
POSTER ABSTRACT

Dementia coaching: the missing link in primary care

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Introduction: Each Belgian township has inhabitants who suffer from dementia and this prevalence will continue to rise. Not only Belgium but also other European countries are facing this increase.

In Belgium, on average 70% of people with dementia are living and receiving care at home.

Policy Context And Objective: There are many services available for people with dementia. The organization of these services is however, highly fragmented and difficult to navigate. Additionally, the multidisciplinary integration and coordination is limited.

In 2015, the Belgian government approved a plan called “Integrated Care for a better health”, which led to the development of 12 pilot projects that aim to provide high quality care and support to patients through the implementation of different actions. One of these actions in the Waasland regional project aims to target the challenges as described above through the dementia coaching approach. This approach was developed and implemented bottom-up since 2019, with the input of informal caregivers and the Alzheimer’s patient organization.

Subsequently, in 2021 a similar approach was developed for people with Parkinson’s disease.

Target Population: The action targets people who are diagnosed with dementia, as well as their informal caregivers in the Waasland region. In October 2022, already 216 families have received guidance from one of the regional dementia coaches.

Highlights: The dementia coaching approach is a unique initiative that targets coordination of care across organizations. It aims to be the “missing link” through a multidisciplinary coaching team of both self-employed coaches and coaches employed by the different regional health care organizations. Their main task is to assist in navigating the regional health systems and organizations, by house and/ or telephone calls.

The regional hospital is an additional partner of the project alongside the primary care organizations.

The approach aims to improve the perceived quality of care as well as patient empowerment. The project is continuously evaluated and improved based on its user experiences. The coaches need to follow a mandatory training and participate in peer reviews to ensure that they share a quality-based vision and approach.

Since dementia coaching receives state funding for the pay of the coaches, it allows the approach to be offered without additional costs for its users. This improves accessibility of care.

Transferability And Conclusion: The dementia coaching approach is already being implemented for people with Parkinson's disease. The approach shows possibilities to be transferred to other target populations as well (e.g. other chronic diseases) and could be useful for people with comorbidities. This option is currently being explored.

Additionally, the approach has the potential to be implemented in other regions and/or countries that are willing to add this missing link.

Key words: pilot projects – co-creation – dementia – chronic disease - integrated care

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