



Putting a Puzzle Together: Focused Geriatric Teams in Alberta

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Advancing Dementia Diagnosis and
Management in Alberta:

The Foundational Role of Primary Health
Care Supported by Specialized Services



Primary Care Networks

- Primary Care Networks (PCN) are groups of family doctors that work with Alberta Health Services and other health professionals to coordinate the delivery of **primary care services** for their patients. A PCN is a network of doctors and other health providers such as nurses, dietitians and pharmacists **working together to provide primary health care** to patients

(Alberta Health)

Language 101

Primary Care Services

- Primary care refers to first-contact care, in which the majority of health problems are treated.
- It is the **foundation of any health care system**, and nations with strong primary care seem to have better health than those without

Primary Health Care is a broader concept. In addition to primary care services, **it includes health promotion and disease prevention, and also population-level public health functions.**

Dementia Journey

Recognition and Diagnosis

1. Seeking Help
2. Learning the condition is Dementia

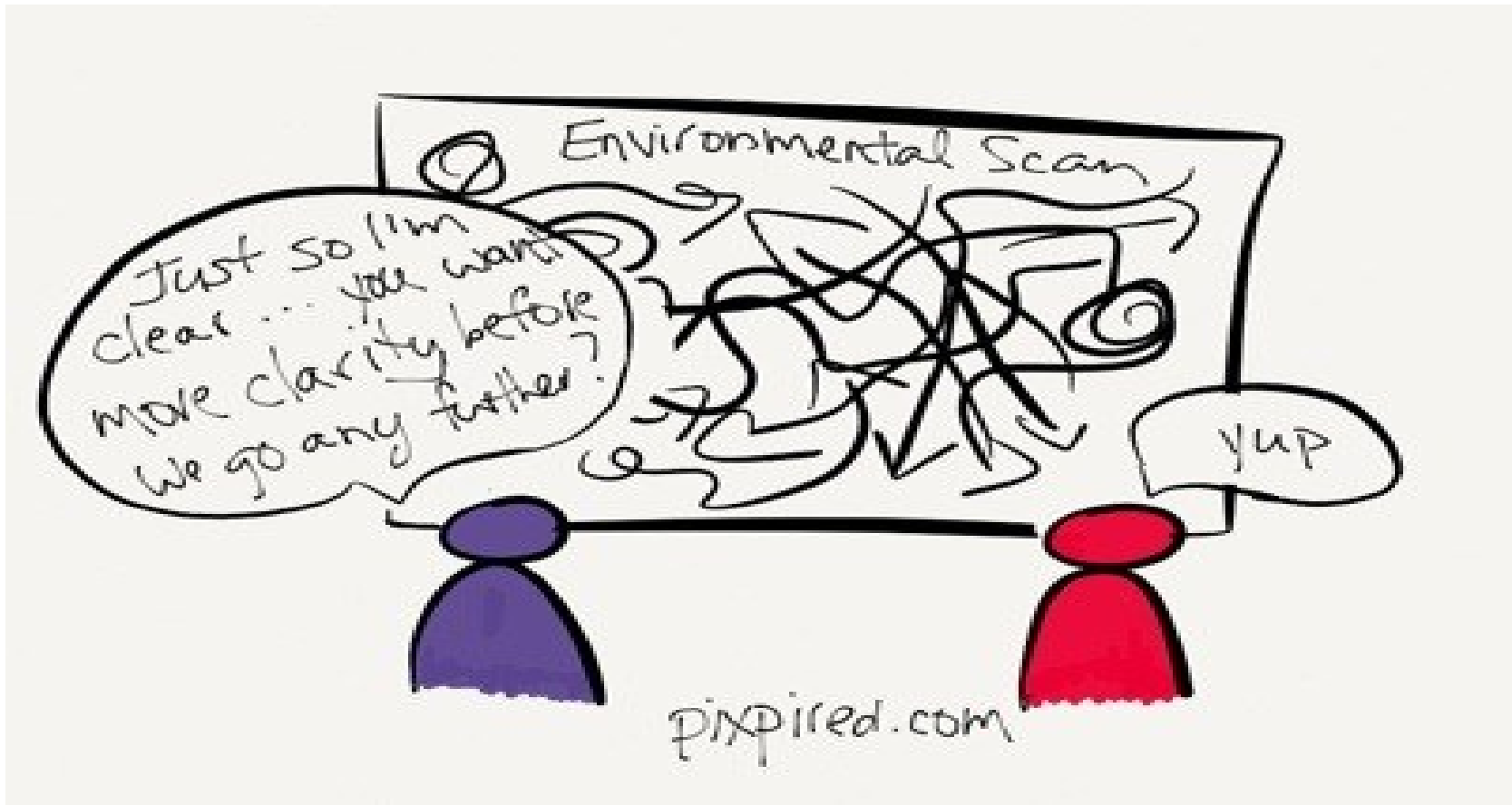


Management

3. Learning more and planning for the future
4. Living well with dementia
5. Managing at more difficult times
6. At the end of life

(Minghella, E., Schneider, K., 2012)

Primary Health Care in a Complex System



Population Estimates of Dementia in Alberta (PEDA)

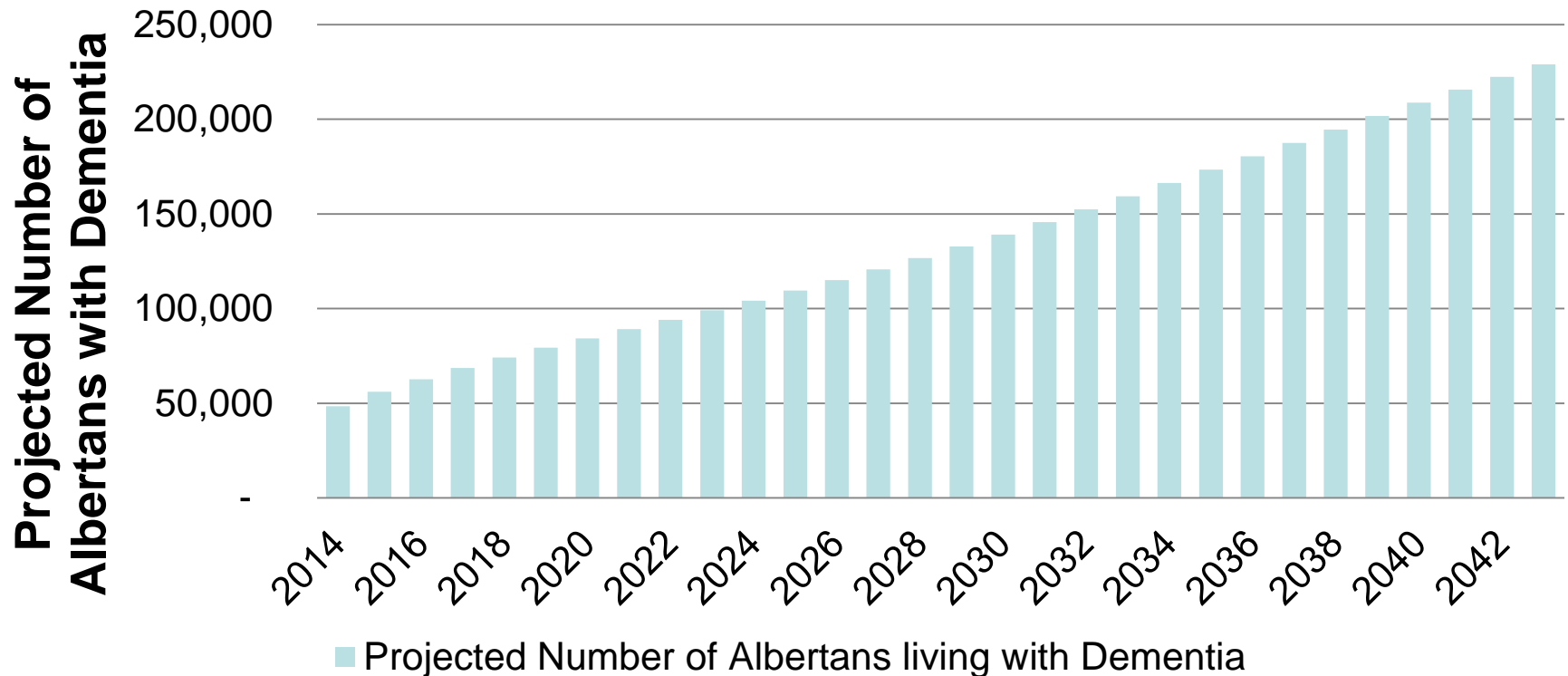
Number of Albertans Living with Dementia

Fiscal Year	Number of Dementia
2010/11	36,401
2012/12	38,099
2013/14	39,304

(Alberta Health, 2015)

PEDA Data

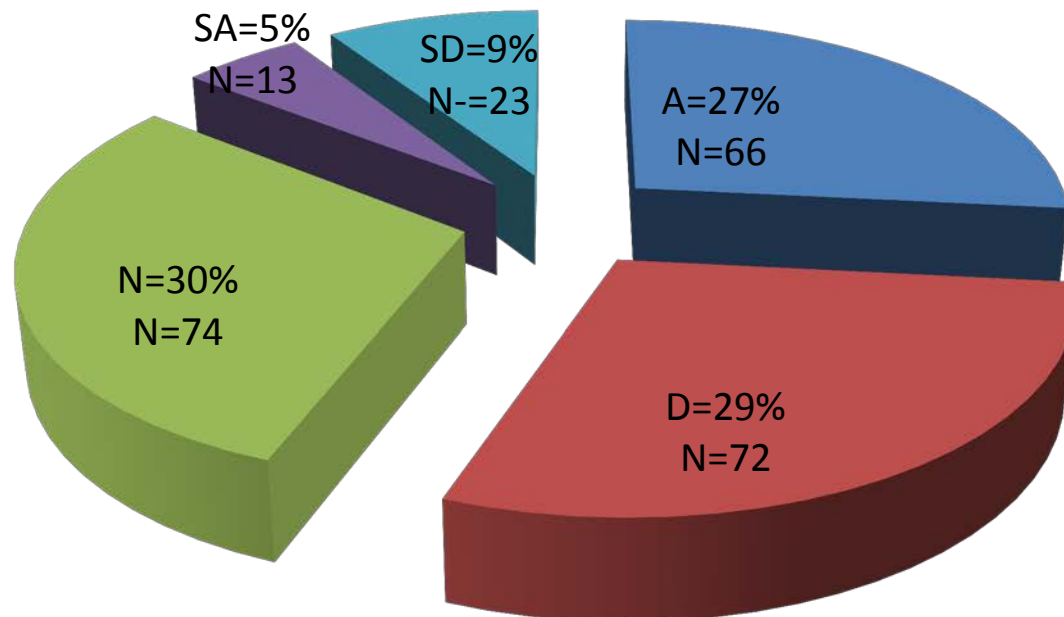
30-year Projection of Dementia in Alberta (Age 40+)



AMA Survey – July 2015

I have skills/training in the area of recognizing and providing care to PLWD

■ A-Agree ■ D-Disagree ■ N-Neutral ■ SA-Strongly Agree ■ SD-Strongly Disagree



High Performing Primary Care Attributes

Shannon M. Spenceley, RN; PhD Noëlle Sedgwick, RN; BN
Jessie Keenan, RN; BN
University of Lethbridge

**Timely access to
Primary Care**

Population Focus

**Active Person
Engagement**

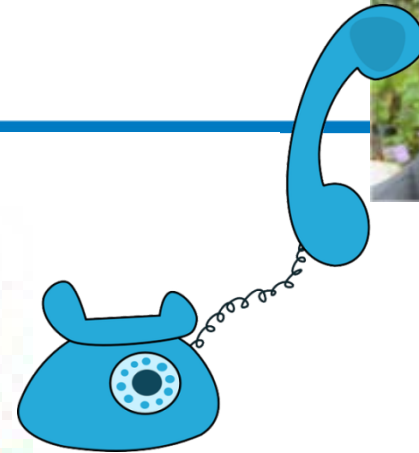
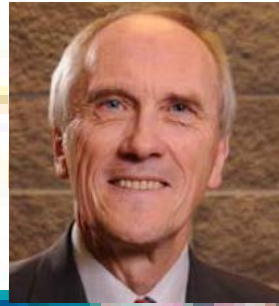
**Coordination and
Service Integration**

**Comprehensive
Whole Person Care**

**Relational
Continuity with a
Trusted Primary
Care Provider**

Team-Based Care

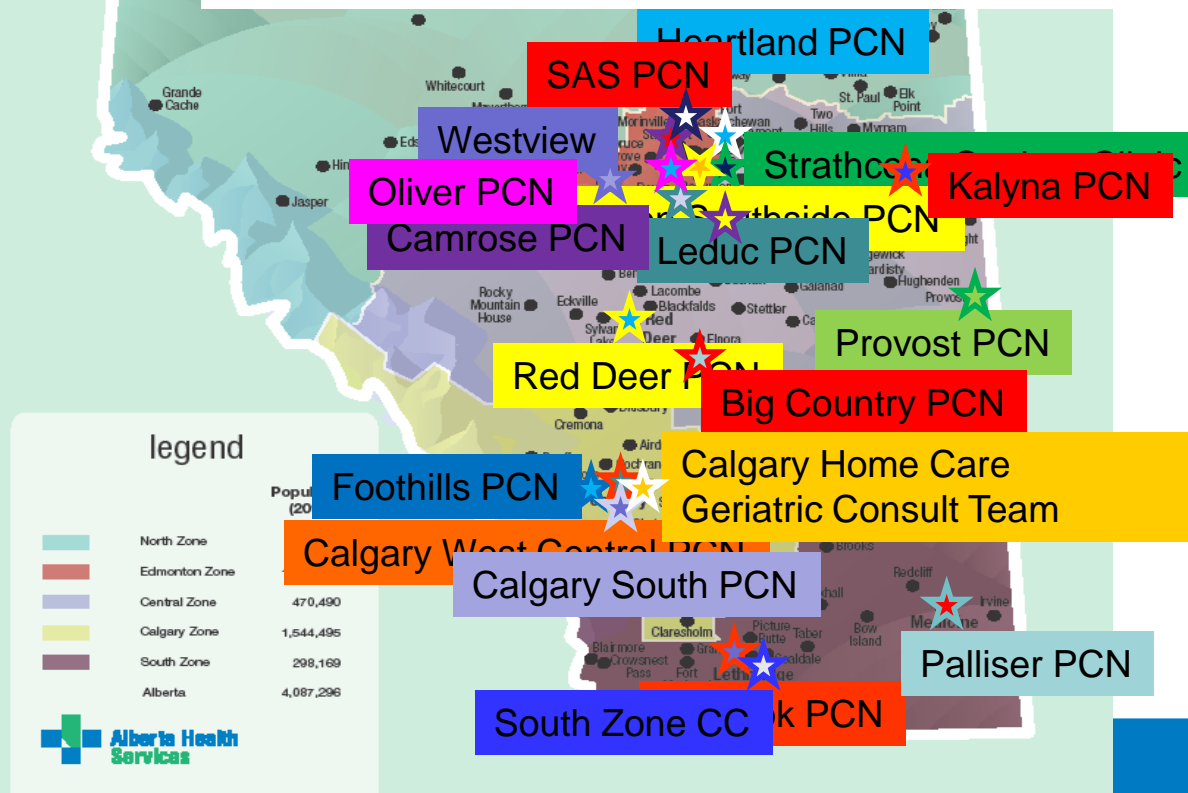
Alberta Road Trip



Zone Map



Edmonton Home Care Geriatric Consult Team



Discovering the Focused Geriatric Teams in Community

- ❑ Focused Geriatric Teams/Resources within Primary Care Network's
- ❑ Focused Geriatric Teams/Resources – outside of Primary Care Network's



Focused Geriatric Teams

- **Variability** in design:
 - Team Members
 - Processes
 - Referral
 - Involvement – consultation vs. continuous
 - Capacity
 - Linkages
 - Funding Models
 - Evaluation

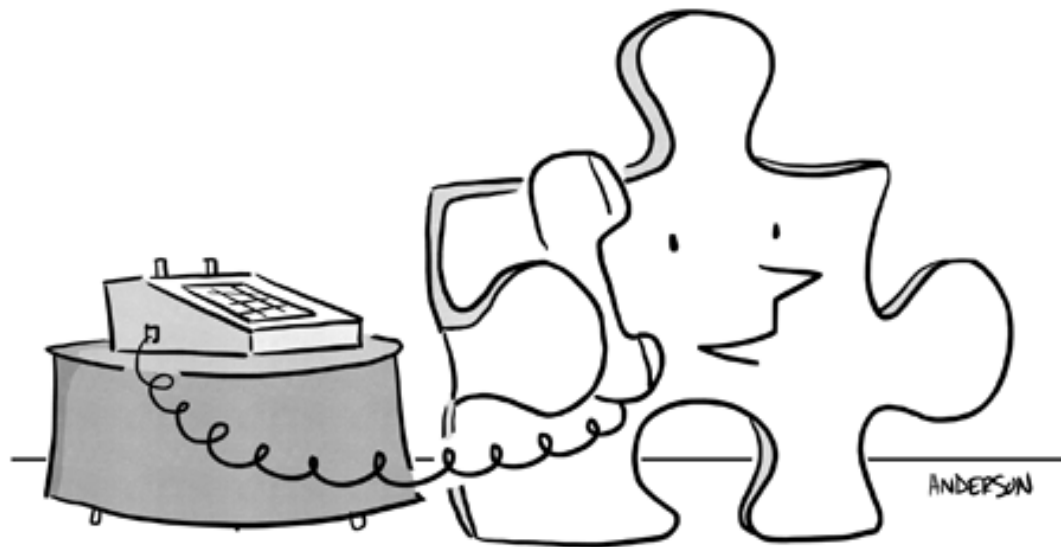
Putting the Alberta Geriatric Primary Health Care Puzzle Together



ADDMA Workshop – Feb 26, 2016

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"Hey, Phil. So I'm having a little get together..."

● Episodic, Time Compressed Care Interactions and Services

Specialized Services Diagnosis & Management

Primary Health Care
Recognition and
Management

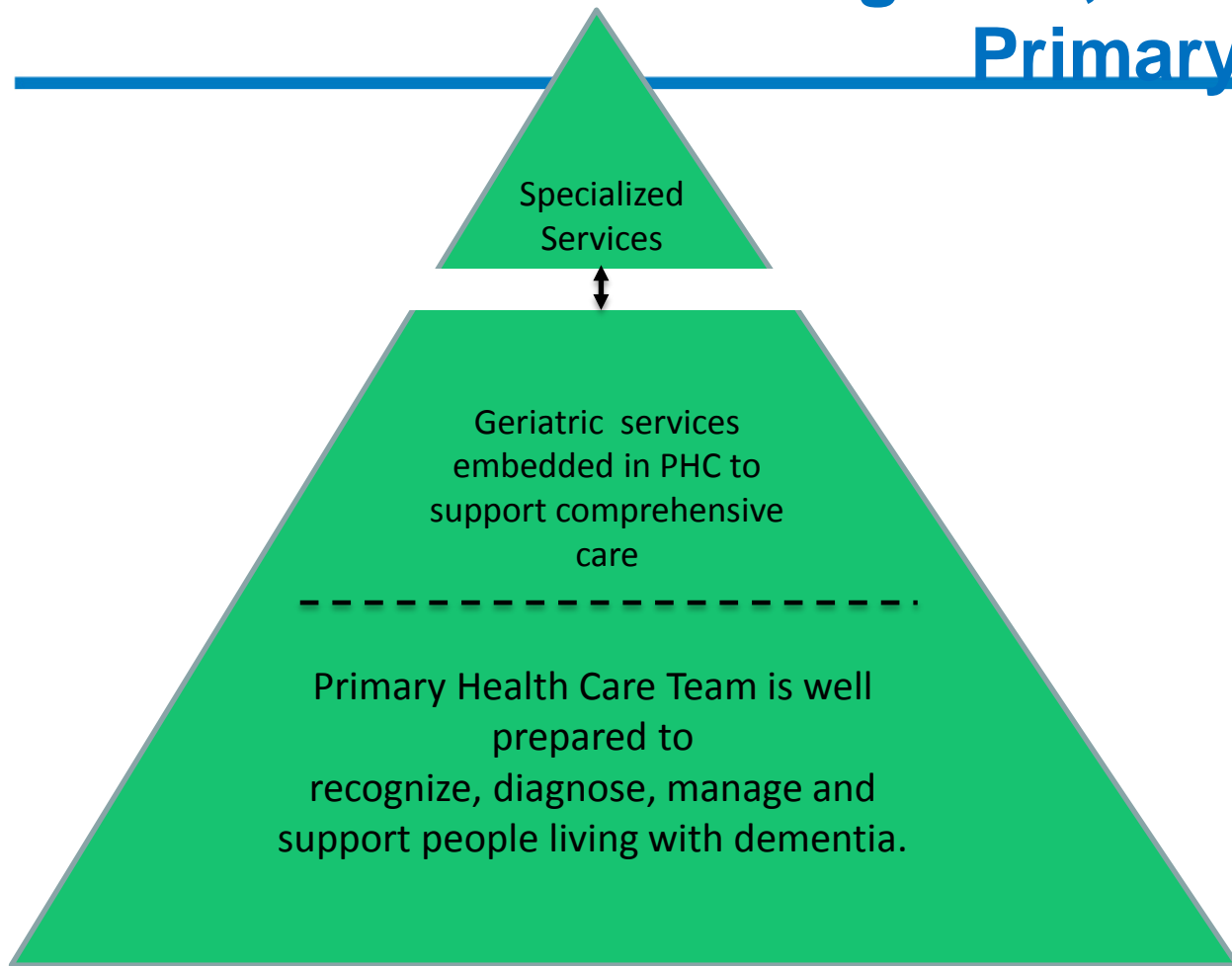


Primary Care

Home Care / Facility based care

Social care & supports

Anticipating the Future: Integrated, Comprehensive Primary Health Care



Integrated community-based health and social services, organized around the needs of People living with Dementia

Highlights

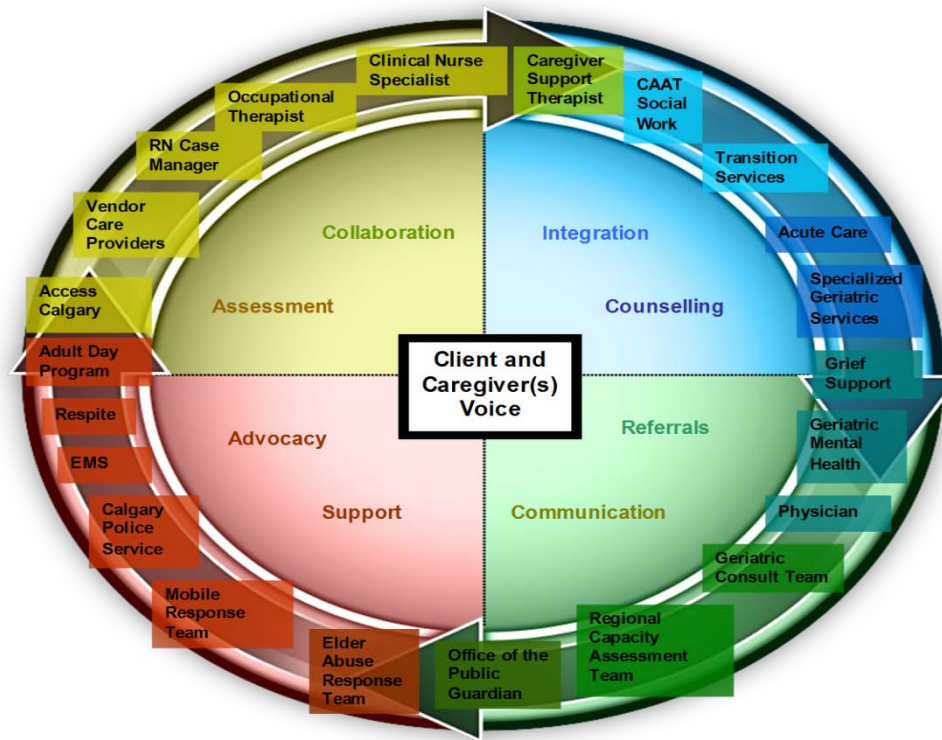
- Rural
- Suburban Rural
- Urban



Primary Care Physician Embedded Geriatric Team



Calgary Zone Home Care Dementia Care Team



Edmonton West Primary Care Network Frail Elderly Outreach Program



There is a cohort of the frail elderly that are invisible to the health care system until they require emergency care or hospitalization. This population of frail elderly have complex social and medical problems that make them among the most vulnerable and marginalized patient population as well as the most difficult to manage medically.

- The EWPCN has developed an outreach program that will address this gap in the provision of health care to an aging population.

PHC Partnerships

**Good Samaritan Seniors' Clinic:
Providing excellence in seniors
care in the community embracing
complexity and optimizing wellness**



Primary Care Innovation



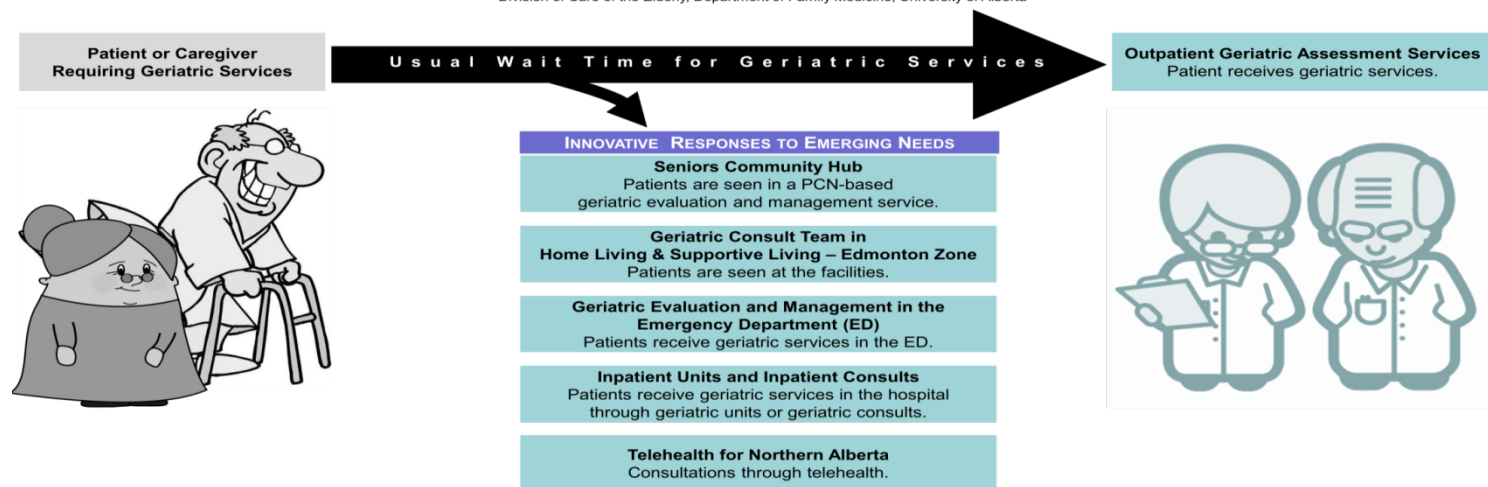
your health. your team.



Care-of-the-Elderly Physicians in Edmonton

Care-of-the-Elderly Physicians in Edmonton – Contributing to the Care for Older Persons

Jean Triscott, MD; Lesley Charles, MBChB; Bonnie Dobbs, PhD; Marjan Abbasi, MD; Sheny Khara, MD; Jed Shimizu, MD; Karenn Chan, MD; Peter Tian, MD, MPH
Division of Care of the Elderly, Department of Family Medicine, University of Alberta



The innovative care pathways for older persons in Edmonton and surrounding areas are *Collaborative, Accessible, and Responsive*.

Collaborative

- Collaboration between family physicians trained in Care of the Elderly (COE) and geriatricians from Internal Medicine
- Other disciplines: Geriatric psychiatry, rehabilitation medicine
- Community Organizations: Alzheimer Society of Alberta and NWT; Alberta Caregivers Association

 **UNIVERSITY OF ALBERTA**
FACULTY OF MEDICINE & DENTISTRY
Department of Family Medicine

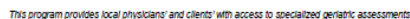
Accessible

Over 30 COE family physicians and geriatricians in 14 sites in Edmonton and surrounding areas.

1. Fort Saskatchewan
2. Glenrose Rehabilitation Hospital
3. Grey Nuns Community Hospital
4. Home Living Geriatric Consult Team
5. Leduc Primary Care Network
6. Misericordia Community Hospital
7. Northeast Community Health Centre
8. Royal Alexandra Hospital
9. St. Albert and Sturgeon PCN
10. Supportive Living Geriatric Evaluation & Management
11. University of Alberta Seniors Clinic
12. Westview Health Centre

Responsive

- Capacity Building
 - * Training Specialists: Over 60 COE physicians since 1993, CFPC-accredited COE diploma program; Certificate of added competence – CCFP (COE)
 - * Training future physicians (undergraduate and postgraduate medical education)
- Clinical Research and Quality Assurance
- Program Evaluation



Care of the Elderly Physician Dr. Trevor Byers
Registered Nurse Carla Moore
Dyad Model

1. Emergency Department admissions (an average decrease of 0.32 ED visits per patient)
2. In-patient admissions (an average decrease of 0.22 in-patient admissions per patient)
3. In-patient length of stay (an average decrease of 7 days per patient)

Multidisciplinary Team



A MULTIDISCIPLINARY MODEL OF ASSESSMENT AND CARE OF MEDICALLY COMPLEX OLDER ADULTS DELIVERED OUT OF THE ALBERTA HEARTLAND PRIMARY CARE NETWORK

KIM SHALL, BScN RN

SARA MOCHMAN, MN NP

KATHERINE LECHLEY, MD, FRCPC

KRISTINE OSWALDESTON, RN, CLINICAL PROGRAM MANAGER

Primary Health Care: System Integration

EZ Home Living

Building & Improving Dementia
Care & Practice



HOME LIVING

ASANT

Primary Care Networks

Care of the Elderly
Physicians

Primary Health Care: A Complex Puzzle

- **Boardwalk**
- **World Café Style
Activity**

