

Geriatric assessment in primary care – practicability and implications for care

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Background

- Multimorbidity is a major issue in primary care (PC).
- Geriatric assessments are becoming more important in this context.
- An assessment tool for PC was composed and tested among Austrian general practitioners (GP) regarding its practicability.

Methods

The tool was tested by 16 Austrian GP in 185 geriatric patients (10-18/GP, 39% male, Ø82.6 years, Ø8 diagnoses, 9 medications). The maximum duration of the assessment was one hour. Following the practice test, the GP answered a quantitative questionnaire regarding the practicability of the CCIV-assessment. Data was analyzed using descriptive statistics (SPSS 26.0).

Table 1: Parts of the CCIV-assessment / included tests

1. Medical data (diagnosis, medication, anamnestic conditions)
2. Physical and mental health
2a Mini Nutritional Assessment Short Form (MNA-SF)
2b Timed Up and Go-Test (TUG)
2c Six-Item Screener (SIS)
2d Geriatric depression scale (GDS-4)
2e Pain Visual Analogue Scale (VAS)
3. ADL-Status (Activities of daily living)
3a Instrumental activities of daily living scale (IADL)
3b Barthel-Index (ADL)
4. Social situation survey according to Nikolaus (Parts 1-3)

Results

- The CCIV-assessment revealed at least 1 relevant functional deficit (Ø4, max. 8) in 181 tested patients (98%), see Figure 1.
- Deficits were mainly found in mobility (55%: Timed Up and Go-Test >20 sec) and activities of daily living (86%: IADL ≤ 15/16 points; 72% Barthel-Index ≤ 95/100 points). Level of care and functional deficit correlated (Spearman: 0.3, p<0.01). Figure 2 shows deviant test results per test.
- Average time to complete the test was 34 minutes (min. 14, max. 61, n=121). Use of the electronic (vs. paper) documentation required significantly less time (Ø9 minutes less).
- 11 GP suggested 121 interventions in 57/185 patients (30.8%); thereby, pharmacological interventions were preferred.

Discussion

- The assessment was developed on basis of the Austrian Health Care Structure Plan (ÖSG), which suggests the usage of a geriatric assessment in PC.
- Prerequisites for the CCIV-assessment were minimized duration and feasibility for different healthcare professionals without any additional devices.
- Following the practice test, the results of our survey show the thus composed tool is a practicable one.
- However, uncovering functional deficits per se did not induce adequate interventions (neither in number nor in quality).

Conclusion

We conclude that the CCIV-assessment is a practicable instrument for PC; it is manageable and reveals functional deficits. It supports a systematic and objective approach of the functioning of elderly people and reveals their individual care needs. However, the practice test showed that medical algorithms with precise recommendations for subsequent diagnosis and treatment/care are needed in order to induce a benefit through interventions.

Aim of the study

To evaluate the practicability of the composed assessment tool (CCIV-assessment, see Table 1) in PC.

Figure 1: Number of deviant test results per patient

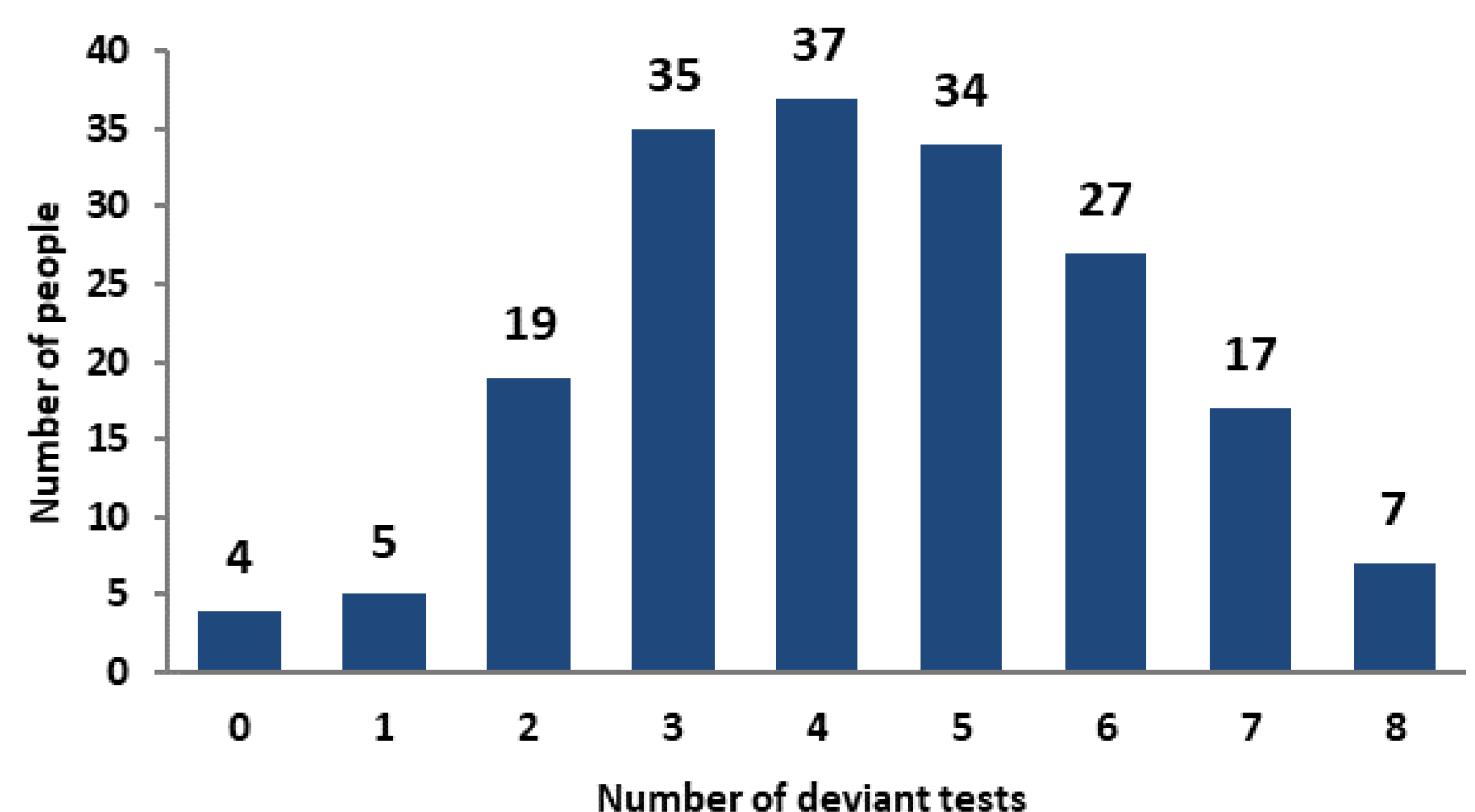


Figure 2: Deviant test results per test (% and average score)

