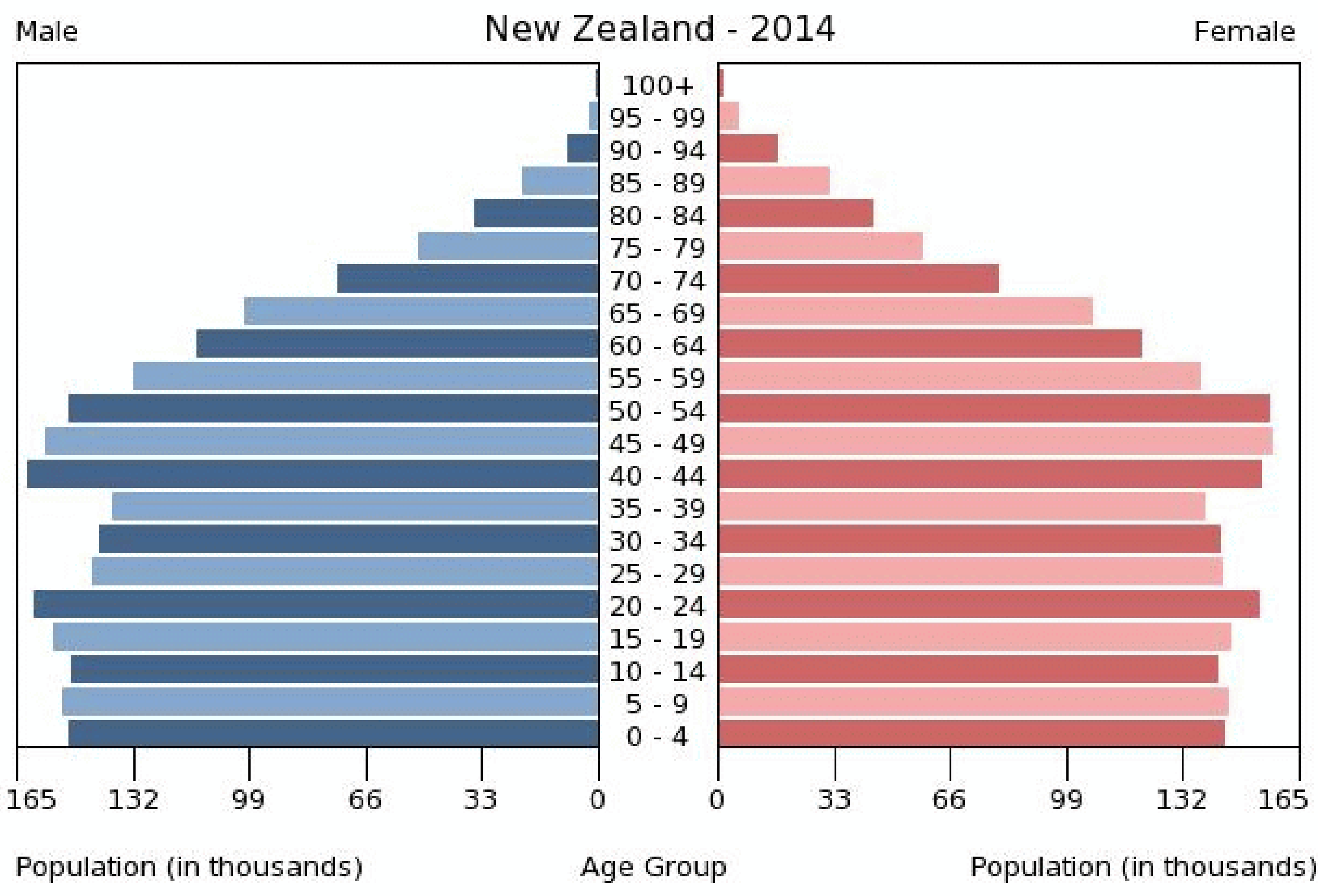
Alzheimers *Auckland*

The changing landscape of dementia in New Zealand

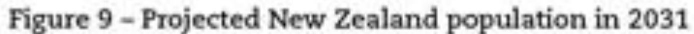
- Currently 50,000 in NZ and 15,000 in Auckland
- Triple by 2050
- 1:20 over 65 have dementia
- 1:5 over 80 have dementia
- 2:3 people in NZ will be affected in some way

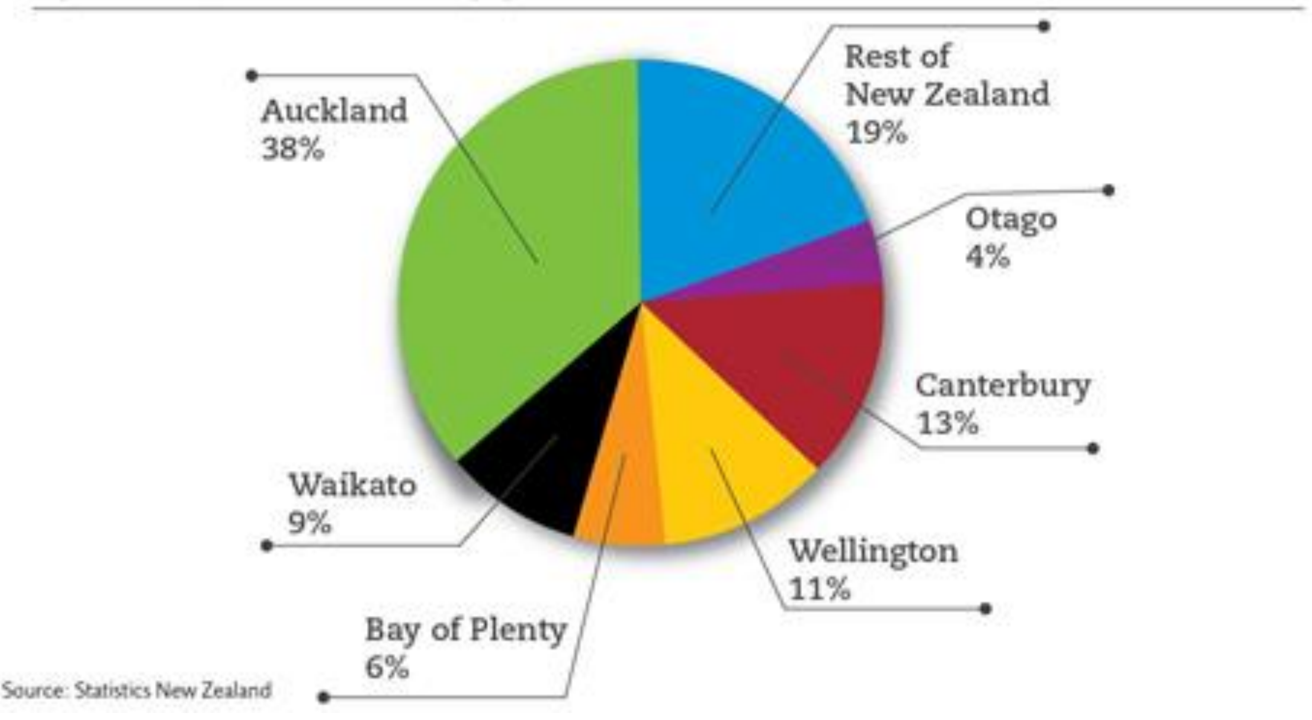
In 2010, The Ministry of Health of NZ identified dementia as the “tsunami of health care”

NZ Population



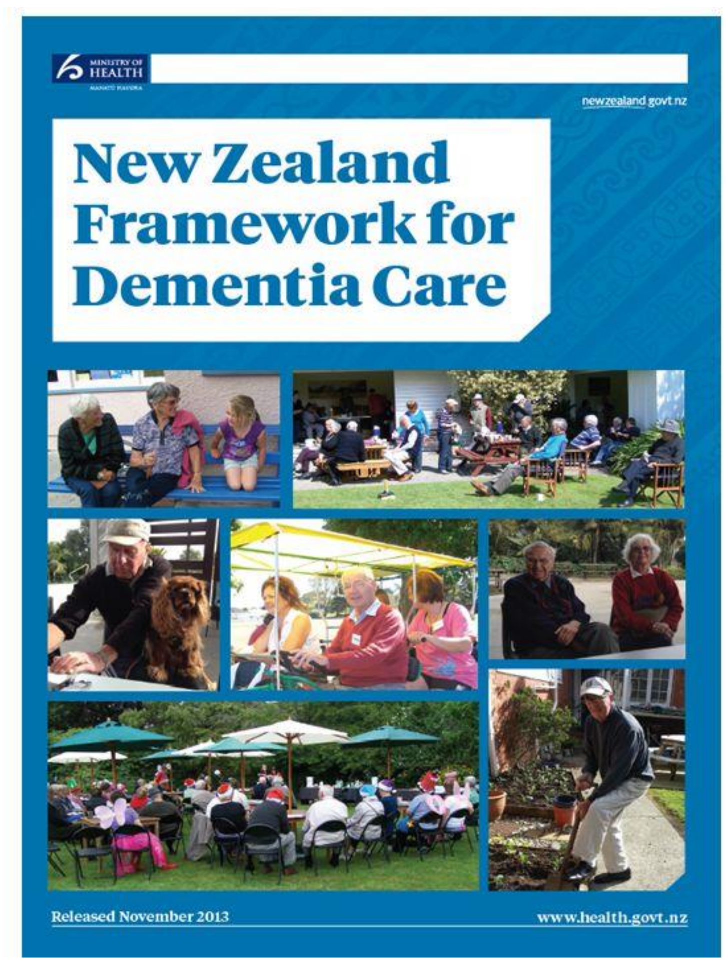
NZ population distribution





2013- The New Zealand Framework for Dementia Care published by Ministry of Health

The Framework



Key Focus of Framework

- Awareness and Risk Reduction
- Assessment and Diagnosis
- Early Intervention
- Ongoing Support
- Maximising well being
- End of life support

District Health Boards

- Each Health Board was tasked to develop a “Dementia Pathway” to put the Framework into practice

District Health Boards

20 DHBs= 20 DIFFERENT Dementia Pathways

AUCKLAND

- Auckland District Health Board
- Waitemata District Health Board
- Counties Manukau District Health Board

ADHB

Development of a "Dementia Network"
Places person with dementia at heart of the network
Utilises already existing relationships
"Dementia Friendly" Hospitals

ADHB

- Multi-step co-design model
- Sought the feedback of people living with dementia and their carers prior to bringing any health professional into the mix
- Variety of providers
- Working groups formed

ADHB

- Connections strengthened between all providers
- Multi-disciplinary Memory Team
- Development of the e-Shared Care platform

CMDHB

Development of specialist secondary diagnostic and support team

MDT (RN, OT, SW, Geriatrician, Psychiatrist)

Limited AACT involvement initially

Significant resources

Ran out of room quickly!

CMDHB

- Partnership with AACT
- Recognition of resource management
- Highly complex cases

CMDHB

- Piloting integration between Primary Care, Community Care and Secondary Specialists
- Locality Work
- Refining of the Pathway

WDHB

Partnership between Primary Care, Alzheimers Auckland and Secondary specialists

Piloted and Evaluated

Amazing results!

WDHB Cognitive Impairment Pathway

Model developed in partnership between AACT and WDHB

Initial diagnosis for non-complex dementia made in Primary Care

Immediate referral to Alzheimers Auckland

Secondary specialists prioritised availability for complex cases

WDHB Cognitive Impairment Pathway

Biggest barriers initially:

- GPs hesitant to diagnose because there was nothing they could do to help
- Practices worried about the lack of funding available
- Practices had little confidence in their knowledge

WDHB Cognitive Impairment Pathway

Biggest successes:

- Increased confidence by Primary Care
- Increased quality of life for carers and PLWD
- Incredible feedback for AACT

WDHB Cognitive Impairment Pathway

What's Next:

- Staged roll out of Pathway
- NEXXT
- National attention
- Business case to the Boards for AACT funding model

The next hurdles

Capacity
IT
Funding
Models of Support
Measuring Outcomes

OUTCOMES

- Improved quality of life
- Reduced stress
- Living well with dementia
- Hospital admissions prevented
- Early identification of risk factors for the carer
- People assisted to stay in their own homes for as long as possible
- Decreased elder abuse