Canadian Frailty Network Transformative Grant

Transforming primary care for older Canadians living with frailty

Co-Pl: Anik Giguère
Co-I: Jacobi Elliott
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# Co-Investigators

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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

- **Screening AUA**
- **AUA Score**
- **Warning for Risk Factor(s)**
- **Trajectory Based on:**
  - Clinical Reasoning
  - Patient Priorities
  - Time Available
- **Shared decision making by review of the corresponding DB**
- **Selection of a health option**
- **Delay of decision**

Referral to community services or other services

*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

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

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

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

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

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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)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>When you take it</th>
<th>How much you take</th>
<th>Why you take it</th>
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Questions adapted from a variety of sources: Ask Me 3®; NTCC; BC Patient Safety and Quality Council.
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

Optimal care

Scientific evidence

Patient priorities

Deliberation

Adapted from Montori et al, JAMA. (2014)
Implementation of shared decision making

Professional education on shared decision making

+ patient decision aids

Légaré et al. 2014
Decision Boxes
Patient decision aids developed at Laval University in Quebec city
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.

Round 1
- v1: User experience
- Health literacy

Optimization

Round 2
- v2: User experience
- Health literacy

Optimization

Round 3
- v3: User experience
- Health literacy

Optimization

Final
## CFN transformative project
### Five Decision Boxes

<table>
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<tr>
<th>Frailty risk factor</th>
<th>Decision Box title</th>
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<tr>
<td>Functional decline</td>
<td>Choosing an option to maintain or gain autonomy</td>
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<tr>
<td>Malnutrition</td>
<td>Choosing an option to gain weight, or limit weight loss</td>
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<tr>
<td>Caregiver burden</td>
<td>Choosing a support option</td>
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<tr>
<td>Cognitive decline</td>
<td>Choosing an Option to Maintain or Improve Cognitive Function</td>
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<tr>
<td>Depressive symptoms</td>
<td>Choosing an option to improve mood</td>
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Development process

Identify decision-making need
Rapid reviews
Seek scientific evidence

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

Moullkatou Adouni Lawani, Béatrice Valéria, Émilie Fortier-Brochu, France Légare, Pierre-Hugues Carmichael, Luc Côté, Philippe Voyer, Edeltraut Kröger, Holly Witteman, Charo Rodriguez, and Anik M. C. Giguère
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**
  - 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**
  - Physical activity *(see p.4)*

- **Improve my mobility**
  - Physical activity *(see p.4)*

- **Improve my mental abilities**
  - 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
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 by a 15-metre walking distance score of 15.5 or more.

- **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 1.6 m or more.

- **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.

- **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 took part in physical activity had 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 3 times a week, and for at least 10 weeks. This takes time.

**Confidence in these results:**

- **Strong:** 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.
Web-based version

Retourner choisir une boîte à décision différente

Troubles neurocognitifs légers chez les ainés
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

Avez-vous d'autres considérations importantes à relever ?
Ajouter une priorité [+]
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