

TELEGERONTOLOGY:
A HOME BASED CARE MODEL USING SKYPE TO OPTIMIZE HEALTH AND SAFETY AND TO "AGE IN PLACE" AMONG PEOPLE WITH DEMENTIA IN NEWFOUNDLAND & LABRADOR

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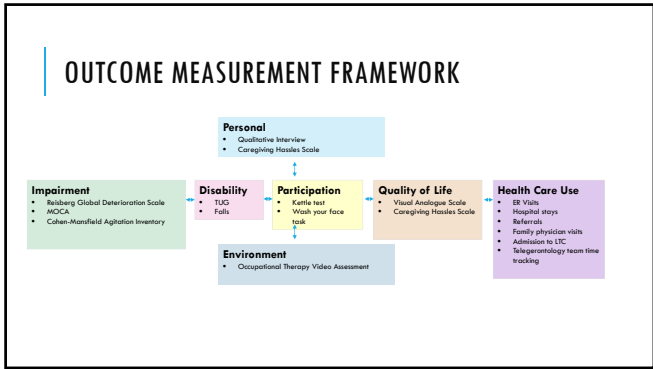
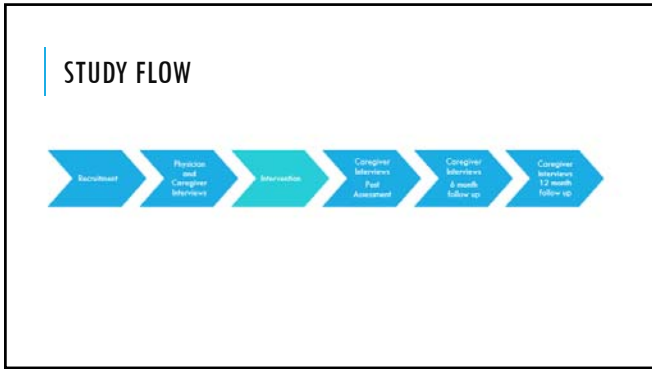
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AIM AND OBJECTIVE

To test Telegerontology using the remotely delivered expertise of the **dementia care team**:

- Gerontologist
- Psychiatrist
- Nurse
- Occupational therapist
- Physiotherapist

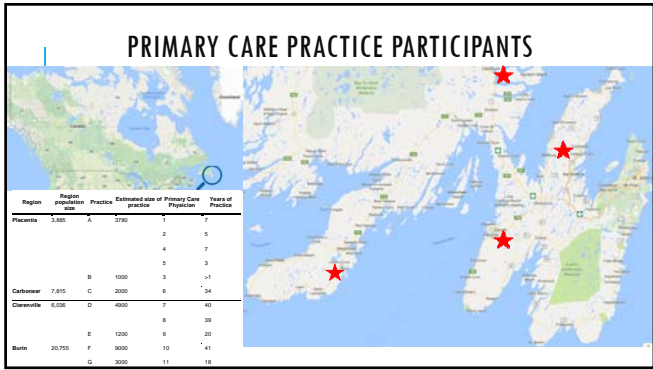
We intend to enhance the caregiver/patient/family physician triad and thereby improve care 'in place' for people with dementia.



PHYSICIAN OFFICE VISIT

Chart Review

1. Diagnosis validation
2. Lab , investigations and consult reviews
3. Formal recommendation letter to optimize care
4. Discussion with physician when available



HOME VISITS

- Establish personal connection to family
- Conduct assessments
- Record video of home for OT assessment
- Familiarize family with iPad/Skype technology

APP DEVELOPMENT

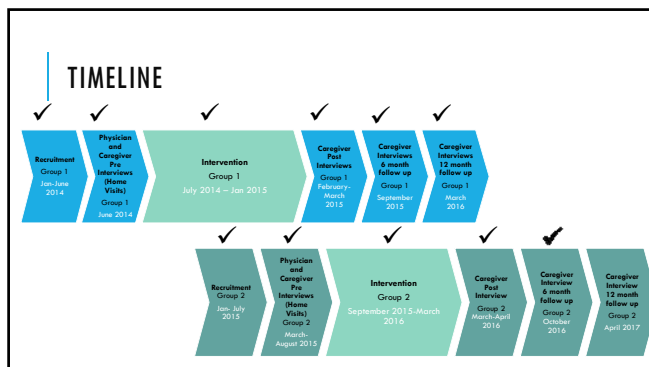
INTERVENTION VS. CONTROL

Intervention and Control Receives:

- Home visit
- iPad and remote assessment apps
- Case report with recommendations sent to family physician (implementation at the discretion of Dr.)
- Occupational Therapy recommendations
- Post, 6 month and 12 month follow up

Intervention Group receives a call from Dr. Butler (geriatric team lead) via skype or phone. **Weekly X 6 months**

PRN for 12 months as dictated by caregiver/family need



SAMPLE CHARACTERISTICS

Intervention N=10 Control N=9

Descriptive	m(SD)	Descriptive	m(SD)
Age	76(8.0)	Age	77(7.0)
Total co-morbid	8.2(4.3)	Total co-morbid	9(3.6)
Total meds	8.4(4.5)	Total meds	8.1(4.2)
Disability (Barthel)	13.4(6.3)	Disability (Barthel)	35.1(32.5)
Reisberg	5.7(3.1)	Reisberg	7.1(3.1)
Caregiver Hassles	19.89(14.98)	Caregiver Hassles	19.44(19.99)

	Intervention	Control
Gender (male:female)	2:8	1:8
Type of dementia		
Alzheimer's	2	4
Vascular	1	0
Mixed	6	5
Primary Caregiver Relationship		
Spouse	4	6
Child	5	3
Paid caregiver	1	0
Living arrangements		
Living alone	4	2
Living with caregiver	5	6
Living with home support	1	1
Community type		
Rural hub	7	6
Rural	3	3

PRIMARY OUTCOMES AT POST ASSESSMENT

	Intervention N=10	Control N=9
Falls	1	1
ER visits	2	4
Hospital stays	1	2
Referrals	1	4
Family physician visits	18	22
Admitted to long term care	1	3

COST ANALYSIS

Operational Costs (18 months)

Costs	CANS
Telegerontology Physician	\$11,857.00
Home Assessments	\$1,525.95
Food and AppleCare	\$17,248.49
Travel	\$3,682.68
Total	\$34,314.12
Total per patient (n=19)	\$1,806.01



Cost of Select Outcome Measures

Outcome	Cost	Control Group n=9	Intervention n=10
Primary Care Physician Visit (per visit)	\$40.26	22	18
Emergency Room Visit (per visit)	\$117.71	4	2
LTC (Average length of stay 18 months)	\$192,073.14	3	1
		\$577,575.98	\$193,033.24

Christian Hanson

COST OF CARE FOR CONTROL VS. INTERVENTION

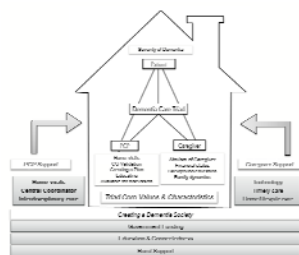
	Control	Intervention
Cost per group	\$593,830.04	\$211,093.30
Cost per patient	\$65,981.12	\$21,109.33

OPTIMIZING CAREGIVER SUPPORT: FINDINGS FROM QUALITATIVE PRE-STUDY CAREGIVER INTERVIEWS



Chelsea Harris

DEMENTIA MANAGEMENT AT HOME FROM THE PERSPECTIVES OF RURAL PRIMARY CARE PHYSICIANS: IN SUPPORT OF THE ROLE OF TELEGERONTOLOGY



Cecily Stockley

NEXT STEPS

Group 2 ⇒ 6 and 12 month follow up, to be complete April 2017

Papers in draft:

- Methods paper
- Optimizing caregiver support: findings from qualitative pre-study caregiver interviews
- Dementia management at home from the perspectives of rural primary care physicians
- Optimizing remote occupational therapy assessments for Telegerontology
- Cost analysis

Final paper, June 2017

ACKNOWLEDGEMENTS

FUNDERS



PARTNERS

