FLOW DIAGRAM OF THE MINT MEMORY CLINIC MODEL OF CARE

Multi-speciality Interprofessional Team (MINT) Memory Clinic: Model of Care

Patient's Family Physician: Identifies memory concerns based on patient or family concerns or clinical judgement, or identifies challenges in dementia care; physician initiates referral to the MINT Memory Clinic.

Appointment arranged: Patient/caregiver is contacted with appointment time and mailed forms to be completed and brought to the appointment.

 Forms include Functional Activities Questionnaire and request for information on medical, psychiatric, educational and family history.

MINT Clinic Team Assessment

MINT Clinic Family Physician: reviews medical information; completes targeted physical examination as clinically indicated.

Nurse: reviews patient information forms, obtains further details of medical and social history, assesses gait quality, weight and orthostatic vitals, and administers cognitive tests, including MoCA, Trails A and B, CLOX, intersecting pentagons, animal list generation, +/- other tests of executive function (Luria hand test, tests for apraxia, etc.). and language screening when indicated.

Pharmacist*: reviews patient's ability to manage medications and adherence, impact of medications on cognition, and medication related problems (e.g., appropriateness of drug indications, dosing, effectiveness, safety, drug interactions, etc.)

Social Worker: assess for depression using Cornell Scale for Depression in Dementia, caregiver stress using Zarit Burden Interview, behaviours using NPI-Q +/- Frontal Behavioural Inventory, and assesses risks associated with living with dementia and need for home safety assessment and community supports.

Occupational Therapist*: conducts home functional abilities assessments and home safety assessments; in many clinics occupational therapists conduct some aspects of the nurse and/or social work roles that are within scope of practice.

Community Agencies and Services*: provide a gateway to their respective services, such as the Alzheimer Society, Behavioural Supports Ontario, home care services; these team members offer education, support, outreach and link to home care services for both patient and care partners.

MINT Clinic Family Physician and Team Members: Review results together and collaborate on preliminary problem formulation and management plan

•Meet with patient and family members to: clarify history and/or need for further assessment; review findings and diagnosis; together with patient and family members, determine plan of investigations and management.

MINT Clinic Family Physician: Immediately following assessment sends a brief message to referring family physician via electronic medical record summarizing the outcome of the assessment and recommendations.

Complexity of case does not require Specialist discussion/referral

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Specialists: As appropriate, MINT Clinic Family Physician consults with geriatrician, cognitive neurologist, or geriatric psychiatrist, by either virtual case discussion or direct patient referral

Post Assessment

- •Arrangements are made for investigations, medication modifications, community supports and services.
- •Follow-up is arranged with the patient's family physician, and, as appropriate, with the MINT clinic.
- •A comprehensive report is prepared by the MINT Clinic Family Physician in the patient's electronic record outlining the history, cognitive test findings, assessment, and management plans; ongoing support provided by the clinic team for the referring family physician.

Adapted from Lee, L., et al, Healthcare Quarterly, 2017;19(4): 55-62.

*At a minimum, teams consist of family physicians, nurses, and social workers, but most ideally include other disciplines as available.