GENERAL PRACTICE LED EARLY DEMENTIA DETECTION IN A RURAL SETTING

A NEW MODEL OF CARE

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INNOVATIVE MODEL OF GP LED DEMENTIA DETECTION

Aim: To develop a general practice led, standardised process to facilitate earlier detection of dementia in a rural area.

Bendigo region
- 150,000 in Greater Bendigo, up to 300,00 in surrounding areas.
- 19% aged 65 and over
- 10% of people 65+ have dementia in Australia
- Prevalence in the Bendigo region is increasing by 3.3% pa
  (Source: NATSEM, University of CANBERRA, Jan 2016)

St Anthony Family Medical Practice Pty Ltd
- Seven general practices covering 14,213 Km²
- 48 practitioners (GP’s and practice nurses)
- 3,386 patients aged 65+ presented in 2015
ISSUES IDENTIFIED WHICH DROVE THE PROJECT

Screening for dementia in people aged 65-74 in rural areas is limited.

Barriers to detection and management of dementia in the rural setting:

- Lack of integration of guidelines and tools in routine care and software platforms
- Staff training and experience
- Specialist assessment access and referral pathways
- Stigma about dementia in the community
MODEL OF CARE DEVELOPMENT

- Development of a standardised dementia screening system using validated tools and a decision making matrix
- Integration into routine care and GP software platforms
- Practitioner training on dementia screening, specialist referral and community management
- Information provided for patients and communities about dementia screening & dementia
- Community based specialist cognitive assessment service set up & with a telehealth option
- Specialist feedback systems implemented to encourage interdisciplinary working and patient and GP support
## DEMENTIA SCREEN MATRIX & REFERRAL GUIDE

<table>
<thead>
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<th>Score</th>
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</thead>
<tbody>
<tr>
<td>GP Cog Pt 1</td>
<td>9</td>
<td>&lt;9</td>
<td>&lt;9</td>
<td>&lt;9</td>
</tr>
<tr>
<td>GDS</td>
<td>0-5</td>
<td>0-5</td>
<td>6-8</td>
<td>&gt;9</td>
</tr>
<tr>
<td>Likely outcome</td>
<td>No evident cognitive decline</td>
<td>Dementia</td>
<td>Dementia and/or mild depression</td>
<td>Moderate/ severe depression with possibility of underlying dementia</td>
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<tr>
<td>Actions</td>
<td>Reassure patient and plan to review</td>
<td>Offer referral to geriatrician &amp; arrange further investigations</td>
<td>Offer referral to geriatrician or psycho-geriatrician &amp; arrange further investigations</td>
<td>Offer referral to psycho-geriatrician &amp; arrange further investigations</td>
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PATIENT OUTCOMES

972 patients were screened from April 2014 to March 2017

- 191 (19.8%) referred for specialist cognitive assessment
- 32 (17.3%) declined specialist assessment appointment
- 145 (14.9%) specialist cognitive assessments completed to date
  - 23 (15.86%) Dementia
  - 63 (43.44%) MCI
  - 22 (15.17%) Pseudo- dementia
  - 37 (25.51%) Age related cognitive changes
CLINICAL PRACTICE IMPACTS

- Dementia screening offered to all patients aged 65 and over
- Assessment and decision pathways integrated in routine GP software systems
- Early identification of dementia enabled increased access to specialist assessment and optimised management
- Early identification of MCI positive for preventative lifestyle changes and minimisation of conversion to dementia
- Staff training and engagement increased awareness and knowledge
- Dementia ‘champions’ instigated at each practice site for intervention sustainability
KEY BARRIERS TO MODEL IMPLEMENTATION

- Geographical barriers between practices and specialist services
- Differing software systems
- Lack of practitioner training in dementia screening

- Practitioner reluctance due to:
  - Time constraints
  - Lack of familiarity with screening tools
  - Discussing confronting health conditions which limited treatment
THE FUTURE

- This model of care is scalable across health systems

- Potential to utilise online screening and engagement to increase rural and regional access

- Explore interventions to support management of cognitive impairment for people living with dementia in the rural setting.
THANK YOU FOR YOUR TIME TODAY