

## CONFERENCE ABSTRACT

### Geriatrician in the Practice Model of Care

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**Introduction:** The Shoalhaven in regional Australia has an aging population with a high prevalence of dementia and insufficient geriatricians to provide a timely service to this group of patients. General Practitioners had limited experience in managing patients living with dementia with high numbers referred for recurrent review in hospital clinics. These clinic settings have different funding sources in the Australian context.

**Practice Change:** Practices were invited to enrol in the Geriatrician in the Practice (GIP) Program. A dementia clinical nurse consultant (CNC) and geriatrician attended the general practice and ran a joint comprehensive geriatric consultation with the general practitioner and practice nurse. Eight Practices were recruited and training was provided to 15 practice nurses on cognitive assessment and to 32 General Practitioners on dementia diagnosis and management.

**Aim and Theory of Change:** The aims of the program were to provide patients with dementia timely assessment in a familiar location, to improve the skills in primary care for the diagnosis and management of dementia and build improved relationships between the primary health and hospital sectors. It was proposed that these changes would improve the confidence of primary health practitioners to manage patients with dementia, provide improved patient satisfaction with their care experience, reduce the need for specialist review and reduce outpatient waiting times at hospital clinics.

**Timeline:** The Program was funded in July 2015 with the first clinics commencing in November 2015. The program has been expanding with new practices included every 6 months.

**Highlights:** The level of patient satisfaction is very high and the program has identified groups of patients who were not attending hospital clinics. The practice nurses and General Practitioners have improved confidence in the management of people living with dementia and the number of people requiring subsequent review by a geriatrician has significantly reduced. The ability of the General Practice to prioritise patients seen at the clinics has led to a more timely assessment of patients in need.

**Sustainability:** The practice nurses have shown sufficient knowledge acquisition to not necessitate the continued regular involvement of the CNC. The Geriatrician involvement has been demonstrated to be sustainable within current funding models

Transferability. There is currently consideration to expand the model to other chronic disease models of care.

**Conclusions:** The GIP model of care has successfully lead to knowledge transfer from hospital specialist clinics to primary care. It has provided more timely assessment and greater patient satisfaction and increased available specialist time for new assessments.

**Discussion:** The GIP model of care required initial intensive input but through knowledge transfer has provided a sustainable model of care for people living with dementia and primary care providers with a high level of patient acceptability and improved access to specialist services. It is anticipated that a hybrid model of GIP clinics and hospital based clinics will be provided in the future to accommodate patient and practitioner preferences.

**Lessons learned:** The GIP program demonstrated that it feasible to have improved outcomes by reviewing models of care. There needs to be development of guidelines including responsibilities and roles prior to commencing such a program. A review of information technology links across the services is also recommended

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**Keywords:** dementia; primary care; knowledge transfer

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