

Proactively Delaying Frailty in Pre-Frail Seniors: The Community Actions and Resources Empowering Seniors (CARES) Project

The Need: A rapidly aging population predisposed to frailty is placing increasing pressure on an already over-burdened healthcare system.¹

It is estimated that currently half of Canada's healthcare budget is spent on adults 65 years and older. Frailty is a geriatric syndrome associated with poor quality of life, aging and increased reliance on healthcare resources. Additionally, fragmentation between primary care, health authorities and community resources creates a barrier. Without interventions, seniors are at risk of becoming frail unnecessarily and prone to increase use of emergency and acute health care services. Emerging research suggests there are protective factors to frailty, and it is possible to delay or slow the progression of frailty (Wang et al, 2014).

The Evidence:

Evidence indicates that periodic health assessments of at-risk seniors are associated with improved health outcomes when combined with follow-up coordinated care (Leveille et al., 1998). While primary care providers are ideally situated to incorporate these best practices into their daily clinical work (Lacas et al., 2012), the reality is that proactive identification and measurement of frailty is currently not part of standard practice.

Strategy for Change:

- 1. Early Identification of Pre-Frail Seniors:** Primary care providers (PCP) identify participants 65-85 years from the community or a targeted facility with a Rockwood Frailty score between 3 (Managing Well) to 5 (mildly frail).
- 2. Collaborative Health Assessments:** PCP teams are trained in using Community Geriatric Assessments (CGA) and proactively identifying pre-frail senior.
- 3. Wellness Plans:** The CGA is used to inform the creation of a senior's wellness plan – to identify goals most important to them that will enhance their health and quality of life.
- 4. Coaching:** A trained volunteer wellness coach is paired with the senior and tracks participants goals and progress over 6 months with encouragement, motivation, education and connections to services and resources in the community.
- 5. On-Going Assessments:** At the end of 6-months the CGA performed at baseline are repeated.

One Problem – Two Provinces One Intervention

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

~ project participant Billie Askey

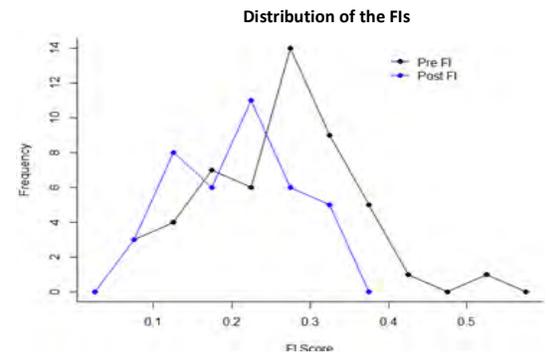


The Innovation:

In 2014, the Fraser Health Authority (BC) partnered with Nova Scotia Health Authority and Shannex Inc. (NS), through CFHI's EXTRA program to design, implement and evaluate the CARES inter-provincial initiative. CARE is a primary health care upstream intervention, intended to decrease the downstream impact of frailty on acute and emergency resources, while promoting seniors to age well and die fit. The CARES approach partners pre frail seniors with primary care providers and community-trained lay wellness coaches.

Preliminary Results: CARES proactively delays or reverses frailty in seniors, improving physical health and activity, including walking and quality of life.

There was a statistically significant decrease in the frailty index (FI) score in seniors participating in CARES. On average, the seniors' score decreased by 0.032 from baseline to the 6-month follow-up CGA, **equivalent to having 2 less health problems at follow-up.**



51 seniors participated in CARES:
33 from Fraser Health
18 from NSHA



Proactively Delaying Frailty: Jean's Story



At 75 years of age, Jean is the primary caregiver for her husband. Jean spends most days at home and is socially isolated. She has difficulty walking and does not participate in any regular exercise. Her balance is poor and has had some near misses for falls. Jean has high blood pressure and irregular blood glucose levels. Jean's primary care provider recognizes she is on a path to a state of frailty due to her risk factors. However, there is no plan to delay Jean's decline into frailty. Without intervention the primary care provider worries Jean may have a serious fall and may have to be admitted to an acute care facility.

CARES Model

Community Primary Health Care **upstream** intervention to decrease downstream utilization



Target Population - Inclusion Criteria

- Persons 65 - 85 years (and by exception):
 - Living at home or in assisted living within catchment community
 - Rockwood Clinical Frailty Scale score between 3 (Managing Well) to 5 (Mildly Frail)
 - Vulnerable to decline into frailty with a stressor

Patient Self-Administered Tools:

- Patient Activation Measurement - Hibbard, J.H. (2003)

Nurse Administered Tools:

- Montreal Cognitive Assessment - Nasreddine, Z. (2003)
- Time Up & Go – Whiney, J.C., Lord, S.R., Close, J.C.T (2005)
- Functional Reach - Weiner, D.K., Duncan, P.W., et al. (1992)

Physician Administered Tools:

- Medication Review
- Community Comprehensive Geriatric Assessment - Physician Fields, Geriatric Medicine Research, Dalhousie University (2014)
- Functional Assessment Staging Test - Resiberg, B. (1984)

Transformational Change:

- Active case finding – recruitment of pre-frail seniors.
- Periodic comprehensive senior assessment using electronic-CGA (embedded in EMR)
- Increase geriatric competency in primary care providers (frailty and dementia education)
- Promote team based care in primary health and primary care homes.
- Lobby for incentive fee code for CGA in primary care.
- Integrate primary care with trained community volunteer wellness coach and social networks.

Community Comprehensive Geriatric Assessment Form

<input type="radio"/> Action Required	WNL = Within Normal Limits ASST = Assisted IND = Independent DEP = Dependent Y=Yes N=No	
<input type="radio"/> No Action Required	Chief lifelong occupation: _____ Education (years): _____	
<input type="radio"/> Cognition	<input type="checkbox"/> WNL <input type="checkbox"/> IND/MCI <input type="checkbox"/> Dementia <input type="checkbox"/> Delirium <input type="checkbox"/> Y <input type="checkbox"/> N	MOCA: _____ FAST: _____
<input type="radio"/> Emotional	<input type="checkbox"/> Mood <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Depression <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Anxiety <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Fatigue <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Hallucination <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Delusion <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Other <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="radio"/> Motivation	<input type="checkbox"/> High <input type="checkbox"/> Usual <input type="checkbox"/> Low	Health Attitude <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Couldn't Say
<input type="radio"/> Communication	<input type="checkbox"/> Speech <input type="checkbox"/> WNL <input type="checkbox"/> Impaired	<input type="checkbox"/> Hearing <input type="checkbox"/> WNL <input type="checkbox"/> Impaired <input type="checkbox"/> Vision <input type="checkbox"/> WNL <input type="checkbox"/> Impaired
<input type="radio"/> Sleep	<input type="checkbox"/> WNL <input type="checkbox"/> Disrupted	<input type="checkbox"/> Daytime Drowsiness <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pain <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extreme
<input type="radio"/> Immunizations	<input type="checkbox"/> Zoster <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Influenza <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Tetanus and Diphtheria <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Hep A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Hep B <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="radio"/> Advance directive in place	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Code Status <input type="checkbox"/> Do not resuscitate <input type="checkbox"/> Resuscitate
<input type="radio"/> Control of Life Events	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Usual Activities <input type="checkbox"/> No Problem <input type="checkbox"/> Some Problem <input type="checkbox"/> Unable
<input type="radio"/> Exercise	<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Not	<input type="checkbox"/> Functional Reach _____ <input type="checkbox"/> Smoker <input type="checkbox"/> Current <input type="checkbox"/> Ever <input type="checkbox"/> Never
<input type="radio"/> Strength	<input type="checkbox"/> WNL <input type="checkbox"/> Weak	UPPER: <input type="checkbox"/> Proximal <input type="checkbox"/> Distal LOWER: <input type="checkbox"/> Proximal <input type="checkbox"/> Distal
<input type="radio"/> Balance	<input type="checkbox"/> Balance <input type="checkbox"/> WNL <input type="checkbox"/> Impaired	<input type="checkbox"/> Falls <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Number _____ <input type="checkbox"/> Clinical Frailty Score
<input type="radio"/> Mobility	<input type="checkbox"/> Walk Outside <input type="checkbox"/> IND <input type="checkbox"/> ASST <input type="checkbox"/> Can't <input type="checkbox"/> Walking <input type="checkbox"/> IND <input type="checkbox"/> SLOW <input type="checkbox"/> ASST <input type="checkbox"/> DEP <input type="checkbox"/> Scale _____ <input type="checkbox"/> Pt. _____ <input type="checkbox"/> CG _____	<input type="checkbox"/> Transfers <input type="checkbox"/> IND <input type="checkbox"/> Stand by <input type="checkbox"/> ASST <input type="checkbox"/> DEP <input type="checkbox"/> Bed <input type="checkbox"/> IND <input type="checkbox"/> PULL <input type="checkbox"/> ASST <input type="checkbox"/> DEP
<input type="radio"/> Nutrition	<input type="checkbox"/> Weight <input type="checkbox"/> Good <input type="checkbox"/> Under <input type="checkbox"/> Over <input type="checkbox"/> Obese	<input type="checkbox"/> Appetite <input type="checkbox"/> WNL <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
<input type="radio"/> Elimination	<input type="checkbox"/> Bowel <input type="checkbox"/> CONT <input type="checkbox"/> INCONT <input type="checkbox"/> Constip <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Bladder <input type="checkbox"/> CONT <input type="checkbox"/> INCONT <input type="checkbox"/> Catheter <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="radio"/> ADLs	<input type="checkbox"/> Feeding <input type="checkbox"/> IND <input type="checkbox"/> ASST <input type="checkbox"/> DEP	<input type="checkbox"/> Bathing <input type="checkbox"/> IND <input type="checkbox"/> ASST <input type="checkbox"/> DEP
<input type="radio"/> IADLs	<input type="checkbox"/> Dressing <input type="checkbox"/> IND <input type="checkbox"/> ASST <input type="checkbox"/> DEP	<input type="checkbox"/> Toileting <input type="checkbox"/> IND <input type="checkbox"/> ASST <input type="checkbox"/> DEP
<input type="radio"/> IADLs	<input type="checkbox"/> Cooking <input type="checkbox"/> IND <input type="checkbox"/> ASST <input type="checkbox"/> DEP	<input type="checkbox"/> Cleaning <input type="checkbox"/> IND <input type="checkbox"/> ASST <input type="checkbox"/> DEP
<input type="radio"/> IADLs	<input type="checkbox"/> Shopping <input type="checkbox"/> IND <input type="checkbox"/> ASST <input type="checkbox"/> DEP	<input type="checkbox"/> Meds <input type="checkbox"/> IND <input type="checkbox"/> ASST <input type="checkbox"/> DEP
<input type="radio"/> IADLs	<input type="checkbox"/> Driving <input type="checkbox"/> IND <input type="checkbox"/> ASST <input type="checkbox"/> DEP	<input type="checkbox"/> Banking <input type="checkbox"/> IND <input type="checkbox"/> ASST <input type="checkbox"/> DEP
<input type="radio"/> Enough Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Socially Engaged <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Not
<input type="radio"/> Marital	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	<input type="checkbox"/> Lives <input type="checkbox"/> Alone <input type="checkbox"/> Spouse <input type="checkbox"/> Other
<input type="radio"/> Home	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing home <input type="checkbox"/> Other	<input type="checkbox"/> Steps <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="radio"/> Supports	<input type="checkbox"/> None needed <input type="checkbox"/> Informal <input type="checkbox"/> HCNS <input type="checkbox"/> Other	<input type="checkbox"/> Requires more support <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="radio"/> Caregiver Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Offspring <input type="checkbox"/> Other	<input type="checkbox"/> Severely ill
<input type="radio"/> Caregiver Stress	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Caregiver Occupation: _____
<input type="radio"/> Caregiver Stress	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Caregiver Occupation: _____

Problems: _____ Med adjust req: _____ Associated Medication: _____

1. _____ 0 _____

2. _____ 0 _____

3. _____ 0 _____

4. _____ 0 _____

5. _____ 0 _____

6. _____ 0 _____

7. _____ 0 _____

8. _____ 0 _____

Assessor: _____ Date (YYYY/MM/DD): _____