

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

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Title

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

Priority 1 (Research Category)

Geriatrics

Presenters

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Abstract

Context: Pre-consultation questionnaires designed to provide rapid assessments of the physical, social, mental and cognitive health of older adults may support effective primary care management and improved patient outcomes for this population.

Objective: This pilot study sought to evaluate the effectiveness of ESOGER (Socio-Geriatric Evaluation) as a pre-consultation tool in improving patient outcomes for older adults in primary care as compared to usual care.

Study Design and Analysis: Multi-center, 1:1 individually randomized trial design. Implementation was conducted 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 (ClinicalTrials.gov#NCT05102890).

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 an upcoming consultation with a primary care provider in one of the participating clinics were considered eligible.

Intervention: We randomly allocated eligible participants to be administered the ESOGER questionnaire prior to their consultation or to receive usual care. For participants in the intervention group, an

automatically-generated summary report of ESOGER was placed in their electronic chart prior to consultation.

Outcome Measures: The primary endpoint consisted of the difference in the EQ-5D health-related quality of life score at 3-month follow-up. Secondary endpoints were visits to the emergency department and hospitalizations in last 3 months.

Results: Participant mean age was 74.7, 58.4% were women and 75% completed the follow-up assessment. The 3-month change in EQ-5D was 10% higher in the intervention group than in the control group but was not statistically significant (OR [95%CI]: 1.1 [0.9, 1.4]). No significant change in visits to the emergency department (OR = 1.33, 95% CI [0.62, 2.83]) or hospitalizations (OR = 2.36, 95% CI [0.75, 7.90]) in the intervention vs control group were observed.

Conclusions: No improvement in patient outcomes was found 3 months following the implementation of the ESOGER tool. Future work will report on patient and provider perspectives as well as barriers and facilitators to implementation in the current primary care context.

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