

Geriatrician in the Practice

An integrated model of care for people with dementia

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Disclosures

- Funded by NSW Health- Planning and Innovation Fund

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Background

- Challenging geographical area
- Ageing population
- High prevalence of dementia
- Insufficient specialists for timely review
- Long clinic waiting lists



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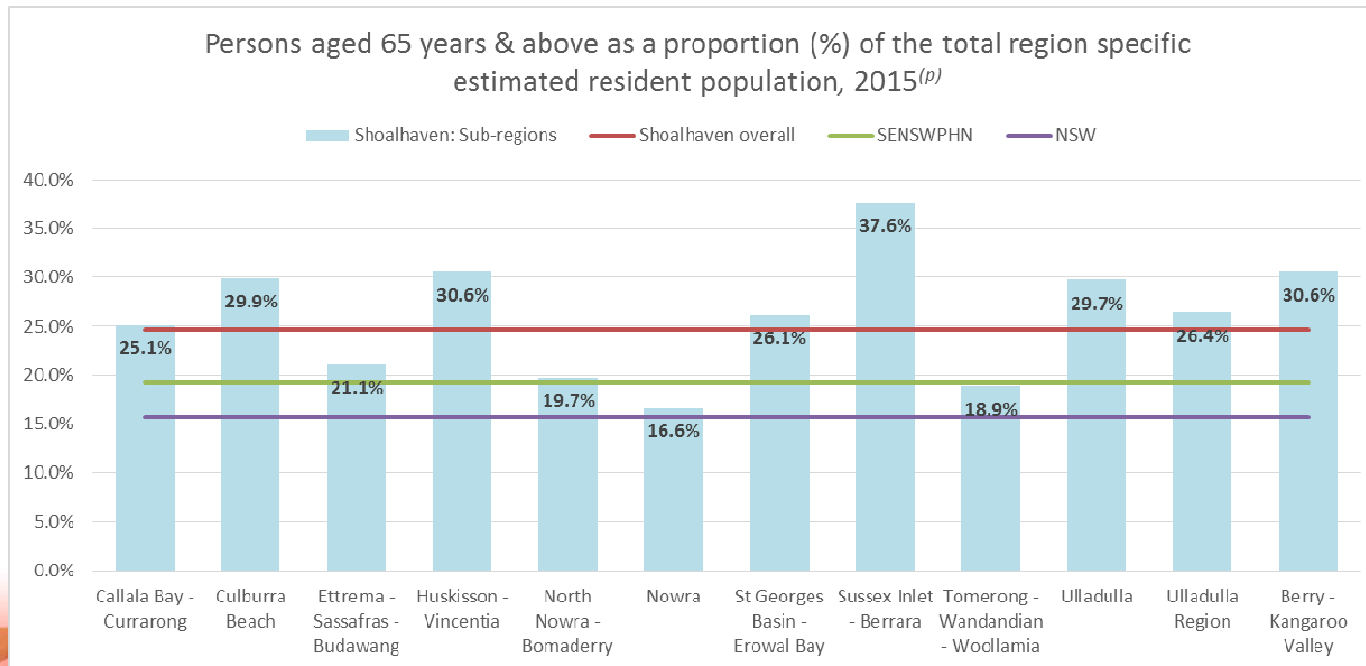
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Demographics

Ghosh A, 2016. Brief Ageing snapshot-Shoalhaven, COORDINARE-South Eastern PHN.



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Previous model

- Hospital based clinics
- GP referral
 - review by Clinical Nurse Consultant and Geriatrician
- Waiting times for non-urgent up to 12 months
- Communication to GP within 2-3 weeks

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Issues with model

- Significant numbers of follow-up patients
- Frequent re-referral of patients
 - GPs not confident in managing dementia
- Decreased availability of clinic time for new patients

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Aims

- Provide patient centred dementia Ax and Mx using a collaborative approach with Primary Health providers
- Improve the skillset of the Primary Health providers & develop a sustainable model of care in General Practice
- Improve access to timely Ax in familiar environment
- Improve linkages and referral mechanisms

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“GIP”: change of model

- Joint clinics with GP/geriatrician/CNC and practice nurse
- Training provided to practice nurse by CNC
- Training provided to GP by geriatrician
 - Diagnosis, interpretation of neuroimaging, Mx of dementia

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Process

- EOI put out to all local General Practices
- Referral template developed
- GP/practice nurse identify and triage referrals
- CNC ensures appropriate Ix done prior to review
- Clinic at practice (6 weekly)
 - Review by CNC with practice nurse
 - Reviewed by geriatrician/GP

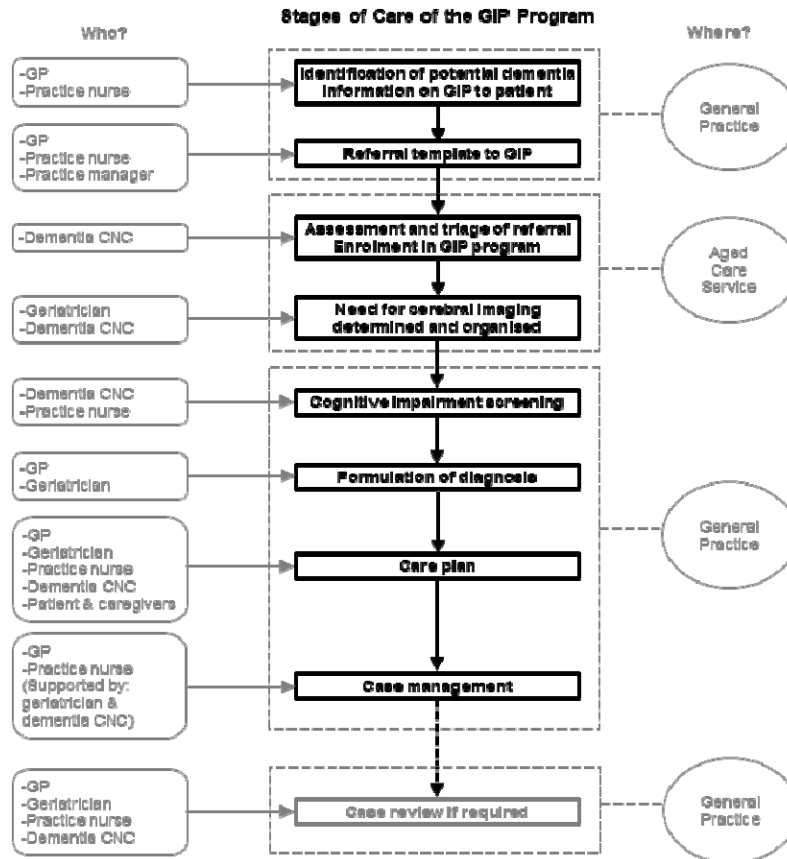
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Flow chart of model of care

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Providers/General practice

- After EOI: 8 of 41 practices involved
- 15 practice nurses trained
- 32 General Practitioners involved

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Practice incentives

- CPD points available to GPs and Practice Nurses
- Improved IT linkages including referral/assessment template → decreased communication time

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GIP- proposed benefits

- Patient
 - Pts seen in familiar environment → less stress & travel, greater pt satisfaction
 - Identification of pt groups who would not attend hospital based services
 - Provide more timely care with early Ax and referral to services
- Providers
 - Enhanced skillset in primary care in Dx and Mx of dementia would ↓ need for ongoing follow up
 - Potentially less non-attendance
- System
 - Potentially decrease admissions
 - Increased collaboration b/t hospital and primary care

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Patient satisfaction survey

Item		n	Mean	(SD)
1. Did you receive enough information about the Geriatrician in Practice Project before your arrival?	-2. Not at all	0	1.7	(0.5)
	-1.	0		
	0.	3		
	1.	18		
	2. Completely	71		
2. Did it feel as though the doctors and nurses worked well together?	-2. Not at all	0	1.8	(0.4)
	-1.	0		
	0.	0		
	1.	14		
	2. Completely	78		
3. When you had important questions to ask a doctor, did they answer in a way you could understand?	-2. Not at all	0	1.9	(0.3)
	-1.	0		
	0.	0		
	1.	12		
	2. Completely	79		
4. Do you feel more supported by seeing the specialist with your usual GP and nurse present?	-2. Not at all	0	1.9	(0.3)
	-1.	0		
	0.	0		
	1.	12		
	2. Completely	80		
5. Did you have confidence and trust in these healthcare professionals?	-2. Not at all	0	1.9	(0.3)
	-1.	0		
	0.	0		
	1.	9		
	2. Completely	83		
6. Is it easier for you to see the specialist in your GP's practice than at Shoalhaven Hospital?	-2. Not at all	0	1.9	(0.3)
	-1.	0		
	0.	0		
	1.	12		
	2. Completely	80		
7. Thinking about when you left the doctors rooms, were you given enough information about how to manage your care at home?	-2. Not at all	0	1.9	(0.3)
	-1.	0		
	0.	0		
	1.	12		
	2. Completely	79		
8. Was the travel time less for you to visit the Geriatrician at your GP's compared to attending your local hospital Outpatient Department?	Yes	54		
	No	0		

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Outcomes- diagnosis and service provision

- 37% had MCI
- 22% had Mood/anxiety
- 41% had Dementia
- 17% had licence cancelled/restricted
- 86% of referral to DAS came from the 20% or practices involved

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Outcomes: primary care

Question	Responded "strongly agree" or "agree" %
Due to the linkages I have made from participating in GIP I now feel I have improved access to the Geriatrician/Dementia CNC?	100
Referring a patient for a GIP clinic at your own practice is easier than referring to the Aged Care Outpatient Department?	80
Communications from the patients GIP assessment have been received in a timely manner?	100
The "Geriatrician in the Practice" is an improved model of care for initial dementia assessment and follow up	100
The process of referring a patient for dementia assessment has been simplified by the "Geriatrician in the Practice" clinic	100

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Outcomes- Primary Care

How confident do you feel:	Responded "confident" or "very confident"	
	Pre-intervention GPs %	Post-intervention GPs %
in assessing a patient for a potential dementia diagnosis?,	57.1	80
in identifying different types of dementia?,	14.3	60
in developing a management plan relevant to a patient's dementia diagnosis?,	28.6	60
interpreting cerebral imaging (including MRI's)?,	0	40
in assessing driving ability in the cognitively impaired elderly?,	7.1	40
in the use of prescribed medications for dementia and/or behaviours associated with dementia?,	21.4	60

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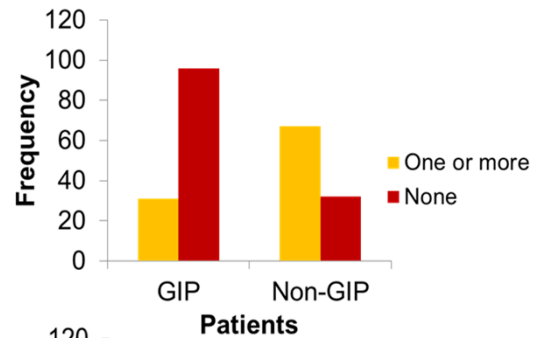
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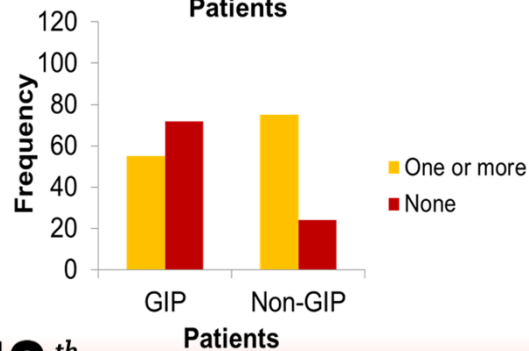
Outcomes- Service

Need for review



Planned reviews

- 24% vs 68%
- P < 0.001

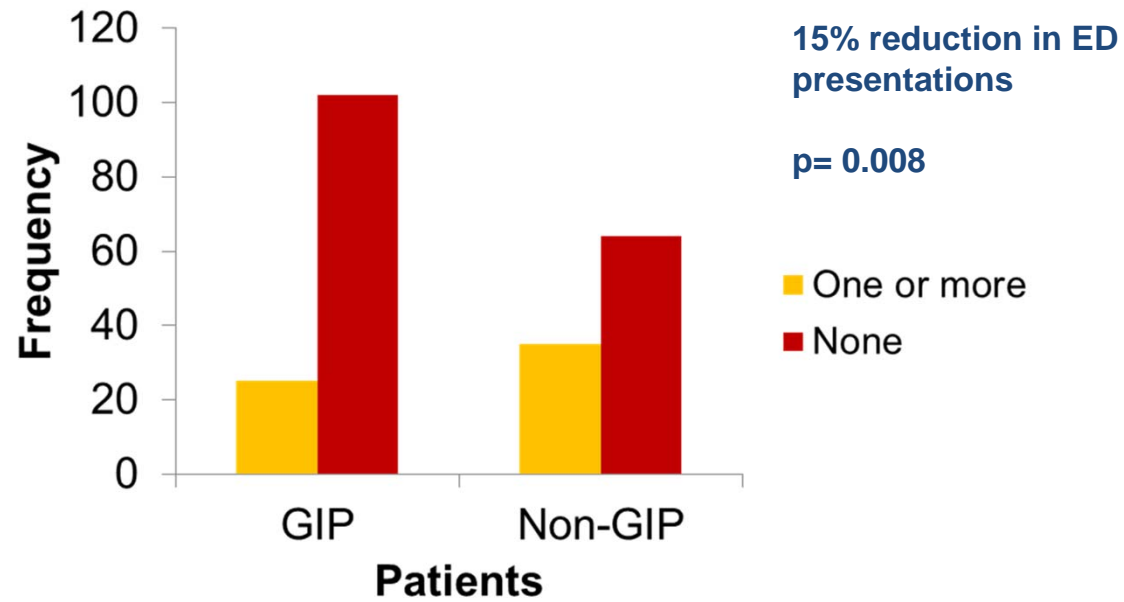


Actual reviews

- 43% vs 76%
- P < 0.001



Outcomes- ED presentations





Other benefits

- We have travelled 3,000km to clinics but saved 9,000km in patient travel
- Transferability to other services



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Lessons

- Need for improvement in IT connectivity between hospital and primary care
- Aim to expand number of practices but will need to remain hybrid model
- General practices have been enthusiastic for integration
- Increased integration is leading to other possibilities for service remodelling

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Thanks to

- Primary Health Network: Coordinaire
- Colleagues: Dr Christley, Dr Subrata, Dr Davis
- Nursing: Karen Shepherd
- Administration: Narelle Evry
- Data: Jose Cuenca
- Clerical: Karen Moulds and Chris Connor
- Practices and their patients
- Dr Sheila Cook for giving us the idea

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