

## CONFERENCE ABSTRACT

### Geriatric assessment in primary care – practicability and implications for care

ICIC20 Virtual Conference – September 2020

Christine Trischak<sup>1</sup>

1: Competence Center Integrated Care, Austrian Social Health Insurance Fund, Vienna, Austria

---

#### **Introduction**

The number of older patients with multiple chronic diseases increases due to sociodemographic developments and, therefore, geriatrics and multimorbidity become a major issue in primary care. In this context, geriatric assessments, which are commonly used in hospital care, are also becoming more important in primary care. Therefore, we composed a respective assessment tool (CCIV-assessment) based on the instruments used in Austrian hospitals and thus building a bridge between primary and hospital care. The CCIV-assessment was then tested regarding its practicability among Austrian general practitioners (GP).

#### **Methods**

The CCIV-assessment has been composed under the premise of a maximum duration of one hour and potential delegability to other healthcare professionals. Overall, 16 Austrian GP (from 7 federal states) tested the tool by conducting the assessment in 185 patients (10-18/GP; 39% male, Ø82.6 years, Ø8 diagnoses, 9 medications). Then, they answered a quantitative questionnaire pertaining to the practicability of the tool. Data was analyzed using descriptive statistics (SPSS 26.0).

#### **Results**

In 181 tested patients (98%), the assessment revealed at least one 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 mobility (55%: Timed Up and Go-Test  $> 20$  sec) and activities of daily living (86% IADL  $\leq 15/16$  points and 72% Barthel-Index  $\leq 95/100$  points). The 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. Regarding subsequent interventions, 11 GP suggested 121 interventions in 57/185 patients (30.8%); thereby, pharmacological interventions were preferred.

#### **Discussion**

On the basis of the Austrian Health Care Structure Plan (ÖSG), which suggests usage of a geriatric assessment in primary care, the CCIV-assessment was developed. The tool was designed on the basis of a minimized duration as well as feasibility by different health care professionals without any additional devices. Pertaining to the results our survey, following the practice test, the thus com-posed tool is a practicable one.

### ***Conclusion***

We concluded that the CCIV-assessment is a practicable tool for primary care as the required time is manageable. It supports a systematic and objective approach of the functioning of elderly people and reveals individual care needs.

However, uncovering functional deficits per se did not induce adequate interventions (neither in number nor in quality); therefore, medical algorithms are needed that make precise recommendations for subsequent diagnosis and/or treatment/care.

### ***Lessons learned***

Multidimensional assessments are manageable in primary care and reveal functional deficits.

Subsequent to the assessment, algorithms are important in order to induce a benefit through interventions.

### ***Limitations***

The survey only included GP not nurses. In this regard, it should, however, be mentioned that primary care is a fairly new field for nurses in Austria and does not yet have the same importance as in Northern European countries.

### ***Suggestions for future research***

The CCIV-assessment should be implemented in primary care and there should be an early screening for patients who could benefit from it.