Dementia Care in the Context of Primary Care Reform: An Integrative Review
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Introduction

The best chance of addressing the many challenges associated with the management of issues relating to dementia is to embed dementia care within the context of primary care. It is the base into which the activities and relationships surrounding people living with dementia must be woven. Embedded dementia care is the key to better outcomes for people living with dementia and their families.

Methods

An integrative review of the literature:
- includes a broad range of literature in the synthesis
- employs a wide sampling frame
- follows a systematic protocol established prior to approaching the literature

Questions Guiding the Review:
1. What does the evidence say about primary care team-based care?
2. What are the evident models of primary care for dementia, and what are the outcomes?
3. How do the models line up with the other attributes of high performing primary care (beyond team-based care)?

Inclusion: all published grey literature 2000-2013 related to team-based primary care in the communityAND diagnosed dementia; websites for dementia-related organizations. Exclusions: editorials/commentaries; no discussion of outcomes.

Databases: Cumulative Index to Nursing and Allied Health Literature; Web of Science; Cochrane Collaborative Reviews; Medline; ProQuest Nursing & Allied Health Source; Google Scholar.

Abstract Review

• 2192 abstracts reviewed against criteria
• 67 articles selected for closer review

Supplement Search Strategies

• Manual search of reference lists of all 67
• Recommendations of expert colleagues
• Websites searched and reviewed
• 14 additional articles

Final Inclusions

• Total of 84 pieces of work for complete review
• 20 pieces of work for quality appraisal
• 15 final inclusions in the review

Attributes of High Performing Primary Care

<table>
<thead>
<tr>
<th>Timely access</th>
<th>Population focus</th>
<th>Active patient engagement</th>
<th>Coordination and service integration</th>
<th>Comprehensive Whole Person Care</th>
<th>Relational Continuity</th>
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<tbody>
<tr>
<td>(absent in all papers)</td>
<td>(IH; Co-M)*</td>
<td>(all models/most in IH)*</td>
<td>(Co-M; most in IH)*</td>
<td>(IH)*</td>
<td>(Co-M; most in IH)*</td>
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Team-based care (inclusion criterion)

Results

Model of Dementia Care

<table>
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<tr>
<th>Carved Out</th>
<th>Co-Managed (Co-M)*</th>
<th>Integrative Hub (IH)*</th>
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Definition

- Responded by referring PLWD to organizational resources outside the practice or to another unit of a large health care organization; “carved” dementia care out of normal primary care.
- PLWD require more focused attention than is feasible within traditional PC, but acknowledge the centrality of the PC relationship.
- Capacity built and resources incorporated within the PC setting to better support patients and families from within the context of the primary care relationship.

Assumptions of Model

- PC is not the place for dementia care as it lacks the resources to respond to dementia complexity.
- PLWD require more focused attention than is feasible within traditional PC, but acknowledge the centrality of the PC relationship.
- PC is the appropriate hub for comprehensive care that includes dementia care.

Findings

<table>
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<tr>
<td>Findings included:</td>
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<tr>
<td>Cross-sectional or short term measures of patient/caregiver outcomes of general well-being; caregiver strain; depression; satisfaction; patient behavior problems</td>
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<td>and process of care indicators in dementia guidelines.</td>
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<td>Mixed outcomes.</td>
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<td>Fragmentation of communication and of the dementia journey across the specialty-primary care system.</td>
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<td>Employs a wide sampling frame</td>
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<td>Requires commitment to substantially changing systems of care, and to intensive team development and ongoing learning.</td>
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Conclusion

- There has been a slow penetration of the attributes of high performing primary care into the reviewed evidence related to primary care of dementia.
- “Integrative hub” models show the most progress related to exemplifying the attributes of high-performing primary care.
- Overall, the disease-specific care plan and interventions still take the foreground, and the coordinating role of primary care is emphasized. To be consistent with more recent work in primary care reform, approaches to dementia care must place the person and the primary care relationship in the foreground, assuming accountability for comprehensive, whole-person primary care, and resisting silos, carved-out approaches to care.

Findings

Conclusions

Included Studies**

- Barclay, Cherry & Mittman (2000)
- Fortinsky, Kuldorf, Kleppinger & Kenyon-Pescie (2009)
- Fortinsky, Linson & Garcia (2002)

** One article did not fit well into any one model, a systematic review of case management interventions for PLWD. The authors reported a positive relationship between better case outcomes and more integration in clinical services and between health and social services (Somme, Traore, Drame, Gagnon, Couturier & Saint Jean, 2012).