

Face Dementia: A practice improvement program to improve dementia diagnosis in primary care

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BACKGROUND: It is estimated that 50% of Australians with dementia are undiagnosed (i.e. between 231,720 to 283,200 people). The primary care system is the first contact when there is concern about illness (1). Multiple barriers to improving dementia diagnosis rates in primary care have been documented (2). Delaying diagnosis can result in missed opportunity for patient empowerment, carer/family understanding and system support.

(1) Heintz H, et. al. *Emerging Collaborative Care Models for Dementia Care in the Primary Care Setting: A Narrative Review. Am J Geriatr Psychiatry. 2020;28(3):320-330.*
(2) Mansfield E, et. al. *Primary Care Physicians' Perceived Barriers to Optimal Dementia Care: A Systematic Review. Gerontologist. 2019;59(6):e697-e708.*

AIM: To report on the engagement of GP and the primary care team with the components of a co-designed multicomponent intervention change program to improve identification and recording of dementia in primary care.



METHODS:

- Literature review of best practice dementia care in primary care to identify barriers to dementia diagnosis
- 3x 1-hour co-design meetings with primary care teams
- Co-design participants (n=18): GPs (n=8), practice nurses/practice managers (n=4), dementia educators (n=2), primary health network (PHN) practice facilitators (n=4)
- Promotion
 - PHN webpage
 - PHN practice facilitators visiting GP practices
 - Hard copy A4 posters with QR code to Face Dementia website for GP practices
 - 4,920 newsletters via PHN network
 - 520 letters from local geriatrician to GP practices

INTERVENTIONS	ENGAGEMENT	KEY OUTCOMES/LEARNINGS
Education • Online education “Demystify Dementia” delivered by Dementia Training Australia and MY/LFL (3x 90-minute sessions, repeated thrice = 13.5 hours) • Western Sydney: 1x face-to-face seminar (3 hours)	978 registrants, 277 attendees (172 GPs, 62%) 18 attendees (8 GPs, 44%)	• Online education has the potential to engage large numbers, but attendance rate are lower than registration rate and the actual engagement rate was difficult to assess • Checklists for diagnosis and management were recommended by the co-design team, and one of the most frequently downloaded resources • Practice-specific tailored data provides reflection and audit opportunities • The value of risk prompts are dependent on the quality of data input and the practice management software • Practice-based face-to-face session is highly effective in engaging GPs and staff. The use of a consultant within referral network may be important • Online access to a geriatrician to discuss clinical problems in dementia care was under-utilised • PHNs’ contact with GPs and practice nurses in this study varied therefore limiting their influence on practice outcomes
Practice improvement resources • Webpage with downloadable resources: checklists for MCI and Dementia assessment and management, cognitive assessment tools, resource packs • Hard copy resource packs • Videos: 2x for GPs and 2x describing the roles of practice nurses and staff in dementia identification	1,996 views, 260 PDF downloads 270 resource packs distributed Four videos, total of 261 views	
Practice change drivers • Practice-specific dementia diagnosis rate • High Dementia Risk practice software (Walrus) creating prompts to GP clinical information system	Tailored data for 457 GP practices 91,948 prompts; 34 prompts led to 76 website/ checklist access. GP usage varied.	
Sessions with geriatricians • 1-hour face-to-face lunch session at GP practices (n=6) • Weekly open access online sessions (Teams) (18 sessions/four months)	50 GPs (79%), 12 practice nurses, 1 practice manager 2 participants	

Practice Improvement resource page:
bit.ly/GPdementiaresource

