored by:

The HSE, Eddie O'Colaghan & Niamh Mc Auliffe, Lundbeck Ireland Ltd, Brenda Scannel, Harghe Ltd.

9.00 - 9.15

Registration

9.15 - 9.30

Welcome

Gabriel O'Keefe, HSE Cost, General Manager Integrated Services Area

9.30 - 9.45

Learning Together to Work Together

Dr Tony Foley GP

9.45 - 10.15

Validation Therapy: The Role of a Psychologist

Ms. Rona Yermack, Clinical Psychologist, Kinsale PCT

10.15 - 10.45

The Assessment of Agitation in Dementia

Ms. Yvonne McCarthy, Director of Care, Haven Bay NH

10.45 - 11.00

Tea & Coffee

11.00 - 11.45

Falls Prevention and the Patient with Dementia. Cognition and Mobility

Ms. Terry Downing, Director of Nursing, Cramer's Court NH, Margaret Cresson O'Shea and Ish O'Sullivan Physiotherapists, Kinsale PCT

11.45 - 12.15

Nutrition & Dementia

Ms. Aoife Carmody, Dietician, Kinsale PCT

12.15 - 12.45

Facilitating Communication

Ms. Susan Wallace, Speech & Language Therapist, Kinsale PCT

12.45 - 1.45

Lunch

1.45 - 2.15

Dementia Diagnosis: Should We Tell the Patient?

Dr Beonor Mullin, Consultant Psychogeriatrician, CUH

2.15 - 2.45

Interesting Clinical Cases

Dr Norma Hanedy, Consultant Geriatrician, CUH

2.45 - 3.15

Introduction of a Pain Assessment Tool for Patients with Advanced Dementia

Ms. Nicola O'Reilly, CMM 11, KCH, Ms. Teresa Twomey, BGN, KCH

3.15 - 3.30

Tea & Coffee

3.30 - 4.00

OT Management of a Patient with Advanced Dementia in the Home Environment

Ms. Deirdre Cluffin, Occupational Therapist, Kinsale PCT

4.00 - 4.30

End-Stage Dementia: Ethical Conundrums

Dr Padraig McGillicuddy GP

4.30

Closing Remarks & Evaluation





GENIO





K-CORD'S

Goal



Persons with dementia will be able to remain at home,
active in their communities



3 Key Activities

- Create Educational Opportunities
- Foster a Dementia Friendly Community
- Offer Individualized Supports



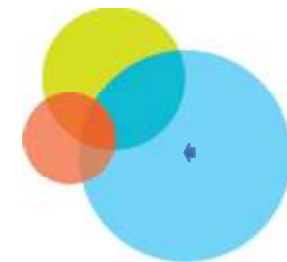
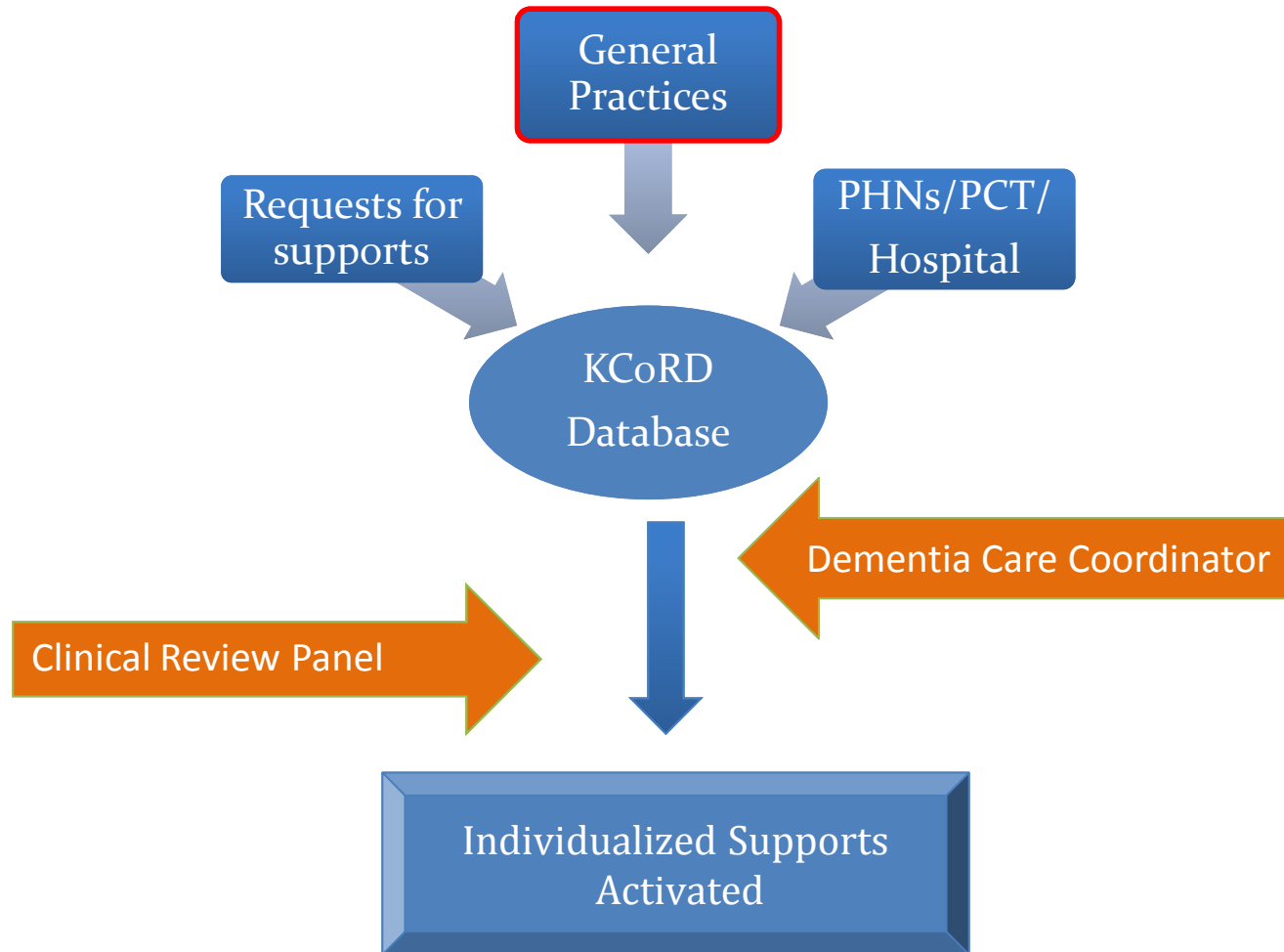
1. Educational Opportunities



2. Community Initiatives



3. Individualized Supports



Why is registry functionality so critical?

- Population management
 - Allows practices to monitor entire practice panel and reach out to those needing service.
- Encounter planning and reminders
 - Easy access to data on guideline adherence and key indicators facilitates productive interactions.
- Performance measurement



Quality of care provided to people with dementia:

British Journal of General Practice, February 2012 | e98

Connolly, Iliffe et al

utilisation and quality of the annual dementia review in general practice

Annual Dementia Review -- Yes/No?

Conducted: as face-to-face review with patient and carer. Practice reports on clinical systems the percentage of patients on dementia register who have a record of completion

Content: Should focus on support needs of patients and carer, and there should be a record that key issues have been addressed in patient notes⁸

Includes the following issues:

- Discussion with carers, including need for information, carer's health, and social care needs, impact of caring on caregiver

- Mental health review including consideration of depression

Depression screen for patients with diabetes and/or coronary heart disease

Assessment of severity for newly diagnosed depression case.

DEPRESSION

- Social care review

- Medication review

Review of antipsychotic medication

Antipsychotic medication prescription

Patients with Alzheimer's disease checked for eligibility to receive medication to slow cognitive decline

MEDICATION FOR COGNITIVE AND NON-COGNITIVE SYMPTOMS

The Dementia Care Model



Thank you

