

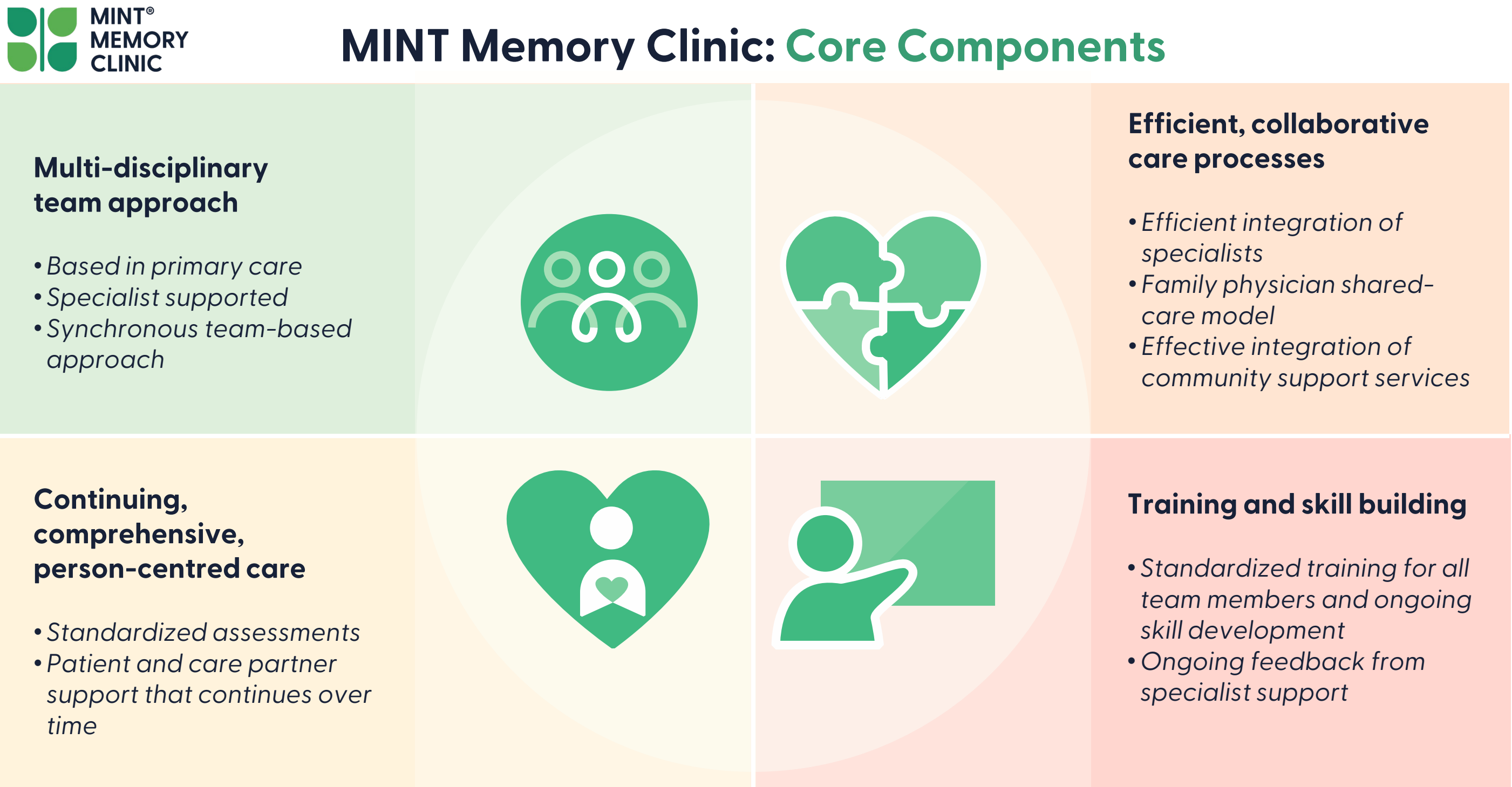
Healthcare provider perceptions of the new primary care-based memory clinics across three Canadian provinces



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- Background
- The Multispecialty Interprofessional Team (MINT) Memory Clinic model provides comprehensive assessment and management of dementia and other memory disorders within primary care. Working in collaboration with specialists, these clinics enable **high-quality, coordinated dementia care for the majority of patients at the primary care level** with greatly reduced reliance on direct specialist referrals.
  - In Ontario, Canada, there are currently over 100 MINT Memory Clinic sites. This care model has recently expanded to three additional Canadian provinces (British Columbia, Alberta, Saskatchewan).
  - This study examines clinic team members perceptions of this newly implemented care model.



- Objectives
- Recent progress in blood biomarker testing for Alzheimer’s disease (AD) could improve early diagnosis and help guide the use of amyloid-targeting therapies (ATTs).
  - Recognizing the key role of MINT Memory Clinics in dementia care across Canada, this initiative aimed to establish guidance for incorporating AD blood biomarker use within these primary care settings.

- Methods
- Mixed Methods: Quantitative and Qualitative
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  - Surveys distributed 6 months following the launch of 10 new clinics across 3 provinces to 135 clinic team members.
  - Respondents rated satisfaction with various core model components.


  - Interviews with a subsample of individual clinic team members and key informants involved in local and provincial health system planning
  - Interviews explored how the model fits within their regional/provincial system of care.

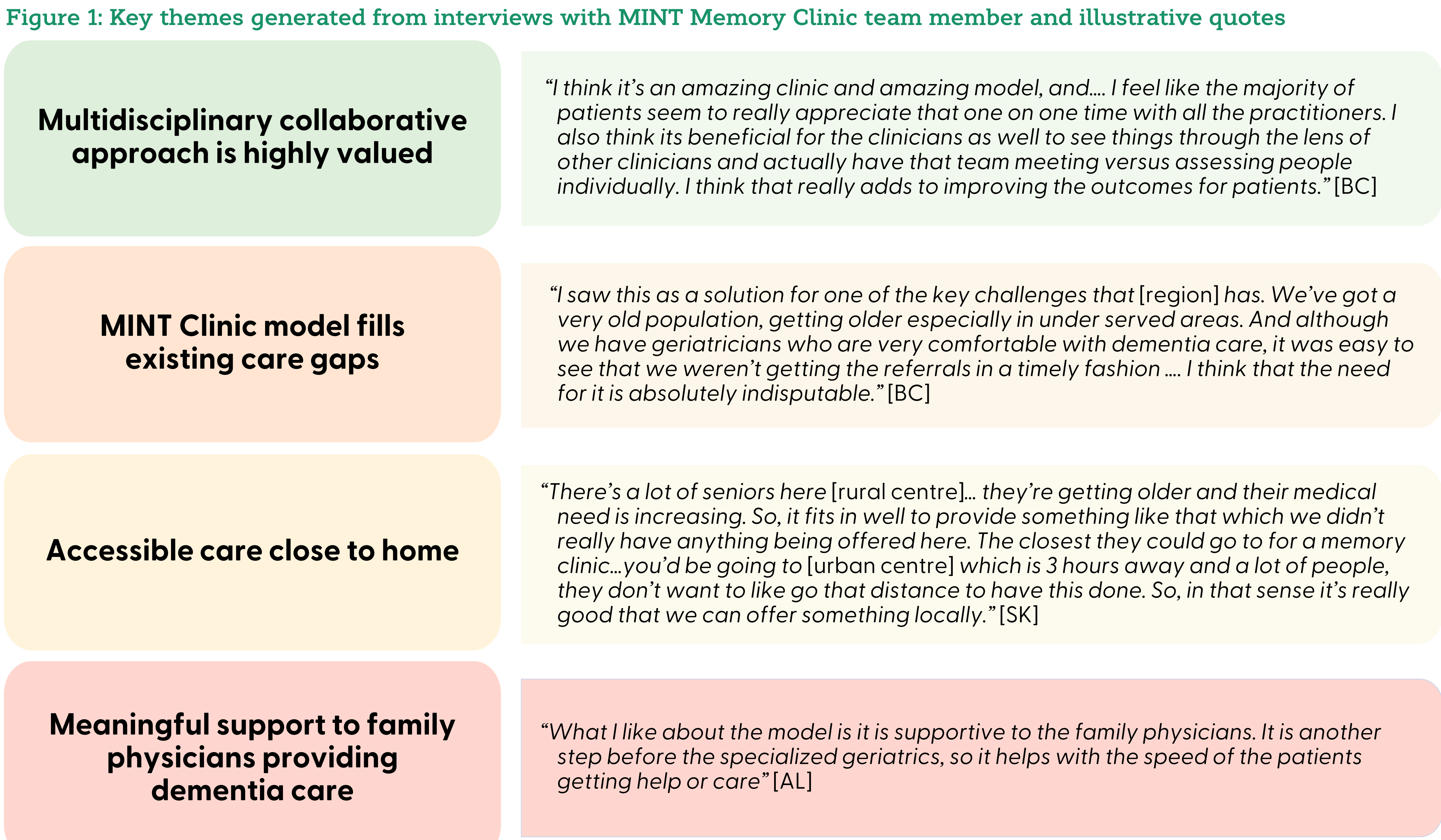

  - Means/standard deviations and frequencies were generated for survey data.
  - Descriptive qualitative content analysis was used to generate key interview themes.

- Results
- Surveys were completed by 47 (35%) clinic team members, including physicians (28%), nurses (21%), social workers (21%), occupational therapists (17%) and other disciplines (13%).
  - Sixteen clinic team members representing multiple disciplines and four key informants completed interviews. Participants were equally distributed across provinces and included physicians, nurses, pharmacists, a social worker, occupational therapists, Alzheimer Society representatives, and a home care coordinator.
  - Respondents were highly satisfied with all care model components (Table 1).

Table 1: Clinic team members’ ratings\* of satisfaction with various MINT Clinic care model components (N = 47)

| MINT Memory Clinic Care Model Components                                                                                  | Mean (SD) | % (n)<br>4 & 5 /5 ratings |
|---------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| The face-to-face team-based approach where the assessment involves several disciplines working together at the same time. | 4.5 (.62) | 93.6% (44)                |
| The face-to-face team-based approach to management where different disciplines work together to develop care plans.       | 4.5 (.69) | 93.6% (44)                |
| The comprehensiveness of the clinic assessment.                                                                           | 4.2 (.72) | 87.2% (41)                |
| Individualized care plans for the patient and care partner(s) based on person’s preferences and needs.                    | 4.4 (.68) | 89.3% (42)                |
| Shared care approach with patients’ own family physician.                                                                 | 4.3 (.74) | 82.9% (39)                |
| Team integration and coordination of community support services such as the Alzheimer Society or similar programs.        | 4.3 (.87) | 87.2 (41)                 |

\* 5-point scale: 1 = not at all satisfied; 5 = extremely satisfied.



- Conclusions
- Findings demonstrate strong health care provider satisfaction with the MINT Memory Clinic care model and highlights its important role within the regional/provincial system of care for older adults in provinces where it has recently been introduced.
  - The model supports individuals and families affected by dementia and other memory conditions, while strengthening primary care capacity to deliver timely, comprehensive, multispecialty memory assessment and care.
  - The successful expansion of the MINT Memory Clinic model into three additional provinces, each with distinct healthcare infrastructures, demonstrates its strong generalizability and adaptability across diverse jurisdictions.