

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6023

### **Title**

*Comparing Patient and Provider Perspectives on a Primary Care Preconsultation Tool for Older Adults: a Qualitative Study*

### **Priority 1 (Research Category)**

Geriatrics

### **Presenters**

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### **Abstract**

**Context:** Pre-consultation tools are considered a promising way to support health providers and older adults in identifying multiple and often complex needs. However, few studies have evaluated preconsultation tools targeting older adults and healthcare professionals.

**Objective:** This study compared the perspectives of patients and providers using ESOGER, a novel multidimensional assessment tool for older adults.

**Study design:** Qualitative interviews were conducted with older adults (n=19) and health providers (n=17) in 4 family medicine clinics (2 rural and 2 urban) in Quebec, Canada. The recruitment of older adults was diversified according to age, gender, and comorbidity.

**Analysis:** We completed a thematic inductive-deductive analysis of the interviews using the Dedoose software. Initial coding was based on the RE-AIM and Proctor et al. (2019) frameworks for implementation and evaluation.

Setting and dataset: Community-based practice.

Population studied: Older adults aged 65 years and above.

Intervention/Instrument: Administration of the ESOGER tool prior to the visit of older adults at the participating clinics.

Results: We divided the results into 4 categories: acceptability, appropriateness, efficacy and sustainability. The analysis showed that the ESOGER tool was acceptable in its form and length, and both older adults and providers appreciated the use of the telephone as a means of administration for its familiarity and ease of use (acceptability). Both groups also agreed that the ESOGER provided useful information on mental and social needs, and not so much for physical needs as these were generally already well-known (appropriateness). Also, older adults found that the tool could help in preparing for their consultation, while healthcare providers noticed that it may help in setting care agendas and the general management of patients (efficacy). Finally, ESOGER appeared to be particularly appreciated by both older adults and healthcare provider when the information provided by the patient is discussed explicitly during the consultation (sustainability).

Conclusion: Both groups saw benefits in using a preconsultation tool such as ESOGER, particularly in its use to assist in talking about mental and social need. Nevertheless, this tool could benefit from adaptations regarding the social and psychological needs of older adults and its use according to different clinic workflows.

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