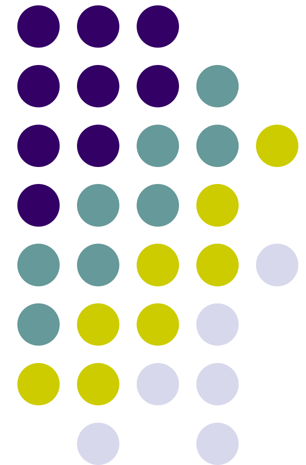
Central and North West London NHS
Mental Health NHS Trust

EVIDEM

Changing practice in dementia care in the community: developing and testing evidence-based interventions, from timely diagnosis to end of life



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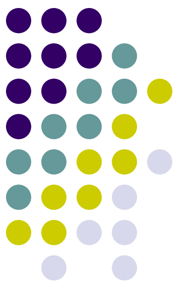
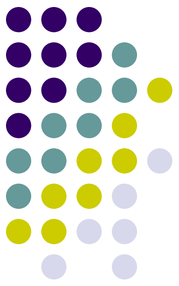
UCL | LSE | Imperial College London | St George's University of London | Kingston University London | Social Care Workforce Research Unit | King's College London, University of London | cripacc Centre for Research in Primary and Community Care | University of Hertfordshire UH

Clinical problem



- Can the pattern of delayed recognition, crises and limited support be broken?
- Poor ‘fit’ to medical model
- Education alone does not change clinical practice (no knowledge deficit)
- Circumstances must change: resources, contractual requirements

Favourable climate for change?



Incentivisation for dementia diagnosis and review in the Quality & Outcomes Framework

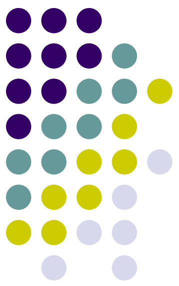
- Dementia case register, annual clinical review of needs
- QOF dementia domain: 20 points then, 26 now
- Points now worth £156.92 each

New resources: dementia advisors

‘Consumer’ pressure

Policy pressure, through NHS

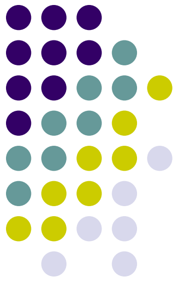
EVIDEM-ED (earlier diagnosis)

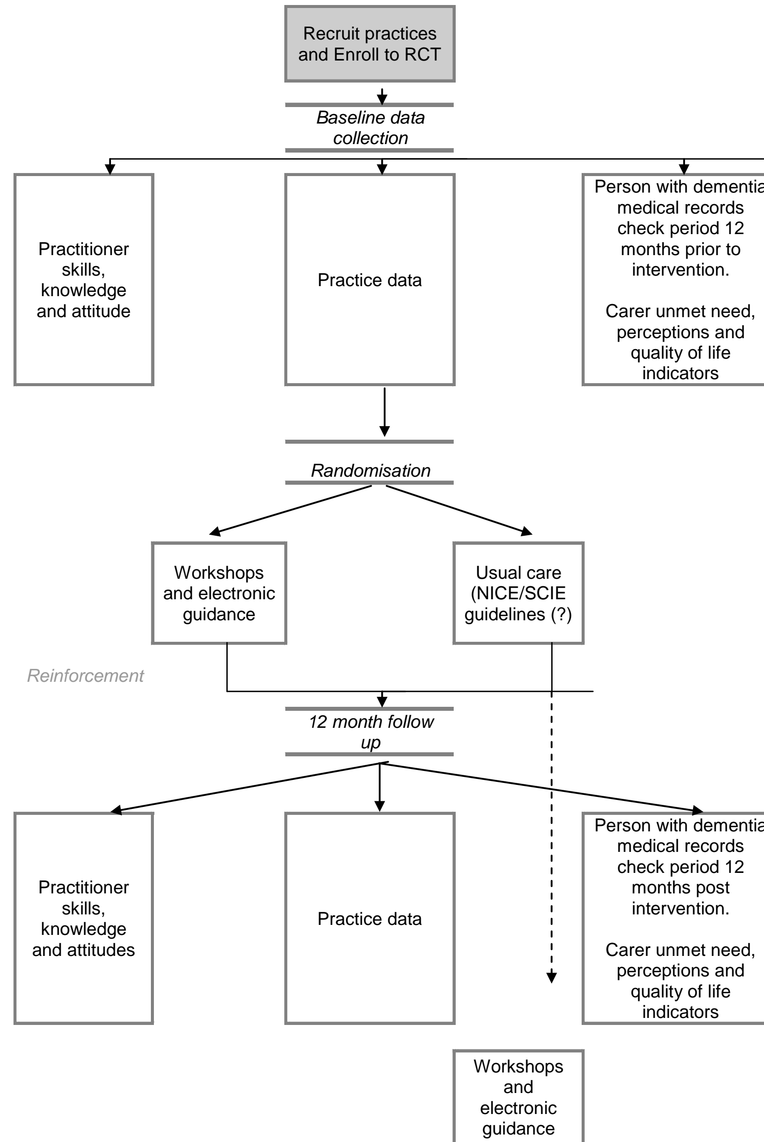


Randomised controlled trial:

- Tailored educational intervention developed by multi-disciplinary group, piloted in 5 practices
- 23 practices recruited: 1071 cases of dementia at baseline
- Audit of medical records for number of dementia reviews & diagnoses

The EVIDEM-ED trial





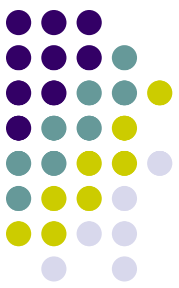
Primary Outcome

% with 2+ dementia reviews/year:

-*Before and after training*

-*Between training group and normal care group*

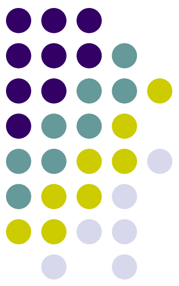
Educational package



- Based on adult learning principles (problem solving, case discussions)
- Educational needs assessment & prescription
- Up to three workshops in the practice
- Practice decides who participates

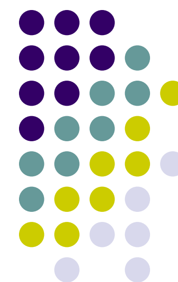
Iliffe S, Koch T, Jain P Lefford F,Wilcock J, Wong G, Warner A : Developing an educational intervention on dementia diagnosis and management in primary care for the Evidem-ED trial Trials 2012 **13**:142 doi:10.1186/1745-6215-13-142

Primary outcomes



- Proportions of people with dementia having 2 or more clinical reviews/year, before and after educational package
- ‘Case’ identification: new diagnoses
- Audit of medical records by independent clinicians
- Using standard data extraction tool
- Adjudication by second auditor when uncertain.

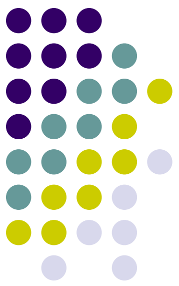
Findings



- EVIDEM-ED educational programme adopted by five NHS organisations (Oxford Deanery, SW Region Deanery, Cambridge CMHT, Westminster CNWL, Welsh dementia strategy implementation group); researchers in USA & New Zealand

- Tailored education intervention does not increase the number of cases identified, nor the number of dementia reviews

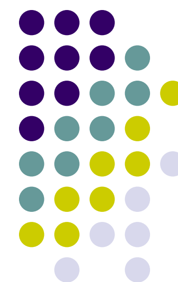
Proportion of patients with 2 or more dementia reviews/year



Variable	Intervention Practice Patients	Control Practice Patients
Total (pre)	18.2%	39.0%
Total (post)	19.8%	35.9%

Odds of having 2 or more dementia reviews/year

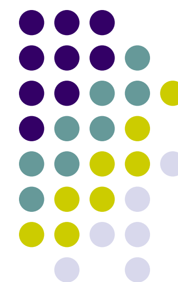
taking into account baseline differences



Reviews (>=2 vs <2)	Odds Ratio	95% CI	P-value
For all cases including proportion of data collection period pre and or post			
Total	1.05	0.72,1.53	0.81
For full pre and post data period			
Total	0.83	0.52,1.33	0.44

Diagnosis of new cases

(% of practice populations)

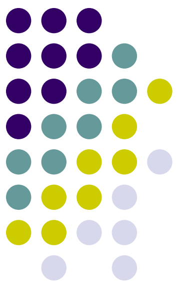


	Total aged 65 +	Intervention Practices	Control Practices
Pre-Period	228	129 (1.12%)	99 (0.63%)
Post-Period	163	85 (0.74%)	78 (0.50%)

- **Diagnosis**: estimated incidence rate ratio (IRR) for intervention vs. control group = 1.03 [95% CI 0.57, 1.86] p=0.93

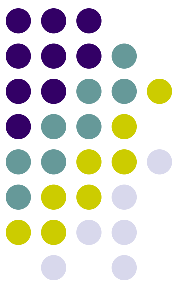
(multi-level Poisson regression modelling)

Discussion



- Intervention too weak?
- Climate not favourable for change (too much ambient change overshadows this clinical problem)?
- Incentives too small to overcome barriers?
- Resources (dementia advisors) too thinly spread, or too short-term, to warrant change in practice (fit to medical model remains poor)?

Disclaimer



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www.evidem.org.uk

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