



Canadian  
Frailty  
Network

Réseau canadien  
des soins aux  
personnes fragilisées



The Federal  
Network of Centres  
of Excellence Program

# Transforming primary care for older Canadians living with frailty

## Canadian Frailty Network Transformative Grant

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sur les soins et les services de  
première ligne de l'Université Laval



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# Outline

- Background: Overview of Transformative Grant
- Patient-Provider Engagement
  - ▣ Engagement Work (U of Waterloo)
  - ▣ Developing MyCareMapp
- Patient Decision Aids
  - ▣ Developing Decision Boxes (Laval U)
- Next Steps



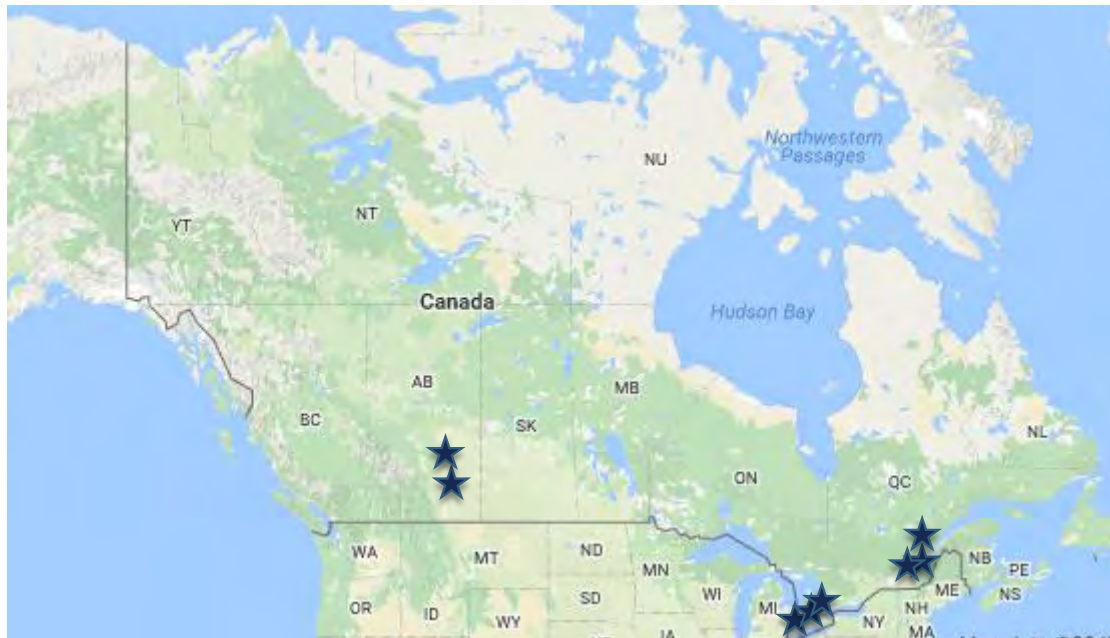
# CFN Transformative Grant Proposal

- Proposed research initiative addresses priorities informed by prior research, consultations and literature review:
  - ▣ Consistent screening and assessment of frailty
  - ▣ Care coordination and system navigation
  - ▣ Patient/caregiver engagement & shared decision-making
  - ▣ Enabling technology support

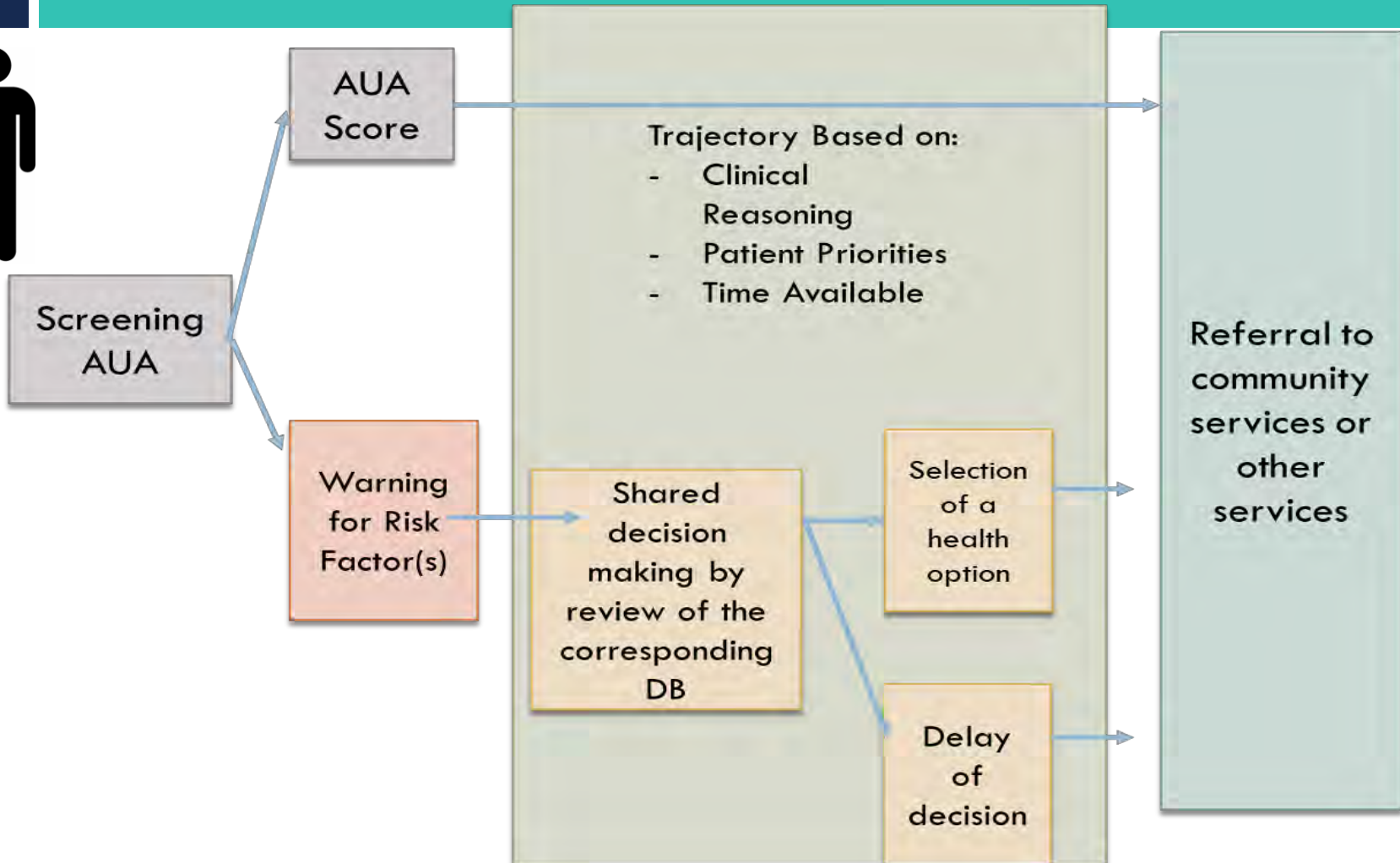
**Research Question:** Compared to usual care in primary care settings, does our proposed model improve health, social and economic outcomes for frail and at-risk older Canadians, aged 70+?

# Study Sites Across Three Provinces

- Eight primary care sites across Alberta (n=2), Ontario (n=3) and Quebec (n=3)
- Urban and rural



# CFN Intervention



*Build patient-provider relationships & engage patients in decision-making*

# Patient-Provider Engagement

- Engagement Materials
- MyCareMapp



# Engagement Work

**Aim: Conduct focus groups with patients and providers to gather information for development of educational resources**

- Interviewed 15 older adults and 8 health care providers
- Held large consultation with 130 health care providers
- In process of co-designing educational resources for providers and older adults, to be implemented with study intervention



# Findings – Older Adults & Providers

## Lack of knowledge on how to communicate with providers

*“Inform us that we have choices” – Older Adult*

## Learn how to be a self-advocate

*“I’m constantly having to fight and be really vocal and really stand up and it worries me that a lot of people can’t do that” – Older Adult*



## Mutual respect between patients and providers

*“My GP is absolutely amazing. She listens to me, she doesn’t mind if I take a bit of extra time...my biggest fear is she’ll retire.” - Older Adult*

## Engagement takes time that providers don’t have

*“I think a lot of it’s time and being able to have the time in an appointment to really have that good conversation is difficult” – Health Care Provider*

# Development of Resources

## □ Co-creating resources for older adults

BEFORE YOUR APPOINTMENT, THINK ABOUT:

- I want to talk about: \_\_\_\_\_
- My questions are: \_\_\_\_\_

AT YOUR APPOINTMENT, ASK YOUR HEALTH CARE PROVIDER:

You don't need to feel rushed or embarrassed if you don't understand something. You can ask your health provider again.

1. What is the main health problem?
2. What do I need to do to care for myself?
3. Why is it important for me to do this?
4. What else should I know?

AFTER YOUR APPOINTMENT, THE NEXT STEPS ARE:

You, your caregiver and/or health care provider can write next steps here (tests, referrals, appointments, etc.)

YOUR MEDICATIONS ARE: (You can bring your medications with you to your appointment, or list them here)

Drug Name	When you take it	How much you take	Why you take it

Questions adapted from a variety of sources: Ask Me 3<sup>®</sup>; NTCC; BC Patient Safety and Quality Council

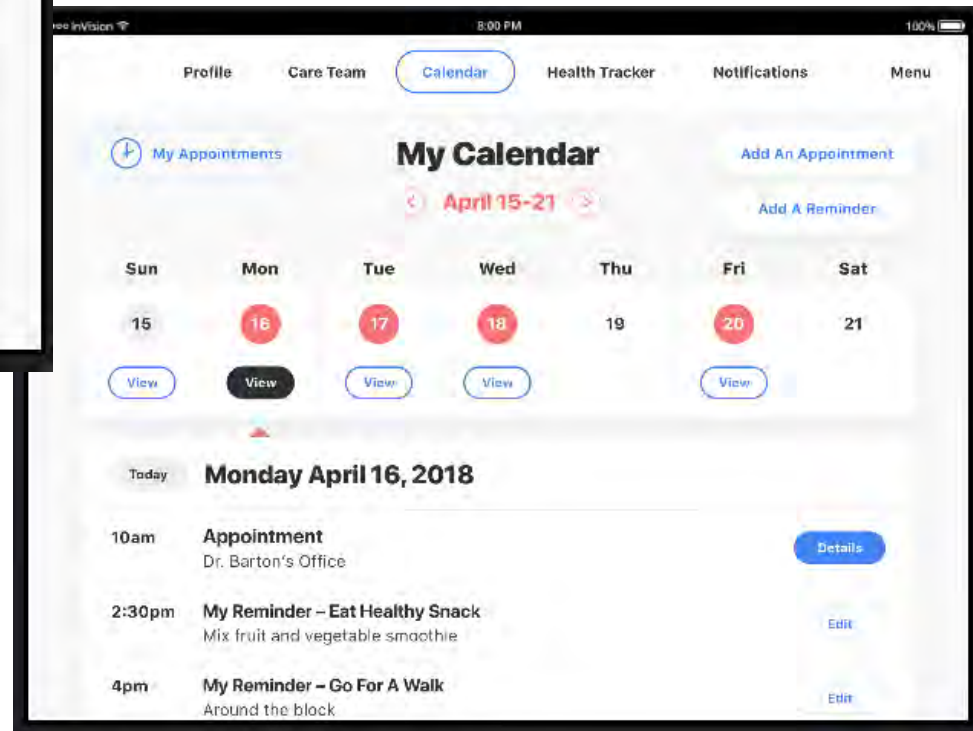
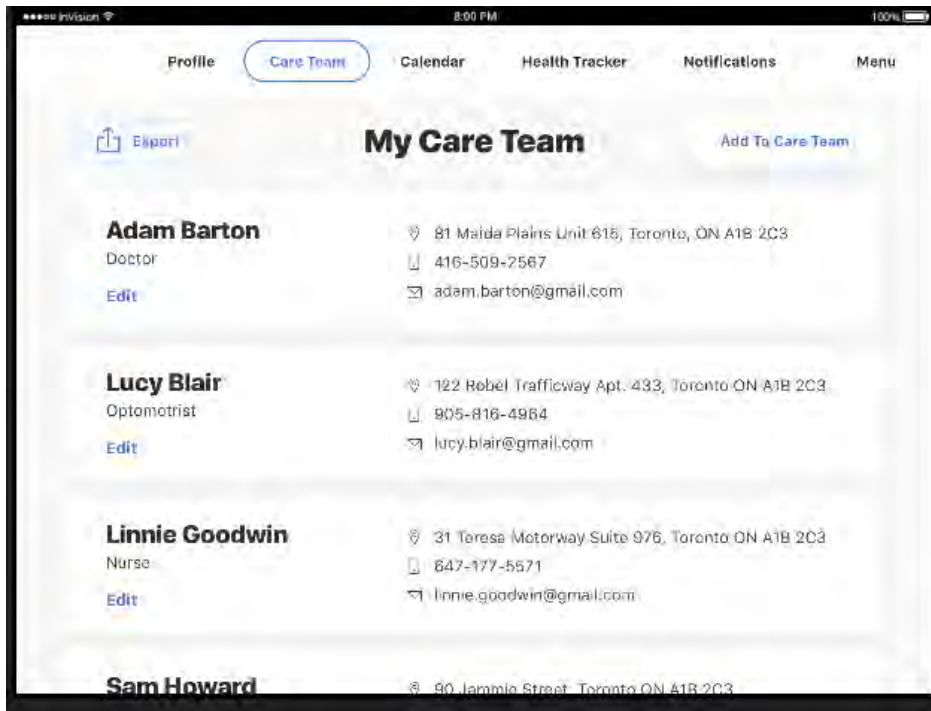
- Developing training material for providers
  - Interactive presentation during implementation
  - Topics include: *What is patient engagement? Communication Techniques; Involving Family Caregivers, etc.*

*MyCareMapp Technology*

# MyCareMapp Literature Review

- **Aim: 1. Conduct interviews with providers and patients to start co-designing MyCareMapp; 2. Conduct scoping review**
  - ▣ Interviews completed with patients and providers to gather input into co-designing app
  - ▣ Scoping review completed – search returned 778 articles, after inclusion/exclusion criteria applied, 159 articles remained + 25 grey literature documents
    - Manuscript in progress

# MyCareMapp Development

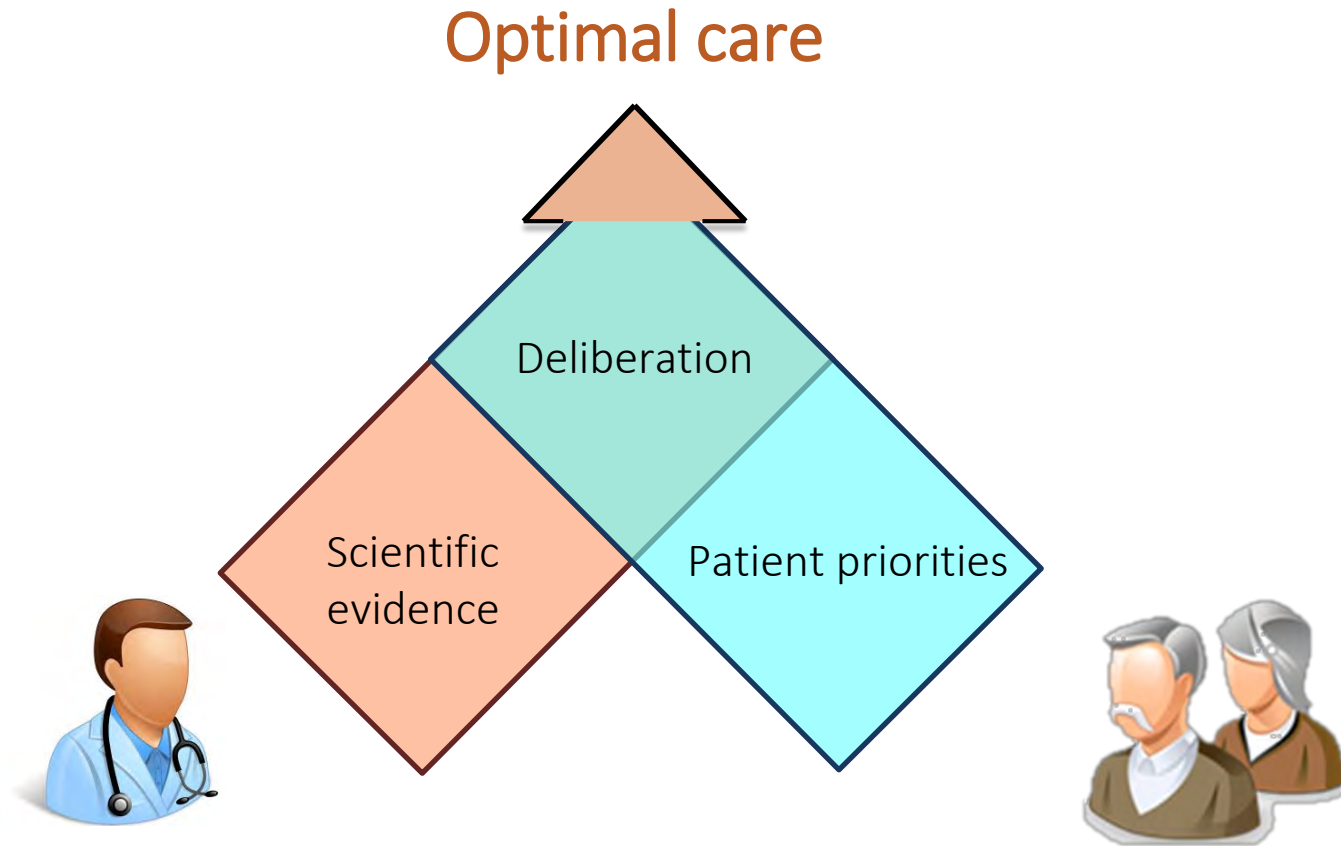


# Patient and caregiver engagement in decision-making



# Patient empowerment

## The shared decision making model



*Adapted from Montori et al, JAMA. (2014)*



# Implementation of shared decision making

Professional education on shared decision making

+

patient decision aids



# Decision Boxes

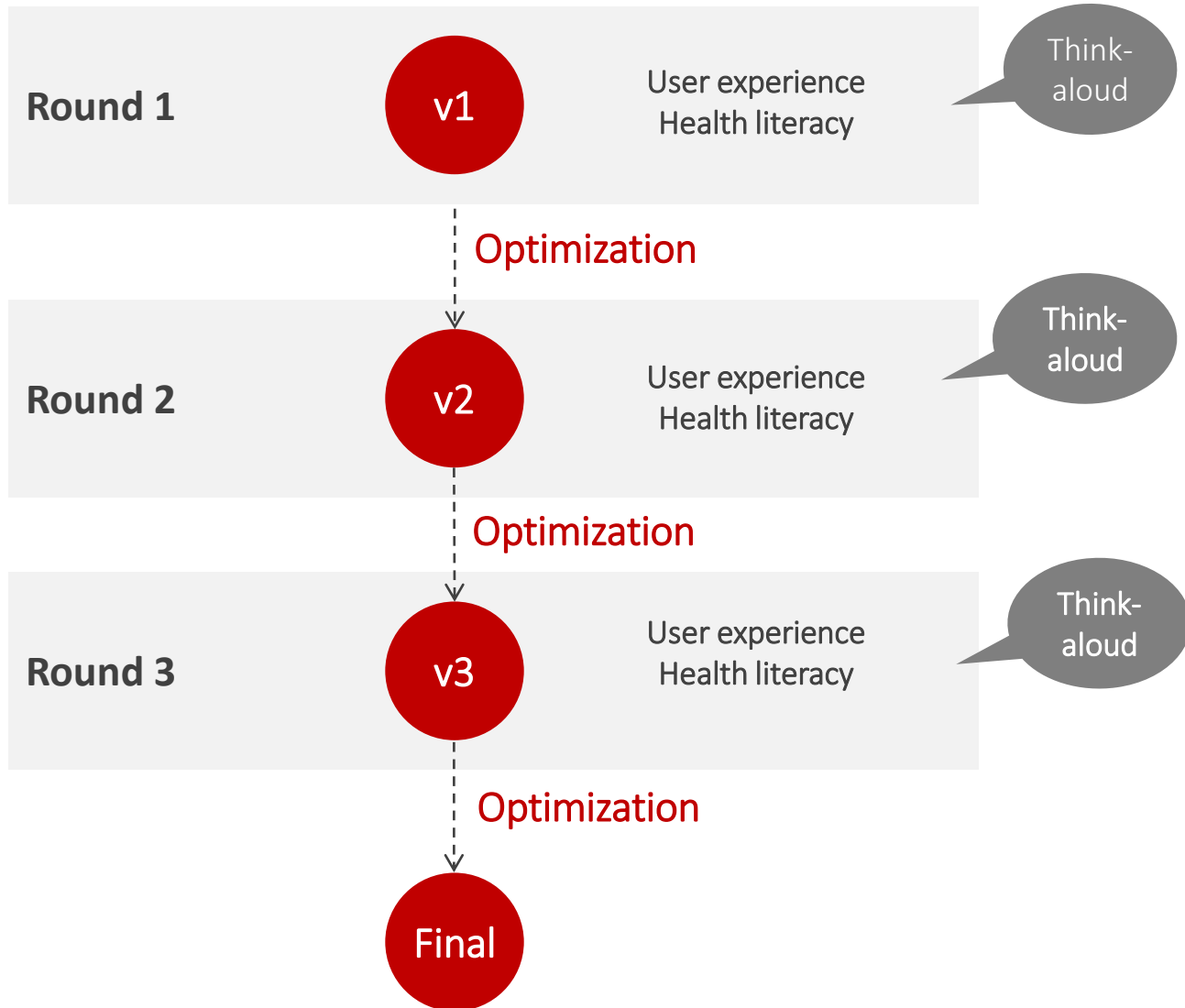
Patient decision aids developed at Laval University in Quebec city



[www.decisionbox.ulaval.ca](http://www.decisionbox.ulaval.ca)

# User-centered design approach

To identify features of patient decision-aid to reduce health literacy demand and prepare patients and caregiver for shared decision making



# CFN transformative project

## Five Decision Boxes

Frailty risk factor	Decision Box title
Functional decline	Choosing an option to maintain or gain autonomy
Malnutrition	Choosing an option to gain weight, or limit weight loss
Caregiver burden	Choosing a support option
Cognitive decline	Choosing an Option to Maintain or Improve Cognitive Function
Depressive symptoms	Choosing an option to improve mood

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# Development process



Identify decision-  
making need



# Rapid reviews

## Seek scientific evidence



Lawani *et al. Systematic Reviews* (2017) 6:56  
DOI 10.1186/s13643-017-0446-2

Systematic Reviews

METHODOLOGY

Open Access



### Five shared decision-making tools in 5 months: use of rapid reviews to develop decision boxes for seniors living with dementia and their caregivers

Moulikatou Adouni Lawani<sup>1,2,3</sup>, Béatriz Valéra<sup>1</sup>, Émilie Fortier-Brochu<sup>1</sup>, France Légaré<sup>1,4,8</sup>, Pierre-Hugues Carmichael<sup>1,2,3</sup>, Luc Côté<sup>1</sup>, Philippe Voyer<sup>2,3,4,5</sup>, Edeltraut Kröger<sup>2,3,4,6</sup>, Holly Witteman<sup>1,4</sup>, Charo Rodriguez<sup>7</sup> and Anik M. C. Giguere<sup>1,2,3,4\*</sup>

# Functional Decline in Older People

## Choosing an option to maintain or gain autonomy



### PRIORITIES

Exercise to clarify your priorities

**SELECT WHAT IS MOST IMPORTANT TO YOU.**

CHECK ONE ITEM ONLY.

**Improve my ability to perform daily living activities**

POSSIBLE OPTIONS:

- Physical activity (see p.4)
- Monitoring technologies (see p.7)
- Self-management support program (see p.8)
- Cognitive training (see p.9)

**Improve my health and well-being**

POSSIBLE OPTIONS:

- Physical activity (see p.4)

**Improve my mobility**

POSSIBLE OPTIONS:

- Physical activity (see p.4)

**Improve my mental abilities**

POSSIBLE OPTIONS:

- Cognitive training (see p.9)

# Functional Decline in Older People

## Choosing an option to maintain or gain autonomy

### Options proposed

Watchful waiting

Physical Activity

Physical Activity (yoga)

Homecare Reablement or Occupational Therapy  
in the Home

Monitoring Technology

Self-management support programme

Cognitive training

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**OPTIONS**  
Explore the options



## Physical Activity Tailored to Older Adults

Physical activity programs can be adapted to older people. They may include walking, water exercises, balance or flexibility exercises, and weight training. They can be done at home or with other people.

### BENEFITS

#### ↑ Ability to perform daily activities

For every 100 older people who are physically active, 12 are able to perform daily activities\* due to physical activity (12%).

\* as indicated with a Bartel Index score greater than 17 over 20, with greater scores indicating greater ability.

#### ↑ Walking speed

For every 100 older people who are physically active, 2 have a normal walking speed\* due to physical activity (2%).

\* as indicated by walking speed above 1.5 m/s over 8 to 20 meters.

#### ↑ Endurance

For every 100 older people who are physically active, 16 demonstrate normal endurance\* due to physical activity (16%).

\* as indicated by a time under 15 seconds to stand up five times from a sitting position.

#### ↑ Physical performance

Older people who are physically active experience inconsistent effects on their physical performance. Some tests suggest they improved their performances, while others suggest they did not.\*

\* Studies used the following physical performance tests: the Short Physical Performance Battery test, the Physical Function Scale, the Timed Up and Go test.

#### Balance

Older people who are physically active experience inconsistent effects on their balance. Some tests suggest they improved their balance, while others suggest they did not.

#### ↓ Risk of heart disease

Physical activity reduces a person's risk of cardiovascular diseases and diabetes.

### HARMS

#### ↑ Muscle/bone problems or discomfort

Some older adults who take part in physical activity feel temporary muscle soreness after exercising. They can also experience muscle/bone problems such as tendinitis, arthritis, or fracture. However, there is insufficient data to estimate the proportion of older adults who experience muscle soreness.

#### Time required

To have an impact on function, the person generally needs to be physically active for 45 minutes or more at a time, 2 to 5 times a week, and for at least 10 weeks. This takes time.

### CONFIDENCE IN THESE RESULTS:

- ⊕⊕⊕⊕ **High:** Further research is very unlikely to change our confidence in the estimate of effect.
- ⊕⊕⊕⊙ **Moderate:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
- ⊕⊕⊙⊙ **Low:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
- ⊕⊙⊙⊙ **Very low:** Any estimate of effect is very uncertain.

EXPLORING THE OPTIONS



# Web-based version



Faculté de médecine

Nous jo



[Retourner choisir une boîte à décision différente](#)

## Troubles neurocognitifs légers chez les aînés

Choisir une option pour maintenir ou améliorer les capacités cognitives

1

Introduction  
Pour qui et pourquoi?

2

Priorités  
Exercice de clarification

3

Options  
Explorer les options

4

Décision  
Faire un choix éclairé

### Priorités

**Exercice pour clarifier vos priorités**

**Classer ce qui est le plus important pour vous, en ordre du plus au moins important (cliquez)**

Éviter de faire des efforts  
qui pourraient s'avérer  
inutiles



Ne pas me sentir  
impuissant(e)



Ne pas ressentir d'anxiété  
de bien performer



Ne pas me sentir mal  
physiquement (nausées,  
vomissements, crampes,  
inconfort musculaire,

Turn on comment mode to  
collaborate on this prototype

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Avez-vous d'autres considérations importantes à relever ?

[Ajouter une priorité \[+\]](#)

6 Comments

# Next Steps – Training & Implementation

- Working with study sites to implement patient engagement and shared decision-making materials for both providers and patients
  - ▣ Part of intervention training includes specific training for providers
  - ▣ Resources co-created for patients
- Tested during implementation
  - ▣ MyCareMapp
  - ▣ Web-based Decision Box



*Thank you*