



Canadian Academy of Health Sciences
Académie canadienne des sciences de la santé

The Saskatchewan approach to rural and remote dementia care

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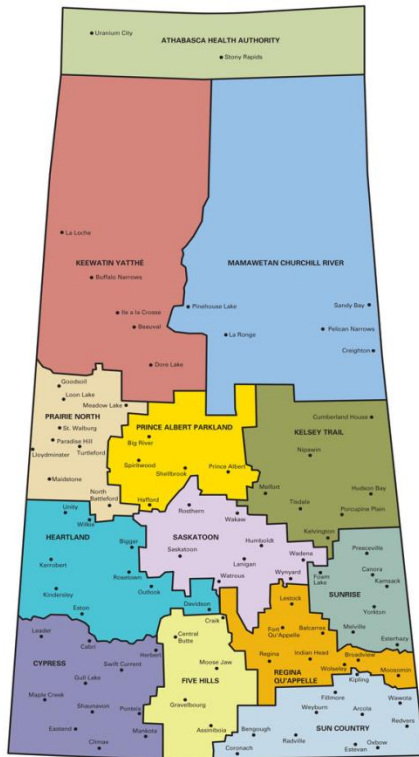


Why is there a problem?

1. Prevalence of dementia increasing.
2. Large rural population (Canada 30%; SK 49%) with access problems.
3. Large older population in SK (14.6%).
4. Seniors more likely to live in rural areas.
5. Large geographic area (1 million people in 652,000 sq. km).



Saskatchewan is a big place with few people





Strategy for AD & Related Dementias in SK (2004)

“It was like climbing a mountain to get a diagnosis.”

- Focus group comment.











**Pinehouse Lake
Environment
and Resource
Management Office**

 Government
of Saskatchewan


**PINEHOUSE HEALTH CENTRE
COMMUNITY HEALTH SERVICES**







THE GOAL

To develop and evaluate a streamlined interdisciplinary “one-stop shopping” clinic for patients from rural and remote Saskatchewan for diagnosis and management of dementia and to evaluate telehealth as a means of delivering follow-up care to patients and their families

Community-based participatory research





INITIAL TELEHEALTH VISIT WITH BLOODWORK





CLINIC DAY (THEN)





NOW





CLINIC DAY





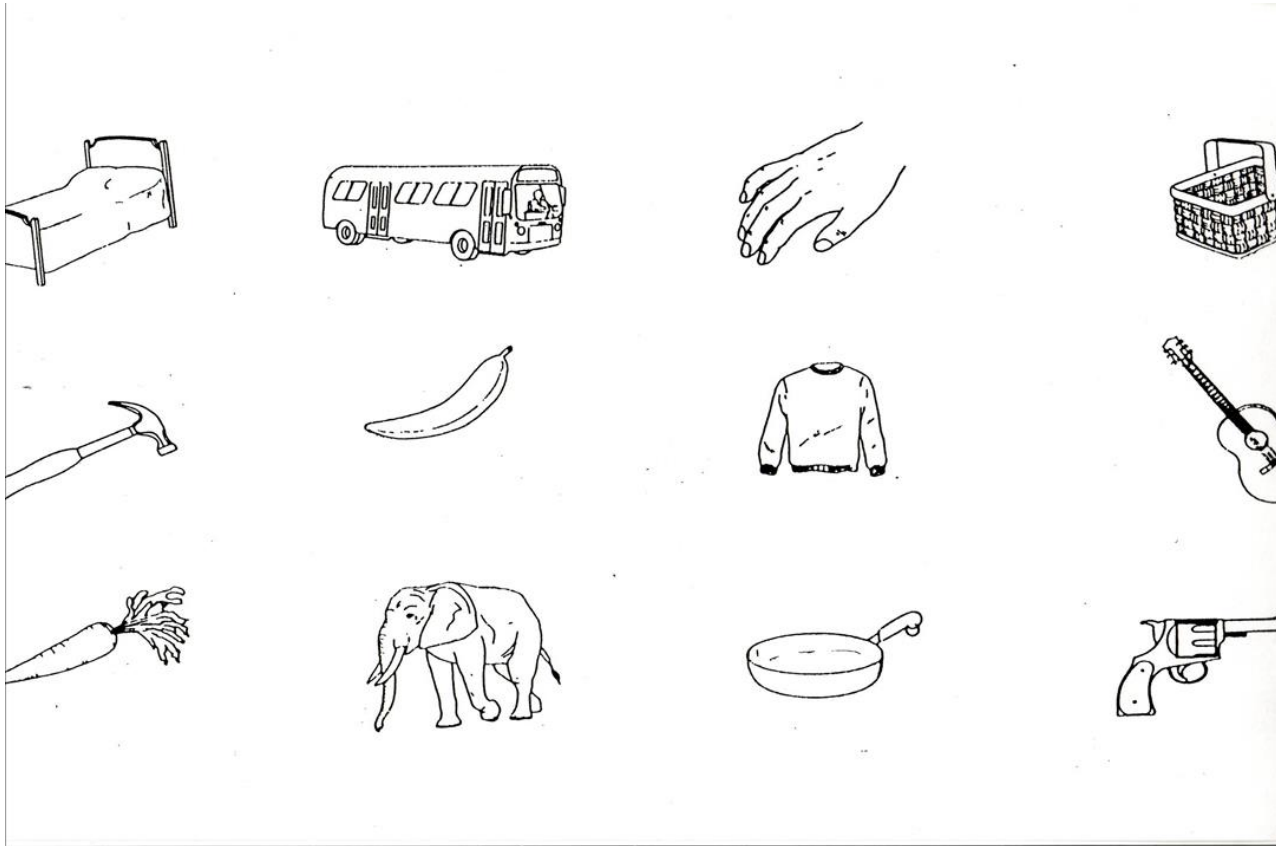
CLINIC DAY

Joint and individual assessments by neurologist, neuropsychologist, physiotherapist, dietitian.

Neuro-imaging



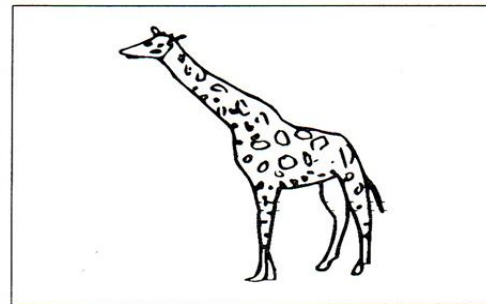
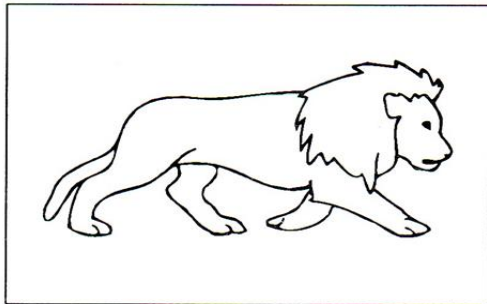
Original Buschke Cued Recall Test





Pictorial Prairie Buschke





P 3

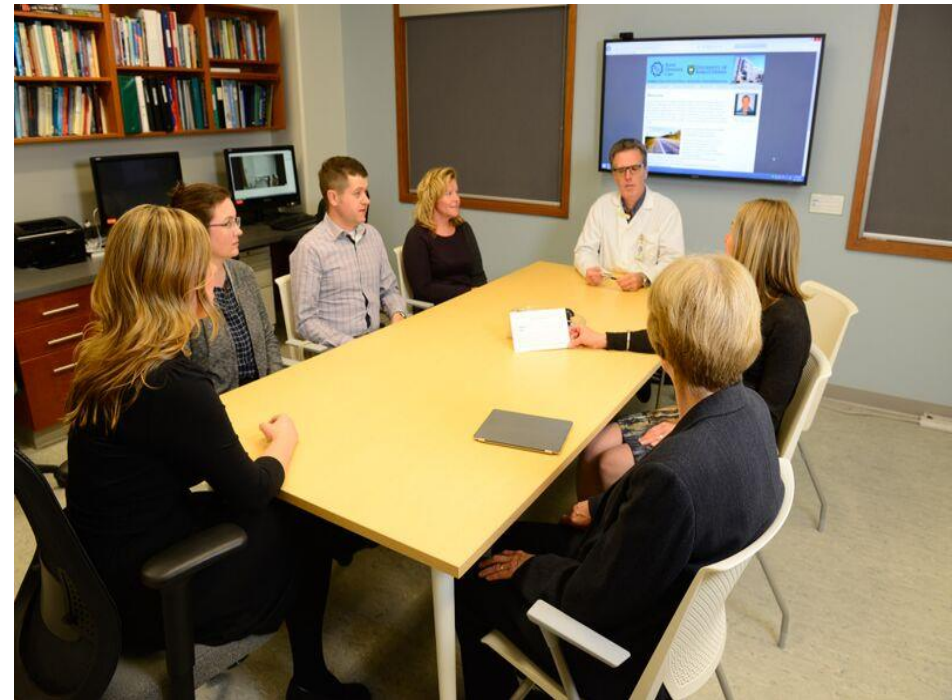




END OF CLINIC DAY

Inter-disciplinary meeting of all professionals involved with family doctor on telephone.

Meeting with patient and family to discuss diagnosis, treatment.





CLINIC DAY

1700:

Patient and family head home.





STEP 4 – FOLLOW-UP

6 Weeks

12 Weeks

6 Months

12 Months

OR





WHO DO WE SEE?

Alzheimer's Disease	194	43.6
Mild Cognitive Impairment	68	15.3
Normal	60	13.5
Frontotemporal Dementia	46	10.3
Lewy Body Dementia	22	4.9
Vascular Dementia	20	4.5
Vascular/Alzheimer's Dementia	12	2.7
Head Injury	5	1.1



Travel saved by Telehealth (km per round trip) (n=363)

Mean distance to Telehealth = 71

Mean distance to Saskatoon = 529

Distance saved by Telehealth = 458



Family/Patient Satisfaction with Telehealth

Would you use Telehealth again?

Yes: 100%

Would you recommend Telehealth to another person? Yes: 97%



Satisfaction with Appointments (n = 58)

	Mean (SEM)	Min	Max	F(1,56)	p
TH	4.66 (0.11)	1	5	2.05	0.158
IP	4.48 (0.09)	3	5		

No difference in satisfaction

1 = very dissatisfied, 5 = very satisfied



Convenience of Appointments (n = 58)

	Mean (SEM)	Min	Max	F(1,56)	p
TH	4.78 (0.08)	3	5	37.78	< 0.0001
IP	3.76 (0.15)	2	5		

Telehealth significantly more convenient

1 = very inconvenient, 5 = very convenient



Can Cognition be Followed over Telehealth?

Mini-mental Status Scores (N = 71)

In-person: 22.34 +/- 6.35

Telehealth: 22.70 +/- 6.51



FUNDING

Then: CIHR-funded research project

Now: Funded directly by provincial government



A GLIMPSE TOWARD THE FUTURE

Working with rural and remote health regions to streamline and improve the journey for those with dementia and their families.



CONCLUSION

A multi-disciplinary “one-stop shopping” Rural and Remote Memory Clinic with telehealth follow-up is a convenient, valid, effective, and transferrable way to improve the care of those with dementia and their families.

