

First Link® Demonstration Project Evaluation Findings (2007-2009)

Objectives of First Link®

- Improve linkages between Alzheimer Society (AS) and physicians; diagnostic and treatment services; and community service providers
- Improve coordination of care and linkages to community services earlier in the disease process
- Increase understanding and awareness of Alzheimer's disease and related dementias (ADRD) and community resources among professionals, persons with dementia, family caregivers and service providers

Demonstration Project

- 4 project sites chosen; 9 Chapters involved
- Criteria: rural/urban mix, north/south, single chapter; partnered chapters
- Sites chosen: Timmins and Sudbury; Ottawa and Renfrew; Grey-Bruce; Huron and Perth; and Belleville-Hastings, Prince Edward County and Kingston
- 2 Sites shared coordinators, 2 part-time, 1 full-time
- Provincial support included: marketing tool, client recording system, stakeholder relationships and inter-project communication

Milestones

- Jan. '07 received grant from MOHLTC
- Feb. '07 Project Manager hired with 9 project sites receiving client referrals
- Feb. '07 evaluation initiated; referral data collection begins Nov. '07
- Jun. '09 demonstration ends
- \$760K in site operations and provincial project management, \$140K for evaluation

Challenge

Persons with dementia and caregivers often access information and service late in their disease experience, thus reducing quality of life and increasing burden

Intervention

With the person's permission, primary care providers or other health providers make direct referral to First Link®, which connects people to local dementia-specific supports and learning opportunities at the time of diagnosis and throughout the course of the disease



Note: A person may also access First Link® services without referral

Key Learnings and Actions

Client Service Model

- Enhance processes and standards for data collection and client record keeping
- Further develop and standardize post-intake processes, tools and resources (i.e. learning series, follow up counselling)

Partnerships/ System Impact

- Emphasize primary care role in First Link® initial referral, and recognize the value of First Link® feedback to referral source
- Integrate First Link® as a promoter and partner in primary care education with Ontario College of Family Physicians
- Relationship-based approach to marketing
- For self-referring persons, advise their primary care providers of First Link® as a learning opportunity for future persons needing services

Change Management Challenges

- Introduction of new 'coordinator' role and its impact on AS staff functions
- Limited infrastructure when First Link® was launched
- Data collection - definitions and format
- Providing a consistent service among chapters with different organizational cultures
- Establishing relationships with physicians
- Developing a mechanism for consistently following-up with clients and referral agents

Management Development

- Value proposition: creation and utilization of statements which articulate the effectiveness of the First Link® program to key stakeholders including: clients, referring partners, funders and AS Chapter staff
- Service agreement: participating Ontario AS Chapters sign agreement to demonstrate commitment to consistent roll out of the First Link® service delivery model and provision of requested Common Core Element data
- Nov. 2010 – 3rd Annual Ontario First Link® Conference
- Provincial project management for consistency and shared learning

Goals of Demonstration Project Evaluation

- Determine the extent to which the First Link® program objectives were achieved
- Examine the implementation of First Link® (e.g., facilitators, barriers, improvements, sustainability)

Methods

- Data tracking: referrals & activities; information & awareness raising
- Surveys: caregivers (N=92); health professionals (N=63)
- Interviews & focus groups: persons with dementia & family members (N= 21); key stakeholders (N=27); project leaders (N=10)

Key Findings

Persons with Dementia and Caregivers Report:

- They are more knowledgeable about dementia
- More familiar with the available community services
- More confident in his/ her ability to cope

Health Professionals Report:

- Referral process was extremely easy, efficient and seamless
- Recognized importance of direct referring to First Link®, which initiates first contact
- Success in establishing and enhancing numerous linkages between AS and other providers and community partners
- Great satisfaction with the First Link® program
- Better and more effective management of persons affected by ADRD
- Clear understanding of services offered by the AS and other community services

Evaluation Team:

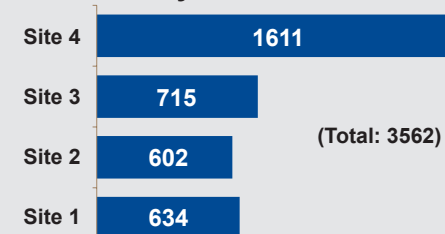
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For more information and to access the full report, go to:

www.AKEResourceCentre.org/FirstLink

Quick Stats

Referrals by Site - Nov '07 - Jun '09



Referral Source

- 35% Self-referred**
- 65% First Link® Referrals**
 - 34% Specialist
 - 16% Family Physician
 - 13% CCAC
 - 4% Other

Average Time between Diagnosis & Referral

