Impact of a Geriatric Assessment and Adherence Intervention

Reuben DB, Frank JC, Hirsch SH, McGuigan KA, Maly RC. A randomized clinical trial of outpatient comprehensive geriatric assessment coupled with an intervention to increase adherence to recommendations. J Am Geriatr Soc 1999;47:269–76.

Study Overview

Objective. To evaluate the impact of a single outpatient comprehensive geriatric assessment (CGA) consultation and an adherence intervention on health outcomes.

Design. Randomized controlled trial.

Setting and participants. 363 community-dwelling patients, 65 years of age or older, who had failed a screen for at least 1 of 4 conditions (falls, urinary incontinence, depressive symptoms, or functional impairment) and were being treated in community-based outpatient or physician office settings. 183 patients received usual care; 180 were randomized to the treatment group.

Intervention. Treatment-group patients received a detailed, standardized CGA [1] from a social worker, a gerontologic nurse practitioner/geriatrician team, and a physical therapist (when indicated) at a community-based site. Following the CGA, a short interdisciplinary case conference involving 1 of 6 board-certified geriatricians and the same nurse practitioner, social worker, and physical therapist who had participated in the assessment was conducted. The patients then underwent an adherence intervention comprised of the following elements: the geriatrician leading the assessment contacted the patient's primary care physician by telephone and letter to convey the CGA recommendations and receive feedback regarding their appropriateness. The patient then received the recommendations and supplementary educational materials both in writing and over the telephone.

Main outcome measures. The primary outcome was change in physical function over the 15-month study period, as measured by the 10-item physical function scale within the Medical Outcomes Study Short Form-36 (SF-36) [2]. Other outcomes included functional status and health-related quality-of-life as assessed by the SF-36, adherence to recommended treatment regimen, restricted activity and bed days, and results from the Physical Performance Test [3] and NIA lower-extremity battery [4].

Main results. In an intent-to-treat analysis, the adjusted difference in change scores (4.69 points) for physical functioning between treatment and control groups indicated a statistically significant benefit of treatment ($P = 0.021$). Primarily, this represented a decline in the functioning of the control group and only slight change in the functioning of the treatment group. Benefits of treatment were also demonstrated by number of restricted activity days and SF-36 scale scores for energy/fatigue, social functioning, and physical health.

Conclusion

An outpatient CGA followed by a telephone and mail-based adherence intervention can prevent a decline in functional and health-related quality of life related to chronic conditions in community-dwelling elderly patients.

Commentary

This relatively modest, inexpensive intervention changed the primary care physicians' process of care for these patients and produced health benefits across a variety of self-reported outcome measures.

Applications for Clinical Practice

The authors demonstrate an inexpensive and apparently valuable method for integrating comprehensive geriatric assessment into a primary care physician-based system of health delivery for relatively functional community-dwelling older persons. The process they describe could be used either intact or modified within managed care organizations or other integrated health care delivery networks to assist primary care physicians in optimizing the outcomes of their elderly patients. The rapid growth that will occur in this segment of the population over the next 2 decades requires that greater attention be paid to such innovative programs.

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