# Multidimensional assessment for patients with multimorbidity in primary care – first practice test

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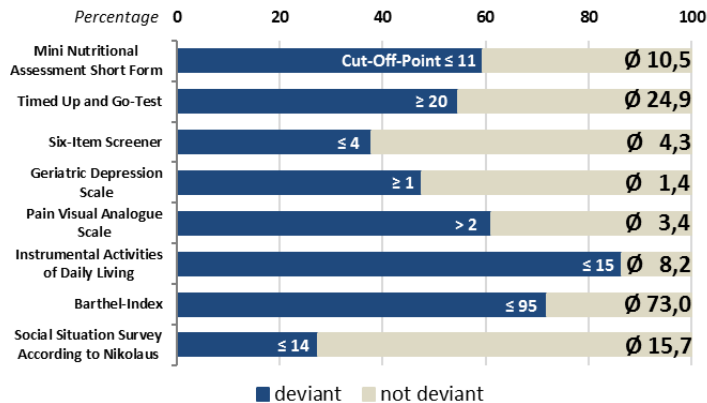
## Aim of the study

Testing the feasibility of a geriatric assessment tool (CCIV-assessment) at Austrian general practitioners (GPs) and comparing first assessment results on patient level.

## Methods

- The study has been carried out in Austria in 2018.
- 16 GPs participated in the practice test and conducted the composed assessment in 185 geriatric patients (39% male, Ø82.6 years, Ø8 diagnoses, 9 medications). The results of the tests were recorded for analysis for each participating patient.
- Data was analysed using descriptive statistics in SAS Enterprise Guide 6.1 and SPSS 26.0.

**Figure 1: Deviant test results per test (% and average score)**



## Results

- In 181 tested patients (98%), the assessment revealed at least 1 relevant functional deficit (Ø4, max. 8). Level of care and number of functional deficits correlated (Spearman: 0.3, $p < 0.01$).
- Deficits were mainly found in nutrition (59 %: MNA-SF ≤ 11), mobility (55%: Timed Up and Go-Test > 20 sec) and activities of daily living (86% IADL ≤ 15/16 points and 72% Barthel-Index ≤ 95/100 points).
- Average time to complete and document the functional tests was 34 minutes (min. 14, max. 61, n=121), use of the electronic (vs. paper) documentation resulted in a significant lower time requirement of 9 minutes.
- 11 GPs suggested 121 interventions in 57/185 patients (30.8%); thereby, pharmacological interventions were preferred.

**Figure 2: Number of deviant test results per patient**



## Conclusion

- The CCIV-assessment is manageable in primary care and able to reveal functional deficits.
- Subsequent to the CCIV-assessment, algorithms are important in order to induce a benefit through interventions.