# Coordination meeting for Health Programme projects and the Joint Action focusing on frailty of older persons

SUNFRAIL

**University of Valencia** 

Emilia-Romagna Region Mirca Barbolini — Marcello Maggio

Valencia, 28 th. June 2017



Reference Sites Network for Prevention and Care of Frailty and Chronic Conditions in community dwelling persons of EU Countries



The SUNFRAIL Project has received funding from the European Union's Health Programme 2014-2020

### **SUNFRAIL Project**

# Promoted by a network of Italian Reference Sites of the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA)

### 3<sup>rd</sup> EU Health Programme - WP 2014

- To share experiences, good practices and tools to identify and manage frailty and multimorbidity
- Italian Ministry of Health: Progetto Mattone Internazionale



### The Partnership

**ORGANISATION** 

Regione Emilia-Romagna - Agenzia Sanitaria E Sociale

Regionale, Italy

Aster - Societa Consortile Per Azioni, Italy

Regione Piemonte, Italy

Regione Liguria, Italy

Galliera Hospital

Azienda Ospedaliera Universitaria Federico II Campania, Italy

Centre Hospitalier Universitaire De Toulouse, France

**ACRONYM** 

(RER-ASSR)

(ASTER)

(RHAP)

(LIGURIA)

**Affiliated** 

(GERONTOPOLE)

**PARTNER** 

RS LP1

RS PP2

RS PP3

RS PP4

RS PP5

•EIP-AHA Action Groups: A3, B3

RS PP6	Centre Hospitalier Universitaire Montpellier, France	(CHRU)
RS PP7	PP7 Universytet Medyczny W Lodzi, Poland	
RS PP8	Universidad De La Iglesia De Deusto, Spain	(DEUSTO)
RS PP9	Regional Health & Social Care Board Of Northern Ireland, United Kingdom	(HSCB)
PP10	European Regional And Local Health Authorities Asbl, Belgium	(EUREGHA)
RS PP11	CARSAT Languedoc Roussillon, France	(CARSAT)
Collaborat	ting:	Co-funded by the Health Program of the European Un

•International Scientific Research Networks on frailty and disability (IAGG-GARN)



To improve the **identification**, **prevention** and **management** of **frailty** and care of **multimorbidity** in **community dwelling persons** (**over 65**) of EU countries

### **Specific Objectives**

- 1. To design an **innovative**, **integrated model** for the **prevention and management of frailty and care of multimorbidity**
- 2. To **validate the model: assess** existing **systems and services** targeting frailty and multimorbidity citizen's/**patient**'s perceptions and needs
- 3. To assess the **potential for the adoption/replication** and **sustainability of the model (tools & good practices)** in different organizational contexts
- 4. To **promote the dissemination** of the results (decision makers regional, national, EU level)

### **Definition of Frailty**

### Biomedical vs. Bio-Psychosocial Model

#### **Biomedical**

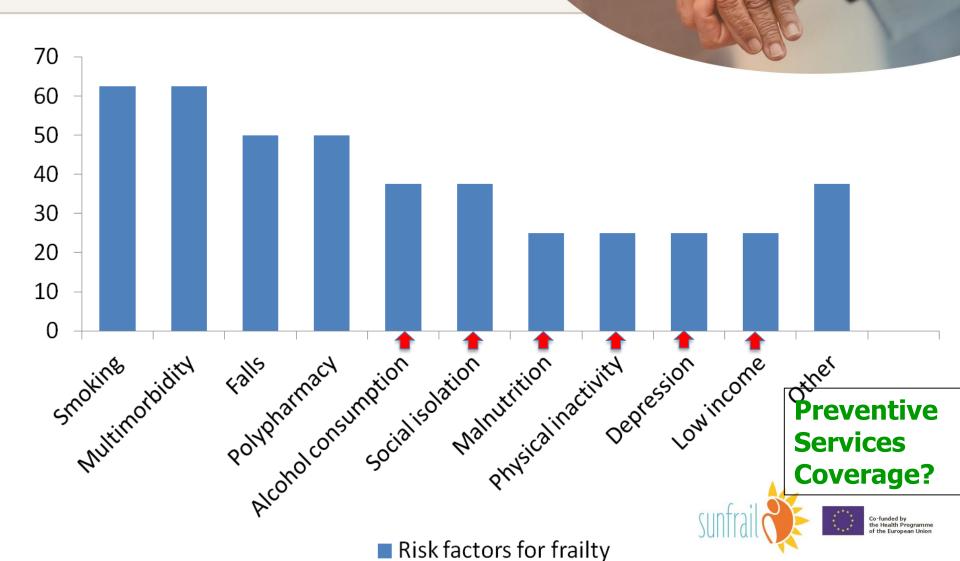
- **Biological**: Age, sex
- Health-diseases
- **Life Styles**: physical activity, nutrition...
- **Risk Factors**: smoke, alchool..

#### **Psyco-Social**

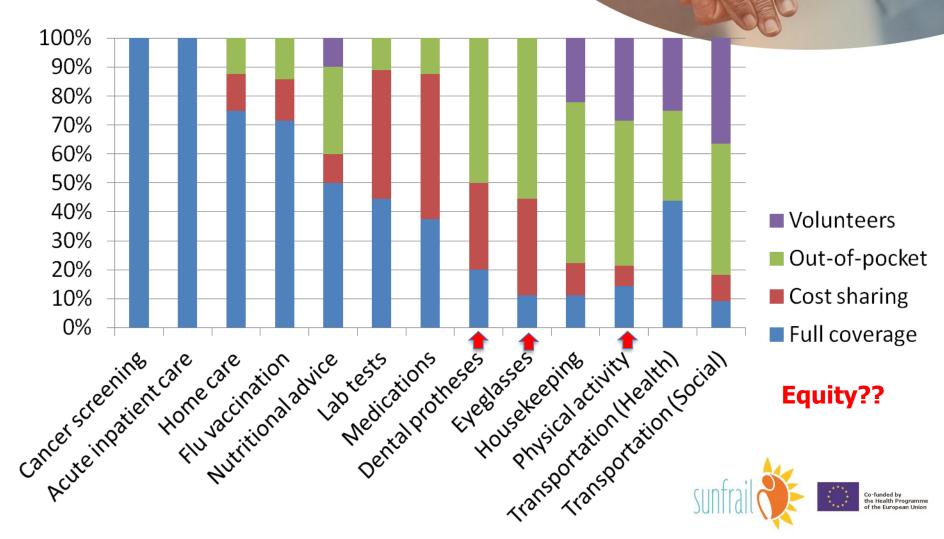
- Well being (physical, psychological)
- Independent living
- Socialization
- Resources: health care, social interaction, sport, leisures
  - Early Identification
  - Prevention of Disability



### Systematic Assessment of Risk factors for Frailty Sunfrail Reference Sites



### Health and Social Services Coverage (65 years and over) Sunfrail Reference Sites



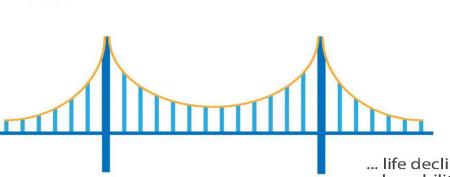
# Beneficiaries Perception of Frailty and Barriers to Care Bridging the Gap

Driaging the cap

Need for independence — FRAILTY? — State of...







- Risk Factors
- Prevention
- Cultural, organizational barriers to services
- Multidisciplinary approach

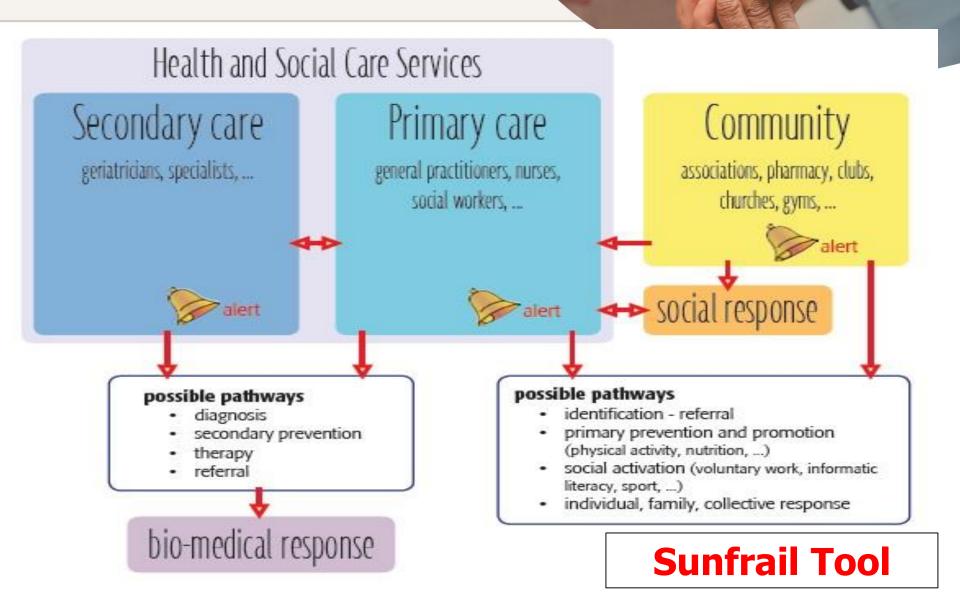


... life decline and extreme vulnerability characterized by weakness and decreased physiologic reserve contributing to increased risk for falls, institutionalization, disability, death.





### Sunfrail Pre-Model of Care on Frailty and Multimorbidity



### **Sunfrail Tool**

QUESTIONNAIRE NUMBER ID							
Date and place							
	PROFESSIONALS						
		□ Nurse □ GPs □ Other Prof	fessionals				
Professio	nal	□ Social Worker □ Community	Actor 🗆 C	aregiver			
		BENEFICIARIES					
Gender	Age	Level of e	ducation				
			□ Low (Wi	thout studies,			
□M	□65-74		Primary So	chool)			
				(Secondary school,			
□F	□75-85			nal degree)			
			_ ,	niversity, Master or			
			PhD degre	ee)			
	_	Questions					
•		arly take 5 or more					
	ations per	,	□ Yes	□ No			
	•	ently lost weight such that					
		s become looser?	□ Yes	□ No			
	• •	state made you walking less	- V				
	the last y	en evaluated by your GP	□ Yes	□ No			
	the last y		□ Yes	□ No			
		en 1 or more times during					
	st year?		□ Yes	□ No			
6. Hav	e you exp	perienced memory decline					
during	the last y	ear?	□ Yes	□ No			
7. Do y	you feel k	nely most of the time?	□ Yes	□ No			
	8. In case of need, can you count on						
someone close to you?		□ Yes 🕦	nfrn Co-funded by				
	9. Have you had any financial difficulties in			of the European Union			
_		re and health care costs					
during	the last y	ear?	□ <b>Ye</b> s	□ No			

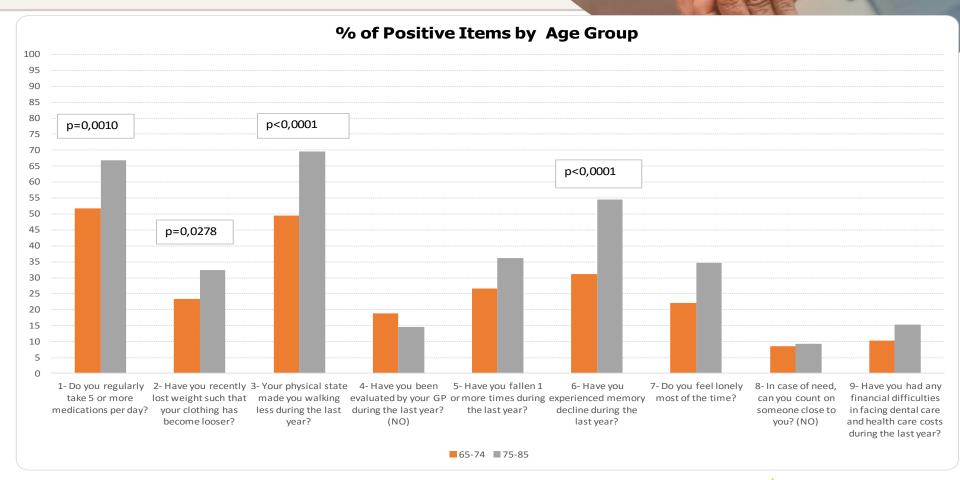
Study Population	n. 481		
Reference Site	n	%	
Deusto University, Spain	139	28,90	
HSCB, Northern Ireland	127	26,40	
Medical University of Lodz, Poland	114	23,70	
University of Naples Federico II	101	21,00	
Beneficiaries			
Gender			
F	330	68,61	
M	151	31,39	
Age Group	481		
65-74	176	36,59	
75-85	305	63,41	
Education Level	481		
High (University, Master or PhD degree)	75	15,59	
Medium (Secondary school, or vocational degree)	173	35,97	
Low (Without studies, Primary School)	233	48,44	





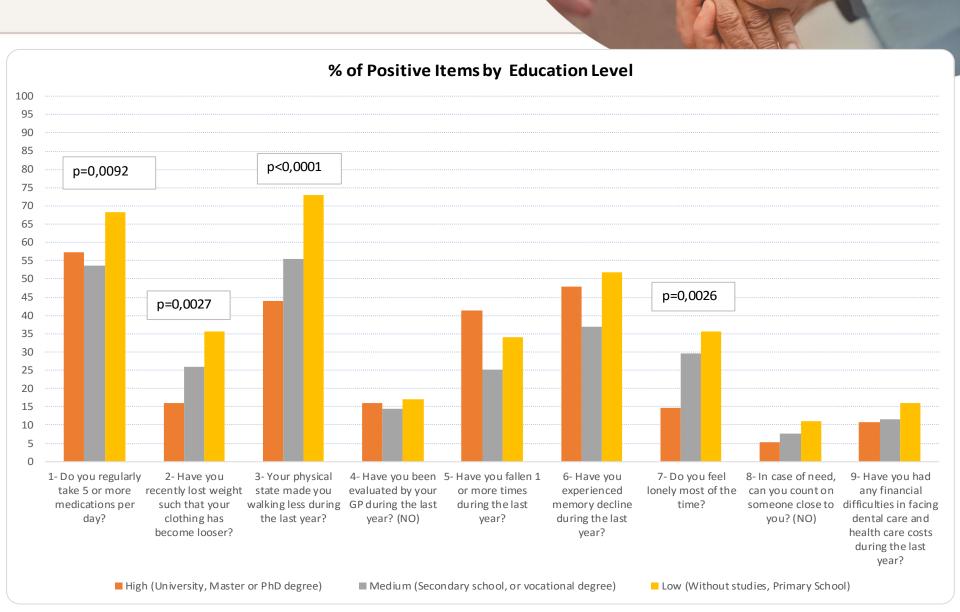
### Sunfrail Tool - Preliminary Results (n. 481)

Questions	n. Positive	%	(95% CI)
	Answers		
1- Do you regularly take 5 or more medications per day?	295	61,33	(56,91-65,58)
2- Have you recently lost weight such that your clothing has			
become looser?	140	29,11	(25,22-33,32)
3- Your physical state made you walking less during the last year?	299	62,16	(57,75 - 66,38)
4- Have you been evaluated by your GP during the last year? (NO)	77	16,01	(12,99 - 19,56)
5- Have you fallen 1 or more times during the last year?	157	32,64	(28,61 - 36,96)
6- Have you experienced memory decline during the last year?	221	45,95	(41,54 - 50,41)
7- Do you feel lonely most of the time?	145	30,15	(26,21 - 34,39)
8- In case of need, can you count on someone close to you? (NO)	43	8,94	(6,68 - 11,85)
9- Have you had any financial difficulties in facing dental care and			
health care costs during the last year?	65	13,51	(10,73 - 16,87)









		Positive Answers				
Domains	n.	%	n.	%	Score	Standard
	Answers		Persons	(of 481)	Frailty	Devation
					(0-1)*	
Biological (max 5 positive answers)	968	67,13	437	90,85	0,403	0,226
Neuro-Psychological (max 2 positive answers)	366	25,38	278	57,80	0,380	0,370
Socio-Economic (max 2 positive answers)	108	7,49	96	19,96	0,112	0,237
Total (max 9 positive answers)	1442	100,00	453	94,18	0,333	0,191
*n. Positive Answers /max n. Positive Answers						





Suggested Pathways	n	%	95% CI
Request GP visit	118	24,53	(20,90-28,57)
Request specialist-Geriatrician evaluation	152	31,60	(27,60-35,89)
Diagnostic evaluation	60	12,47	(9,80-15,74)
Proactive & Preventive Intervention			
Physical Exercise	237	49,27	(44,83-53,73)
Psychological and/or Cognitive support	186	38,67	(34,42-43,10)
Social Support	189	39,29	(35,03-43,73)
Other Pathways		30,07	(26,81 - 35,04)
Relevant but not available		2,91	(1,71-4,87)
Non-relevant	172	35,76	(31,60-40,14)



# The Application of the Sunfrail Tool in other EU Projects: Consenso\* - Community nurse supporting elderly in a changing society

Questions (Consenso)	n. Positive Answers	% (1740)
1- Do you regularly take 5 or more medications per day?	NA	NA
2- Have you recently lost weight such that your clothing has become looser?	222	13
3- Your physical state made you walking less during the last year?		
·	639	37
4- Have you been evaluated by your GP during the last year? ( <b>NO</b> )	166	9,5
5- Have you fallen 1 or more times during the last year?	387	22
6- Have you experienced memory decline during the last year?	655	38
7- Do you feel lonely most of the time?	NA	NA
8- In case of need, can you count on someone close to you? (NO)	149	8,60
9- Have you had any financial difficulties in facing dental care and health care costs during the last year?		
	474	27

Questions (Sunfrail)	n. Positive Answers	% (481)
1- Do you regularly take 5 or more medications per day?		
2 20 year regularly take 5 or more mealeastons per day.	295	61,33
2- Have you recently lost weight such that your clothing has become looser?	140	29,11
3- Your physical state made you walking less during the last		,
year?	299	62,16
4- Have you been evaluated by your GP during the last year? (NO)	77	16,01
	//	10,01
5- Have you fallen 1 or more times during the last year?	157	32,64
6- Have you experienced memory decline during the last year?	221	45,95
7- Do you feel lonely most of the time?	145	30,15
8- In case of need, can you count on someone close to you? (NO)	43	8,94
9- Have you had any financial difficulties in facing dental care		
and health care costs during the last year?	65	13,51

\*Countries: Italy, France, Slovenia, Austria





### The SUNFRAIL questionnaire and the CARSAT-LR adaptation

	SUNFRAIL questionnaire		CARSAT-LR adaptation
1.	Do you regularly take E or more	1	Not applicable
1.	Do you regularly take 5 or more medications per day?	1.	Not applicable
2.	Have you unintentionally lost weight during	2.	Have you unintentionally lost weight
	the past year such that your clothing has become looser?		during the last three months?
3.	Has your physical state made you walk less during the past year?	3.	Have you any difficulty at walking?
4.	Have you been seen by your general practitioner during the past year?	4.	Have you a regular medical follow-up?
5.	Have you fallen one or more times during the past year?	5.	During the past three months, have you fallen one or more times?
6.	Have you experienced any memory decline during the past year?	6.	Have you memory problems?
7.	Do you experience loneliness most of the time?	7.	Do you feel loneliness?
8.	In case of need, can you count on someone close to you?	8.	In case of need, is there anyone on whom you can count for support?
9.	Have you had any economic difficulty in	9.	Would you say that your resources are
	facing dental care and healthcare costs during the past year?		sufficient to cover your healthcare needs?

Question 1 cannot be asked by the CARSAT-LR because of the social nature of the service and the legal impossibility to collect information about clinical/medical conditions.





### The mean values of the Quality of Life visuo-analogic scale according to the specific items composing the modified SUNFRAIL questionnaire

Table 3.	Yes	No	р
Q2. Weight loss	55.0 (27.9)	67.4 (19.7)	0.08
Q3. Slow gait	53.1 (24.2)	71.3 (17.5)	0.001
Q4. Irregular medical follow-up	75.0 (35.4)	66.1 (19.8)	0.54
Q5. Falls	47.1 (28.1)	67.5 (28.1)	0.02
Q6. Memory problems	68.3 (15.7)	64.0 (23.8)	0.47
Q7. Lack of social network	63.7 (17.2)	67.5 (25.7)	0.49
Q8. Loneliness	66.7 (19.7)	66.3 (20.3)	0.97
Q9. Budget issues	64.3 (21.2)	95.0 (7.1)	0.04

### **Sunfrail Main Outcomes**

### **Model and Tools - Potential for:**

- Early detection, prevention and management of frailty and multimorbidity (primary care, community, secondary care)
- Involvement of community and final beneficiaries
   (assessment of risk factors) (empowerment/self-help)
- Involvement of different sectors and actors



Multidisciplinary approach by professionals



### **SUNFRAIL Good Practices - Criteria**

- 1. Innovation: novelty (product, process, tools, ICT), etc.
- **2. Duration-State of Art**: length of implementation; new practice or continuation/improvement of a previous action
- **3. Stakeholders Involved**: e.g. University-Research Institutes, Institutions responsible for planning and implementing services, patients/citizens groups
- **4. Law/Regulation Scenario**: existing regional and/or national laws coherent with the local GPs
- **5. Deliverables** (guidelines, models, ICT tools, report, questionnaire, database, tranining)
- **6. Transferability** (experience of replication-regions, districts)

33 GPs Identified!!





### **SUNFRAIL Dissemination**

### **Dissemination Events Transnational workshops**

 Bologna, 22 March 2016: "Understanding and caring for frailty and multimorbidity" – **Definition of Fraity**

 Naples, 27 October 2017: "Sunfrail: Toward a Bio-Psychosocial Model of Frailty"

### •EIP AHA B3 AG and SUNFRAIL Seminar 5 April 2017

### Foreseen:

- October 2017 Northern Ireland
- February 2018 Sunfrail Final Conference? Bologna

### **Publications**





Understanding and caring for frailty and multimorbidit













### **Potential for Synergies/Collaboration**

#### **ADVANTAGE**

WP4 - knowing frailty at the individual level: definition

WP6 - managing frailty: prevention and clinical management

WP7 - models of care

WP8 - extending and expanding the knowledge on frailty

WP2 - dissemination

Marche Region - Leader - Pro.M.I.S Sunfrail IT EIP on AHA Reference Sites



#### WP4 - design a model

- assessment of RS health and social systems
- definition of frailty and multimorbidity
- sunfrail pre-model of care on frailty and multimorbidity (D)

#### WP5 - validate the Model

- beneficiaries perception and barriers to care (D)
- RS service delivery and tools (D)
- RS good practices
- Sunfrail Tool on frailty and multimorbidity (D)
- a Model on frailty and multimorbidity (D))

WP7 - design a Model and Tool for human resources development (D)

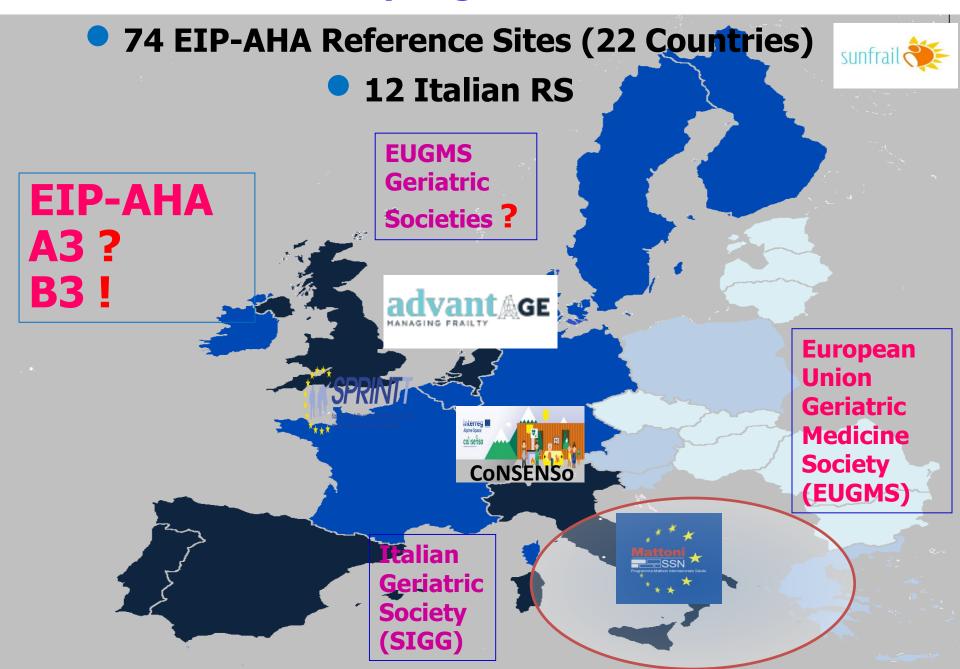
WP6 - experiment the Models and the Tools, potential adoption and sustainability (D)







### **Potential Synergies/Collaboration**



### Rationale and Steps in the development and application of Sunfrail Tool



- 1. Building up a multiprofessional working group (Geriatricians, Public Health Experts, Sociologist)
- 2. Selection of Items already present in other questionnaires
- 3. Comprehensibility and applicability of the questionnaire among professionals, volunteers of different education
- 4. Translation from English language into French, Polish, Spanish, and Italian Language and back translation
  - 5. Verification of the comprehensibility of the final version of the questionnaire



### From Clinical (GPs) perspective

Is the Positivity at certain items clinically meaningful? (Physical and Neuropsychological)

**Confirmatory tests** 

Physical tests (4 meter walking speed) (hand grip strength)

Neuropsychological tests (MMSE)



# Research Clinical question Tested in preliminary data in 340 outpatients of Frailty Multimorbidity Lab of Geriatric Clinic University Hospital of Parma (Emilia Romagna Region)

### Participants who answer yes to items number

- 3. Your physical state made you walking less during the last year
- 5. Have you fallen 1 or more times during the last year.
- 6. Have you experienced memory decline during the last year.
  - a. will have lower performance score in terms of 4 meters walking speed, hand grip strength and MMSE than participants who answer no?
  - b. the difference (if any) between these groups will be statistically significant?

Table 3. Mean Differences in cognitive and motoric parameters, stratified on positivity to Sunfrail questionnaire.

		MMSE	(SD)	<b>p</b> *
6. Memory decline :	YES (n=241)	20.7	6.5	
, accume	NO (n=102)	23.9	5.2	
	NO (II=102)	20.0	0.2	<0.001
		4-m WS	(SD)	p*
5. Falls during last year:	YES (n= 161)	0.46	0.35	
	NO (n=181)	0.75	0.37	
				<0.0001
		Handgrip	(SD)	p*
5.Falls during last year:	YES (n= 159)	18.64	8.60	
	NO (n=182)	22.0	9.70	
				0.005
		4-m WS	(DS)	p*
3.Walking less because of yo	ur physical			
Status:	YES (n=253)	0.53	0.37	
	NO (n=89)	0.85	0.31	
				0.0001 y 'ros

<sup>\*</sup>Adjusted for age and sex







### Thank you for your attention!



### <u>www.sunfrail.eu</u>

Mirca Barbolini Marcello Maggio SUNFRAIL Team



