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Title

Evaluation of a virtual pre-consultation tool for older adults in primary care: Results from a randomized trial

Priority 1 (Research Category)

Clinical trial

Presenters

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Abstract

Context: Virtual pre-consultation screening of patient needs may offer opportunities to improve the care and health outcomes of older patients in primary care, especially those with multiple care needs.

Objective: We sought to implement and evaluate the effectiveness of a multidimensional virtual pre-consultation tool in the primary care setting to support rapid and standardized needs assessment for older persons.

Study Design and Analysis: Pragmatic, multi-center, 1:1 individually randomized trial design. Implementation was conducted using a participatory approach over a 3-month period. Baseline and 3-month follow-up data were collected through phone-based questionnaires. An intention-to-treat analysis was carried out.

Setting: Four university-affiliated interprofessional primary care clinics, two clinics in one urban region (Montreal) and two in one rural region (Abitibi) in Quebec, Canada.

Population Studied: Patients 65 years and older with a consultation with a primary care provider (physician, nurse, social worker, other) during the implementation period in one of the participating clinics.

Intervention: A virtual pre-consultation tool, ESOGER, was administered as a phone-based questionnaire by a member of the clinic staff to eligible patients prior to their consultation with the primary care provider. The ESOGER tool provides a general assessment of the physical, social, mental and cognitive

health needs of older adults and produces a summary report available to clinicians at the time of consultation.

Outcome Measures: The primary endpoint consisted of the EQ-5D quality of life score at 3-month follow-up. Secondary endpoints were unplanned primary care visits, visits to the ED and hospital admissions in last 3 months.

Results: Of the 659 eligible patients contacted to date, 345 (52.3%) agreed to participate and have been randomized. Follow-up assessments are ongoing with a loss to follow-up of 22.8% and will be completed by August 2022. Final results of the intention-to-treat analysis will be presented overall and stratified by urban and rural sites.

Conclusions: Intended consequences of this intervention include an increased responsiveness of consultations for providers resulting in improved care of older patients. Overall, we hope results will support the implementation of evidence-based, multidimensional and virtual pre-consultation tools for older persons in the primary care setting.