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Submission to House of Representatives Standing Committee on Health and Ageing

Inquiry into Dementia Early Diagnosis and Intervention

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Summary

In this submission, I wish to make the following points:

- . dementia is highly prevalent in our community and the prevalence will increase dramatically over the next 20 years
- . dementia causes great stress for patients, carers and families over a long period (up to 10 years or more)
- . it is unacceptable for a health system not to have a service for the early diagnosis of dementia and for case management of people with BPSD and carer stress
- . there is evidence that case management by an experienced nurse reduces carer stress and delays residential aged care placement
- . the Newcastle model, which has allowed 60% of all people in the community with dementia to receive a diagnosis and case management, will be described
- . the Newcastle model is based on a shared care approach involving General Practitioner, Geriatrician and a Community Dementia Nurse
- . the Newcastle model is efficient and effective and could easily be extended throughout Australia at an acceptable cost.

Introduction

As mentioned in the Media Alert, there are an estimated 300,000 people with dementia in Australia (15% of people over age 70) and the number is growing rapidly. Access Economics estimate that the prevalence will rise by 300% over the next 40 years.

Dementia is, on average, a 10 year illness which places great strain on the sufferers, carers and family. This is especially so for the 50% of people with dementia who have behavioural and psychological problems.

It is my view, therefore, that the failure of health systems to provide an effective service for the assessment, diagnosis and case management of dementia is unacceptable. This is particularly so now that we have shown in Newcastle that such a service can be established for a reasonable cost. It is this service that I will describe in this submission, giving results for the last four years.

Description of Newcastle model for the assessment, diagnosis and case management of dementia

In the Hunter, we have an efficient and effective shared-care system of assessment and management of cognitive impairment that meets the needs of General practitioners and families. It is a shared-care program with general practitioners, designed around locally based Community Dementia Nurses (CDNs) who work within ACATs, together with a Geriatrician who has responsibility for that community as part of the workload. The community units are 50,000 to 80,000 total

population, giving a population over 70 years of about 5,000 to 8,000. This includes a prevalence of dementia of about 750 to 1,200 (1.5%).

The CDN works full-time while the Geriatrician commits about 2 days per week to the community which includes a centre-based clinic and home and ACF visits. The Geriatrician sees people referred by GPs while the CDN sees people with cognitive impairment referred to ACAT or directly to her from any source. The CDN assists the Geriatrician with the clinic which allows patients and families to be interviewed separately and also provides more complex cognitive assessments e.g. RUDAS, Adas-Cog, ACE-R, etc. The CDN is available to follow-up clinic clients via home visits to complete the assessment and to provide education, information and carer support in a more family-friendly environment.

The CDN case manages people, in conjunction with the GP and Geriatrician, where there is:

- . psychological or behavioural problems
- . carer stress
- . lone livers.

Both CDN and Geriatrician work closely with general practitioners, providing feed-back on assessments, management plans and case management. Case conferences, with or without the family, are held in the general practitioner's surgery if indicated. The service seems to be appreciated by general practitioners, carers and other health care and social support service providers.

Results in the Westlakes Area over four years, Sept, 2007 to Sept, 2011.

The Westlakes Area is the Western side of Lake Macquarie LGA and includes the suburbs from Cardiff in the north to Wyee in the south. The total population is about 80,000 and includes about 8,000 people over age 70 (10%). Using the prevalence rates for dementia as determined by Alzheimer Australia of 1.5%, there are approximately 1200 people with dementia in the Westlakes Area. This is the target population for the Dementia Service.

About 20-25% of the population of the Westlakes Area live in the southern suburbs of Wyee, Morisset, Bonnells Bay, Brightwaters and Cooranbong. Many of these people are referred for assessment of dementia to Neurologists on the Central Coast. In addition, a small number of general practitioners refer to a Geriatrician in private practice in Newcastle who specialises in cognitive impairment.

I have assumed that about 20% of the target dementia population would be referred to Central Coast or private specialists and, therefore, estimated the target population for the Geriatrician to be 1000 people with dementia i.e. 80% of the total population. The target population for the CDN would be all people with dementia living in the Westlakes Area i.e. 100% or 1200.

Over the four years from September, 2007, to September, 2011, the Geriatrician saw 1329 consultations, which included 981 clinic consultations and 348 home or RACF visits. There were 574 individual patients with cognitive impairment of whom 77

(13%) were diagnosed with Mild Cognitive Impairment and 497 (87%) with dementia.

Almost all of the patients with dementia seen by the Geriatrician would have been seen by the CDN but, in addition, the CDN saw 242 people with dementia, not seen by the Geriatrician. Many of these people would have been referred to her by private geriatricians or neurologists in Newcastle or Central Coast.

This means that the Geriatrician saw 497 people with dementia out of a target population of 1000 i.e. 50%. In addition, the CDN saw another 242 people not seen by the Geriatrician.

The Dementia Service of the Westlakes Area i.e. Geriatrician and CDN saw a total of 739 people with dementia out of a target population of 1200 i.e. 62% of all people with dementia living in the Westlakes Area.

Advantages of the Newcastle Model

The advantages of this model include:

- . no more than 90 minutes for initial assessment
- . can see 4-6 patients per day clinic
 - 2-3 new plus 1-3 follow-up
- . can see patients urgently if required
 - routine waiting time 4-6 weeks
- . not coming to a "Memory Clinic"
- . both Geriatrician and CDN can see patients at home or in ACFs
- . allows case management of BPSD and stressed carers
- . embedded in ACAT
 - minimizes duplicated assessments
 - meeting attended by ACAT, MHSOP; Dementia Monitoring Agency; CACP/EACH providers
- . cost-effective
 - Geriatrician covered by Medicare
 - CDN (CNS level RN) - \$100,000pa

Conclusions

The Newcastle model for dementia assessment, diagnosis and case management may be the most cost-effective model available. It is clearly acceptable to general practitioners, patients and carers. The cost to NSW to provide an adequate number of CDNs, i.e. one CDN for every 5000 people over age 70, would be \$14 million annually.