



ROSA

Research on Organization
of Healthcare Services for
Alzheimers

Canadian Team for Healthcare
Services/System Improvement in
Dementia Care

THE QUÉBEC ALZHEIMER PLAN

Sharing the experience of its implementation
to strengthen primary care

Posters summarizing
the key points



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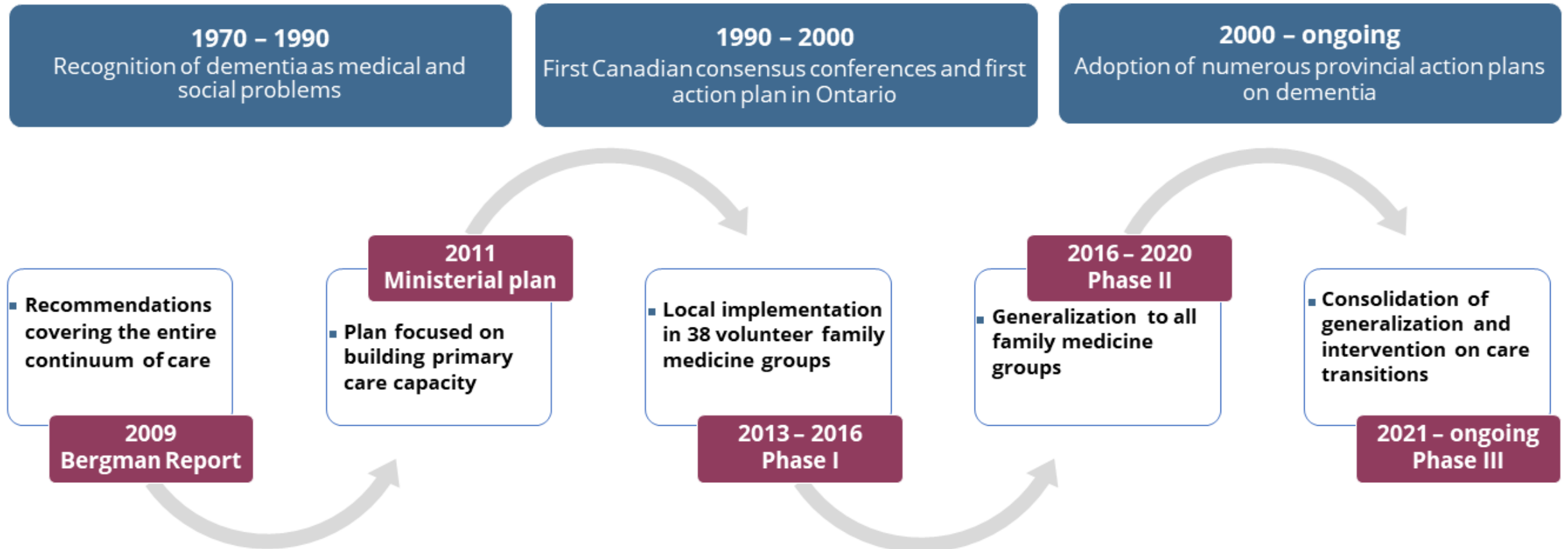
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The Québec Alzheimer Plan

The Bergman Report, the ministerial action plan, and the three-phase implementation



Family medicine groups are responsible for detecting, diagnosing, and following people living with dementia.



Approach focused on:

- primary care, in support of specialized care for more complex clinical situations;
- continuity of care, through follow-up by the patient's regular clinicians, and on smooth transitions with partners;
- the person rather than the disorder.



Implementation supported by professional and organizational capacity building, the implementation of a partnership-based governance system, ambitious change management, and independent evaluations.

The Québec Alzheimer Plan

Implementation strategy for the first two phases and their outcomes

| Fields | Resources | Activities | Expected Outcomes | Observed outcomes |
|---------------------|---|--|--|---|
| Capacity building | <p>Phases I and II</p> <ul style="list-style-type: none"> Recurring, indexed budget of \$5 million annually Ministry Various clinical experts University partners INESSS | <p>Phases I and II</p> <ul style="list-style-type: none"> Development of training/tools in Phase I and improvement in Phase II Emergence of nursing communities of practice in Phase I and consolidation in Phase II Organization of provincial symposiums | <p>Phases I and II</p> <ul style="list-style-type: none"> Increased confidence among clinicians at FMGs Increased recognition for the nursing role Use of the tools by clinicians | <p>Phases I and II</p> <ul style="list-style-type: none"> Increased confidence among FMG clinicians in their own care capacities (dementia) Tools/training appreciated, post-training follow-up to be improved Better recognition for nursing role, although to varying degrees depending on the FMG |
| | <p>Phases I and II</p> <ul style="list-style-type: none"> Annual budget Champions in the family medicine groups 4 regional project managers in Phase I and II Evaluation team <p>Phase II</p> <ul style="list-style-type: none"> File managers and territorial resources at the integrated centres | <p>Phases I and II</p> <ul style="list-style-type: none"> Partnership-based governance system Training for nurses Evaluation of the implementation and transfer of results Reporting to the ministry <p>Phase I</p> <ul style="list-style-type: none"> Call for projects and selection of 19 innovative projects in 38 FMGs FMGs spearhead the change Support for FMGs from the project managers <p>Phase II</p> <ul style="list-style-type: none"> Integrated centres spearhead the change in 300 FMGs Support for integrated centres from the project managers | <p>Phases I and II</p> <ul style="list-style-type: none"> Identification of FMG champions Personalized change support tailored to FMGs Increased knowledge of the conditions conducive to implementing these changes Preparation for Phase II (scale-up) based on lessons learned in Phase I <p>Phase I</p> <ul style="list-style-type: none"> Projects designed and led by FMG clinician champions Dissemination of change to all FMGs via integrated centres | <p>Phase I</p> <ul style="list-style-type: none"> Local champions are invested Management of tensions between innovations adapted to local realities and compliance with the fundamental principles of the Québec Alzheimer Plan by the regional project managers Project management in FMGs is improved (but highly variable) when a local project manager is appointed Detailed knowledge of the conditions conducive to implementation <p>Phase II</p> <ul style="list-style-type: none"> Partnership-based governance has positive effects on the ongoing implementation and adjustment of the initiative, but <ul style="list-style-type: none"> The Alzheimer Plan is sometimes just one more file among many others for the integrated centres (competing files) A dilution of the support resources can be seen during generalization (many more FMGs, same budget) |
| Changes in practice | <p>Phases I and II</p> <ul style="list-style-type: none"> Annual budget Training for FMG clinicians Tools for FMG clinicians Community partners Physicians and nurses <p>Phase I</p> <ul style="list-style-type: none"> Social workers chosen by the FMG <p>Phase II</p> <ul style="list-style-type: none"> Social workers in place in all FMGs across Québec | <p>Phases I and II</p> <ul style="list-style-type: none"> Clarification of trajectories toward various partners (community, home care, specialized care) Detection, assessment, and follow-up in FMGs Creation of teams in the local territories dedicated to behavioural and psychological symptoms of dementia Implementation of clinical tools <p>Phase I</p> <ul style="list-style-type: none"> Identification of trained clinicians in FMGs <p>Phase II</p> <ul style="list-style-type: none"> Training of all clinicians in FMGs | <p>Phases I and II</p> <ul style="list-style-type: none"> Increased capacity for comprehensive care in the FMGs (detection, assessment, follow-up) Clarification of care trajectories and the role of specialized care (e.g., memory clinics) Creation and consolidation of teams dedicated to behavioural and psychological symptoms of dementia | <p>Phases I and II</p> <ul style="list-style-type: none"> Increased overall care capacity in FMGs Appreciation of interprofessional collaboration Modest improvement in post-diagnostic follow-up (patients/families) Care trajectories and role of memory clinics clearer, but significant variability between regions Transitions with FMG partners still need to be smoother <p>Phase I</p> <ul style="list-style-type: none"> Effective doctor-nurse duo Presence of social workers in FMGs is rare Emergence of behavioural and psychological symptoms of dementia teams in the local territories <p>Phase II</p> <ul style="list-style-type: none"> Effectiveness of implementing the change varies between regions and between FMGs Social workers present in all FMGs across Québec, but not very involved in dementia Consolidation of behavioural and psychological symptoms of dementia teams in the local territories |

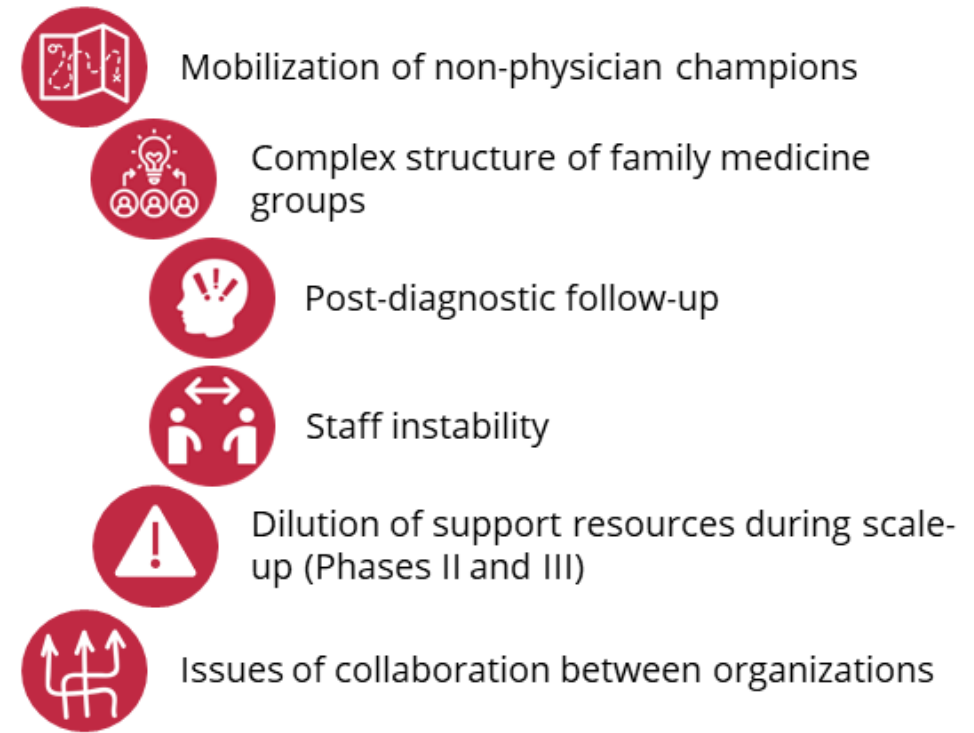
The Québec Alzheimer Plan

Winning conditions, barriers, and areas for development

Winning conditions



Persistent barriers and challenges



Areas for development

