
POSTER ABSTRACT

Development of a model for care coordination for the assessment and follow-up of risk for cognitive impairment: A study protocol

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Background: Cognitive impairment and dementia are among the most debilitating disorders in the world, identified as a leading public health priority by the World Health Organisation. It has been found that health promotion interventions introduced at an early stage can slow down further deterioration, and lead to improved quality of life for people with cognitive impairment and their relatives. To achieve this, more proactive work that supports early initiation of rehabilitation and continuous follow-up throughout the course of illness are needed for those at risk/in the early stage of dementia. This will require new collaboration methods between actors within health and social care, including patients and relatives. The aim is to improve person-centred integrated care by developing a model for care coordination related to the assessment and follow-up of risk for cognitive impairment, including relevant staff training.

Approach: A collaborative approach will be used to leverage partnership in developing a care coordination model for earlier identification and improved follow-up of risk for cognitive impairment. A public advisory group (PAG) of older adults (55+ years) and their relatives will participate in workshops throughout the project, including design, recruitment, and monitoring. Health professionals and decision-makers will be involved at certain stages. The project will entail the following phases:

Ia: A national mapping survey with older adults with cognitive impairment concerning experiences and perceptions of interactions with health and social care professionals.

Ib: Serial focus group interviews with a subset of participants from phase Ia, their relatives and relevant regional and municipal care professionals (according the survey) about perspectives and experiences of: collaboration and follow-up, implementation of a clinical test to assess risk of cognitive impairment, and preferences for alternative care coordination models.

II: Iterative workshops with PAG and professionals based on findings from Ia and Ib, to develop a model for improved care coordination and staff training.

Results: This study is anticipated to result in a model of care coordination for assessment of risk of cognitive impairment and follow-up with stakeholders, including supportive interactions for shared definition of the situation, meaningmaking acceptance, and commitment to person-centred health promotion. Expected outcomes for persons with cognitive impairment and their relatives include facilitative support for continued engagement in meaningful activities to promote wellbeing, alongside increased access to specific person-centred health interventions.

Integration of a novel clinical test for risk prediction of cognitive impairment is expected to have a great potential to improve the field of early detection of cognitive impairment, by involvement of different stakeholders to minimise intersections between care agents. This will likely improve care coordination and is expected to increase the potential for implementation in real-world settings, a requirement if research findings are to benefit the wider population.

Implications: This research relies heavily on co-production and collaboration with a PAG including older adults at risk of developing cognitive impairment. Results are expected to contribute to the development of an acceptable and relevant model based on the notion of person-centred integrated care, which likely will improve the wellbeing of affected individuals and relatives.