Comprehensive screening and assessment in primary care for community-dwelling older people

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Outline

- The growing demand on healthcare as the population is ageing
- Components of comprehensive geriatric assessment in primary care setting
- How comprehensive geriatric assessment, clinical audit and realist review contribute to effective quality and safety in primary health care
Growing ageing population and impact on healthcare
Populations are getting older

2015

Percentage aged 60 years or older:
- 30% or more
- 10 to <30%
- <10%
How to respond to the ageing population?

- Effective provision of coordinated primary, community and social care
- Use of comprehensive geriatric assessment (CGA)
- Transform services to focus on prevention and support for maintaining independence
- Fundamental shift in health system towards delivering person-centred care

Oliver et al 2014
Age-friendly Primary Health Care

Addressing the growing epidemic of chronic diseases and the four giants of geriatrics:

- memory loss
- urinary incontinence
- depression
- falls/immobility

Source: WHO 2004
Components of CGA – multidimensional/multifactorial

Multidisciplinary team based approach

- Clinical status
- Demographics
- Performance capacity
- Anthropometry
- Relationships with healthcare providers
- Participation

Grimmer et al 2015
Evidence on the effectiveness of multidimensional home visit programs varies and influenced by the following factors:

- **Intervention program characteristics**
  (non standardised terminology, protocols, intensity)
- **Population characteristics**
  (which people enrolled, assessed using crude proxy measures)
- **Adherence**
  (how participants and health professionals followed recommendations)
- **Setting**
  (underlying patterns of healthcare use)

Huss et al 2008
What have we learnt thus far and where to from here?
Align health systems

• As people live longer, there is a huge burden on our health system to care for older people with complex needs
• Primary health care is the first point of access to care
• Support older people to live independently in the community
• Play an important role in preventive health and health promotion
• Need to deliver person centred care
• Continuum monitoring
Integrated review on access to PHC by the elderly

- Barriers to access include opening hours
- Lack of health workforce
- Excessive waiting time
- Need for flexible delivery ie Home care or telehealth to facilitate access
- Lack of information on health problem and opportunity to discuss during consultation
- Communication issues between the elderly and health professionals

Lubenow et al 2016
Conclusion and Discussion

• Primary health care is the first point of access to care
• As people live longer, the needs of frail older people and their carers ought to be considered
• CGA in primary care has great potential to identify risk factors and implement preventive action to improve outcomes
• Need for audit and follow-up of new initiatives
• Flexible care ie home-based primary care or telehealth for older adults with limited access to care
• Many health service providers and staff, have lack of understanding of management of, or little exposure to frail older patients
Take home message

• Older people are diverse - their social context can be just as important as the effects of ageing and disease processes

• Target the right intervention to the right population at the right time

• Use standardised tools and audit outcomes longer term
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