

# Geriatrician in the Practice program



## What

The Geriatrician in the Practice (GIP) program is based on the Physician in the Practice model, where the specialist and general practitioner provide joint consultations at the general practice.

The GIP program expands this model into geriatrics, with a focus on dementia assessment and management. It aims to improve the linkages between specialists at local Shoalhaven hospitals and general practices.

Through the GIP program, patients can make an appointment to see the local GP and the geriatrician at the same time, in a familiar place. A specialist nurse also attends the appointments.

This integrated service promotes a shared care approach, including:

- joint clinic appointments with the patient and carer, GP and geriatrician, practice nurse and clinical nurse consultant
- on the job mentoring, coaching and training for both the GP and practice nurse
- diagnosis and interpretation of neuroimaging at the point of care
- development of an agreed patient management plan.

## Why

Dementia is a serious chronic condition that requires expert clinical assessment, diagnosis and management. The prevalence of dementia is approximately 1% at the age of 60 years and between 30% and 50% at the age of 85 years.

The Shoalhaven region has the largest elderly population within the Illawarra Shoalhaven Local Health District (LHD), with 26% of the population aged over 65 years. It is estimated that in 2021 it will reach 40%.

With an ageing population and a high prevalence of dementia, there have been insufficient geriatricians available to provide a timely service to patients. This has resulted in long waiting lists for local hospital clinics.

## How

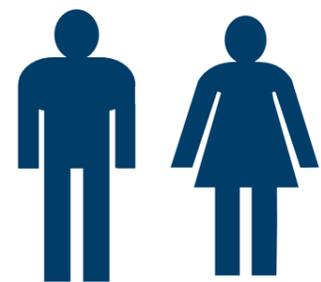
The GIP model is a strategy for improving patient care. It aims to:

- provide patient-centred dementia assessment and management using a collaborative approach with primary care providers
- improve patient/carer engagement and experience
- improve the skillset of primary care providers, develop a sustainable and scalable model of care
- increase access to timely specialist assessment in a familiar environment
- improve linkages and referral mechanisms.

## Service utilisation

(November 2015 – August 2018)

426 patients seen



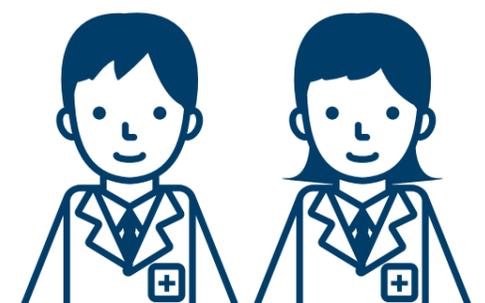
11 general practices involved (via EOI)



22 practice nurses trained



41 GPs involved



*“I have never been able to convince my husband to see a specialist at the hospital about his memory and bad moods. Being able to bring him to his GP meant he was agreeable and relaxed.”*

## Improved health outcomes

### GPs more likely to refer early

Mild cognitive impairment accounted for more than one third (37%) of the diagnoses made between November 2015 and March 2017



#### Cognitive assessment



GPs were 2 x more likely to refer

#### Increased recognition



GPs were 4 x more likely to identify younger onset dementia patients

### GPs more confident in conducting dementia assessment

How confident do you feel:	Responded "confident" or "very confident"	
	Pre-intervention GPs %	Post-intervention GPs %
In assessing a patient for a potential dementia diagnosis?	57	80
In identifying different types of dementia?	14	60
In developing a management plan relevant to a patient's dementia diagnosis?	9	60
Interpreting cerebral imaging (including MRIs)?	0	40
In assessing driving ability in the cognitively impaired elderly?	7	40
In the use of prescribed medications for dementia and/or behaviours associated with dementia?	21	60

### Practice nurses more knowledgeable about identification and screening

Compared to the group of nurses who completed the pre-intervention questionnaire, the post-intervention group reported a higher knowledge of dementia identification and screening.

### Increased awareness and uptake of services

Between November 2015 and February 2017, 54 patients were referred to the Dementia Advisory Service, compared to 9 patients referred by practices that did not take part in the GIP program.

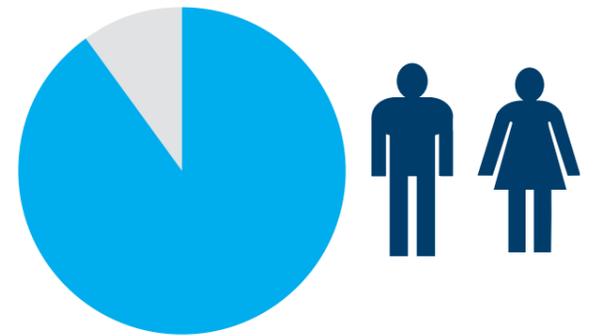
## Better consumer experience

### High level of patient/carer satisfaction

The GIP clinics were perceived by consumers as supportive and informative services. Delivered in comfortable and familiar settings, the GIP clinics helped people feel more at ease and improved their access to specialist care.

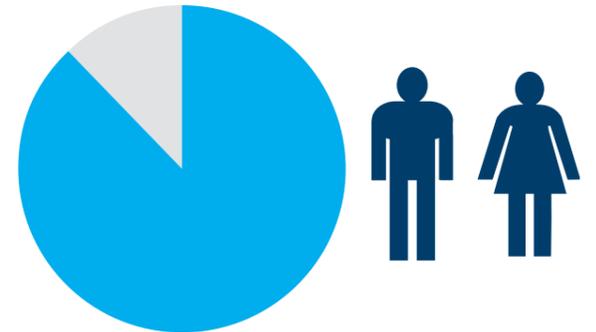
### Level of confidence in GIP health care professionals

90% of patients were confident



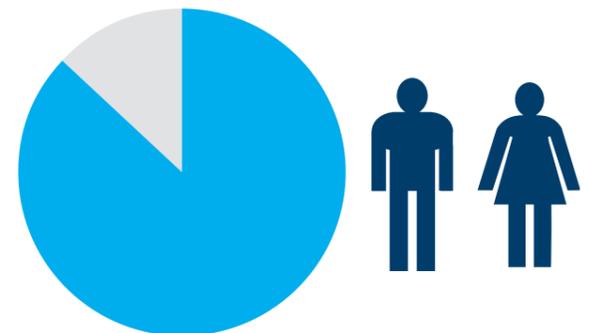
### Opinion of multidisciplinary teams

88% of patients felt supported



### Response to GP/specialist consultation

87% of patients felt their questions were answered



### Saved patient travel time

saved 9,000 km in patient travel



## Enhanced provider satisfaction

### Improved linkages

100% of post-intervention GPs and practice nurses reported improved linkages with the geriatrician or dementia clinical nurse consultant



### Improved model of care

100% of post-intervention GPs, practice managers, practice nurses felt that GIP clinics were an improved model of care



### Simplified referral process

- 100% of post-intervention GPs and practice nurses
- 75% of post-intervention practice managers

### Timely communication

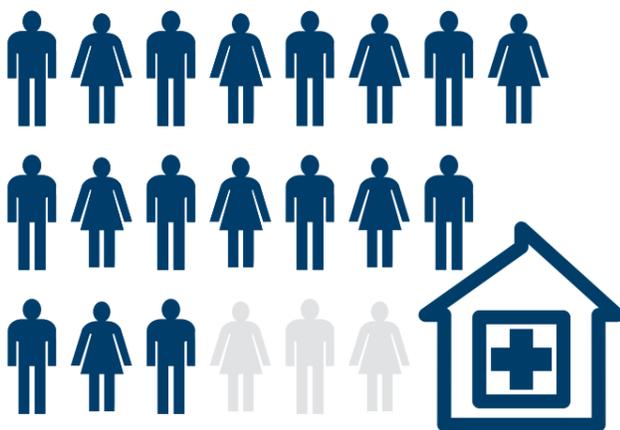
100% of post-intervention GPs, practice managers, practice nurses felt that timely communication between general practice and the LHD has been improved by the GIP program.

### Integration with the LHD

- 100% of post-intervention GPs and practice nurses felt that integration with the LHD has been improved
- 75% of post-intervention practice managers felt that integration with the LHD has been improved

## Increased value for money

15% less likely to present to ED



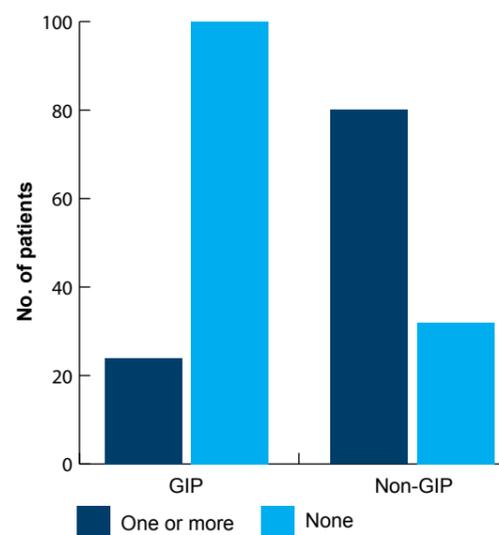
Non-attendance rates <1%



Reduced need for reviews

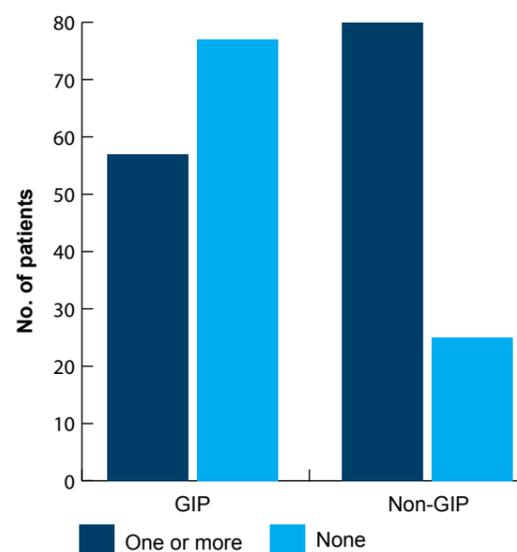


## Planned reviews



24% v 68%  
P <0.001

## Actual reviews



43% v 76%  
P <0.001