

Implementing Innovative Approaches for Patients with Alzheimer's Disease and related disorders Evaluation of innovative care models in Canada

Isabelle Vedel, MD, PhD
Howard Bergman, MD, FCFP, FRCPC
Department of Family Medicine
McGill University, Quebec

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Meeting the Challenge of Alzheimer's Disease and Related Disorders

A Vision Focused on the Individual, Humanism, and Excellence

REPORT OF 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



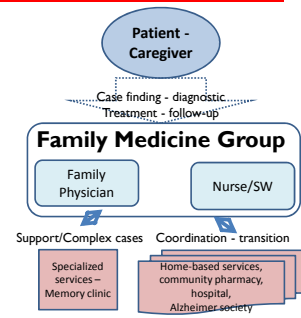
Seven priority actions 24 recommendations

1. Raise awareness, inform and mobilize.
2. **Provide access to personalized, coordinated assessment and treatment services for people with Alzheimer's and their family/informal caregivers.**
3. In the advanced stages of Alzheimer's, promote quality of life and provide access to home-support services and a choice of high-quality alternative living facilities.
4. Promote high-quality, therapeutically appropriate end-of-life care that respects people's wishes, dignity and comfort.
5. Treat family/informal caregivers as partners who need support.
6. Develop and support training programs.
7. Mobilize all members of the university, public and private sectors, for an unprecedented research effort.



Collaborative care model Provide access to personalized coordinated services

- ◆ Approach based on the chronic-care model and the collaborative-practice model (Callahan JAMA 2006) introduced gradually, starting in Family Medicine Groups (GMFs)



Implementation and evaluation in Qc

- Ministerial decision with budget after ministerial study of the Qc AD plan recommendations
- Quick study in primary care: the good, the bad and the ugly
- Priority: Primary care:
 - Call and selection of 19 implementation projects (40 GMFs)
 - \$250,000/year/project
- Evaluation for scaling up: What does the government want to know
 - Better understand the essential elements for improvement and scaling-up
- Call for proposal from the Fonds de Recherche Quebec – Santé (FRQS)

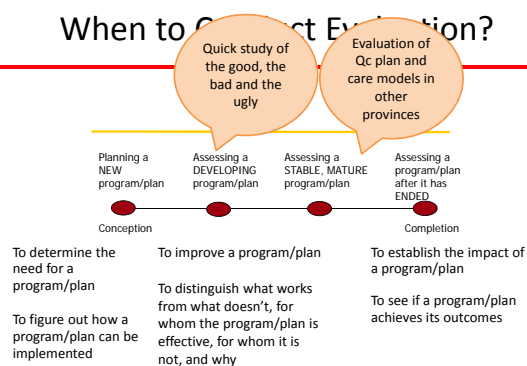
The Canadian Experience

- Initiatives in other provinces (ON, NB)
 - In ON, AD plan (1999 and 2004)
 - Development of important «bottom-up» initiatives (Lee, Moore, etc)
- The Canadian Team for healthcare services/system improvement in dementia care (CCNA)
 - Funding opportunity from Canadian Institutes of Health Research (CIHR)
 - Basis for ongoing Canadian and international research and policy

Ongoing communication with partners: An Innovative Approach

- **Participatory research:**
 - 4 stakeholders groups
 - patients/family rep (e.g. Alzheimer society)
 - clinicians (e.g. PCP, NP, SW)
 - managers (e.g. Health agencies)
 - decision-makers (e.g. ministries of health)
 - involved in defining outcome measures/feedback to sites, drawing conclusions
- **Developmental evaluation:**
 - rapid-as the study unfolds- impact on health system improvement
 - Primarily through the ON and Qc experience with early input/dissemination to other Canadian provinces

When to Conduct Evaluation?



Important considerations (1)

- Evaluation planned from the start
- Engage dialogue early-on
- Ongoing dialogue: *Strategy and action plan need to be flexible and constantly evolving ... same for the researchers*

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Important considerations (2)

- “Research seeks to *prove*, evaluation seeks to *improve*...” M.Q. Patton
- Choose the objectives, outcomes, indicators with partners
- Results of the evaluation need to be useful for the decision-making process
 - E.g. Discuss how the results will be provided
 - at the site level ... confidentiality?, at the region level ... useful?, at the province level ... too general?

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Issues and Constraints

- Adapt to a variety of sites, implementation stages, characteristics of models
- Finding the right methodology
- Link research and clinical settings – policy makers
- Randomization was not possible
 - In ON: sample of ongoing/past projects
 - In Qc and NB:
 - We would have preferred to use a stepped wedged trials
 - Impossible to convince the ministry of health

Evaluation objectives and overall approach

interrelated studies will cross

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

IMPLEMENTATION

To determine association between key components of the care models, as well as clinical and organizational characteristics, and indicators : detection, diagnosis , referral patterns, follow-up, continuity of care and use of services

EFFECTIVENESS

For Quebec only: To identify the impact of the Qc Alzheimer plan on the same indicators

IMPACT Study in Qc

Multiple case study

Observational study (cross-sectional)

Quasi-experimental (pre-post + control sites) difference in differences

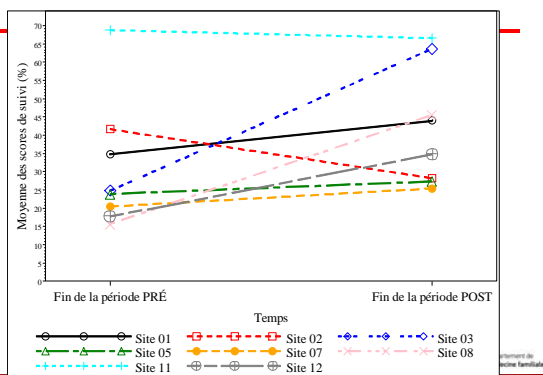
Define main outcomes

- Same outcomes for study 2&3 (Quantitative study)
 - Primary outcome: Follow-up score
 - Cog/fn test; weight; caregiver state; driving capacities; referral to ASC; referral to home-nursing; treatment (compliance, efficacy, and side effects); behavioral and psychological disorders
 - Secondary outcomes:
 - Detection rate (# patients 75+ free of dementia for whom a cognitive test is performed)
 - Diagnosis rate (# new diagnosis made by FP / made by specialists)
 - Referral patterns (# new referral to cognition specialists, appropriate vs. inappropriate)
 - Continuity of care (# of visits to the same FP / to any FP in the same FHT/FMG)
 - Use of health care services (# ED visits, admission to hospital)

Sources of information

- Interviews (individual or focus group) with key clinicians, managers, decision-makers, patients and caregivers representatives :
 - to analyze the implementation dynamics (facilitators, obstacles)
- An organizational survey and a survey of clinicians' attitudes, knowledge and practices :
 - to describe what is/was really implemented
- A review of patients' records :
 - to measure the evolution of the quality of care
- Provincial administrative databases :
 - to measure impact on continuity of care and the use of healthcare services

Quality of follow-up care in 8 FMG



Conclusion

- The impact of this program is expected to be broad:
 - Identify key elements for successful development and implementation and strategies necessary for large-scale up across Canada
 - Improve capacity of primary and specialty care
 - Network of decision-makers, managers, clinicians, patients and caregivers representatives, researchers

