



The Quebec Alzheimer Plan: Impact on Dementia Care Management in Family Medicine Groups

Dr Isabelle Vedel, MD PhD

Assistant Professor, Department of Family Medicine, McGill University

Yves Couturier, PhD

Professor, School of Social Work, Université de Sherbrooke

CGS 38th Annual Scientific Meeting



McGill

Department of
Family Medicine

Département de
médecine de famille

Presenter Disclosure

- **Relationships with commercial interests: none**
 - This program/speaker has not received financial or in-kind support from commercial interests
- **Funding:**
 - Fonds de Recherche Québec – Santé.
 - Canadian Institutes of Health Research (Canadian Consortium on Neurodegeneration in Aging CCNA)





Meeting the Challenge of Alzheimer's Disease and Related Disorders

A Vision Focused on the
Individual, Humanism, and
Excellence

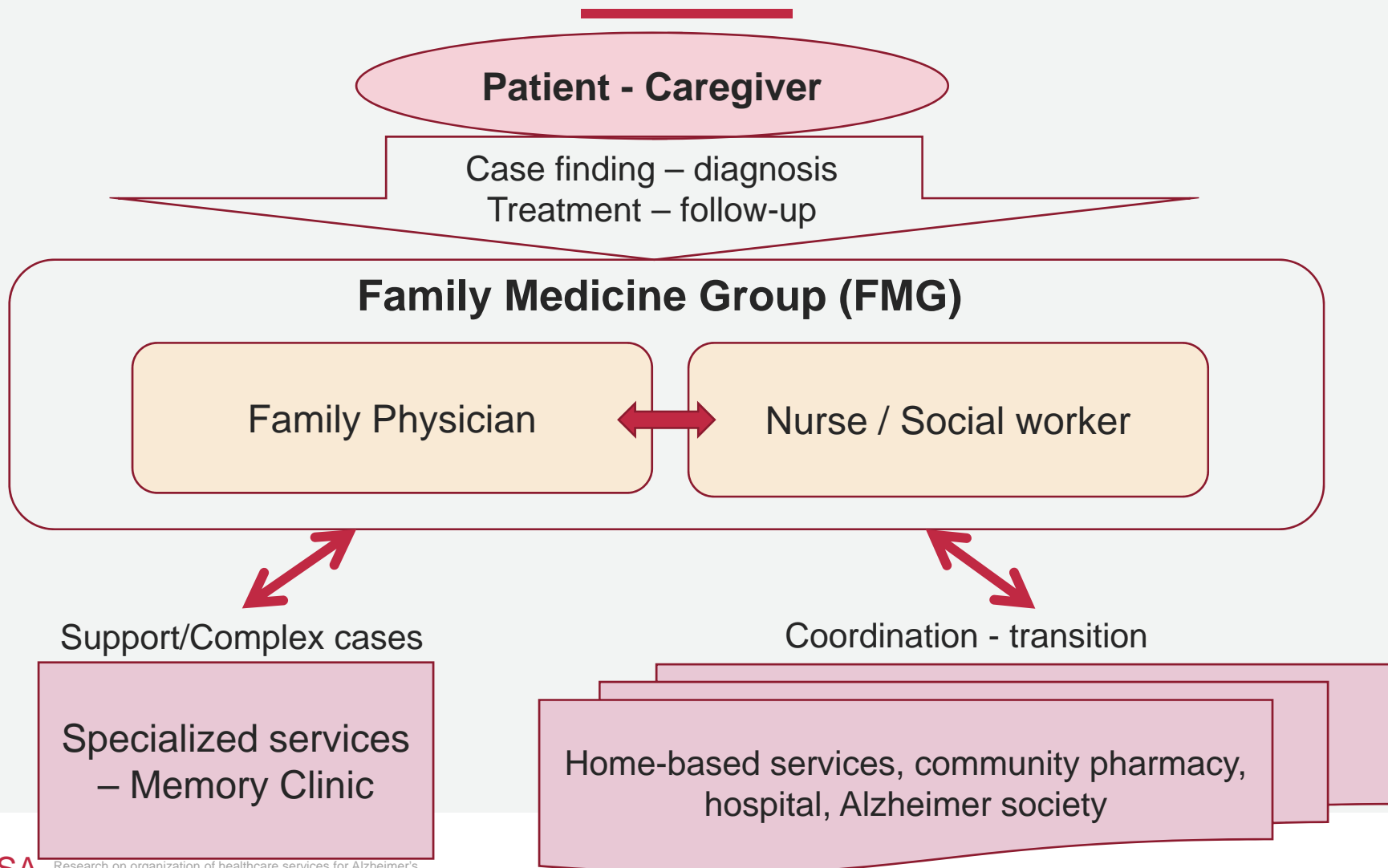
Report from the committee of experts for
The development of an action plan on
Alzheimer's disease and related disorders

Howard Bergman, M.D., Chair
May 2009

Mandate from the
Quebec Minister of
Health

Québec 

Collaborative primary care model



Implementation

- Ministerial decision
- Priority: Primary care (Family Medicine Groups - FMGs)
- Implementation projects in 40 FMG's since in 2012
 - \$250,000 per project
 - Support: Project managers, guidelines, training
- Now in scaling up phase

Two interrelated cross-fertilizing studies

- To identify the impact of the QC Alzheimer plan on detection, diagnosis, referral patterns, and quality of follow-up

OBSERVATIONAL
(Quantitative) Study:

Isabelle Vedel MD, PhD

- To examine the implementation strategies used in order to identify key factors for successful development and large-scale up-take across Canada

IMPLEMENTATION
(Qualitative) Study

Yves Couturier, PhD

Participatory research approach.
Continuous KTE with stakeholders: decision-makers, managers, clinicians and patients and caregivers representatives.
Provincial, Canadian and International Councils

Data collection

Observational Study (Quantitative)

- Pre-Post Chart review
 - 13 FMGs
 - 1,919 charts (Patients 75+ with and without cognitive impairment)
- Questionnaires
 - MDs - response rate 84%
 - Nurses - response rate 66%

Implementation study (qualitative)

- Interviews
 - Family caregivers (n=9)
 - Clinicians and managers (n=45)
- 16 focus groups (n=100 clinicians)
- Observations of meetings
- Analysis of documentation



RESULTS

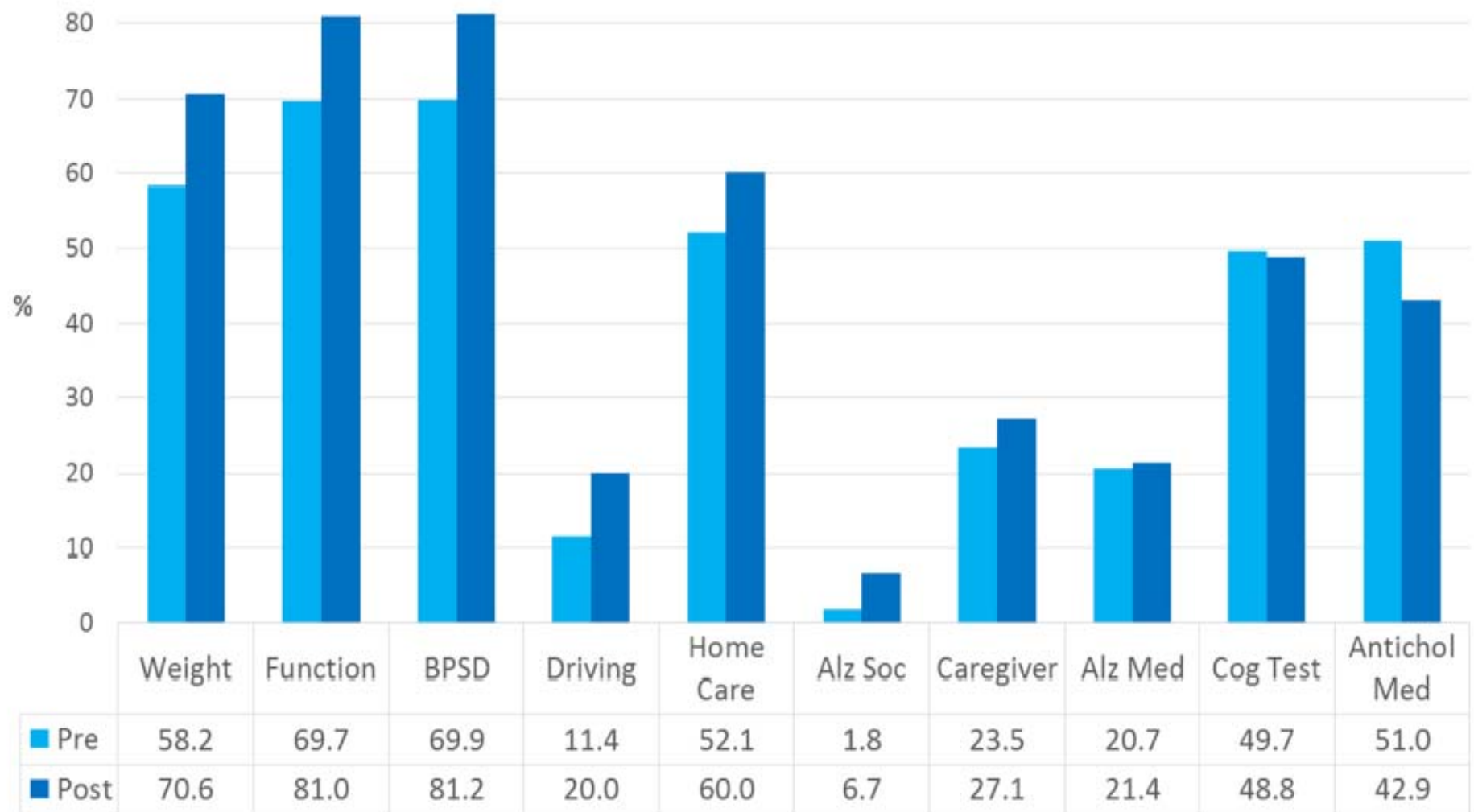
In Patients 75+

	PRE N = 944	POST N = 975	OR (95% CI)
Note regarding cognitive status	351 (37.2 %)	440 (45.1 %)	1.46 (1.18-1.81)
Documented diagnosis/condition	208 (22.0 %)	255 (26.2 %)	1.25 (0.98-1.60)
Dementia	127 (13.5 %)	141 (14.5 %)	-
MCI	41 (4.3 %)	52 (5.3 %)	-
Unspecified cognitive impairment	40 (4.2 %)	62 (3.4 %)	-
None	736 (78.0 %)	720 (73.8 %)	-
Cognitive testing	137 (14.6 %)	166 (17.1 %)	1.21 (0.92-1.60)
Referred to memory clinic	22 (2.5 %)	19 (2.1 %)	0.84 (0.42-1.68)
Pertinent references	14 (63.6 %)	16 (84.2 %)	-
Impertinent references	6 (27.3 %)	3 (15.8 %)	-
Other/unknown	2 (9.1 %)	0 (0.0 %)	-

In Patients 75+ with cognitive impairment

	PRE N = 455	POST N = 490	OR / adjusted Mean difference (95% CI)
Number of contacts with the FMG, mean (SD)	7.9 (10.2)	9.9 (9.7)	1.57 (0.30-2.84)
Quality of follow-up score, mean (SD)	44.1 (19.7)	52.0 (18.8)	8.06 (5.40-10.72)
Use of antipsychotics	162 (35.6 %)	175 (35.7 %)	0.89 (0.65-1.23)
Prescription of Memantine and cholinesterase inhibitors by FMG	27 (71.1 %)	26 (72.2 %)	0.81 (0.23-2.81)

Change in quality of dementia care among patients 75+ with cognitive impairment

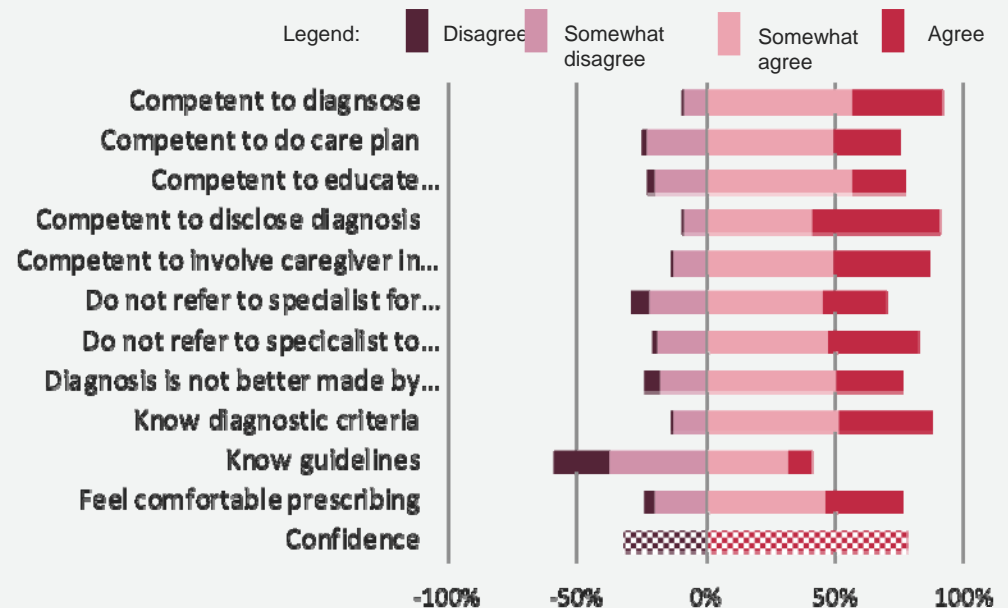




HOW TO EXPLAIN THESE RESULTS?

Positive knowledge, attitudes and practices of FMGs' clinicians

- Clinicians have good clinical knowledge and perceive themselves as being competent
- Good attitude towards dementia
- Agreement with the principles and objectives of the plan
 - But not enough training and mentoring



Facilitators/barriers

- Presence of a support strategy
 - Project managers
 - High satisfaction with developed tools
 - Sometimes implemented too late
 - Challenges to the maintenance of leadership in the FMGs vs. health agencies
- Identification of a FMG champion
 - Supported by project managers, tools and specialists-trained family physicians
 - Challenges to involve non-champion physicians
- The role of FMGs' nurses is key
 - Good collaboration with physicians
 - But poor participation in the detection of patients
 - Challenge to the integration of new clinicians (eg. social workers)
 - Disclosure of diagnosis: not always done

Conclusion

- It is feasible to anchor national Alzheimer Plans in primary care
 - More awareness in FMGs' clinicians without an associated increase in referrals in older patients
 - Improved intensity and quality of care for patients with cognitive impairments
 - Primary care clinicians are interested, feel competent and can manage patients with dementia
- Still some room for improvement
- Limitations: pre-post design

Acknowledgements: The CCNA team on health service research: ROSA

- Co-PI:
 - Howard Bergman (McGill U, QC)
 - Carrie McAiney (McMaster U, ON)
 - Susan Bronskill (ICES, ON)
 - Paula Rochon (U of Toronto, ON)
 - Yves Couturier (U de Sherbrooke, QC)
 - Tibor Schuster (McGill U, QC)
 - Erin Strumpf (McGill U, QC)
 - Sarah Pakzad (U of Moncton, NB)
 - Pamela Jarret (Dalhousie U, NB)
- Provincial, Canadian and international councils
- Research Team:
 - Geneviève Arsenault-Lapierre
 - Marine Hardouin
 - Rachel Simmons
 - Lucie Vaillancourt
 - Mélanie Le Berre
- Students:
 - Claire Godard-Sebillotte, PhD(s), McGill
 - Nadia Sourial, PhD(s), McGill
 - Ahmed Bakry, MSc(s), McGill
 - Vladimir Khanassov, resident, McGill
 - Maude-Émilie Pépin, MSc (U de Sherbrooke)
 - Maxime Guillette, BSc (U de Sherbrooke)
 - Nathalie Dame, BSc (U de Sherbrooke)
 - Allison Gemmill, BHSc (McMaster)
 - Charmaine Holland, BHSc (McMaster)
 - Frantz Siméon, MSc (U de Sherbrooke)
 - Noémie Nicol-Clavet, BSc (U de Sherbrooke)