

# Opinion: Quebec pilot project showed teamwork is key in Alzheimer's care

Interdisciplinary health-care teams — including physicians, nurses, caregivers and social workers — are cost effective and patient-centred.



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A picture taken on March 18, 2011 shows a woman suffering from Alzheimer's disease holding the hand of a relative in a retirement house in Angervilliers, eastern France. While progress is made in research, the disease remains without cure. *SEBASTIEN BOZON / AFP/GETTY IMAGES*

Traditionally, treating patients with dementia inevitably involved a referral to a specialist. However, evidence increasingly suggests that primary care is better placed to deal with Alzheimer's disease, as well as with many other chronic disorders. Not only is it more cost effective, but patients receive more comprehensive and patient-centred care.

The Quebec Alzheimer Plan (<http://publications.msss.gouv.qc.ca/msss/fichiers/2009/09-829-01W.pdf>), developed in 2009, reflects this shift from specialists to family medicine. Implementation began with a pilot project involving 42 Family Medicine Groups (FMGs) across the province.

Now, the results are coming in, and they confirm that FMGs, using interdisciplinary teams of health professionals, are capable of providing good quality Alzheimer's care. This is welcome news, not only for patients, but for the health-care system. With the shortage of long-term care beds, keeping Alzheimer's patients safely at home for as long as possible is critical.

The expansion of care to include allied health professionals in the FMGs was a pivotal part of the Quebec Alzheimer Plan. And indeed, the pilot project results showed that use of interdisciplinary health-care teams — not just physicians, but also nurses and caregivers, social workers and the Alzheimer Societies — is key.

What makes a multidisciplinary team so well suited to management of Alzheimer's, and other chronic diseases? It begins with the familiarity with the patient and a knowledge of their social context.

Many nurses have pre-existing relationships with Alzheimer's patients, having seen them previously (concerning diabetes, hypertension, etc.). In Quebec, nurses also have the ability to do cognitive tests, provide education and caregiver support, and

prescribe blood tests, imaging and even medication. Non-physician team members tend to be more available to the patient, whether for follow-up questions or as the point of contact in cases of emergency.

Social workers who are familiar with local networks and community resources can change access to home-care services, while Alzheimer's Societies provide many programs and initiatives, especially in regards to caregiver support. They are also essential in helping lobby for "aging-friendly" policy change and incentives.

Despite the benefits, there are still major challenges to the successful implementation of interdisciplinary care teams. Additional training may be needed by team members, including physicians. There are also the usual constraints in terms of lack of funding and availability of services. Services such as home care are in high demand, leading to long waits.

Different health professionals are regulated by different professional orders, and they do not always agree on best practices. A diversity of training backgrounds and perspectives can also affect communication between team members. As well, the roles of different health professionals are constantly evolving, and being redrawn. Defining member roles in interdisciplinary care too precisely, or being strict about who can do what, was shown to be a barrier to team care by limiting the ability of teams to adapt.

For Alzheimer's care to flourish in primary care, interdisciplinary teams need to become the norm, not just another pilot project. Not surprisingly, physicians and practices with existing interdisciplinary teams in place for other chronic diseases, such as diabetes, were quicker to trust their team members and adopt protocols for delegating care. Training different health professionals together can create a sense of teamwork, and often improves collaboration.

In implementing the Quebec Alzheimer Plan across the rest of the province, the government and managers would do well to facilitate the flexibility of these teams, as opposed to hindering them with unnecessary regulation. Only then will we be able to build on the success of the pilot project for the ultimate benefit of those suffering from Alzheimer's disease.

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