Alzheimer Knowledge Exchange

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CANADIAN DEMENTIA RESOURCE AND KNOWLEDGE EXCHANGE

Strategic Engagement of Primary Care to Improve Care for Seniors with Complex Care Needs: *Engagement & Education*

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This Series

- Share the Strategic Elements for broad application
- Share examples of how strategic elements are being implemented
- Identify success factors and lessons learned related to the strategic element
- Gather information, resources and tools related to the element

Primary Care Strategic Elements

- Developed through Behavioural Supports Ontario (BSO) project
- Include:
  - Leadership
  - Engagement
  - Education
  - System Integration
  - Tools and Processes

Strategic Engagement of Primary Care to Improve Care for Seniors with Complex Care Needs: *Engagement and Education*

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Primary Care Engagement

- Primary care is often the first touch-point or entry point for people seeking health care
- Primary care must be included as integral component of health continuum – not as "pre-services" or separate entity
- Engagement is driven by shared care or shared solution-finding from different disciplines/skill sets to address the needs of this complex population

Primary Care Education

- Primary care providers are seeking opportunities for further education specific to their older patients with complex needs
- Create formal education opportunities with targeted training events i.e. CME workshops, webinars
- Create informal education opportunities for physicians and interdisciplinary team members i.e. case consultations, rounds, involve in existing events or structures

What is BSO?

Behavioural Supports Ontario - BSO- is a comprehensive system redesign; an approach that breaks down barriers, encourages collaborative work, shares knowledge, fosters partnerships among local, regional and provincial agencies and speaks to a new way of thinking, acting and behaving.

BSO is not a new service; rather, it is a province-wide value-based and evidence-based catalyst for change or a trigger for the realignment of existing services.

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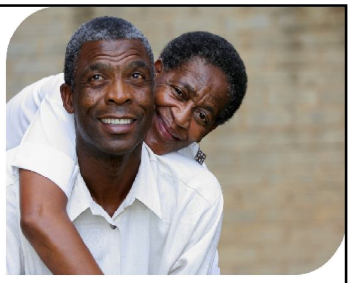
Main Goals in Moving Forward

Improved Patient Experience

- Primary objective is patient driven care – current system is not patient driven
- Need to find ways to enhance staff and caregiver supports for people where they live

Improved System Performance

- Better ways of providing care exist-system requires some standardization of practice and the protocols to support this



BSO is founded on the underlying assumption that a person is responding with behaviour that is trying to communicate an unmet need, in other words -

Behaviour has Meaning

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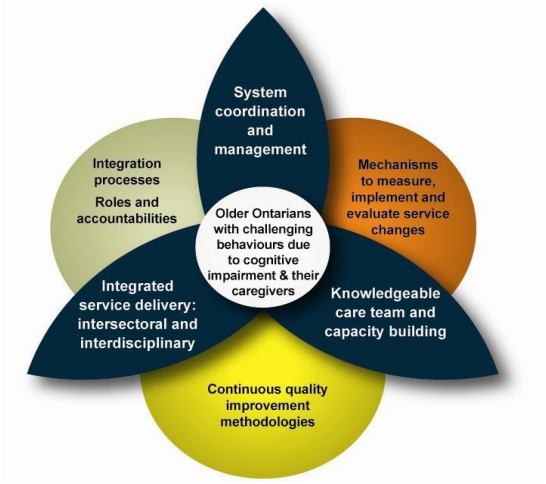
Behavioural Support Ontario Framework for Care



The Three Pillars

1. **System Coordination and Management**
2. **Integrated Service Delivery**
3. **Knowledgeable Care Team and Capacity Building**

Central LHIN BSO Action Plan

Pillar 1

System Coordination and Management

Pillar 2

Integrated Service Delivery

Pillar 3

Knowledgeable Care Team and Capacity-building

Pillar 1

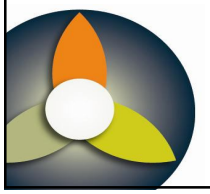
- BSS Steering Committee
  - BSS System Operations and Sustainability Subcommittee
  - BSS Education and Capacity-building Subcommittee

Pillar 2

- BSS Mobile Support Teams (LTCHs and Community)
- Behavioural Support Unit (16 beds)
- Existing outreach teams and resources (NLOT, GOT, GMHOT, IPOP, Crisis)

Pillar 3

- Medical Leads – Primary Care, LTC
- Existing educators (PRCs, Alzheimer Society PECs, RNAO) and resources (AKE, CDRAKE)



INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
To provide information to assist SH group in understanding the concepts, current issues, alternatives and solutions.	To obtain feedback on needs, challenges, analysis, alternatives or decisions.	To work directly with the SH to ensure that concerns are consistently understood and considered.	To partner with the SH group in the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the stakeholder group.

Doing "to" **Doing "for"** **Doing "with"**

Framework adapted from International Association for Public Participation (iap2) Spectrum of Public Participation

Inform

- Completed current inventory of services and supports across the continuum of care by sub-LHIN geography
- Created "Primary Care Provider Fact Sheet" including contact and referral information
- Promoted First Link® support for patients and family caregivers
- Hosted webinars with LTCH Administrators and health service providers to introduce BSO
- Presentation re: BSO to Central LHIN Primary Care Network
- Presented at provincial and regional conferences to raise awareness about BSO and evidence-based practice in management of responsive behaviours

Consult

- *What can we do to help you help your patients? What do you need/want?*
- Oct 2012 – survey to LTCH Medical Directors, Family Health Teams, Community Health Centres, Nurse-Practitioner Led Clinics to identify current issues, goals, learning needs
- Oct 2013 – survey to LTCHs re: crisis management and access to geriatric psychiatry
- Dec 2013 – survey to primary care providers to review access to services, concerns and learning needs

Primary Care Use of Geriatric Services

- Accessing
  - Geriatric Mental Health Outreach
  - Geriatric Medicine outreach, clinics
  - CCAC
  - Geriatric Day Hospital
  - Memory Clinics
- Not accessing
  - Behavioural Supports, Mobile Support Teams
  - Alzheimer Society/First Link

What are barriers/challenges faced

- Language
- Transportation
- Wait times
- System Coordination
- System Navigation
- Access to Geriatric Psychiatry and follow up
  - Note one respondent states this is working well
- In home supports

Learning needs identified from survey

- Identification of dementia
- Dementia assessment and management
- Delirium assessment and management
- Responsive behaviour (BPSD) assessment and management
- Pharmacologic treatment of responsive behaviours(BPSD) including use of psychotropic medications
- Overview of existing supports for persons and their caregivers

LTC Home Survey

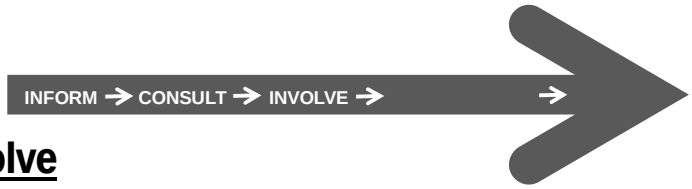
- Administrators and Medical Directors
- 30 responses
- 25 LTC Homes identified(out of 46)
- Accessing
  - Geriatric mental health outreach teams
  - BSO mobile teams

Crisis Management in LTC

- Call attending physician or on call physician
- 42 % Assess for delirium
- 40% order prn medications
- 40% Implement individualized behavioural support plan
- 40% Consult external specialized teams
- Use of form 1
  - 8 homes in past 6months
- Contact police services
  - 11 homes called 1-3x, 3 homes 4-6x

LTCH Barriers and Challenges

- Insufficient staff
- Inappropriate admissions
  - Behavioural symptoms felt to be too complex
- Lack of timely access to Geriatric Medicine and Geriatric Psychiatry
  - advice, consultation and assessment during escalations and crisis
- Limited access to inpatient assessment
- Family/caregiver concerns re medication use
- Challenging environment



Involve

- Used survey results to identify physicians and directly connected with those most interested
- Offered to go to physician office at time convenient to them (often had first meeting with FHT Exec Director to discuss patient needs, skillsets of teams, goals, concerns, learning needs and then met with physician groups and/or allied health professionals)

Collaborate

- Collaborate with physician in patient care planning with external teams
- Offer peer-to-peer physician case consultation re: complex cases
- Provided targeted education "Lunch (or breakfast) and Learn" on topics of interest identified by physicians and health care providers upon request
- Physician leads sit as members on Behavioural Support System Steering Committee
- BSO Primary Care Physician Lead is provincial HQO Quality Improvement Physician Champion – supports QI practice

Empower

- BSO physician lead sits on Central LHIN Health Professional Advisory Committee and Primary Care Network to advocate for continued support to older adults with complex health needs and responsive behaviours
- Engage physicians in local Health Link initiatives
- Empower through education e.g. Mainpro-C workshops on managing behavioural and psychological symptoms of dementia are offered a couple of times per year – *always an enthusiastic response – physicians want to improve practice*

Challenges to Primary Care Physician Engagement and Education

- Competing demands for physician time away from patient perspective
- Competing and multiple provincial initiatives and priorities
- Numerous requests to get involved to do too many things – what is most important?
- Lack of awareness of existing and new resources/services – hard to keep up!
- Too many acronyms
- Cross LHIN boundary issues
- No compensation for planning or contributing opinions or advice – all on own time

Primary Care Engagement

Keys to Success:

- Engage primary care as partners and collaborators early in the development of new initiatives e.g. BSO, Health Link, First Link®
- Ensure *genuine* engagement - integrate primary care with other service providers - demonstrate the value of their input!
- Consider strategies that accommodate the schedules of the primary care providers – go to them at their convenience re: preferred time and location
- Select primary care providers who show a keen interest – *go with where there is momentum* and build from there
- Foster relationships with your LHIN Primary Care Lead
- Identify Primary Care physician leaders
- Leverage provincial initiatives

Primary Care Education

Keys to Success

- Find out the learning needs of primary care providers – what do they want to know?
- Integrate information about key services and new resources into presentations/workshops
- Incorporate interdisciplinary team learning whenever possible i.e. work with whole team, not just physicians alone
- Use a variety of learning strategies that are grounded in adult learning theory
- Tie education to CME credits

Next Steps: *What else can we do?*

- Promote access to geriatric psychiatry consultation through OTN and Personal Computer Video Conferencing (PCVC)
- Continue involvement and consultation to local Health Links development
- BSO is adopting the provincial Coordinated Care Plan created through Health Link – expected to be electronic by fall 2014
- Facilitate more "lunch and learn" sessions as requested
- Continue to collaborate with Alzheimer Society to promote First Link and early identification of dementia
- Continue to be available for peer-to-peer physician case consultation re: older adults with responsive behaviours
- Establish working regional Complex Case Resolution table and involve physicians re: patients in their care
- Continue cross-LHIN provincial dialogue through BSO Operations Table re: successful strategies introduced in other parts of the province

Any questions?

For more Primary Care Resources…

www.akeresourcecentre.org/PrimaryCare