### FROM RESEARCH TO PRACTICE:

# Implementing a frailty measure for older adults with intellectual and developmental disabilities

A report on the reactions of webinar participants

### **WEBINAR**

On February 24, 2016, MAPS researchers Hélène **Ouellette-Kuntz**, Lynn Martin, and Katherine **McKenzie** partnered with the Ontario Partnership on Aging & Developmental Disabilities (OPADD) to present their research on frailty among adults with intellectual and developmental disabilities, the development and validation of a frailty index, and the opportunities to implement this measure in Ontario's home care system.







### WHAT DID WE DO?

We presented results from our research, and asked our webinar participants polls and discussion questions to determine their understanding and hear their opinions on our findings.

#### WHO PARTICIPATED?

Over 150 individuals watched and listened to our webinar session. Over 80% were from Ontario. Most of individuals who registered told us they knew some or a lot about the topics presented (55%). Most participants were from the health care sector (65%) and/or the developmental services sector (35%). Many identified as managers (25%) and/or direct service providers (35%), while the rest were policy makers/analysts, researchers/students, or unidentified.

### **POLL RESULTS**

After controlling for other factors, was the risk of frailty was lower in the IDD group, not different in the IDD group, or higher in the IDD group?



Most of the group (80%) correctly noted that frailty was higher in the group with intellectual and developmental disabilities, while 8% thought it was lower

"A combination approach provides a more holistic view of the individual and is more adaptive to an individualized approach to resolving issues and challenges." - Participant

## Which frailty measurement approach is more appropriate in aging adults with IDD?

When given the option of choosing the frailty phenotype, the accumulation of deficits approach, or a combination of the two approaches, most (95%) selected a combined approach.

### What was a stronger prediction of admission to long-term care?



Most participants correctly identified frailty as the strongest prediction of admission to long-term care (62%), although 34% believed that the presence of a distressed caregiver was a better predictor.

### Which do you feel is most beneficial to understanding "risk" in this population?

Other measures of risk of adverse health outcomes include interRAI measures (the CHESS and the MAPLe), however three quarters of the participants (75%) believed that the frailty index is the most beneficial for identifying risk in this population. Three individuals (4%) identified a different measure.

"[Frailty information] would help determine placement for an individual and the level of care required [for] further in-home support or referral to a home." - Participant

### In the home care setting, at what level is the information about risk most useful?

To better understand how best to use a risk m easurement, participants were asked at what level is the information about risk the most useful? Most participants (80%) believed that a measure (e.g. frailty index) would be best used at the individual level, while the remaining 20% believed that it would be best used at the population level. No participant indicated that a risk measurement had little or no value.

"This information could facilitate support within other community agencies. This would assist in identifying other Health Supports in other organizations." - Participant





Is assessment information shared with the Developmental Services sector?

Most participants felt that assessment information was rarely or never shared with the developmental services sector (59%), and only 8% felt it was often shared.



### Does the DS sector need to know about frailty status to support people in the community?

Most of the participants (83%) believed that the developmental services sector should know about the frailty status of all of the individuals it supports, while some (13%) indicated that the sector only needs to know about the frailty status of the older individuals they support.

#### **DISCUSSION RESULTS**

#### How could this information be used at the individual level?

Participants had suggestions for uses of a measure at the individual level, including the implementation of pre-screenings around the ages of 40-50 years. Others suggested annual screenings to be provided by physicians or developmental services workers. With consideration of privacy and consent, some proposed the development of individual "frailty profiles" that could be accessed by individuals, families, and care providers.

### How could this information be used at the population level?

At the population level, participants perceived a use of frailty information to inform policy, determine funding, and to forecast future trends. Some noted the use of this information for advocacy and education purposes. Many mentioned the importance for system-wide and integrated planning.

#### How to cite:

McKenzie, K., Martin, L., & Ouellette-Kuntz, H. (2016). From research to practice-Implementing a frailty measure for older adults with intellectual and developmental disabilities: A report on the reactions of webinar participants. Kingston, Ontario: Multidimensional Assessment of Providers and Systems. Available at http://mapsresearch.ca/resources/other-knowledge-exchange-tools/



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This research is funded by Canadian Frailty Network (known previously as Technology Evaluation in the Elderly Network, TVN), which is supported by the Government of Canada through the Networks of Centres of Excellence (NCE) Program.

