Are quality criteria for memory clinics needed?

History of „Memory Clinics“

Quality criteria

Future challenges

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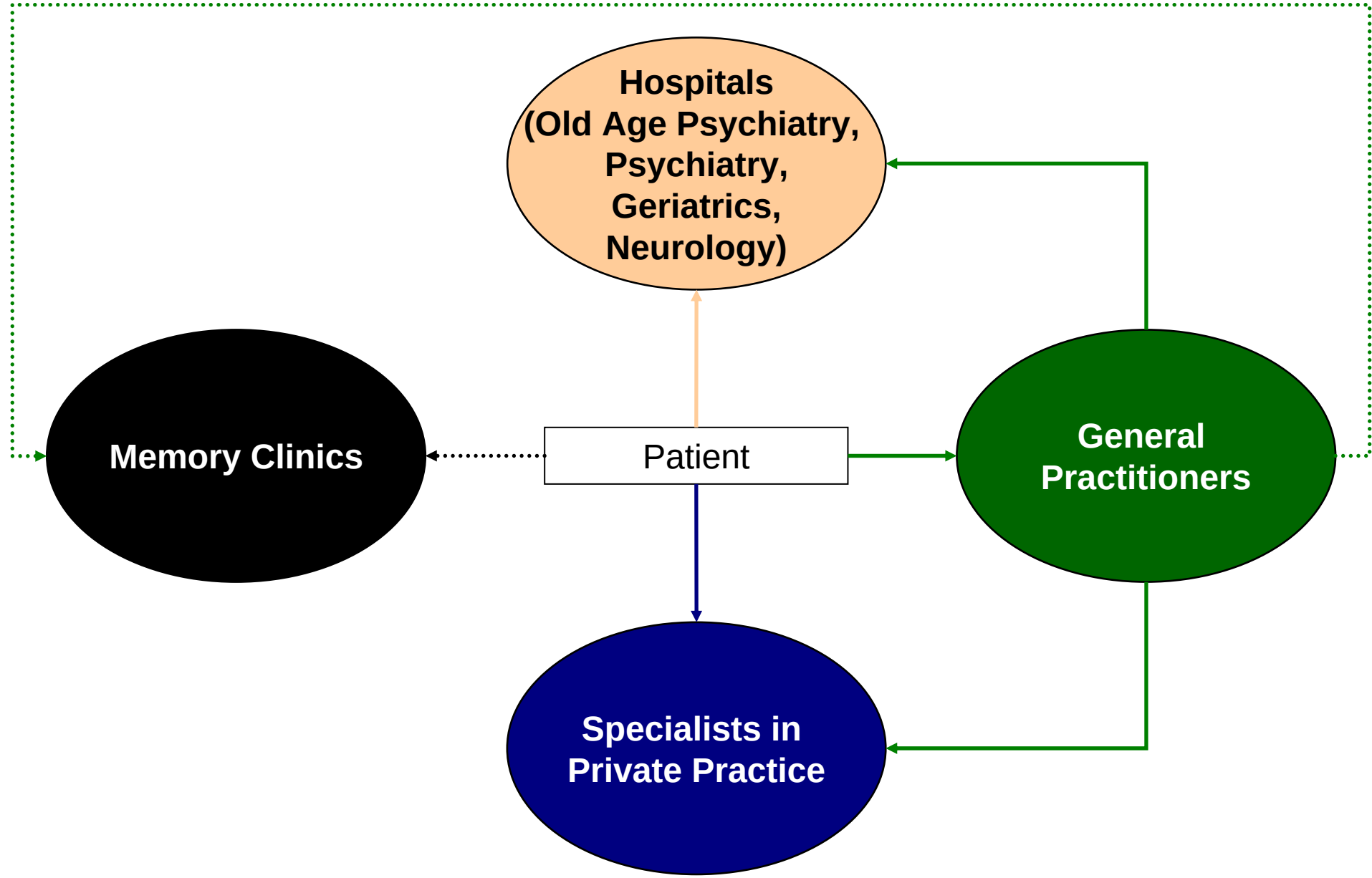
Hospitals
(Old Age Psychiatry,
Psychiatry,
Geriatrics,
Neurology)
Memory Clinics
Patient
General
Practitioners
Specialists in
Private Practice

ELSEVIER

Archives of Gerontology and Geriatrics
33 (2001) 191–201

ARCHIVES OF GERONTOLOGY AND GERIATRICS

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Process and organizational characteristics of memory clinics in Israel: a national survey

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Number (percentage) of clinics with at least one staff member by professional group

Professional group	Number (percentage) of clinics with at least one staff member ($n = 12$)
Psychiatrist	10 (83.3)
Nurse	8 (66.7)
Social Worker	8 (66.7)
Psychologist	5 (41.7)
Neurologist	5 (41.7)
Secretary	6 (50.0)
Physical therapy	4 (33.3)
Geriatric physician	3 (25.0)

Arch Gerontol Geriatr. 2009 Sep-Oct;49(2):e115-20. Epub 2008 Dec 17.

The process and organizational characteristics of memory clinics in Israel in 2007.

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Abstract

We previously described the characteristics and activities of 25 memory clinics in Israel in 1998 using a mail survey. Questionnaires assessing the administrative structure of the clinics, patient characteristics, processes and methods used, and outcomes of the assessment were mailed again in 2007 to 35 memory clinics. Overall, the general operating characteristics of the clinics in 2007 were found to be similar to those reported in the previous survey conducted in 1998. The assessment process in 2007 was shorter than in 1998 (mean time=1.92 and 3.12 h, respectively), although both surveys were based on an interdisciplinary team, including a physician, a nurse and a social worker. However, in 2007 the teams were more wide-ranging. A wider variety of instruments were reported in the more recent survey. Most of the clinics in both surveys reported that family members were involved at all stages of the assessment. Medication treatment was the main outcome reported by the clinics in both surveys. There has been a development in the process and organizational characteristics of memory clinics in Israel over the years, probably as a consequence of the development of knowledge in the area of cognitive deterioration.

Int Psychogeriatr. 2009 Aug;21(4):696-702. Epub 2009 May 11.

A national survey of memory clinics in Australia.

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Abstract

BACKGROUND: There is limited information describing memory clinics at a national level in Australia. The aim of this study was to gather information about the resourcing, practices and clinical diagnoses of Australian memory clinics. METHODS: A postal survey was sent to all Australian memory clinics identified by key specialists working in dementia assessment services. RESULTS: Of 23 surveys sent out, 14 were returned. Most clinics are located in Victoria where they receive Victorian state funding. The average clinic has 1.67 effective full time clinical staff including 0.42 medical staff, 0.24 allied health staff, 0.53 clinical nursing staff and 0.48 psychologists. Clinics are open on average twice a week and each half-day clinic has two new and three review patients, seeing new patients twice initially then once more over 12 months. Patients wait 10 weeks for initial assessment with 59% referred by general practitioners. The Mini-mental State Examination and clock drawing are utilized universally. The most common diagnoses are Alzheimer's disease (37.8%) and mild cognitive impairment (19.8%) but 6.9% of patients have no cognitive impairment. CONCLUSIONS: This survey has provided useful benchmarking data on Australian memory clinics which can also be used by other countries for comparative analyses.

INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY
Int. J. Geriatr. Psychiatry 2007; **22**: 1–10.
Published online in Wiley InterScience
(www.interscience.wiley.com) **DOI**: 10.1002/gps.1848

Development of quality indicators for memory clinics

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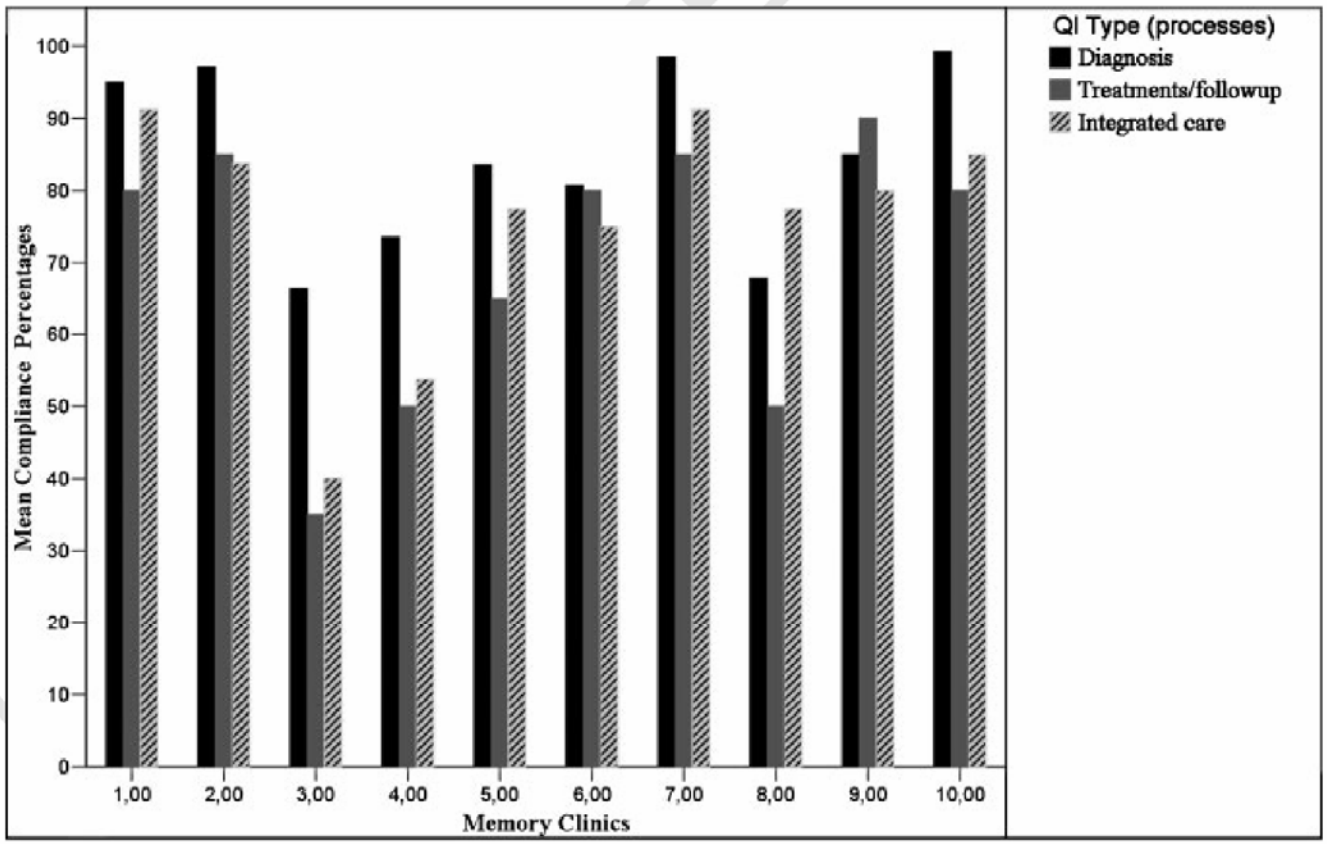

Figure 1. Mean QI compliance percentages for diagnostic, intervention, and follow-up processes indicators based on 100 medical records from ten memory clinics (Mcs: N1 Tot N10).

Quality indicators

Number of patients

Multidisciplinary team (nurses, physicians, psychologists, social workers, …)

Diagnostic procedures

- Clinical (old age psychiatry and old age internal medicine, neurology)
- Neuropsychological (Scales, specific tests)
- Laboratory methods (Imaging, neurochemical markers)

Therapeutic procedures

- Pharmacological
- Psychological
- Other (occupational therapy, physiotherapy, …)

Social workers

Support groups

Memory Clinics
- history and current scenery -

1981 WHO requests implementation of facilities to improve early diagnosis of old age psychiatric symptoms and diseases

1983 Foundation of the first Memory Clinic in London

1985 Memory Clinic Technical University Munich

1986 Memory Clinic Basel

1995 Working group of German speaking Memory Clinics
- annual meeting (almost)
- multidisciplinary
- exchange of ideas and methods (CERAD)
- unknown number of „Memory Clinics“ (Austria, Germany [~120; http://www.hirnliga.de/Frueherkennung/frueherkennung.html], Switzerland)

- National and regional associations (MAGDA, Swiss Memory Clinics, Dutch Memory Clinics, West Midlands Memory Clinics)

- European (EADC; research oriented)

German-speaking working group vs. Association

Working group since 1995 BUT

- Organizational problems
- Lack of a real platform to improve quality, facilitate interaction
- Plans to evolve from a „workin group“ to become an „association“
- Support from Alzheimer Europe (Henry, Lützau-Hohlbein, Georges)

2009/2010 „European Memory Clinics Association“

- Tax exemption
- 12th Meeting of the working group 2010 = 1st Meeting of EMCA

Future Issues for Memory Clinics

What can patients expect from a ‚Memory Clinic‘?

- Team (multiple disciplines, organizational structure, facilities)

What can health care providers expect from a ‚Memory Clinic‘ .....

And what ressources do they have to provide?

What ressources can Memory Clinics provide for each other?

- Meetings and other forums
- Educational programs (professionals, proxies and laypersons)
- Assessment (crossing cultural and language barriers)

European forum for support groups – European forum for specialized professional services

Future Issues for Memory Clinics

Health Care Ressources are sparse

Expert group bridging academic research centers and general health care

Uniting to raise awareness and improve visibility in the health care market

„Seal of quality“