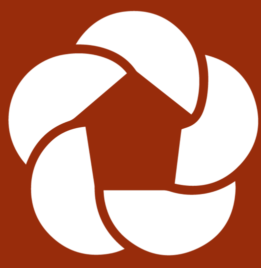
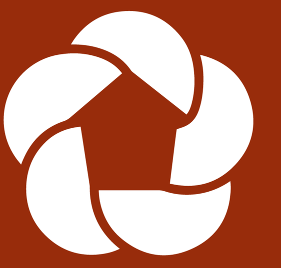

Utilizing Valid, Reliable, and Practical Measures of Health Status in Primary Geriatric Care: Translating Research into Usual Care
The Senior's Health Assessment Report and Plan (SHARP™)

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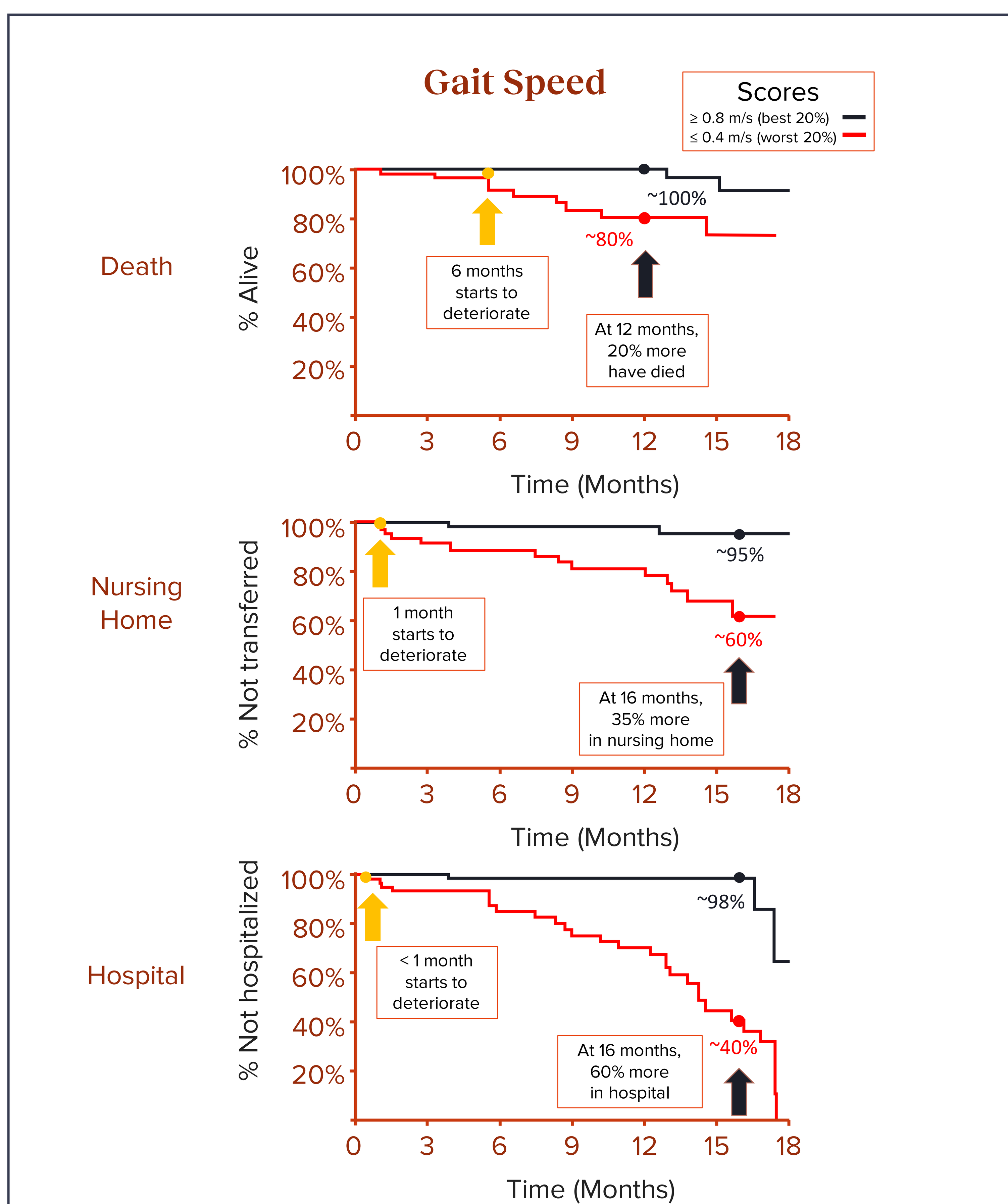
Summary: The SHARP™

- The Senior's Health Assessment Report and Plan (SHARP™) is a 60-minute assessment done by a nurse.
- Compared to most medical diagnoses, components of the SHARP™ were stronger predictors of:
  - Death.
  - Nursing home transfer.
  - Hospital admission.
- The SHARP™ is performed:
  1) At baseline, when patients first enter the practice.
  2) Annually.
- Components of the SHARP™ are also repeated:
  1) To evaluate interdisciplinary team interventions.
  2) When health status changes.
- The SHARP™ is reviewed with patients and their family caregivers to:
  - Develop a care plan.
  - Develop individualized goals of care.
  - Motivate patients for treatment.
- The SHARP™ is also shared with case managers, homecare nurses, congregate care facilities, and hospitals.
- Aggregated SHARP™ results are used to define population needs and for program planning and evaluation.

The Components of the SHARP™

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

Sample Patient Education Tool[2]



[2]Outcomes data based on HomeTeam Medical Services™ practice population. Results published in BMJ Open 2019. https://bmjopen.bmj.com/content/9/11/e032712.info

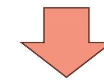
Patient Care - Case Study

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

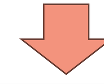
SHARP™ results: CFS 6, Gait Speed 0.62 m/s, Grip Strength 10.0 kg, and GDS-5 4/5.

Meet with patient to review risks for nursing home transfer and hospital admission using patient education tool graphs (see bottom left).

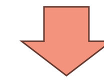
"I don't like exercise. but I do not want to go to a nursing home or the hospital"



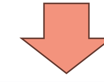
MD/RN: Change amitriptyline to escitalopram, discontinue zopiclone, fine tune treatment for congestive heart failure, inject steroid and prescribe topical diclofenac for knee osteoarthritis.
PT/Rehab Aide: Therapy for knee and supervised exercise plus independent home exercise program.



8-week reassessment: Gait speed 0.78m/s, GDS-5 1/5. Continue rehabilitation.



12-week reassessment: No change in outcome measures. Discontinue regular rehab visits, continue independent home exercise program, and change to monthly monitoring visits.



1-year reassessment: No ER visits, moved to independent retirement home for greater social support.

Program Planning and Evaluation

Changing Population Needs

Example: Using SHARP™ data to measure changes in our population averages for new patients entering the practice over time.

Practice Mean (Intake)	Year 1	Year 3
Gait Speed (m/s)	0.68	0.50
MoCA	22	20
GDS-5	1.5	2.0
MNA-6	11	9
% of patients with CFS of 6	58	76

Possible Interpretation: New patients to the practice seem to be increasingly physically and mentally frail.

Planning Considerations: What other needs do our patients have? Should we add an Occupational Therapist and/or Dietician to our interdisciplinary team? Do we need to increase allocation for rehabilitation aides? Consider closer tracking/support for caregiver stress. Consider closely tracking hypnotic/sedative drug use to lower fall risk. Consider increasing interventions for osteoporosis.

Evaluation of Effectiveness of Team Interventions

Example: Measuring changes from baseline risk measures for current patients after 1 year.

Practice Mean	Intake	1 year	Interpretation
Gait Speed (m/s)	0.68	0.79	Improved and maintaining gains.
MoCA	22	20	Expected cognitive decline, consider other cognitive interventions.
GDS-5	2.4	1.0	Improvement in mood.
EQ-5D	0.73	0.86	Improvement in quality of life.
EQ-VAS	68	82	Improvement in self-reported health.
MNA-6	10	10	No change in nutritional risk. Needs review.
% of patients with CFS of 6	58	72	Mix of higher risk new patients and aging. (Note – CFS does not usually improve in frail individuals)

Conclusion

Standardized testing with the SHARP™:

- Is acceptable to patients.
- Is efficient.
- Supports individual patient care by an interdisciplinary team.
- Supports data aggregation and program planning and evaluation.

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