

A Primary-Care-Network-Based Clinical Pathway for Decision-Making Capacity Assessment

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INTRODUCTION

- Dementia and other chronic conditions can compromise a person's ability to make independent personal and financial decisions.
- With an increasingly ageing population, the incidence of dementia is expected to increase, as will the number of persons who may require decision-making capacity assessments (DMCAs).
- Over the past several years, training has been provided to family physicians to enhance their proficiency in conducting DMCAs.
- Physician feedback post-training, however, has highlighted the need to integrate the DMCA process into the primary care setting.

OBJECTIVE

To develop a DMCA Clinical Pathway for implementation and use by interprofessional health care teams in primary care networks (PCNs) with the goal of integrating DMCA processes and assessments into the "Medical Home".

METHODS

- This qualitative study was used to develop a DMCA Clinical Pathway for use in PCNs by adapting the clinical pathway previously developed and utilized in the acute care setting.
- Focus groups were conducted with key stakeholders, including family physicians and primary care allied health professionals (AHPs) to obtain their feedback on the applicability of the adapted DMCA Clinical Pathway in the primary care context.
- Three focus groups (total n=10) were conducted.

RESULTS

- Inconsistencies and a lack of standardization regarding DMCA processes and approach within PCNs were identified.
- Participants identified a number of strengths including the attractiveness and simplicity of the visual algorithm.
- Participants suggested further revision including adjusting the language to be more primary care-centric.
- Participants felt that the Pathway would be a value-added approach to improving teamwork around DMCAs within PCNs.

CONCLUSION

A DMCA Clinical Pathway for use in PCN "Medical Homes" has the potential to streamline DMCA processes, improve clarity, consistency, and standardization of DMCAs, as well as facilitate determination of next steps that support least intrusive and least restrictive patient outcomes.

