

CFHI Webinar Discussion Series - Community Dementia Care and Support:

Innovations supporting people living with dementia and care partners closer to home

October 20, 2020, Webinar Discussion Summary

Oct 20, 2020, Webinar Synopsis:

This webinar provided an overview of CFHI's [Community Dementia Care and Support webinar discussion series](#).

Participants discussed two innovations :

1. [NaviCare/SoinsNavi](#)
2. [The Neil and Susan Manning Cognitive Health Initiative](#)

The moderators for the session were Mimi Lowi-Young (Chair of the Board of Directors: AGE-WELL Network Centre of Excellence INC.) and Mary Beth Wighton (Chair & Co-founder: Ontario Dementia Advisory Group (ODAG) and Dementia Advocacy Canada (DAC); Member - Federal Ministerial Advisory Board on Dementia), who provided insights throughout the session, including these two quotes:

"My diagnosis process took about 2 years. The biggest challenge around my diagnosis was stigma within the medical professionals themselves. It was assumed that I was too young to have dementia. There was a lack of compassion when presented with the diagnosis and my partner was told that if I was exhibiting behavioural issues that they should take me to the hospital and get me evaluated for psychiatric issues. There was a lack of supports to help us navigate decisions regarding finances, transportation and end of life care. There were no supports regarding rehabilitation, it was assumed that I would get ready to die and go into long-term care"

- Mary Beth Wighton



"Technology can help reduce isolation among older adults during a time of covid-19. There is an increase in confidence in the use of technology. 72% of respondents to a recent survey said they were comfortable using technology and social media, 65% own cellphones and 83% said they use it daily. Technology can support telemedicine and virtual care, which allows care to come closer to home without the worry or the fear of individuals leaving their homes to receive care. There are many opportunities to support people living with dementia to receive a diagnosis using technology and to provide them with care and supports in their own home."

- Mimi Lowi-Young

Oct 20, 2020, Discussion Highlights:

(A) Presentation 1: NaviCare -

- Patient Navigation Centre for Children / YOUTH (0-25yrs) with complex health care needs in NB
- In 2015, CIHR provided funding to complete a needs assessment to explore the needs of children with complex care needs. Interviews were conducted with youth, care partners and healthcare providers. Navigating the healthcare system was identified as the most prominent challenge.
- Based on the findings, the patient navigation center was launched in 2017.
- The Patient Navigator is an RN who:
 - Connects families with services and resources across sectors
 - Helps coordinate patient care
 - Facilitates transitions in care
 - Acts as a resource for the care team
- The service is free and offered bilingually.

- The service is offered virtually.
- NaviCare has helped more than 200 clients. The majority of the calls received are from caregivers, especially mothers.
- The service can be accessed by youth, care partners and the healthcare team.
- The NaviCare process includes the following:
 - **Assessment**
 - intake call, assess needs, set goals
 - **Intervention**
 - provide navigational support, based on identified goals
 - personalized family-centred care
 - **Follow-up**
 - as needed with family/care providers
 - **Resolution**
 - case archived although not closed
- Ways NaviCare can help:
 - Providing a list of resources in the province.
 - Patient Navigator introduces youth and family to resources or gets them into the program or on the waitlist.
 - Help each family identify funding for services.
 - Help each family and healthcare team coordinate the care plan
- Patient Navigators can be used across a variety of settings with diverse conditions and populations
 - Services can easily be adapted for different populations
 - The method of delivery can be changed, as well as the setting and the type of navigator
- The innovation is currently being spread to the NB Trauma Program.
- CFHI is exploring how this model could be adapted to provide services to help people living with dementia and their care partners.
- To learn more about NaviCare visit their [webpage](#).

(B) Presentation 2: 1. The Neil and Susan Manning Cognitive Health Initiative -

- 5-year collaboration between healthcare delivery (Island Health), discovery(UVic) and training (UBC Island Medical Program) launched in October 2017.
- A generous contribution by the Manning family provided the funding to support an initiative that would support dementia diagnosis and care. The donation was made with hopes to fix the gap that the family experienced as they embarked on and continue to experience their dementia journey. The donation was matched by in-kind funding by Island Health, UVic and UBC Island Medical Program.
- Current efforts are focused on the South Island and the capital city of Victoria, BC with hopes for regional spread.
- A bridging the gap exercise was conducted with people living with dementia and care partners to identify what the current state was and what the ideal state would entail.
- The initiative developed a specialist memory clinic, where specialists provide consultation to people who are referred to an existing senior's outpatient clinic for memory concerns as the primary reason for referral.
 - In operation for 2 years
 - Aim: standardize the dementia care pathway and capture data at the point of care
- The initiative also developed a Dementia Guidance System (DGS), a re-tooling of an existing open-source electronic medical record (EMR) called OSCAR that allows providers to capture data during clinical encounters to build a repository.
 - The system allows providers to complete forms and assessments directly in the EMR as opposed to how they were previously done on paper.
 - Clinical Frailty Scale
 - Referral to the Alzheimer Society First Link
 - Sending patients for scans, internal or external referrals

- The system allows information/data stored in the EMRs to become part of a database that can be used to learn from. Using machine learning data can be extracted on a mass scale with specific parameters. This type of data can allow providers to better serve their patients based on their requirements and needs.
- All in-person visits were cancelled from March to April due to the pandemic, however a rapid switch to telehealth was successful.
- As the DGS is further developed the goal is to deploy the initiative in a primary care setting. South Vancouver Island plans to expand up to 3 Primary Care Memory Clinics based on the Ontario MINT model created by Dr. Linda Lee. The plan is to adapt the DGS to be used by clinicians in the Primary Care Memory Clinics. This initiative would allow for data to be captured at the Primary Care level as well as the Specialist Care level.
- The University of Victoria, Institute on Aging and Lifelong Health have developed a cognitive assessment tool in the form of an app called [MyCogHealth](#) that enables individuals to monitor interindividual change.
- To learn more about The Neil and Susan Manning Cognitive Health Initiative visit their [webpage](#).

(C) Discussion and Participation: Questions, Answers, and Comments/Suggestions.

Participants were invited to ask questions and engage in a discussion. Below is the list of questions asked and the responses.

Q: Through the survey conducted by AGEWELL findings showed that 65% of seniors own a smartphone. Do you have data on how that breaks down by age group?

A: The results of the survey are available on AGEWELL's website [here](#).

Q: How has NaviCare been adapted to serve its clients in the COVID context?

A: The model has not needed to be adapted in the COVID context as it was already offered virtually. What has changed during COVID is that some families might not be able to access resources they previously had access to before COVID so we now work with them to find resources that can be available to them. When COVID began we had to check to see which resources and services were no longer operating and what services were still available to our clients during that time. It is a constant role of the Patient Navigator to be informed of which new programs, resources and funding are available at all times.

We want more people to register! Here's how you can help:

- Share the [registration link](#) with people you think may want to attend the webinar series.
- Contact CBD-DMC@cfhi-fcass.ca to get information you can share about the community dementia care and support webinar series on your websites or through social media.