Utilizing Valid, Reliable, and Practical Measures of Health Status in Primary Geriatric Care:

Translating Research into Usual Care with the Senior's Health Assessment Report and Plan (SHARP™)

Ted Rosenberg MD MSc FRCPC[1]

[1]*Clincial Assistant Professor, University of British Columbia*
HomeTeam Medical Services, Victoria BC Canada trosenberg@hometeammedical.ca

What is the SHARP™?

The SHARP™ contains 10 component measures:

1) Clinical Frailty Scale (CFS)
2) EuroQOL EQ-5D-5L for Health-Related Quality of Life
3) EuroQOL EQ-VAS Visual Analog Scale for General Health
4) Gait Speed (over 3m)
5) Grip Strength
6) Montreal Cognitive Assessment (MoCA)
7) Geriatric Depression Scale (GDS-5 question version)
8) Months of the Year Backwards (MYB)
9) Mini Nutritional Assessment® (MNA)
10) 3 oz. Water Swallow Test (WST)

The SHARP™ takes 60-minutes and is performed by a nurse:

- At baseline, when patients first enter the practice
- Annually
- To evaluate interdisciplinary team interventions
- When health status changes

Who uses the SHARP™ and Why?

Patients and their family caregivers use the SHARP™ to:

- Articulate individualized goals of care
- Motivate patients for treatment (see case study, top right)

Clinicians, Case Managers, and Health Care Facilities can use it to:

- Assess health status and patient's level of risk
- Develop individualized care plans (case study, top right)
- Track changes in health status after interventions
- Coordinate care between system contact points and specialties

Administrators use aggregated SHARP™ results for:

- Program planning and evaluation (see bottom right)

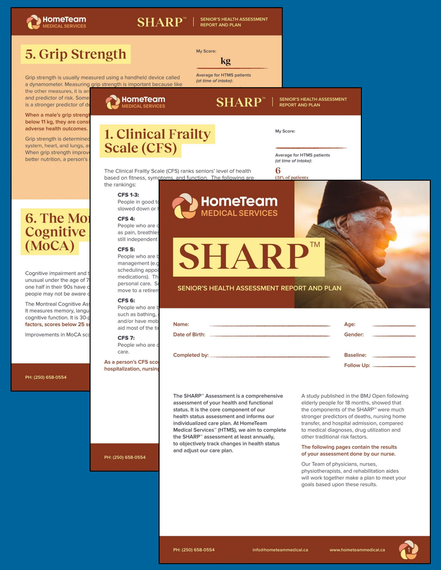
SHARP™ = Senior's Health Assessment Report and Plan

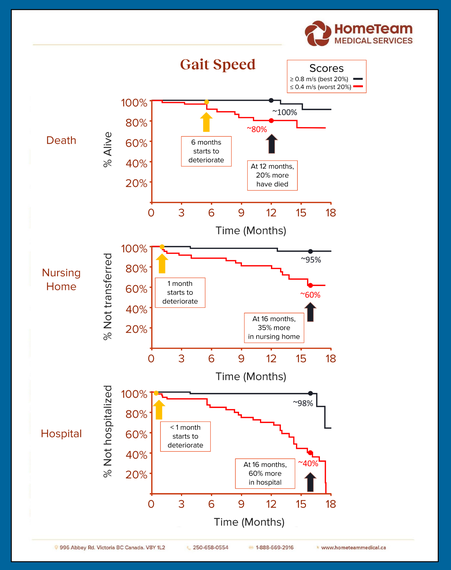
The SHARP™ uses valid and reliable health status measures to:

- Predict risk for individuals
- Establish client-centered goals of care
- Motivate patients
- Plan and evaluate interdisciplinary interventions for individuals
- Benchmark a population
- Plan and evaluate at a program level

Compared to medical diagnoses or polypharmacy, the SHARP™ is a much stronger predictor of:

- Mortality
- Nursing home transfer
- Hospitalization





Left: *Sample patient summary handout increases patient and caregiver participation.*
Right: *Example of patient education tool, used to help build patient understanding and motivation.*
Results published in BMJ Open 2019. https://bmjopen.bmj.com/content/9/11/e032712.info

BMJ Open, 2019

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More HTMS Research

How can you use the SHARP™?

Case Study

86-year-old woman, falling, depressed, with recurrent ER visits.

Baseline SHARP™ salient results:
- CFS = 6
- Gait Speed = 0.62 m/s
- Grip Strength = 10.0 kg
- GDS-5 = 4/5

1 **MD/RN:** Meet with patient to review risks for nursing home transfer and hospital admission using patient education tool to build motivation.

"I don't like exercise, but I do not want to go to a nursing home or the hospital"

2 **MD/RN:** Change amitriptyline to escitalopram, discontinue zopiclone, refine treatment for congestive heart failure, inject steroid, and prescribe topical diclofenac for knee osteoarthritis.

PT/Rehab Aid: Provide therapy for knee and supervised exercise plus independent home exercise program.

3 **MD/RN:** Reassessment at 8 weeks

SHARP™ results:
- Gait Speed = 0.78 m/s
- GDS-5 = 1/5

Continue rehabilitation

4 **MD/RN:** Reassessment at 12 weeks

SHARP™ results: no change

Discontinue regular rehab visits, continue independent home exercise program, and change to monthly monitoring visits.

5 **MD/RN:** Reassessment at 1 year

SHARP™ results: no change

No ER visits, moved to independent retirement home for increased social support.

Program Planning

Tracking changing population needs

Practice Mean (at intake)	2020	2023	delta
Gait Speed (m/s)	0.68	0.50	**-0.18**
MoCA	22	20	**-2**
GDS-5	1.5	2.0	**+0.5**
MNA-6	11	9	**-2**
% of patients with CFS of 6	58	76	**+18**

*Table 1: Example data showing how SHARP™ data can be used to measure changing needs of **new patients** entering the practice over time.*

Possible Interpretation:
- New patients to the practice are increasingly physically and mentally frail.

Planning Considerations:
- What **other needs** do our patients have?
- Add an **Occupational Therapist and/or Dietician** to our team?
- Increase funding allocation for rehabilitation aides?
- Closer tracking/support for **caregiver stress**?
- Closer tracking of **hypnotic/sedative drug** use to lower **fall risk**?
- Increasing interventions for prevention of **osteoporotic fractures?**