



Evidence and
Implementation
Summit 2023
9-11 October

Melbourne, Australia & Online



Behavioural and Implementation
Science Interventions
Yong Loo Lin School of Medicine



Centre for
Evidence and
Implementation

www.eisummit.org

[@EISSUMMIT2023](https://twitter.com/EISSUMMIT2023)

[#EIS2023](https://twitter.com/EISSUMMIT2023)

#121 - Assessing frailty care gaps to inform evidence implementation design

Presenting Authors

1. Dr Stephanie Ho Xinyi
2. Dr Ye Sun
3. Dr Zongbin Li
4. Dr Wai Yee Lim
5. Dr Phyllis Kim Ai Ling

Affiliation

Evidence to Practice Office, Agency for Care Effectiveness, Ministry of Health, Singapore

Objectives/Aims

The Evidence to Practice Office (ETPO), a branch of the Agency for Care Effectiveness (ACE) within the Ministry of Health (MOH), Singapore, supports healthcare professionals and patients in effective, evidence-based care through development and implementation of clinical guidances as well as professional and patient education initiatives.

Frailty was shortlisted as a topic for consideration at the annual ETPO topic call in 2022, with reported gaps including a lack of systematic way to identify at-risk population and a lack of standardised assessment. ETPO conducted formative research on frailty to understand current practice and assess potential care gaps, with the aim to inform the design of implementation activities, and to improve the likelihood of practice adoption.

Methods

Local publications and international guidelines on frailty management were identified (through a systematic search on PubMed) and appraised with a focus on the similarities and differences in recommendations across different guidelines. Specifically, three local publications and four widely referenced international guidelines were appraised in detail: the Physical Frailty: ICFSR International CPG for Identification and Management, Asia-Pacific CPG for the Management of Frailty, Royal Australian College of GP Aged Care Clinical Guide, and NICE Guidelines on Multimorbidity. A systematic search on PubMed was conducted to identify local literature, including national reports, on local practice and potential care gaps in frailty management.



Evidence and
Implementation
Summit 2023
9-11 October

Melbourne, Australia & Online



Behavioural and Implementation
Science Interventions
Yong Loo Lin School of Medicine



Centre for
Evidence and
Implementation

www.eisummit.org

[@EISSUMMIT2023](https://twitter.com/EISSUMMIT2023)

[#EIS2023](https://twitter.com/EISSUMMIT2023)

Consultation with national policy-holding stakeholders, such as the National Frailty Policy, and focus group discussions with local healthcare providers, who are the main target audience of the potential implementation activities, is being conducted to ensure that the developed guidance and education programs are suitable for the local context.

Main Findings

The local prevalence of frailty was estimated to be around 2.5% to 25%, with the wide variation owing to the lack of standardised concepts and measures. Frailty is associated with increased risk of various morbidities and mortality, which adds to the public health burden particularly in the context of an ageing population.

There is currently no standardised frailty screening tool used across various local healthcare settings, examples including Clinical Frailty Scale, FRAIL scale, and the Frailty Index. Healthcare providers' resistance towards frailty screening has been identified as a practice barrier, attributed by knowledge gaps, perceived lack of importance, and the need for more dedicated resources. These factors have led to a proportion of elderly patients at risk of or with frailty not being identified nor receiving the needed management.

The proposed strategies would focus on primary care, as most patients at risk of frailty would seek medical care or follow-up in the primary care setting, and primary care would be the ideal setting for screening and early identification.

Based on the gaps identified, there is strong impetus to address the issues on frailty identification based on best available evidence for implementation across healthcare settings. A clinical guidance with a proposed scope on indication and tools of frailty screening and evaluation in primary care settings would set the foundation for informing national initiatives. The clinical guidance will inform national initiatives such as the Silver Generation Ambassadors programme and the National Frailty Policy which has implications across primary and community care settings, to support timely detection and management of frailty, thereby reducing its associated adverse health outcomes and healthcare utilisation.