

# Improve the diagnosis experience

**“Getting the diagnosis a year sooner would have meant that we could have moved [my mom] to independent living at a point when her memory troubles wouldn’t have caused so much stress and difficulty settling into a new environment and learning new routines. It also would have meant that she wouldn’t have had the terrible year where she struggled with depression, loneliness and fear at night of being alone. It was a year of fearing for her health and well-being every single day.” – A caregiver**

**“I feel that there is a requirement and an obligation to better support those caring for someone living with dementia. Increased supports and services are essential to help reduce caregiver burnout and the mortality rate for caregivers.” – A caregiver**

Receiving a timely diagnosis is key to accessing disease-modifying treatments, which may slow the progression in the early stages of Alzheimer’s disease or other dementias. However, people often experience delays in getting a diagnosis<sup>1</sup>, are misdiagnosed and lack clarity about what happens once they do have a diagnosis, – including what supports are available to them. We hear physicians and other diagnosing health-care providers say they struggle to diagnose a disease for which there is currently no cure.

<sup>1</sup> Black, S. E., Budd, N., Nygaard, H. B., Verret, L., Viridi, S., Watts, L. T., & Wilson, M. (2023). A Model Predicting Healthcare Capacity Gaps For Alzheimer’s Disease-Modifying Treatment in Canada. *Canadian Journal of Neurological Sciences*, 1–8. <https://doi.org/10.1017/cjn.2023.270>

<sup>2</sup> BC Cancer. (2023, December 15). Clinical Care Pathways for Health Professionals. <http://www.bccancer.bc.ca/health-professionals/professional-resources/clinical-care-pathways>

## **Recommendation 1: Develop a clear clinical pathway for dementia support which includes coordinated supports throughout the dementia journey.**

The Alzheimer Society of B.C. is advocating for a clear clinical pathway, like the cancer pathway currently being developed by BC Cancer<sup>2</sup>. A dementia pathway would help people affected by the disease better understand the next steps after a diagnosis and help ensure that everyone receives the care they deserve.

A pathway would also guide health-care providers, such as general practitioners, as they support patients from pre-diagnosis to end-of-life. It would outline the general progression of the disease, detailing clinical care and relevant community supports available at each stage.

The Alzheimer Society of B.C. is asking all parties to commit to supporting the development of a clear clinical pathway for dementia support if elected. We are recommending this be done in collaboration with health-care providers, people with lived experience and us.

**“Having access to earlier diagnosis would be huge – if we first eliminated the stigma associated with a diagnosis. These people could get on with their lives. There is still a lot of life to live if the diagnosis is early – instead of not having a formal diagnosis and going through that time knowing that something is wrong with you, being afraid and having your loved ones wondering what is wrong.” – Person living with dementia**

## **Recommendation 2: Build on existing programs to provide additional incentives for geriatricians and physicians who commit to specializing in the care of older adults.**

While people living with dementia may encounter various health-care providers – including geriatric psychiatrists, behavioural neurologists and geriatric physicians – their first point of contact is typically with family physicians who are often the ones recognizing symptoms and referring them to relevant clinical and community supports. The chronic shortage of family physicians in B.C. has left one million people without a primary care

provider and further increases challenges for people on the dementia journey.

Health-care providers specializing in geriatrics are often the ones diagnosing and treating dementia. However, as of 2019, the number of geriatricians in B.C. stood at only 60, significantly below the benchmark requirement of 118. Projections indicate a need for almost 170 geriatricians in the province by 2030<sup>3</sup>. This widening gap highlights the urgent need for more incentives to attract and establish a new generation of geriatricians.

The Province has implemented a loan forgiveness program to incentivize graduates to work in underserved communities or in child-related fields; currently, this initiative makes no reference to serving older adults<sup>4</sup>. We propose expanding it, to encourage more physicians to specialize in seniors’ care.

Incentivizing health-care providers to work in specific areas can address gaps in services. In 2023, the province introduced changes to the physician payment model which has already begun to alleviate some pressures related to the shortage of family doctors. However, the new family physician payment model does not yet include incentives for doctors specializing

<sup>3</sup> Basu, M., Cooper, T., Kay, K., Hogan, D. B., Morais, J. A., Molnar, F., Lam, R. E., & Borrie, M. J. (2021). Updated inventory and projected requirements for specialist physicians in Geriatrics. *Canadian Geriatrics Journal*, 24(3), 200–208. <https://doi.org/10.5770/cgj.24.538>

<sup>4</sup> B.C. Loan Forgiveness Program: StudentAid BC. B.C. loan forgiveness program | StudentAid BC. (n.d.). <https://studentaidbc.ca/repay/re-payment-help/bc-loan-forgiveness-program>

in care of older adults<sup>5</sup>. Such incentives lead to enhanced quality of life for people living with dementia, alongside beneficial spill-over effects in other areas<sup>6</sup>.

We're asking that all parties commit to building on the success of the family physician payment model to incentivize physicians and specialists focused on geriatric care.

**Recommendation 3: Commit to \$4.2 million annual funding for the Alzheimer Society of B.C. to deliver First Link® programs and services to help meet the needs of British Columbians facing dementia.**

Connecting to First Link® dementia support means access to a suite of Alzheimer Society of B.C. programs and services, information and resources – as well as an entire community of support. In 2023-24, we helped change the experience of living with dementia for over 14,000 clients in 423 communities. First Link® staff made over 12,000 support

calls and answered over 5,100 inquiries via the First Link® Dementia Helpline which serves clients in English, Cantonese, Mandarin, Punjabi, Hindi and Urdu.

With growing demand, scale is the biggest challenge affecting the ability to continue this important work. Referrals from health-care providers have increased to more than 20 per cent beyond pre-pandemic levels, while calls received on the First Link® Dementia Helpline have increased by 37 per cent over the last five years.

With the increased support from the Province, the Alzheimer Society of B.C. can continue to work towards our goal of ensuring that no one in B.C. faces dementia alone – including people from equity-deserving communities. We are asking all parties to commit to investing \$4.2 million annually, a commitment that will enable us to meet the growing demand for trusted First Link® programs and services, including culturally safe and linguistically appropriate supports for people facing dementia within equity-deserving communities.

5 Health, M. of. (2024, March 27). Longitudinal family physician (LFP) payment model. Province of British Columbia. <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/longitudinal-family-physician-lfp-payment-model>

6 Liu, D., Green, E., Kasteridis, P., Goddard, M., Jacobs, R., Wittenberg, R., & Mason, A. (2019). Incentive schemes to increase dementia diagnoses in primary care in England: A retrospective cohort study of unintended consequences. *British Journal of General Practice*, 69(680). <https://doi.org/10.3399/bjgp19x701513>