

A SUPPORT CLINIC FOR FAMILY DOCTORS WHO CARE FOR ADULTS WITH DEVELOPMENTAL DISABILITIES: AN EVALUATION

HEALTH AND WELLBEING IN DEVELOPMENTAL DISABILITIES
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Conflict of Interest Disclosure

- We have no affiliation with and have received no financial support from any company or group.
- We have no conflict of interest in making this presentation

Our Vision:

- To support family physicians in their provision of care to persons with developmental disabilities.
- To provide comprehensive medical care to persons with developmental disabilities following the Canadian Consensus Guidelines.
- To provide family practice residents and medical students with opportunities to learn about primary care of persons with developmental disabilities.

Agenda

- Introduction – clinic background (15)
- Assessment process and findings (10minute)
- Experience with adult assessments (15minutes)
- Lessons learned (5 minutes)

ADULT DEVELOPMENTAL DISABILITY C



Spryfield location

- Opened in Nov 2010
- Operates half day per week
- Referral Based
 - 1) Developmental Disability
 - 2) Family Doctor

Halifax/Spryfield



Our Clinic



- Part of the Dalhousie Family Medicine Teaching Clinic
- 1st Year Residents spend 2 half days with us during their core family medicine rotation

Our Team



Full Time Equivalent, Nursing and Administration Support

FTE

- .1 FTE clinic time for two physicians
- .05 FTE administrative time for two physicians
- .025FTE for research for two physicians

Nursing Support

- A nurse supports the clinic half day a week

Administrative support

- Administrative support is present for booking appointments and sending out consults.

Consult process begins:



- Receive consults from Family Doctors and IWK Children's Hospital
- Referral process starts with administrative staff

Tracking our Progress



Name (Diagnosis)	Ref Letter Received Date	Appt Booked Date / Time	Phone Call CPT Completed	1st appt	Research Required	2nd Appt	Letter Sent Status	Billed X2
			March 2015	May 8	SA Scoliosis / Pain CMT2. Malware	June 2015 Sept 2015	Submitted	Billed PE
Dr. Gallagher	✓	✓	✓	Oct. 8	SA H. Du. antibodies - Non Lumbar			Billed PE
Dr. Ernest	✓	✓	✓	Sept 1 / 15	SA Lumbar with regards to the physical exam - stop supine diagnosis	Nov 10		Billed PE
Dr. Ernest	✓	✓	✓	Oct 21	SA			
		Sept 16 / 15		Dec 1	SA Spinal ASOS			
		Aug 12 / 15		Oct 6	SA Physical exam - with Plan Mx?			
Stand a shoulder shoulder (L), and Rot		Jan 22 / 15		July 28	SA Physical exam	Oct 6 / 15		
Diagnose needs Abation		Mar 24 / 15		June 30 / 15	SA JMS / Physical Exam Dr. Ernest		Letter sent SEP to son. Dr. Ernest physician release	
		June 27 / 15		Aug 18	SA MAGLEV	NO response		
				Sept 1	SA MAGLEV	Nov. 18		Billed CMT2 CMT2 MAGLEV
Physical work and history of non Lumbar diagnosis				Aug 1 / 15	SA Research MAGLEV diagnosis	Oct 15 / 15		
		Oct 13 / 15		Dec 15	SA			
		Nov 31 / 15		Sept 8	SA MAGLEV	Dec 8		

In all chaos there is a cosmos, in all disorder a secret order
(Carl Jung)



Intake call



- General information/Reason for referral
- Developmental History
- Medical/ Surgical/ Psychiatric History
- Medication
- Preventative Health Review
- ADL's and IADL's

1st Visit



- Full Physical- to patients tolerance
- Attention to: vitals weight, height, waist circumference, skin, ears and feet
- Neurological part of the exam is challenging - prompts

Tools



2nd Visit



- Follow up on issues from previous visit
- Pass on our research to the patient and family
- Review the management plan

Small conference room and camera



- Split the interview-patient and caregiver
- Family and guests collaborative meetings
- Accommodate 2nd learner

Collaboration

(in person/ telephone and email)

- Halifax association for community living
- Developmental Disability Pediatricians (IWK)
- Adult Psychiatrist (QEII)
- Physiotherapist
- Behavioral Therapist (DASC)
- Cambridge Community Outreach Group
- Pediatric/ adult psychologist



Our 1st 60 patients

- 49% female /51 % male
- Average Age 30
- Age range (17-65yrs)
- Majority - 60% (17-29yrs)
- Ave 5.8 medical problems/patient
- Nonverbal- 26.79%
- 67% lived in the family home, 30% group homes, 3% nursing home



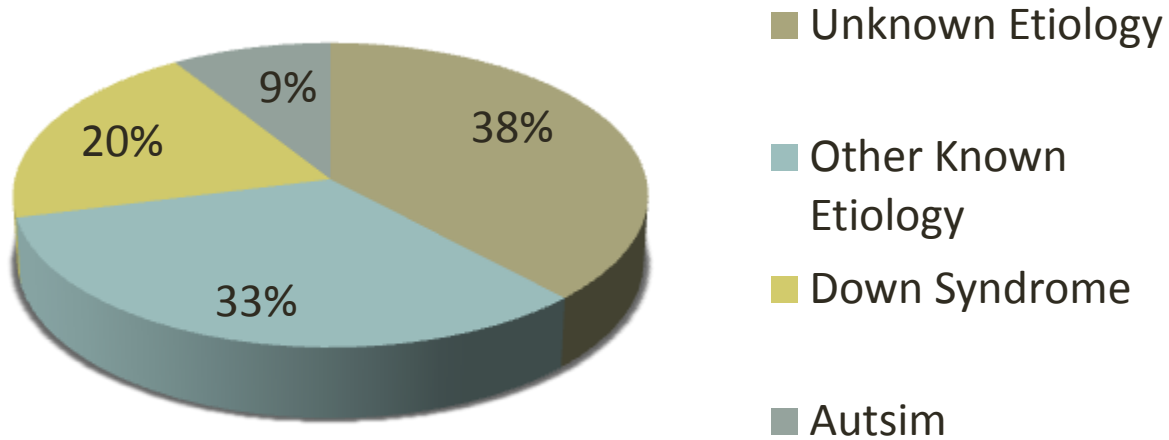
Level of Developmental Disability in our 1st 60 patients

- 8.5% borderline
- 32% mild
- 31% moderate
- 17% severe
- 3% profound
- 8.5% unknown



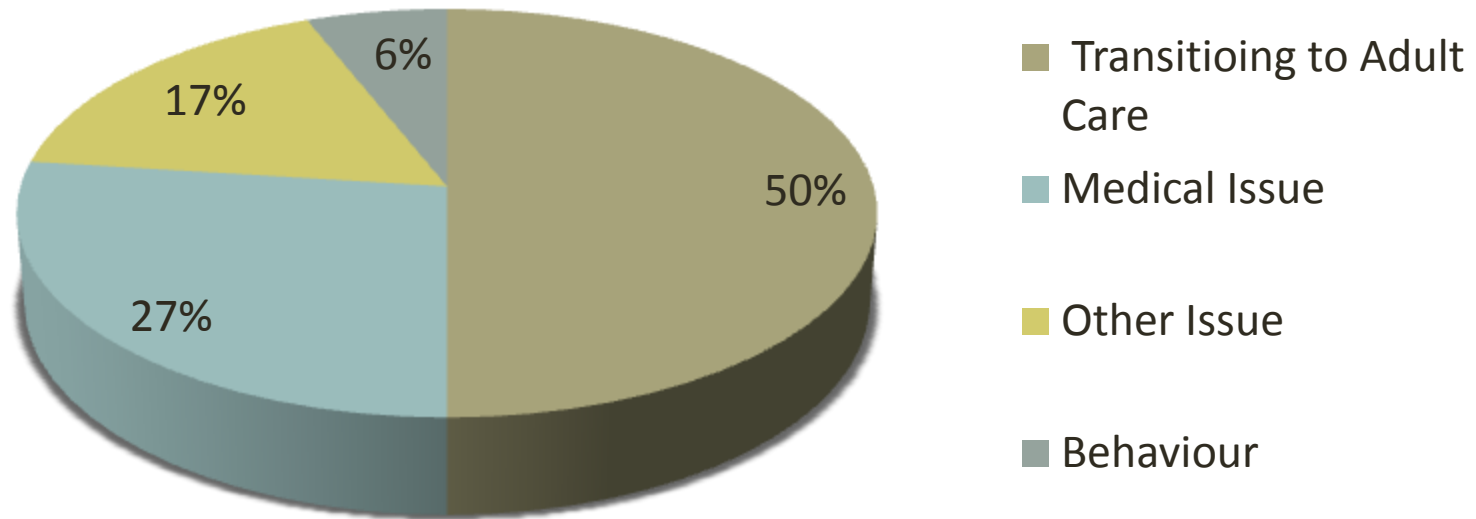
66% had a formal Psycho-educational assessment

Adult Developmental Disability Clinic: first six patients



Adult Developmental Disability Clinic: first sixty patients

Reason for Referral



Dalhousie Family Medicine Adult Developmental Disability Clinic (DFMADDC) Evaluation Report:

A Knowledge Translation Assessment

April, 2015

Dr. Christine McKenna, E Gard Marshall, B Hattie-Longmire



Introduction

Objective of Research

To assess present care and implement improvement(s) as identified by family physicians and patient caregivers in community who care for patients with developmental disabilities and have used the services of Dalhousie Family Medicine Adult Developmental Disability Clinic and received the DFMADD Evaluation report

Methods

- Qualitative study examining DFMADD evaluation report tool
- Two focus groups- family physicians(4/51)
 - patient guardians/caregivers(5/57)
- Letters of invitation sent to both groups
- Independent qualitative researcher used as the contact person
- Thematic analysis of the interviews was done by the independent qualitative researcher

Research Questions

- 1) How do family physicians find the DFMADD Evaluation helpful?
- 2) Is the DFMADD Evaluation Report shared with patient caregivers?
- 3) How do patient care givers find the DFMADD Evaluation Report Helpful?
- 4) How might the Evaluation Report be improved for family physicians and for patient caregivers ?
- 5) How are guideline recommendations helpful?
- 6) In what ways was the information from the Evaluation Report used for ongoing care?

Summary of Findings

- Both the physician and patient parent/guardian group saw value in the work and felt the service should continue .
- Participants shared strengths of evaluation process and report as well as areas that could be improved.

1) Strengths of the Evaluation Process

- i) Detailed physical exam and social/vocational history saved the physician time in gathering information and performing a physical exam.
- ii) Parents valued meeting with the team to gain information about services, resources and programs for health and psychosocial needs.

Summary Continued

2) Improvements to the Evaluation Process

- i) Inform caregivers/patients and family physicians on what to expect during the clinic evaluation.
- ii) Consider a referral form with a checklist for family physicians so their concerns could be addressed -1/4
- iii) Include the broader context (e.g. family dynamics) -1/4

Summary Continued

3) Strengths of the Evaluation Report

Physicians and caregivers felt :

- i) Guidelines and recommendations were valuable in their comprehensiveness and detail
- ii) Medication review supported “fine tuning” of medication
- iii) It is in support of preventive health care
- iv) It provides opportunity to discuss patient progress with patient and caregiver
- v) It provides reassurance/affirmation to family physician regarding treatment

Summary Continued

4) Suggested Improvements to the Report :

- i) Ensure caregiver/care provider and family physician receive copy of report
- i) Provide an abbreviated and detailed form of the report -1/4
- i) A clear goal of the clinic and its scope should be stated in the initial referral acceptance and the final report

Summary Continued

4 Suggested Improvements to the Report :

iv) Resources should be highlighted at the bottom and a copy be given to caregiver / guardian/ patient

v) Follow up on results of the evaluation with a diagnoses /plan to reach a diagnoses

vi) Have the clinic coordinate with other resources

Care Giver Quotes

- “ a great service”, one that “probably needs some fine tuning, like everything does”
- “frustrating.” “ When we’d go to the Developmental (Pediatric) Clinic everything was super upbeat. There was always ,We can do this as a team. We’re going to get through this as a team”
- “We kind of walked away from that meeting going (sigh), somebody listened. They looked at (my son) as a person. And where was this years ago.

Physician Quotes

- “ it was helpful to have someone review this complicated patient and give me reassurance that I wasn't totally on the wrong track with him. It was also reassuring, I believe if I remember correctly , that I called them with a question after and they were familiar with him and were able to answer it.”

“ There's a good history of (my patient) there , there's a physical ,which is quite thorough. I don't know how they did this, because you know, this is the sort of a kid that, you know, you wave your stethoscope and she screams and yells.....You know that's a gift, that's hard to know, they have heart sounds on here, sometimes you don't get to listen to her chest .”

Limitations of Study

- Low number of participants
- Due to time constraints of the physicians the interviews were brief, 15-20 minutes
- Participants accessed the clinic at various times so their experiences vary as changes occurred over time

Changes During Operation of the Clinic

- Template
- Intake call
- Billing Code
- Learners
- Collaborators
- House and Nursing Home Calls (for those unable to attend the clinic due to mobility or sensory issues)
- Release of consult directly to family



Raise your hand if...



Discussion Points

- In your practice/learning setting, do adults with developmental disabilities have access to comprehensive clinical assessments?
- Is anyone in your practice setting discussing the possibility of setting up a clinical facility for conducting comprehensive assessments of adults with developmental disabilities?

Remuneration



- Does your remuneration arrangement recognize the extra time required to assess adults with developmental disabilities for usual primary care presenting problems?
- For conducting a complete assessment on an adult with a developmental disability?

Remuneration



- If not, what would you consider a reasonable fee structure of payment mechanism to compensate you for spending the time necessary to adequately assess adults with developmental disabilities who require assessment for a presenting problem or who would benefit from a comprehensive clinical review?

Lessons Learned

- Communication (Caregiver letter, Pamphlet, Template)
- Recommendation- Who does what?
- Who gets the letter? (caregivers and physicians)



Our Evaluation Tool- Beginning...



Dalhousie Family Medicine Adult Developmental Disability Clinic

This report is a comprehensive assessment of your patient _____. It is lengthy and detailed. We understand you may not have time to read through it in its entirety. We draw your attention to the section on Patient/ Caregiver Concerns (pg _) and the Summary and Recommendations (pg _). *Action items are italicized and bolded.* The remainder of the report may be helpful when completing forms or consultations for this patient.

|

Patient's Name:

DOB:

Our Evaluation Tool- End

Summary:

Recommendations:

Problem Specific Recommendations:

Developmental Disability Primary Care Guideline Recommendations:

(The following recommendations are based on the "Primary care of adults with developmental disabilities: Canadian consensus guidelines". Can Fam Physician 2011; 57: 541-53)

Syndrome Specific Recommendations:

General Age-Related Recommendations:

Thank you very much for the referral. We will send a copy to the patient as well. Patients are encouraged to visit their family doctor and review the action items. They are also advised in some instances it may take several visits to complete the recommendations.

Sincerely,

More questions?



- Resources that are challenging to acquire...

Do you still recommend them?

Who does the advocating?

- How much information?

Do general practitioners just want a summary of the presenting complaint and recommendations?

- Should families be the keeper of the larger summaries?

THE END THANK YOU!

Handouts

- Template
- Pamphlet
- Research questions asked of physicians and caregivers

Outreach Work:

CME

- Cape Breton
- Antigonish
- Halifax Dalhousie
Refresher (Target:
Maritime Provinces)
- Halifax District Dept.
Family Medicine
- MUN relationship

Curricula

- Med Students
- IPE Workshop
- R1, Clinic time
- R2, 2 hour workshop
- R3 enriched year