

Agency for Healthcare Research and Quality The Rural Oregon Adult Memory Study

Researchers and clinicians in the Rural Oregon Adult Memory Study (ROAM), a pilot study with seven rural primary care practices, designed implemented, and evaluated the feasibility of a universal screening program for dementia in adults over 75 years.

Lead Agency:

Agency for Healthcare Research and Quality (AHRQ)

Agency Mission:

The mission of the Agency for Healthcare Research and Quality is to improve the safety, quality, effectiveness, and efficiency of health care for all Americans.

Principal Investigator:

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Partner Agencies:

Agency for Healthcare Research and Quality
Oregon Health Sciences University
Oregon Rural Practice-based Research Network

General Description:

The purpose of this small feasibility study, the Rural Oregon Adult Memory Study (ROAM) was to improve the recognition, diagnosis and care for persons with dementia in rural communities through innovative support for rural primary care offices. The study team, in close collaboration with rural physicians, adapted a set of tools that had not been studied in rural communities in order to allow systematic dementia screening, evaluation, and patient and family education for patients age 75 and over. The goals of the study were to implement and test this newly developed clinical practice model in a small set of rural practices and to gather pilot data on whether the practices could successfully implement the model and the outcomes of universal screening and follow-up evaluation. The team studied the satisfaction of patients and families as well as clinicians and office staff to the program. The study is the first piece in a long range program, the goal of which is to utilize effective education and practice change strategies to improve healthcare for older persons with dementia in rural Oregon communities. The study was conducted in four phases over 12 months, including intervention adaptation to rural practice, training, conduction of screening, and analysis. The model

for ROAM was the Assessing Care of the Vulnerable Elders model (ACOVE), developed by geriatric experts at University of California, Los Angeles and Rand. This model, which utilizes efficient collection of condition-specific clinical data, physician education and decision supports, and patient and caregiver education materials to encourage activation of the patient's role in follow-up, was designed to be effectively and efficiently implemented in primary care practice. Until now, the model had only been evaluated in urban and suburban practices, often in communities with access to specialized evaluation and treatment centers and other community supports. The ROAM study was intended to build on the ACOVE model, introducing into practice a system to efficiently screen for possible dementia, encouraging the performance of clinical follow-up for patients who screen positive through guided memory evaluation forms, and provision of patient education and resource materials.

Seven clinics recruited from among Oregon Rural Practice-based Research Network participated in ROAM involving 19 clinicians and over 20 staff members. 436 or 94% of eligible patients over 75 years of age were screened during the intervention with 49% having a positive screen. Of 66 patients who received a full evaluation during the intervention period, 21 were diagnosed with mild cognitive impairment or dementia. The intervention was very favorably reviewed by clinicians and staff members and the ROAM tools were revised based on feedback. Patients were very pleased to have been asked about their memory, with over 90% reporting that they believed it was good idea for primary care clinicians to assess older patients' memory and thinking.

With the success of this feasibility study, the team is moving forward with other step in their plan to improve healthcare for older persons with dementia in rural communities.

Excellence: What makes this project exceptional?

Significance: How is this research relevant to older persons, populations and/or an aging society?

Effectiveness: What is the impact and/or application of this research to older persons?

Innovativeness: Why is this research exciting and newsworthy?

The ROAM study brought together academic researchers and rural primary care practices to jointly refine an existing evidence-based model for universal screening for dementia for use in rural communities.

Dementia is one of the most challenging conditions to diagnose and manage and is also one of the most common conditions affecting older Americans. The prevalence of dementia in persons 75 or older is estimated to be 15% and up to 50% for those aged 85 or older. The most common form of dementia in the elderly is Alzheimer's disease. For most older adults, the primary healthcare provider is the first clinician to be contacted by patients suffering from Alzheimer's disease or related dementias and in many cases is the only clinician involved in the person's care. The challenges of effectively diagnosing and caring for Alzheimer's patients are even greater in rural practices. Specialty clinical

diagnostic and management services are often remote or not available and community resources are generally limited.

Numerous studies, however, have found that a considerable number, as many as 50% of cognitively impaired patients, have not been evaluated or diagnosed especially, though not exclusively, at earlier stages of the disease.

Improved patient-centered outcomes for people with dementia will require engagement of primary care practices for the screening, evaluation, management, and patient and family education and support. This is especially true in rural communities where specialized resources are often not available.

This project included the adaptation and implementation of an evidence-based clinical model for screening and evaluation for dementia in rural primary care practices. It is the first known testing of the ACOVE model in a rural setting.

The results of this pilot study, which found that the model can be successfully implemented in rural primary care practices and that rural elders are eager to talk with their primary care teams about their memory function, support the team's plans to move forward with their larger effort to utilize effective education and practice change strategies to improve healthcare for older persons with dementia in rural Oregon communities. Their accomplishments will have value to rural clinicians and communities across the country and already have produced an adapted and revised set of tools that rural primary care practices may use to screen and evaluate adults over 75 years old for dementia.