

# Dementia Care: Moving from Strategies to Implementation



**Dr. Samir K. Sinha MD, DPhil, FRCPC, AGSF**

Peter and Shelagh Godsoe Chair in Geriatrics and Director of Geriatrics  
Sinai Health System and the University Health Network Hospitals

Associate Professor of Medicine, University of Toronto

Assistant Professor of Medicine, Johns Hopkins University School of Medicine

Provincial Lead, Ontario's Seniors Strategy

**TRI Alzheimer's Symposium**

4 May, 2018

 Twitter: @DrSamirSinha

# Triumph or Tsunami?



# Shifting Mortality Patterns

Causes of Death	Rank in 1900	Rank in 2005				
	All Ages	All Ages	65+	65-75	75-85	85+
Heart Disease	4	1	1	2	1	1
Cancer	8	2	2	1	2	2
Stroke	5	3	3	4	4	3
Chronic Lung Diseases	9	4	4	3	3	5
Alzheimer's Dementia	10	7	5	10	5	4
Diabetes	-	6	7	5	6	7
Influenza/Pneumonia	1	8	6	8	7	6
Nephritis	6	9	8	7	8	8
Accidents	7	5	9	6	9	9
Septicaemia	2	10	10	9	10	10
Diarrhea and Enteritis	3	-	-	-	-	-

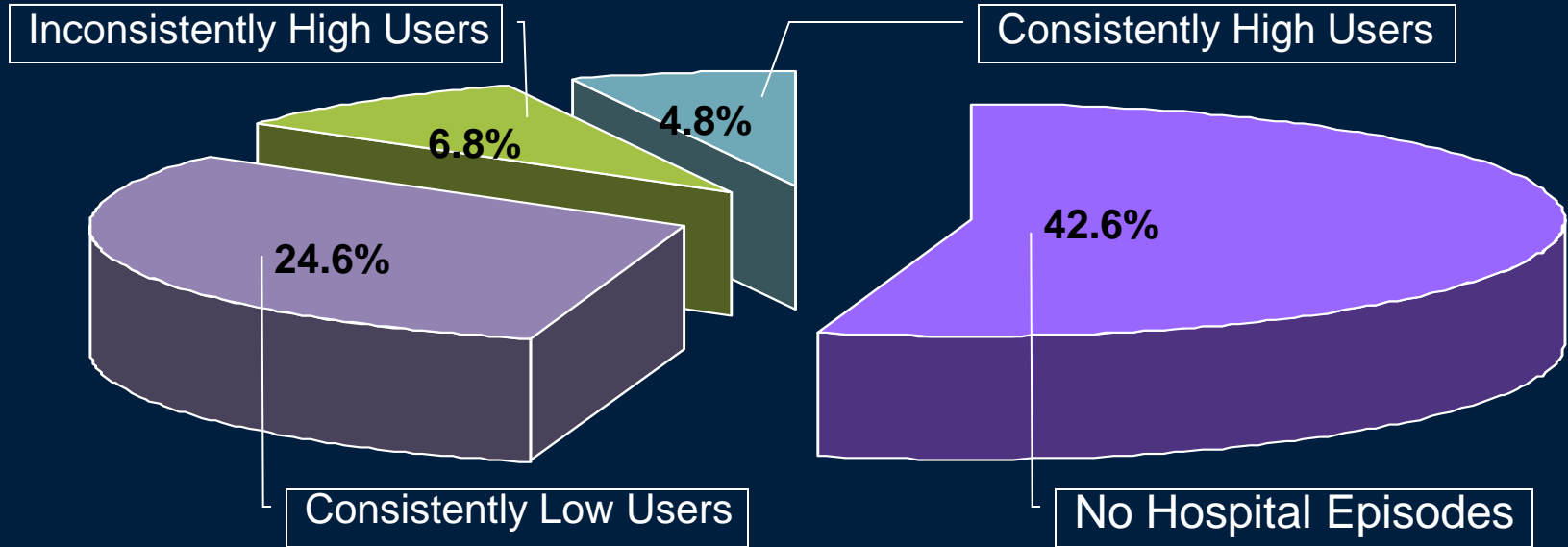
*Data for 1900 from Lindor and Grove, 1947; Data for 2005 from National Vital Statistics Report, Vol 56, No. 10, April 24, 2008.*

# Why Dementias Frighten Us...

- 1/10 Canadians 65 and older has a dementia, with the prevalence rising to 1/3 of those 85 and older.
- Dementia is now the 6<sup>th</sup> Leading Cause of Death in our Society.
- There currently is no cure for this illness that is often insidious, prolonged and unpredictable.
- We are in some ways less equipped to manage the needs of older Ontarians with dementia now, than in the past.



# Ageing and Hospital Utilization in the 70+



- Only a **small** proportion of older adults are consistently extensive users of hospital services (Wolinsky, 1995)

# What Defines our Highest Users?

- **Polymorbidity**
- **Functional Impairments (including Dementia)**
- **Social Frailty**

# The Top 5 System Barriers to Integrating Care for Older Canadians

**Issue 1:** *We Do Little to Empower Older Adults and Caregivers with the Information They Need to Navigate the System.*

**Issue 2:** *We Don't Require Any Current or Future Health or Social Care Professional to Learn About Care of the Elderly.*

**Issue 3:** *We Don't Talk to Each Other Well Within and Between Sectors and Professions.*

**Issue 4:** *We Work in Silos and Not as a System.*

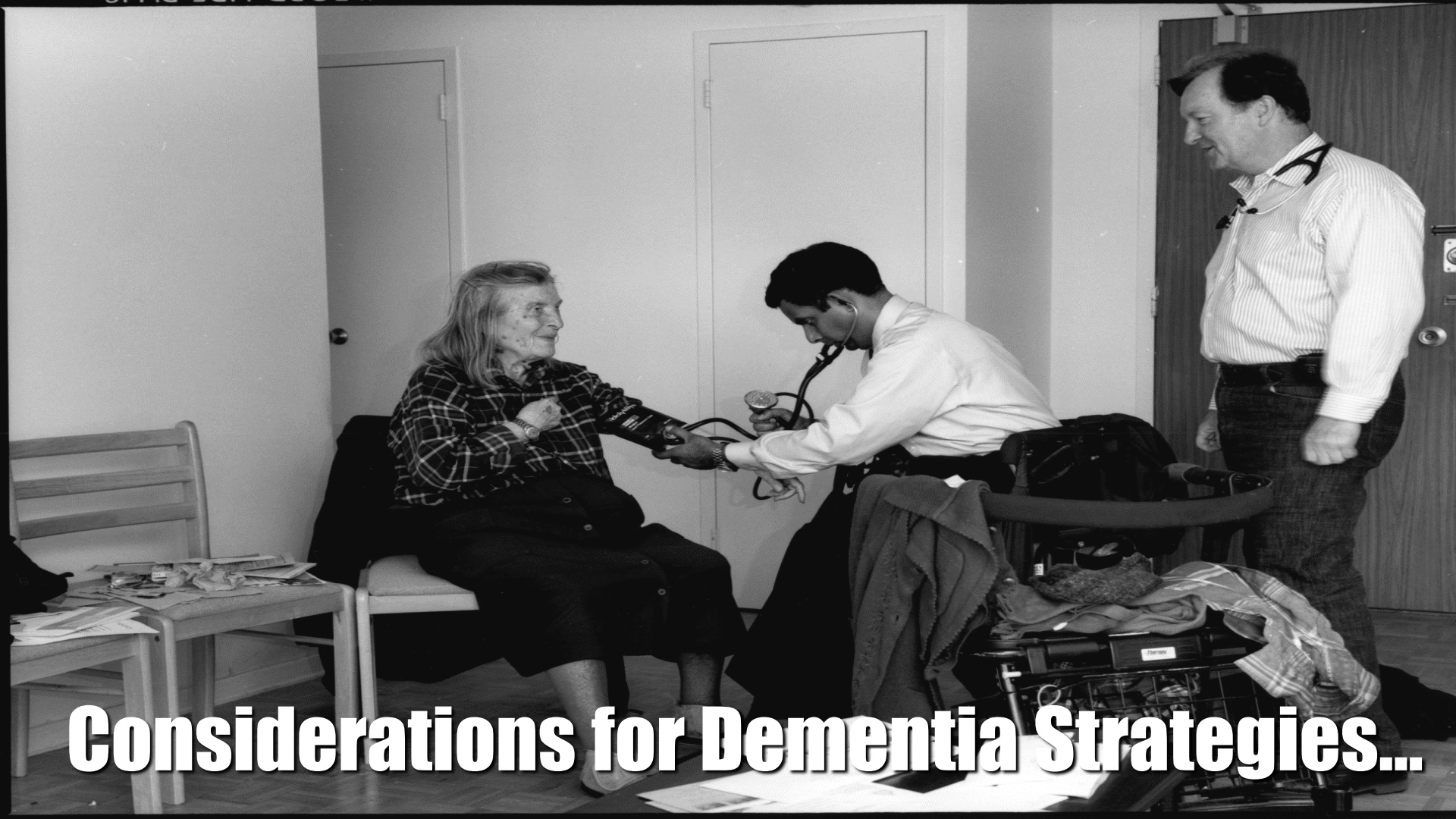
**Issue 5:** *We Plan for Today and Not for Tomorrow with Regards to Understanding the Mix of Services we Should Invest In to Support Sustainability.*



# Our Dilemma

The way in which cities, communities, and our health care systems are currently designed, resourced, organised and delivered, often disadvantages older adults with chronic health issues like Dementias.

As Ontarians and Canadians, our Care Needs, Preferences and Values are evolving as a society, with increasing numbers of us wanting to age in place.



**Considerations for Dementia Strategies...**

# Why Another Dementia Strategy?

- What scares us most about ageing is the likelihood that we will develop dementia and lose our independence.
- Politically, Dementia Strategies are comforting as they assure the public that the government is doing something around Dementia.
- Every G8 Country except for Canada has a national dementia strategy, while many provinces including Ontario have implemented their own as far back as 1999.
- When jurisdictions are not careful in developing these strategies, they can do more to serve the interests of pharmaceutical firms rather than the overall public good.

# Some Additional Points to Consider

- While the absolute numbers of patients with Dementias is on the rise, the overall incidence of dementia in our society is falling and lower than it was a few decades ago.
- Sometimes focusing our energies on this issue takes our focus away from bigger underlying issues that we should be addressing...
- Building a strategy around a disease that is hard to prevent and for which there is no cure can be a poisoned chalice.
- We are hard pressed to say that other jurisdictions with strategies in Canada are much further ahead than where we are today.

# Why Past Strategies Have Been Less than Successful...

- Limited political commitment beyond the announcement
- No or limited funding, and sufficient timelines for milestone management to support key recommendations
- A lack of agreement around resources, roles and responsibilities.
- The need to remain comprehensive and holistic, in some cases took away from the opportunity to be pragmatic and targeted.
- Fundamental and underlying system issues undermined strategic efforts around dementia.

# Our Biggest Challenges?

Up to 64% of Community-Dwelling Older Adults with Dementia Go Undiagnosed...

And only **50%** with a Known Diagnosis are **NEVER** disclosed their Diagnosis of Dementia...

# What Should A Strategy Comprise?

The common elements of prior dementia strategies include:

- Public Awareness that reduces stigma, promotes supportive community and early diagnosis
- Prevention, Early Diagnosis and Intervention
- Increased Access to Support for Families and Care Partners including Information, Training, Services and Financial Support.
- Informed and Sufficient Health Care Providers
- Coordinated Care that integrates care across health, social, and community providers and settings.
- Research that helps elucidate the causes of dementia, effective treatments and better ways of caring.

# What Underway and On the Horizon?

- In May 2017 – Ontario announced its new 101M Dementia Strategy with a focus on improving access to education, care and supports for people living with dementia as well as their caregivers and care providers.
- More recently in June 2017 - Bill C-233 *The National Strategy for Alzheimer's Disease and Other Dementias Act* (the *Act*) requires the Development of a National Seniors Strategy.
- It further requires that a Ministerial Advisory Board on Dementia be established to advise the Minister of Health on matters related to the health care of persons with Alzheimer's disease and other forms of dementia.
- In Partnership with Ontario and other Provinces a National Conference on Dementia is being planned in Ottawa on May 14 and 15<sup>th</sup>.



# DEMENTIA STRATEGY KEY INVESTMENTS

1

**Community Dementia Programs**



Expand province-wide access to dementia specific programs.

More dementia day, evening, and overnight programs, including transportation to and from programs for patients and care partners.

2

**Caregiver Respite**



Enhance flexible respite services for care partners of people with dementia.

Improved access to respite supports, including in-home and overnight, to reduce care partner burnout.

3

**Care Partner Education and Training**



Enhance education and training available to care partners.

In-person and online educational resources for care partners so people have the right skills to provide care for loved ones.

4

**Dementia Workforce Training and Education**



More dementia-specific training hours and supports for front-line and primary care practitioners.

Giving front-line health care providers more tools and supports to better manage dementia.

5

**Behavioural Supports at Home and in Community**



Expand Behavioural Supports Ontario program in home and community.

Enhancing supports in home and community to help care partners manage complex behavioural health needs.

6

**Behavioural Supports in Long-Term Care Homes**



Expand Behavioural Supports Ontario program in long-term care (LTC) homes.

Expand Behavioural Supports across all LTC homes.

7

**Evaluation of Memory Clinic Models**



Build on innovative models to increase access to specialised care.

Explore expansion of innovative models to improve patient diagnosis and appropriate management.

8

**Patient Navigation**



Expand access to integrated and coordinated dementia care in the community.

Additional care coordination support for newly-diagnosed people and their care partners.

9

**Continued investments in physician education in geriatric care**



Explore geriatric medicine and geriatric psychiatry training needs in partnership with the medical schools.

Enhanced capacity for specialists to support the entire health workforce to respond to the needs of our aging population.

10

**Dementia Campaign**






Expand dementia awareness campaigns.


Targeted campaigns to key populations to educate the public and reduce stigma around dementia.

**\$101 million over 3 years for Ontario's new Dementia Strategy**

# Supports for People Living with Dementia


	<b>Patient Navigation</b> 	<b>Behavioural Supports at Home and in Community</b> 	<b>Behavioural Supports in Long-Term Care Homes</b> 
<b>INITIATIVE</b>	<p>An investment in the Alzheimer Society of Ontario's First Link Program. Funds will be used to hire and train 46 new First Link Navigators.</p>	<p>An investment in to the LHINs to provide BSO community supports to people with dementia and their families residing in the community.</p>	<p>An investment to enable LHINs to hire specialized staffing resources to enhance existing BSO service delivery models in LTC.</p>
<b>DELIVERABLES</b>	<p>46 new First Link Navigators working across all 14 LHINs, proactively connecting people with dementia and their families to services and supports.</p>	<p>Up to 58 new FTEs that can be deployed in the community to provided support to people with responsive behaviours and their families.</p>	<p>Up to 150 new FTEs for BSO in long-term care as well as support training and stabilisation of existing BSO staffing resources.</p>
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>• Improved patient experience</li> <li>• People with dementia have greater awareness and access to community supports and services closer to home.</li> <li>• People with dementia are able to stay in their homes and community longer.</li> </ul>		

### Community Dementia Programs and Care Partner Respite





<b>INITIATIVE</b>	An investment to enable LHINs to provide evening, overnight, emergency and specialized dementia programs and respite services.
<b>DELIVERABLES</b>	Expand community dementia programming to include more spaces for evening/overnight care, specialized programming for those with early onset dementia and responsive behaviours and transportation to and from programs.

### Care Partner Education and Training



<b>INITIATIVE</b>	An investment to build a sustainable care partner education and training program across the province.
<b>DELIVERABLES</b>	Education and training for 8,261 new care partners across 14 LHIN regions. Ongoing training to 7,630 continuing care partners.

<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>• Increased capacity within the health care system to provide supports to care partners.</li> <li>• Care partners across the province have access to programs and services that meet their unique needs and circumstances.</li> <li>• Reduced care partner stress and fatigue.</li> </ul>
-----------------	--

INITIATIVE	<p style="text-align: center;"><b>Evaluation of Memory Clinic Models</b></p>  <p>An investment to evaluate short - and long-term health system impacts of Primary Care Collaborative Memory Clinics in Ontario.</p>	<p style="text-align: center;"><b>Dementia Workforce Training and Education</b></p>  <p>An investment to enable service providers to increase their capacity to provide dementia training to front-line staff. Funds will be used to enhance the competencies of healthcare staff work directly with people living with dementia and their families.</p>
DELIVERABLES	<p>Data collection and analysis of health system impacts of Primary Care Collaborative Memory Clinics in Ontario.</p>	<p>Training for up to 20,000 front-line care staff.</p>
OUTCOMES	<ul style="list-style-type: none"> <li>The health care workforce has increased capacity to provide care that meets the unique needs of people living with dementia in the communities where they live.</li> </ul>	

# Our Opportunity Awaits

- Strategies have to be about more than ‘just the announcement’.
- Strategies could help to address other issues that could benefit from its focus – information, care partner supports, care coordination.
- Leveraging the development of National and Local Strategies could allow us to collectively further our overall goals.
- With limited funds and resources, its OK to be pragmatic on prioritizing funding and efforts around things that will generate the best return.

# A Promising Practice from Ontario...

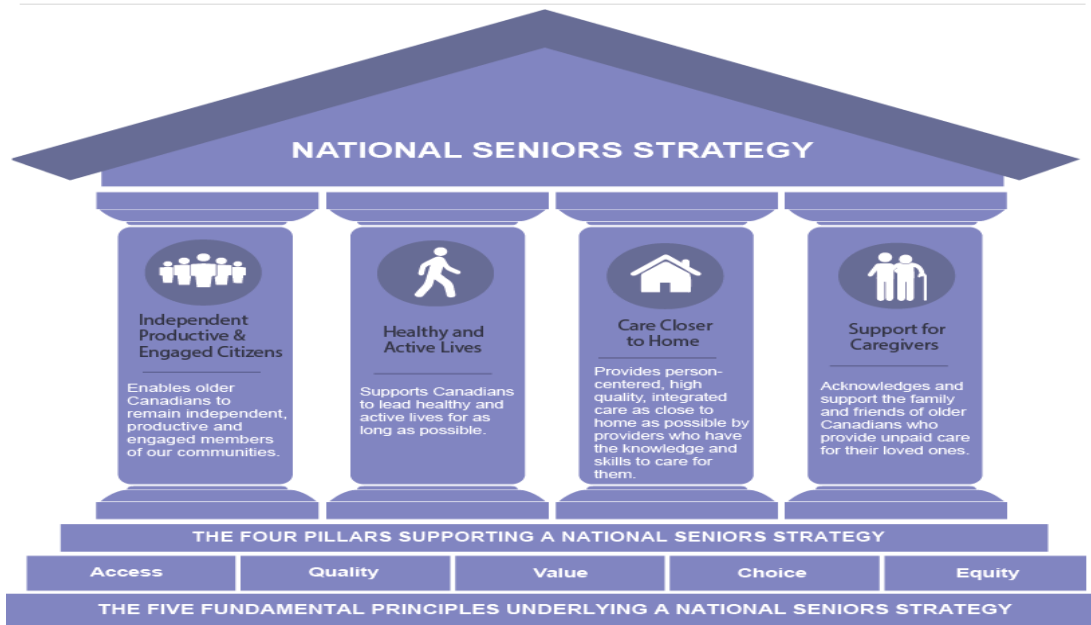
## WHEN THERE IS A SHORTAGE OF SPECIALISTS...

### **The Primary Care-Based MEMORY CLINIC Model** (*Lee et al. 2010, 2011, 2013, 2014*)

- This Clinic Model is run by specially trained primary care providers who are trained to assess, diagnose and manage dementias.
- This leverages specialist-led clinics to focus on the top 10% of cases that truly require their expertise.
- This clinic model improves capacity at the primary care level for patients with dementia by significantly reducing wait times for assessment, and reducing the need for referrals to specialists for cases that could be managed effectively within primary care settings.
- Dozens of Primary Care Memory Clinics have been established across Ontario.

# A National Seniors Strategy for Canadians

You are here: Home / THE FOUR PILLARS



## JOIN THE CONVERSATION

**Tweets** Follow

**Samir Sinha** @DrSamirSinha 14h  
Great to See @RobertGhiz and Canada's Premiers calling for a NATIONAL SENIORS STRATEGY! [globalnews.ca/video/1803715/...](https://globalnews.ca/video/1803715/) @Kathleen\_Wynne @CMA\_Docs Expand

**Samir Sinha** @DrSamirSinha 14h  
80% of Older Canadians VOTE, and 87% want a NATIONAL SENIORS STRATEGY! [ow.ly/i/5ad2q](https://ow.ly/i/5ad2q) @CMA\_Docs @CanadaNurses @CarpAdvocacy



**87%** of respondents in key ridings **agree** that federal political parties should make the issue of seniors care a **top priority** in the next federal election.



Tweet to @DrSamirSinha



**This is Canada's Time to Lead**



# Thank You

**Samir K. Sinha MD, DPhil, FRCPC, AGSF**

Director of Geriatrics

Sinai Health System and the University Health Network

Provincial Lead, Ontario's Seniors Strategy

 [ssinha@mtsinai.on.ca](mailto:ssinha@mtsinai.on.ca)

 Twitter: @DrSamirSinha