THE FUTURE OF ALZHEIMER'S DISEASE IN AUSTRALIA

Preparing the healthcare system to deliver optimal care for Australians impacted by Alzheimer's disease.

WHITE PAPER SNAPSHOT

Alzheimer's disease (AD) is the most common form of dementia and a major contributor to the burden of disease in Australia.[1-3]

In alignment with the priorities set out in the National Preventive Health Strategy, there is a need to enhance the focus on prevention of disease as a means of improving the health of all Australians.[4] For AD, this means better information, earlier identification and intervention, targeting risk factors and addressing the broader causes of the condition.

There are over 328,000 Australians who may be affected by MCI and mild dementia with suspected AD.[6*] Disease-modifying therapies (DMTs) are one strategy which has the potential to delay progression of AD,[6] however, also pose significant challenges to an already overburdened healthcare sector.[6]

* Includes total potential population with MCI or mild dementia suspected due to AD, before any assumptions relating to cognitive screening, referral to specialist, referral for diagnostic testing (as reported in the RAND 2019 report) are applied.

Current processes for the early identification and intervention, diagnosis and management of MCI and dementia due to AD are inadequate to deal with the anticipated increase in patient demand.[5] However, there is a window of opportunity to prepare the sector and ensure models of care, infrastructure and the workforce can meet the needs of this increasing patient population.

Without adequate preparation – across the length of the clinical pathway and within primary, secondary, and community/residential aged care settings – it will not be possible to provide timely access to DMTs and optimal ongoing care to those diagnosed with MCI and dementia due to AD.

The Future of Alzheimer's disease in Australia White Paper details the challenges currently facing the sector and provides recommendations to help optimise the future management of AD in Australia.

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CHALLENGES & RECOMMENDATIONS

1. CASE FINDING AND EARLY INVESTIGATION

Early identification and intervention for MCI can greatly improve patient outcomes, but there are challenges and barriers to ensure those with MCI are identified and adequately assessed.

RECOMMENDATIONS

1.1 Normalise the concept of 'brain health checks' and discussing cognitive health in the primary care setting
1.2 Undertake a research project to determine the clinical picture of MCI in the primary care setting
1.3 Support the role of practice nurses in the discussion and assessment of MCI
1.4 Investigate the potential of online cognitive assessment tools

2. DIAGNOSIS AND DIAGNOSTIC MECHANISMS

A lack of standardised diagnostic mechanisms within clinical pathways poses a challenge to referrals and diagnosis, limiting the ability of primary care professionals to play a central role.

RECOMMENDATIONS

2.1 Establish standardised referral, diagnostic and support pathways
2.2 Develop guidelines for the conduct and analysis of different diagnostic assessments, including appropriate assessments for primary care and when to refer to specialist care
2.3 Establish a process for initial diagnostic assessments in primary care
2.4 Map existing infrastructure, support, and training services to identify gaps
2.5 Support multicultural health professionals to champion discussions of MCI and AD in their communities
2.6 Establish/improve mechanisms for the collection of disease-specific data
2.7 Support the development of dementia-friendly communities
2.8 Conduct a research project on the impact of an MCI/AD diagnosis

3. TREATMENT ACCESS AND DELIVERY

While the Australian healthcare system has the infrastructure and skill to deliver an infusion DMT, challenges remain around ensuring equitable access to treatment.

RECOMMENDATIONS

3.1 Explore the potential for case managers or care coordinators to support the recently diagnosed to access treatment and support services
3.2 Upskill practice nurses and pathology centres to administer DMTs
3.3 Develop information resources for primary care providers to support them if and when DMTs become available in Australia

4. EDUCATION AND AWARENESS RAISING

Stigma and misconceptions associated with MCI/AD can result in a reluctance to present for cognitive review, impacting the ability of primary care professionals and specialists to offer optimal care.[7]

RECOMMENDATIONS

4.1 Develop an education and awareness raising campaign for the general public on MCI, AD and the importance of early identification, to reduce stigma and facilitate early presentation for cognitive review
4.2 Develop culturally appropriate education and awareness raising resources to address stigma among Indigenous Australians
4.3 Develop culturally appropriate education and awareness raising resources to address stigma among culturally and linguistically diverse populations
4.4 Conduct an audit of existing medical education programs on cognition to identify availability and gaps
4.5 Develop medical education for primary care professionals on MCI, AD, and the importance of early identification, to reduce stigma and facilitate early presentation for cognitive review
4.6 Explore opportunities for peer-to-peer education spanning primary and secondary healthcare settings
4.7 Incentivise primary health professionals to undertake further cognition education
4.8 Promote the importance of including cognitive education in medical school and specialist training programs

5. THE ROLE OF PRIMARY CARE

Primary care is well-positioned to play an important role in the case finding of MCI/AD. However, challenges around access, reimbursement and training need to be addressed to allow primary care to play a central role.

RECOMMENDATIONS

5.1 Explore the potential for specific aged-care primary practices
5.2 Determine the financial supports required to better support primary care practitioners to play a role in cognitive assessments and dementia care
5.3 Establish standardised referral, diagnostic and support pathways

6. SYSTEM INTEGRATION AND WHOLE-OF-CARE

The current model of care for people with MCI/AD is sub-optimal with people facing challenges relating to access and receiving care, as well as issues of capacity and best practice for those working within the system.

RECOMMENDATIONS

6.1 Support the development of a national framework for the management of MCI/AD in Australia
6.2 Develop mechanisms that link primary and secondary care settings for diagnosis and ongoing management
6.3 Establish multidisciplinary teams (MDTs) to help coordinate and optimise care
6.4 Undertake a review of Medicare rebates for cognitive assessment
6.5 Support efforts to address workforce capability issues, such as upskilling workers and expanding the capacity of services

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