



Exploring the Interface Between Communities and Healthcare

Lessons from a Public Health Capstone Project



Laura Kelble, MD/MPH candidate
In Collaboration with the Wisconsin Alzheimer's Institute



Learning Objectives

- 1. Map Memory Screening Referral Processes:**
 - Understand the flow of information between community organizations and primary care teams
- 2. Evaluate Utilization of Referral Information by Primary Care Teams:**
 - Learn how primary care teams use information in referrals or communications and actions they take in follow-up
- 3. Foster Collaboration Between Community Organizations and Healthcare Providers:**
 - Discuss ideas to foster better collaboration between community organizations and healthcare providers.



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Agenda

The Process

- Overview of Project: Goals and Stages
- Process Mapping*
 - Practice + Example

The Project

- Project Status Today
- Results*
 - Survey and Interviews
- Recommendations*

Discussion*

Next Steps

* Items directly addressing Learning Objectives

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Project Overview

Project Overview: Overarching Goals

Improve Collaboration Between Community Memory Screening Program and Primary Care

Better Understand Referral Processes Within Clinics

Assess Awareness of Community Dementia Resources

ID Leverage Points to Improve Efficiency and Impact of Program

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Project Overview: Stages

DHS Input

Clinic Interviews

Data Analysis

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The Process

Methodology of Research
Process Mapping



Process Mapping

A way to visually describe a process or workflow including steps, people, and items along the way; uses arrows to show the order of steps followed.

Process mapping can help us find places to improve or re-route processes to improve them!

Process mapping in this project: goal was to find "bottlenecks" or overly complicated steps to simplify/change to improve the process





Process Mapping Steps

Steps:

1. Use interview data to identify important people, places, and steps in the process
2. Create face sheet of important players in the process for each clinic
3. Filled in steps to get from one person to the other based on interviews
4. Examined the process map for "bottlenecks" and looked for places we could improve or simplify the process





Process for this project ...

- Surveys with Dementia Care Specialists
- Interviews with clinicians and staff who receive referrals
- Process mapping with survey and interview questions about steps



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Surveys with Dementia Care Specialists

- Electronic survey sent by email
- Qualitative data (open-ended question text responses)
 - Perceptions of primary care utilization of referrals
 - Concerns/questions about referral or healthcare process
- Quantitative data (numbers, categories)
 - How many referrals sent to primary care
 - How often hear-back from primary care
 - Summarized by descriptive statistics (count, means, range, percentages, etc.)

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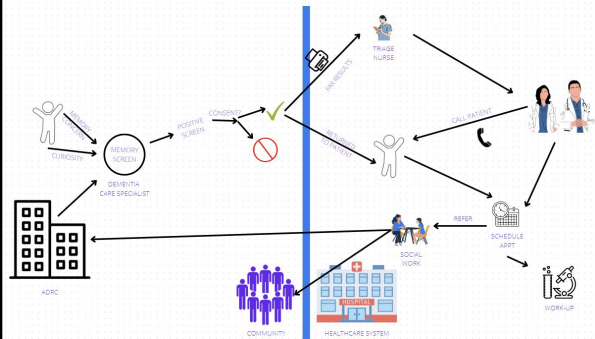


Interviews

- Interviews over zoom or telephone, recordings transcribed
- Qualitative data (open ended questions/responses)
 - Perceptions of/feelings about memory screening program
 - How they act on community referrals
 - Summarized using thematic analysis – identifying common themes seen in text responses
- Quantitative data (yes/no, similar direct response questions)
 - Awareness of program/DCS role
 - Awareness of having received referrals

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Our Process Map




Project Status Today


Where We Are

- **Survey:**
 - Data collection completed
 - 30 survey responses
 - Preliminary Data Analysis
- **Clinic Interviews**
 - Data collection completed
 - 10 Interviews
 - 4 Clinic Sites
 - Preliminary Data Analysis





Preliminary Results




Survey with Dementia Care Specialists

- Survey responses:
 - Good representation - 30 responses from across Wisconsin

■ Counties with a DCS
 ■ Those with a DCS


*Map of current counties with DCSs, courtesy of WI DHS, not necessarily where responses were from

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Survey with Dementia Care Specialists

- Trends:
 - 82% report rarely (25%) or never (57.1%) hear back from clinics
 - Free response questions: **Desire for two-way communication**
 - Most often must follow-up directly with the patient
 - Concerns about clinics not being open to receiving the results
 - Those that do hear back:
 - Question about the screening instrument used or results
 - Providers with established relationships looking for resource support
 - Established protocols regarding referral reception/confirmation



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Survey with Dementia Care Specialists



- Trends continued:
 - Standard referral processes
 - Concerns about transition to healthcare, concerns memory screens not being taken seriously
 - Lack of awareness of community resources
 - Misinformation/lack of understanding
 - Desire for **more information** from clinics and a more standardized process



Clinic Interviews



- Characteristics:
 - 10 Completed Interviews
 - 4 clinicians
 - 6 clinic team members
 - 2 case manager/social workers
 - 1 appointment coordinator
 - 1 charge nurse
 - 1 fax/forms facilitator
 - 1 referral team representative
 - 4 Clinic sites in Northern, Western and Central Wisconsin



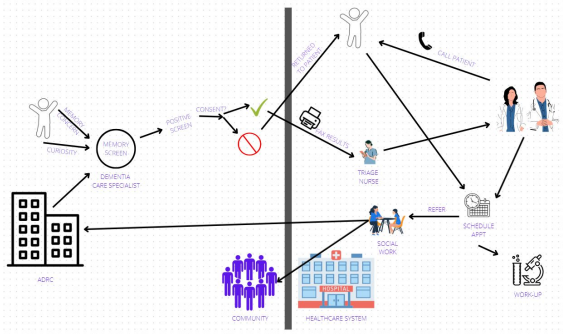
Clinic Interviews



- Response Trends
 - Lack of Awareness
 - Many providers unaware of DCSs/Memory Screen Program
 - Social work more aware, not fully aware of scope of services offered
 - Other clinic staff unaware
 - Complexity of Internal Processes
 - Onus on Patient for Community Referrals
 - Desire for More Info with Referrals / More Person-to-Person Contact
 - Excitement/Enthusiasm About Program



Preliminary Results: Process Map



Clinic Interview Themes - ADRC Resources



- About Prior Knowledge of ADRC/DCS
 - "Helpful Resource"
- Ideal Role of DCS
 - Services: Driving Assessments, Home Visits, Family Education, Memory Assessments/Functional Baseline Establishment
 - General Role: Care Navigation/Coordination, Family Support, Communication Between Entities, Delaying Institutionalization



Clinic Interview Themes - Referrals



- Attitude Toward Referral
 - **Positive!!** Anticipate Action, Better Patient Care, More Information, Stigma Reduction
 - Some hesitancy/reservations: needing more information, concerns regarding work-flow, and concerns about communication





Clinical Interview Themes - Referrals

• Helpful Info with Referral



- ADRC Information: contact info, resource cheat sheet
- Patient Information: demographics, baseline, functional status, health history, support system
- Screening Information: details on screening process, score, **reason screen was sought**, work-up so far
- Next Steps: clear explanation of what needs to be done with referral, whether an appointment is desired, who should receive the referral, **urgency of referral**
- Unsure: intermediary team members often unsure what would be helpful



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Clinic Interview Themes - Additional Thoughts

- Enthusiasm/Positivity Regarding Project and DCS Role 
- Desire for More Information - services, resources 
- Suggestions:
 - Gaps in Communication
 - Setting Expectations
 - Familial Support
 - Implementation of Programming



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How Did we Address Some of This?

Immediate Action and Follow-Up!

Providing List of Local Resources



- Identified early on as object of interest by interviewees
- Each interviewee provided with individualized link of local/state resources for people living with dementia in their communities
- Incorporated in "Thank You Email" template



Preliminary Recommendations




Leverage Points



- Standardization
 - Consider standardizing referral processes to ADRC (1 online link)
 - Send referrals in uniform way
 - Include detailed information on workflow to ensure forms arrive at provider
- Remove Barriers for Customers/Patients
 - Wherever possible, take away responsibility of patients/families advocating for themselves to get care
 - Streamline clinic ADRC and ADRC clinic process
 - Encourage local clinics to do the same
- Increase Awareness
 - Schedule time with local clinics in county
 - Advertise services
 - Learn about internal processes
 - Describe services in presentation or brochure format





Discussion




Suggested Small Group Discussion Topics

- How can we use information gathered in this project to improve collaboration between communities and healthcare providers?
- How can a mixed methods research design help give us insight into complex, real world questions?
- How might we simplify the process outlined in the process map?



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Next Steps

Future Directions



- Conduct more formal analysis on results from surveys and transcripts
- Work on a manuscript describing the program in order to distribute to other communities and back to DHS & DCS (manuscript in final stages!)
- Collect data from clinic sites, work with DHS/DCSs to implement changes to identified leverage points
- Follow-up with DCSs and clinics to enhance collaboration



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Large Group Discussion/Questions



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