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Title

Virtual care by family physicians for people living with dementia and their caregivers in Canada: A concurrent mixed-methods

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: Among people living with dementia (PLWD), in-person care for ongoing follow-up and management may become challenging due to declining mobility and increasing reliance on caregivers. Family physicians (FPs) have been rapidly adopting virtual care (VC) which became vital with the COVID-19 pandemic.

Objective: To describe prevalences of VC use among PLWD, their caregivers, and FPs (triads), determine factors associated with VC use, and explore FPs' perceptions of facilitators and barriers to VC provision.

Study Design: Concurrent mixed-methods design.

Setting: Canada.

Population: PLWD, caregivers, and FPs.

Methods: We analyzed the questions pertinent to VC in three nationwide cross-sectional surveys conducted with PLWD, caregivers, and FPs across Canada (October 2020 and March 2021).

Measures: Virtual care is defined as two-way synchronous communication using a phone and/or a web camera. Factors included age, frequency seeing and receiving support for connecting FPs (PLWD/caregiver); years of practice, attachment to community or interdisciplinary teams, and training for care of elderly (FPs); gender, ethnicity, and urbanicity (population centre size > 100,000) for all participants.

Analysis: Prevalences of VC provision by FPs and its uptake by PLWD and caregivers were described. Logistic regression models were used to determine factors associated with VC use. Inductive thematic analysis of open-ended questions explored FPs' perceptions of barriers and facilitators of providing VC.

Results: 131 PLWD, 341 caregivers, and 125 FPs participated. Virtual care users were 61.2% of PLWD, 59.5% of caregivers, and 77.4% of FPs. The models for PLWD (included age and ethnicity) and caregivers (included gender, urbanicity, and receiving support to connect FP from a family member/friend) were inconclusive. Among FPs, having more than 20 years of practice was significantly associated with a decreased likelihood of providing VC when attachment to a community-based team was held constant (OR=0.23,95%CI:0.08-0.62, p<0.01). Care preferences (decision stage), office/family support (preparation stage), technology and family presence (execution stage), and remuneration for FPs (compensation stage) were the most recurring themes.

Conclusions: Virtual primary dementia care uptake is substantial and depends on patient-caregiver-physician shared decision-making, interoperability in healthcare, support for triads before and during execution, and appropriate compensation.