

Case for the Inclusion of Dementia in Chronic Disease Management Programmes in Ireland: Plain Language Summary

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Background

Dementia is traditionally viewed as a cognitive brain disorder, however, it has been suggested dementia can be seen as a chronic disease, since it is progressive and spans many years with no cure. Viewing dementia as a chronic disease could draw attention to dementia within a primary care setting (for example a doctor's office, community nurse, occupational therapy).

In July 2019, a new GP contract was agreed by the Department of Health, the Irish Medical Organisation (IMO) and the Health Service Executive (HSE). It was hoped that dementia would be included in this as part of their chronic disease management programme (CDMP). Unfortunately, this did not happen even though a commitment was made to progress dementia as part of the chronic disease management programme for General Practitioners (GPs) in the mid-term review of the National Dementia Strategy.

In May 2021, The Alzheimer Society of Ireland commissioned work to identify the impact of including dementia in chronic diseases management programs (CDMP) for GPs in the future. This brief report summarises the findings of that research.

Research Questions

- What would including dementia in chronic disease management programmes for GPs mean for different stakeholders?
- What are the potential benefits and risks for the person with dementia, their family, and caregivers?
- What are the barriers / facilitators in including dementia in a revised GP contract?
- How will this changing perspective on dementia impact policy developments?

What work was done

1. Literature review of Irish policy documents
2. Review of international best practice models in chronic disease management (including effectiveness and cost effectiveness) and how they can be applied to dementia care
3. Analysis of the Chronic Disease Management Programme for GPs and GP contract and the Irish National Dementia Strategy
4. Examination of governance systems and structures within the HSE and Department of Health
5. Twelve interviews with people with dementia, family caregivers, clinicians, a health economist, and senior representatives from the Department of Health, the HSE and an NGO.

What was found

Policy Review

There is an on-going commitment by the Irish government and Sláintecare to use chronic disease management approaches in delivering health care services. Sláintecare has recommended that there

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is a move away from a hospital-centric care model, to focusing on prevention and self-care in primary and community care. This includes clinical programmes, CDMPs and integrated care programs that incorporate dementia.

International Models of Care

In reviewing international dementia care models from the United States of America and Canada, three models were reviewed with one being particularly relevant within an Irish setting.

The collaborative dementia care model describes the importance of having a dementia care manager in each practice who acts as a 'go-between' for primary care, psychiatry, nursing, social work etc. As part of this model, training and support is given to the dementia care manager, allowing the GP to spend more time on treatment and care. This model of care could be used for the future direction of dementia care services in Ireland.

Chronic Diseases Management Programme for GPs

We identified how changes could be made so that dementia could fit into the CDMP for GPs. These are described under the current three components of the new CDMPs for GPs:

Opportunistic case finding

- This could look for people at risk of developing dementia and those with dementia
- At the moment there is not enough evidence to recommend this type of programme

Annual preventative programme

- This programme could be extended to include looking for risk factors for dementia within a GP office

Structured treatment programme

- GPs can identify people with dementia using a tool available to them and get this person included on this structured treatment programme
- If dementia was included in this programme, this could be really helpful for people living with dementia and their carers

Interviews with stakeholders

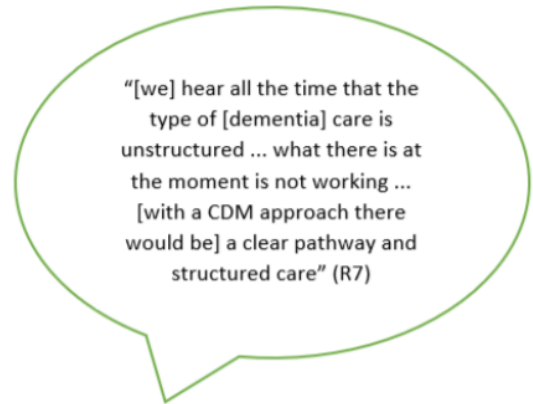
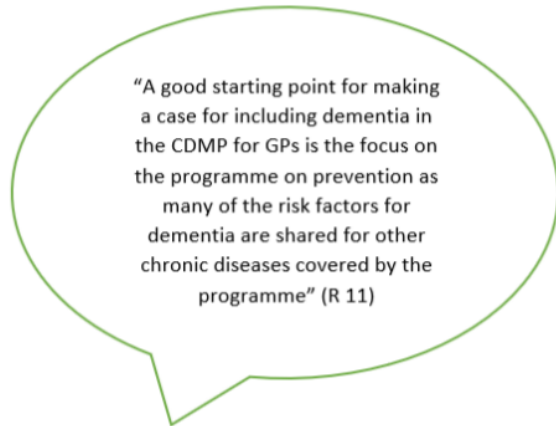
There was no agreement between interviewees about whether dementia should be considered a chronic disease as there are positives and negatives to this.

Stakeholder opinion divided on whether dementia should be included as a chronic disease for the GP contract. There was no agreement on if dementia should be a named condition included in the HSE

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integrated care programmes. There was no shared understanding of these programmes with some stakeholders being critical of these programmes.

Below are some quotes highlighted by stakeholders.



Benefits identified by stakeholders if dementia was included in a revised GP contract:

- Integrated care pathways (i.e. a person's journey from diagnosis to treatment that is clear to everyone)
- Better access to GPs
- Better record keeping
- Greater emphasis on secondary prevention (more examinations and screening tests)

Risks identified:

- Excessive cost
- Caregiver burden
- Increased workload for GPs
- Possible increased risk due to care being delivered by GPs who lack specialist training

Recommendations

- Cost Effectiveness: There is mixed evidence available about the savings involved using a CDM approach in dementia care. Investment needed in the short term but difficult to determine cost savings in the long term
- Dementia care in Ireland needs more resources and more political attention. Dementia prevalence rates rise annually with an increased demand for a high-quality service provision.
- Funding for future dementia service provision should be increased to ensure services can continue and be developed in the future.
- Inclusion of dementia in the CDMP for GPs will have an impact on priority-setting and resource allocation in other areas of dementia care.

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Conclusion

This summary has briefly outlined a case for the inclusion of dementia in a revised GP contract, however, this is not a straightforward exercise which should include a more nuanced approach. The study authors argue that while there were probably some good reasons as to why dementia was excluded from the new CDMO for GPs, this does not mean it could or should not be included in future revised contracts.

The ASI are planning to organise a forum to communicate the findings of the policy paper to people with dementia and their family carers. We further intend to share these findings with the wider community of clinicians, with a round table discussion with senior health and social care officials and other key stakeholders in the field of dementia care.

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