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Title

Feasibility, reliability, validity of an electronic Frailty Index based on Comprehensive Geriatric Assessment in Primary Care

Priority 1 (Research Category)

Community based participatory research

Presenters

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Abstract

To promote early management of frailty, we developed an electronic Frailty Index based on deficit accumulation in a Comprehensive Geriatric Assessment (eFI-CGA) from electronic health records. Here, we examined the feasibility, reliability, and validity of the eFI-CGA by primary care providers (PCP).

METHOD : We enrolled community-dwelling older adults with mild/moderate frailty under the care of Fraser Health and Nova Scotia Health (n=100). A PCP and a geriatrician assessed each patient independently at baseline and six months. PCP and geriatrician inter-rater agreements were tested using the intraclass correlation coefficient (ICC). The eFI-CGA characteristics were also examined

RESULTS: Ninety-eight percent of the participants completed both PCP and geriatrician assessments at baseline (84 years, 62% women, 59% married currently). The mean eFI-CGA was 0.28 ± 0.11 and 0.29 ± 0.12 , which changed insignificantly at follow-up 82% of patients also completed (0.28 ± 0.12 and 0.28 ± 0.12). The eFI-CGA scores were correlated (each $p < .001$) with the Clinical Frailty Scale (CFS) at baseline and follow-up ($r \geq 0.61$ by PCP, $r \geq 0.70$ by geriatrician) and with age ($r \geq 0.44$ by PCP, $r \geq 0.45$ by geriatrician). The ICC value for the eFI-CGA by PCP and geriatrician was 0.91 at baseline and 0.87 at follow-up, higher than that for CFS (0.76; each $p < .001$).

DISCUSSION: The frailty assessments based on eCGA by PCP and geriatricians were highly comparable, suggesting that it is reliable and feasible to assess frailty in primary care using eFI-CGA.

CONCLUSION: The study supports the role of eFI-CGA in geriatrizing primary care for early assessment and management of frailty. Further research will scale up the eFI-CGA implementation and application.

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