

CONFERENCE ABSTRACT

Collaborative primary care for community dwelling individuals with dementia: the DementiaNet approach

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Introduction: Collaborative primary care is needed to meet the complex needs of individuals with dementia and their informal caregivers. In the Netherlands, shortcomings of current dementia care still exists, including ad hoc based collaboration, lack of feedback on quality to professionals involved, and incomplete implementation of established multidisciplinary guidelines. We developed and implemented DementiaNet, an integrated care approach in primary care that aims to reduce the burden of the disease on individuals, health care services, and society. DementiaNet is network-based care which stimulates collaboration, enhances knowledge and skills and encourages quality improvement cycles.

We applied a bottom up and tailor made approach and supported local primary care networks in the Netherlands to implement 5 core processes: network based care, clinical leadership, quality improvement cycles, inter professional practice based training, and communication support tools. A two year leadership support program for network leaders was an important part of the intervention and our study included a one group pre-test-posttest design using Leadership Practice Inventory (LPI-self and LPI-observer; score 30 to 300) to investigate the network leaders performance.

Results: Currently, 17 local networks are formed and 22 clinical leaders developed leadership collaborative competencies (2 General Practitioners (GPs), 11 Community Nurses (CNs), 3 Practice Nurses, 4 Dementia care case managers and 2 Occupational Therapists). The networks vary on membership, quality of care and strength of collaboration due to local circumstances. Activities and goals of each networks vary as well, ranging from getting to know each other in person, improving on dementia care knowledge to introducing shared care plans. Poor communication between GPs and CNs, hindered implementation, as well as lacking management's support and poor financial arrangements. The leadership program helped clinical leaders to facilitate network collaboration and stimulate improvement of dementia care as a joint effort.

Discussion: Networked care is difficult to accomplish because many complex factors have to be taken into account. Although leadership is often expressed as an important prerequisite for implementing collaborative care models, clinical leaders are not often explicitly supported in executing their leadership role.

Conclusion: Results show that clinical practice varies and the DementiaNet approach can lead to quality improvement and stronger collaboration with medical and nursing professionals in leadership roles. Collaborative leadership has to be actively supported and empowered, as professionals are not automatically qualified to execute this leading role in an collaborative network.

Lessons learned: Complexity and variety of local care requires tailor made interventions that combine bottom up and top down approaches.

Limitations: Due to time restrictions we could not follow all networks and performance of their network leaders over a two year period of time.

Suggestions for future research: An important strategy for implementation of integrated care is to invest in leadership. Future research should focus on necessary leadership skills and how these could best be developed.

Keywords: integrated care; collaboration; primary care; leadership; dementia
