Resolved, that mandatory frailty screening be implemented at all levels and settings of the health care system to target the most vulnerable of those with chronic health conditions for restorative or most appropriate care, including advance care planning and end-of-life care.

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ISSUE
One of the most significant challenges facing Canada’s health care system is the misalignment of health care resources, clinical practices and care options for the more than 1.1 million older Canadians deemed to be frail – a distinct health state characterized by debility, the presence of multiple, chronic health conditions, and higher risk of poor health care outcomes including death. The Technology Evaluation in the Elderly Network (TVN) proposes mandatory frailty screening for all older adults who come into contact with the health care system. Earlier recognition and assessment of frailty will allow for appropriate care planning and the widespread integration of holistic models of care that will lead to measurable, significant improvements in health outcomes for Canada’s most vulnerable citizens.

BACKGROUND
Canada’s population is aging quickly, with the number of seniors growing faster than in any other OECD country [i]. More so, the sharpest rising segment of our seniors population is among Canadians aged 85 years and older, which has grown by 250 percent in the past 30 years [ii]. An estimated 25 percent of Canadians over 65 and over half of those past the age of 85 are medically frail [2]. Within the next 20 years, the number of frail Canadians will more than double. Although aging and frailty are not synonymous, the incidence of frailty increases rapidly with age and is more common in those with social isolation and lower socio-economic status.
Frailty is under recognized and underappreciated by health care professionals and the public. Compounding this low recognition is a dearth of evidence to guide practitioners on how to treat those that are frail. For example, medical trials and new medical technologies are mostly tested on younger and healthier patient groups: it is generally assumed that frail individuals will have the same risks, benefits and outcomes, which we now know is inaccurate.

Despite the high number of Canadians experiencing multiple morbidities and functional limitations, our health care system remains anchored to the diagnosis and management of disease along single organ systems. If we are to improve outcomes, we need to increase recognition of the impact of the frailty health state, improve the evidence base for its treatment, and develop evidence-based holistic models of care.

TVN is Canada’s network for frail elderly care solutions. Funded by the Government of Canada through the Networks of Centres of Excellence, TVN is the hub of a Canadian and international network of over 400 frailty health researchers, 30 universities and teaching hospitals, 20 industry and business partners, and 110 nonprofit national and provincial agencies that share a determination to support research, study medical technologies, share knowledge and train health practitioners to improve care for the frail elderly and health outcomes across all settings of care.

KEY CONSIDERATIONS

The implementation of mandatory frailty screening requires consideration of several key factors, namely:

- Frailty screening will increase the recognition of the most vulnerable segment of the population at greatest risk of adverse events such as rapid loss of functional status, hospitalization, institutionalization, falls, delirium and death.
- Systematic frailty screening will enable earlier intervention by health care providers to mitigate downward health trajectories, and prevent, or significantly delay, adverse outcomes.
- Screening for frailty will allow for the development of targeted care pathways and allocation of health care resources to those who are most vulnerable.
- Screening for frailty is meant to reduce clinical uncertainty and refine clinical decision-making. Therapies that may be appropriate for a non-frail person may not benefit or harm a person who is frail or a therapy that in not beneficial in a non-frail person may benefit one who is.
- Improving care for frail people may also improve the care of individuals who are not frail.
- Characterizing people as frail may promote ageism, and be used to justify rationing and denial of care.
- Health care stakeholders must agree on which frailty screening tools to use and how to apply them.
- Consensus needs to evolve on whom to screen, thresholds and specific populations.
- Frailty screening may require the reallocation of health care resources, including the training of health professionals, (re)assignment of personnel to complete frailty screening, and adapted funding models.
- Improvement in the evidence base is required for those identified as frail.
NEXT STEPS
TVN is implementing a comprehensive applied research and stakeholder engagement strategy to promote the recognition of frailty through frailty screening, and to improve the evidentiary base for its treatment and management once it is identified, including improved end-of-life care. This includes integrating the perspectives of frail elderly Canadians and their caregivers in research, agenda setting, and consideration of wider ethical, legal and health policy considerations.

Mandatory frailty screening would represent a positive disruptive innovation in Canadian health care. Although there are challenges for the implementation of frailty screening, these are offset exponentially by the potential individual and system-wide improvements in health care outcomes that frailty screening would offer Canada’s frail and most vulnerable citizens. The Great Canadian Healthcare Debate focuses the discussion of health care leaders on policy alternatives. The significance of the adoption of a resolution for mandatory frailty screening should, therefore, not be underestimated. It represents a constructive step along the journey for improving care for frail elderly Canadians.

This issue brief was prepared by: TVN (Technology Evaluation in the Elderly Network)

REFERENCES

i. Canadian Institute for Health Information (CIHI), Health Care in Canada, 2011, 45.

ii. CIHI, Seniors and the Health Care System: What is the Impact of Multiple Chronic Conditions?, 2011, 5.