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Editorial

Adding Functional Assessments and Related Care Plans to Clinical Practice for Frail Older Patients

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Conventional health care services for older people are disease-centric that each individual condition has its own strategies of prevention, diagnosis, treatment and rehabilitation.[1] However, difficulties for care planning coordination may occur to an older person with multiple comorbid conditions, and care plans for each individual condition may differ from each other.[1] In particular, frail older persons with functional needs are often overlooked by the disease-centric care model. Previous studies have concluded that comprehensive geriatric assessment (CGA) or geriatric evaluation and management (GEM) is important to provide accurate diagnosis, better care planning, quality of life and recovery, but not necessary to reduce the risk of mortality.[2-5] A study published in this issue of Aging Medicine and Healthcare showed that the in-hospital mortality risk would be increased in frail older patients if GEM services were delayed.[6] In this study, Hsu, et al., used a hospital-based retrospective cohort study to examine the mortality risk and functional recovery of patients admitted to the GEM unit and confirmed that disability at discharge was strongly associated with 6-month mortality risk after the hospitalizations.[6] In particular, patients received delayed GEM services were of marginal in-hospital mortality risk. For the study cohort, all patients were triaged as needing GEM unit admissions, but some were admitted to general medical wards before they were admitted to the GEM unit due to bed congestion. Medical care in the general medical wards lack CGA-based interventions that marginally increased the in-hospital mortality risk. Results of this study not only confirmed the importance of GEM or CGA-based interventions, but also addressed the prognostic significance of intervention timing. In the general medical services, disease treatments are standardized, but frail older patients also need emphasis on functional assessments and care plans. Another study in Singapore has shown that frailty was a prevalent condition in either inpatient or outpatient settings in community hospitals that suggested the universal implementation of CGA or GEM services in modern health care models for older adults.[7]

As previously reported, health care for older persons should be function-centric instead of disease-centric,[8,9] and the practice is highly compatible with the principles from the World Report on Aging and Health.[10] Moreover,

frailty per se represents various functional needs, so all frail older patients admitted to hospitals should be cared by GEM or CGA-based interventions instead of disease treatment only.[11,12] However, medical practice and the health care systems are not well transformed into the holistic care model covering both disease treatment and functional needs, which deserve strong attentions in rapidly aging societies. A great body of evidences indicated that disability outweighed multimorbidity in terms of mortality risk and quality of life.[13,14] And the introduction of functional re-ablement programs following acute illnesses successfully reduced disability and mortality for older patients. The development of post-acute care services has clearly demonstrated the benefits for older persons, and the improvement in physical function was usually accompanied by the improvements in cognitive function, depressive symptoms, nutritional status and others.[15-17] However, preventing hospitalization-associated disability should be prioritized in the current health care systems that needs health care professionals to consider function as another important vital sign. Periodic assessment with corresponding care plans is the key to ensure older patients receiving adequate functional enabling programs in the acute care settings. Nutrition and exercise interventions in acute care settings have shown the clinical effectiveness in preventing hospitalization-associated disability.[18-20] A recent study has reported that hospitalization-associated muscle weakness significantly predicted post-discharge functional declines,[21] which echoed the findings of Hsu, et al.'s.[6] A prediction model has been developed to predict hospitalization-associated disability that included various risk factors for functional declines in the acute care settings.[22] All these studies confirmed the importance of CGA-based interventions or GEM in the clinical outcomes of older people, and the main focus went beyond individual disease treatment. Frail older patients admitted to acute hospitals may be resulted from different acute or sub-acute conditions, and GEM provided universal clinical benefits across index diseases or multimorbidity. Despite the evidences supporting the universal clinical benefits of CGA-based interventions or GEM, health care systems and services in most countries did not completely follow the recommendations. Not all countries have established sufficient education and training capacity for Geriatric Medicine,[23,24] so the clinical care capacity would be limited as well. However, along with rapid population aging, developing cost-effective and high-quality care for frail older patients with multiple complex care needs is of critical importance. Governments should carefully consider the best solutions for the escalating population and avoid care fragmentation for these frail older persons. Adding functional assessment to the clinical practice is not only necessary to improve quality of care, but also to ensure the efficiency and operation of the health care systems. In many countries, older patients with acute conditions were looked after by hospitalists or the general medical physicians, but the lack of functional assessments and related care planning may jeopardize the clinical outcomes. Adding training of knowledge and skills related to GEM to general medicine, hospital medicine or even the post-graduate years is essential because of the limited capacity of geriatricians in most countries. To conclude, CGA-based interventions or GEM should be implemented to the health care services for frail older adults as the critical component of modern health care systems to improve quality of care and to secure the operation of the health care systems internationally.

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