Community Actions & Resources
Empowering Seniors (CARES)

Proactively Preventing Frailty in “At Risk” Seniors

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Welcome

With us today:

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Before we begin...

What do you want to know about frailty prevention and improving the health for seniors “at risk” for frailty?

Use the *Chat Feature* to let us know & we will try to address your questions during the webinar
On today’s webinar we will:

✓ Introduce and explain the CARES approach to frailty prevention
✓ Examine key results from the first CARES bi-provincial initiative
✓ Discuss Fraser Health’s enhanced CARES model with the eFI-CGA
✓ Explore the potential and current plans for sustainability and spread across Canada

Please ask questions and share how you have supported pre-frail seniors in your organizations using the chat feature!
EXTRA’s Impact

82% of EXTRA Cohort 11 teams report that their improvement project has led to changes in their organization’s culture.

EXTRA by the Numbers

14 Years Running

136 Canadian Organizations Have Participated

220 Improvement Projects

372 Healthcare Professionals
The Journey

- Fraser Health Transformation Collaborative
  - April 2011

- EXTRA-CARES Program Start
  - May 2014

- EXTRA-CARES Program Graduation
  - Aug 2015

- Analysis & Dissemination
  - Sept-Jan 2015

- FH-NSHA CFHI EXTRA Program MoU & Application
  - Dec 2013
Frailty as a Long Term Condition

- Frailty is a loss of physiological reserve and can be considered a long term condition (LTC)
- A LTC is “a condition that cannot, at present, be cured but is controlled by medications and or other treatment or therapies” (DH2012)

Frailty is:
- Common - 25 to 50% of people over 80 years
- More Common in those with Chronic Conditions
- Episodic Determinations - (delirium; falls; immobility)
- Impacts Quality of Life – depression, social isolation
- Progressive - (5 to 5 years), irreversible in advanced stages
- Expensive - estimates up to half of national health budget (here and in the UK)

**BUT:** Frailty has Preventable Components
Preventable Components for “Frailty”

Stuck et al. Soc Sci Med. 19999 (Systematic review of 78 studies)

- Alcohol excess
- Cognitive impairment
- Falls
- Functional impairment
- Hearing problems
- Mood problems
- Nutritional compromise
- Physical inactivity
- Polypharmacy
- Smoking
- Social isolation and loneliness
- Vision problems

Additional topics:
- Look after you feet
- Make your home safe
- Vaccinations
- Keep warm
- Get ready for winter
- Continence
Why Prevent Frailty?

• Preventing frailty improves health outcomes for at risk seniors – not only for a specific intervention but also for long-term management of health needs

• Reduce impact on health care resources

• Improve patient quality of life
Why Conduct the *Comprehensive Geriatric Assessment* (CGA) in Primary Care?

- Gold standard for the management of frailty – used world wide for assessment, and measurement of frailty progression

- Promotes the holistic, multidimensional, interdisciplinary assessment of an individual

- CGA typically results in the formulation of a list health deficits to develop an individualised care and support plan

- Supports a patient centered wellness plan tailored to an individual’s priorities.
Completing the Comprehensive Geriatric Assessment (CGA) is associated with:

- Reducing the risk for seniors of not living in their own home
- Reduced long term care admissions
- Reduced hospital admissions and shorter hospital stays
- Reduced falls
- Improved physical function

_CGA research stresses the need to focus on the less frail senior to prevent slide into irreversible state of advanced frailty_
A Review of the Domains of the CGA

- **Physical Symptoms** – strength, falls, pain, underlying LTCs, medication review, continence, etc.
- **Mental Health** – memory, mood, cognition
- **Activities of Daily Living** – personal care capability
- **Social Support Networks** – risk for social isolation
- **Living Environment** – state of housing
- **Level of participation and individual concerns**
- **Compensatory mechanisms and resourcefulness which the individual uses to respond to having frailty.**

The Benefits of eFI-CGA for At Risk Seniors with Chronic Conditions

eFI-CGA in Primary Care settings assist with:
- Preservation of physical functioning of senior
- Maintenance of community living status
- Decrease acute care utilization and shorter hospital stays
- Associated with survival benefits in seniors

E-Frailty Index:
- Is a sensitive measure of frailty
- Provides point of service measurement of frailty
- Provides frailty reference over time
- Assists with placement on Clinical Frailty Scale
Primary Care Electronic Frailty Index (eFI): Survival plots (n=>500,000; 65 years)
Target Population - Inclusion Criteria

Persons 65 - 85 years (and by exception):

- Living at home or in assisted living within catchment community with a Rockwood Clinical Frailty Scale score between 3 (Managing Well) to 5 (Mildly Frail)
- Emerging chronic health issue or other risk factor for frailty

Seniors age well
- Risk for frailty decreases
- Reduce acute & ED utilization
- Enhance provider satisfaction / experience
Technology to Assess Frailty

Holistic Assessment Domains:
Physical
Mental
Social Support
Strength – Falls risk
Housing
Financial Supports
Health and Medication Review
Team Based Primary Care

• Fraser Health integration: Allied health professionals to assist with eFI-CGA completion

• Embed in Primary Care Homes electronic medical records (EMR)

• Monitor Frailty Index (FI) over time: In CARES it is 6 months

• Care Planning with patient

• Self management health coaching where appropriate
Health Coaching To Promote Self Management Capacity in Seniors

What is the Self-Management Health Coach program?
- It is a three month telephone program that supports participants to identify health goals and develop a plan to manage their health conditions.
- A coach works with participants one-to-one through weekly telephone support.

Who developed the program?
- The program was developed by the University of Victoria, Institute on Aging & Lifelong Health.
- Evidence based - best practice program in self-management.

What does it cost to participate?
- It is FREE to participants.
- The program is funded by the Ministry of Health and delivered through Self-Management BC; a Patients as Partners Initiative administered by the University of Victoria.

Why we choose to partner with Self-Management BC?
- Provides evidence based programs that demonstrate improvements in health.
- Links health assessments with community based programs that enhance participants “protective factors”.

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The Evidence for the CARES Approach to Upstream Frailty Prevention

Fraser Health’s CARES Project
• Supports increased geriatric competency in primary care providers
• Integrates primary care with free telephone based health coaches and social networks
• Supports better self management strategies for seniors
• Aligns with best practice in the United Kingdom

Other Benefits:
- Improved quality of life for seniors
- Decrease utilization of acute care resources
- Keep seniors in their communities and connected to their primary care provider

Results reported are based on 36 CARES participants who completed the Comprehensive Geriatric Assessment at both the baseline and 6-month follow-up periods.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline</th>
<th>6 Month Follow Up</th>
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<tbody>
<tr>
<td>Walking independently</td>
<td>27</td>
<td>35</td>
</tr>
<tr>
<td>Exercising frequently</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Balance within normal limits</td>
<td>21</td>
<td>27</td>
</tr>
<tr>
<td>No supports needed</td>
<td>32</td>
<td>38</td>
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<tr>
<td>Health attitude</td>
<td>17</td>
<td>27</td>
</tr>
<tr>
<td>Socially engaged</td>
<td>28</td>
<td>31</td>
</tr>
</tbody>
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There was a statistically significant decrease in the Frailty Index (FI) score in seniors participating in CARES.

0.032 decrease from baseline to 6 month follow up
Challenges

• Adoption of eFI-CGA as standard frailty assessment tool
• Physicians want a shorter frailty assessment tool
• Costs to develop eFI-CGA in all vendor EMRs
• Keeping funders/stakeholders engaged
• Time to plan strategically (national & international)
CARES Collaboration and Partners

- Began with the CFHI’s Executive Training in Research Application (EXTRA) program
- Initial partners: Nova Scotia’s Capital Health District, Fraser Health, Shannex Ltd.
- New FH CARES partners:
  - Canadian Foundation for Health Care Improvement (CFHI)
  - University of Victoria ‘s Institute on Aging and Lifelong Health- Dr. Patrick McGowan
  - Canadian Frailty Network – Dr. John Muscadere
  - University of Dalhousie –Dr. Ken Rockwood
  - Simon Fraser University - Dr. Xiaowei Song
  - Inter Rai- Dr. John Hirdes
  - Intrahealth Canada Ltd. EMR
  - Fraser Health Divisions of Family Practice
  - And hopefully... Canadian Institute for Health Research (CIHR)
Collaboration with Nova Scotia

- Overview of Nova Scotia’s experience
- Involvement of clinicians
- Benefits & lessons learned
Why Spread CARES?

Results reported are based on 39 CARES participants who completed the Comprehensive Geriatric Assessment at both the baseline and 6-month follow-up periods.

- **30% increase**
  - Walking independently
  - **Baseline**: 27
  - **6 Month Follow Up**: 35

- **67% increase**
  - Exercising frequently
  - **Baseline**: 15
  - **6 Month Follow Up**: 25

- **29% increase**
  - Balance within normal limits
  - **Baseline**: 21
  - **6 Month Follow Up**: 27

- **19% increase**
  - No supports needed
  - **Baseline**: 32
  - **6 Month Follow Up**: 38

- **59% increase**
  - Health attitude
  - **Baseline**: 17
  - **6 Month Follow Up**: 27

- **11% increase**
  - Socially engaged
  - **Baseline**: 28
  - **6 Month Follow Up**: 31

There was a statistically significant decrease in the frailty index (FI) score in seniors participating in CARES.

**0.032**

decrease from baseline to 6 month follow up

**Equivalent to 2 less health problems at follow up**

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What are the participants saying?

All I want is to be healthy & vital until I’m into my 90s, and later, if I can.

~ project participant Billie Askey
Let’s hear from you!

Would you implement the CARES approach?

- Yes
- Not Sure
- No
Questions?

Please submit your questions/comments electronically using the “Chat Box” on the bottom of your webinar screen.
Upcoming Webinar

June 28th: Insights from Canadians: The current state and future priorities for healthcare in Canada

REGISTER NOW
Thank you!