Innovation in health system improvement in dementia care

The Canadian perspective

Example of the Quebec Alzheimer Plan

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Meeting the Challenge of Alzheimer's Disease and Related Disorders

A Vision Focused on the Individual, Humanism, and Excellence

REPORT OF THE COMMITTEE OF EXPERTS FOR THE DEVELOPMENT OF AN ACTION PLAN ON ALZHEIMER'S DISEASE AND RELATED DISORDERS

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Seven priority actions
24 recommendations

1. Raise awareness, inform and mobilize/prevention
2. ***Provide access to personalized, coordinated assessment and treatment services for people with Alzheimer's and their family/informal caregivers.***
3. In the advanced stages of Alzheimer's, promote quality of life and provide access to home-support services and a choice of high-quality alternative living facilities.
4. Promote high-quality, therapeutically appropriate end-of-life care that respects people's wishes, dignity and comfort.
5. Treat family/informal caregivers as partners who need support.
6. Develop and support training programs.
7. Mobilize all members of the university, public and private sectors, for an unprecedented research effort.

An approach focused on the individual, humanism and excellence

- Respect the dignity and choices of people with Alzheimer's and their families
- Draw on emerging solutions validated by:
  - Evidence-based knowledge and research findings
  - Canadian and international experience
  - In the context of the Quebec health care system
- Promote an organizational culture characterized by:
  - Empowering people
  - Evaluating practices
  - Continuously improving quality and accessibility
  - Ensuring accountability
- Recognize and mobilize all sectors concerned by Alzheimer's disease and foster synergies among them.

Priority Action 1
Raise awareness/prevention

- Incorporate Alzheimer's disease into Quebec's public health plan
  - Hypertension, hyperlipidemia, diabetes
  - Promote education
  - Prevent head injuries
  - Encourage physical, social and intellectual activities, good eating habits, no-smoking, drinking in moderation

Access to personalized, coordinated evaluation and treatment
The Challenge

- Poor access to:
  - Diagnosis, treatment (including behavioral issues), support for patients and their caregivers
  - Integrated management through the stages of the disease
    - Including in crises
- Memory clinics cannot handle the volume nor assure comprehensive continuity of care
  - Resulting in very long waiting lists, delayed diagnosis and late intervention
- Primary care generally not prepared to deal with patients with ADR

Why primary care is seen as the way forward

- Canadian Consensus conferences recommendations since 1989
- First contact, has longitudinal experience with patient and family; best trained and equipped to deal with older persons with multi-morbidity in the community
- Will never be enough specialists interested and trained in ADR
  - Enormous costs
- Preparing for the advent of bio-markers and disease-modifying medications

The Way Forward

- Important primary care reform: Medical Home (Groupes de médecine de famille (GMF) in Qc, Family Health teams (FHT) in ON:
  - group practice, team based, interdisciplinary (nurse clinician/practitioners, other healthcare professionals) and inter-specialty practice
- Quebec Alzheimer Plan (Bergman Report) (2009) emphasized the central role of primary care.
- In Ontario: Bottom up development: 60 FHT'S have already implemented innovative interventions-rural and urban
- Progress in other provinces

Quebec AD Plan
Provide access to personalized coordinated services
Collaborative care model

- Approach based on the chronic-care model and the collaborative-practice model, introduced gradually, starting in Family Medicine Groups (GMFs)
- The primary care physician and the nurse clinician in partnership with patient and family in assessment, diagnosis, treatment, monitoring, and follow-up
  - The nurse clinician plays the role of Alzheimer's pivotal nurse.

Callahan JAMA 2006

Provide access to personalized, coordinated services

- **Fast, easy, flexible access to specialized resources as necessary**
  - Memory Clinics
    - Secondary and tertiary care
  - Behavior and Psychological Systems of Dementia teams
  - Psychosocial resources
    - Alzheimer's Support Centres (ASC)
  - Home care programs
  - Optimal hospital stay and transitions

Implementation in Quebec

- Ministerial decision with budget after ministerial study of the Qc AD plan recommendations
- Priority: enable/empower primary care clinicians (mainly MD-Nurse team) to detect, Dx, Tx, follow vast majority of AD
- Funded Implementation projects in 40 GMF's to then scale-up
- Produced an interdisciplinary, proactive trajectory of care with practice guidelines and training strategy for MDs, nurses, other clinicians
- Evaluation for scaling up

Canadian Consortium on Neurodegenerative Diseases of Aging(CCNA)
PI Howard Chertkow-47co-PI's $35 million budget (CIHR and other partners)

CROSS-CUTTING PROGRAMS

TRAINING & CAPACITY BUILDING

KNOWLEDGE TRANSFER

ELSI

WOMEN & DEMENTIA

Theme 1:
PREVENTION

1. Genetics of NDD
2. Inflammation & Growth Factors
3. Protein Misfolding
4. Synapses & Metabolomics
5. Lipids & Lipid Metabolism
6. Nutrition, Lifestyle, & Prevention of AD

Theme 2:
TREATMENT

7. Vascular Aspects of NDD
8. Lewy Body Dementia
9. Biomarkers
10. Cognitive Intervention and Brain Plasticity
11. Prevention and Treatment of Neuropsychiatric Symptoms
12. Mobility, Exercise, and Cognition
13. Frontotemporal Dementia

Theme 3:
QUALITY OF LIFE

14. How Multi-Morbidity Modifies the Risk of Dementia and the Patterns of Disease Expression
15. Gerontechnology & Dementia
16. Driving & Dementia
17. Interventions at the Sensory and Cognitive Interface
18. Effectiveness of Caregiver Intervention
19. Integrating Dementia Patient Care into the Health Care System
20. Issues in dementia care for rural and indigenous populations

Eight Platforms to Support the Teams

1. **Clinical Cohorts**
2. **The Normative Comparison Group**
3. **Imaging/Database/Information Technology**
4. **Blood, Saliva & CSF Biosamples**
5. **DNA Sequencing**
6. **Brain Banking**
7. **Transgenic Colonies**
8. **Academic Clinical Trials**

The Canadian Team for Healthcare Services/System Improvement in Dementia Care

- Evaluate the Quebec and Ontario (other provinces) interventions with rapid, pertinent and actionable results for key partners in order to refine the interventions
- Identify key components and key contextual factors linked with an optimal impact
- Facilitate rapid dissemination and scale up successful and sustainable collaborative care models across Canada

An Innovative Transformative Approach

Integration of research and knowledge transfer and exchange (KTE)

- *Participatory research*: stakeholders involved in defining outcome measures/feedback to sites, drawing conclusions
- *Developmental evaluation*: rapid-***as the study unfolds***- impact on health system improvement and practice
  - Rapid dissemination of innovation/best practices
  - Primarily through the ON and Qc experience (possibly others) with early input/dissemination to other Canadian provinces

Partners

- Researcher team actively engaged with 4 involved stakeholder groups:
  - Decision-makers (e.g. Ministries of health)
  - Patients/family (e.g. Alzheimer society)
  - Administrators Clinicians Industry
- Canadian Partners Council
- International advisory committee (PAHO/WHO, 4 high income, 2 middle income countries)

the Canadian perspective for innovation in health system improvement in dementia care

- Implementation projects with the perspective of scaling up by identifying key elements for rapid health system change
- Based in primary medical care closely linked and supported by to specialty care; interdisciplinary clinical leadership
- Paradigm for management of multiple chronic disease
- Training for students, residents and grad students
- True partnership: researchers, decision-makers, managers, clinicians, patient-caregiver
- Basis for ongoing Canadian and international research and policy network

For a copy of the Quebec AD report

En Français

- http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2009/09-829-01W.pdf

In English

- http://www.medicine.mcgill.ca/geriatrics/QuebecAlzheimerPlanEnglish.pdf