

# Frailty Best Buys Framework

STEP ONE

## Goal

Reduce the preventable and avoidable burden of morbidity, mortality, and disability due to frailty through investments in "Best Buys" in Frailty.

## High-level objectives

- To raise the priority accorded to the prevention and control of frailty.
- To strengthen and orient health and social care systems to more appropriately assess and manage frailty including enhanced assessment, navigation, and more appropriate and tailored interventions.
- To strengthen national capacity, leadership, multisectoral action and partnerships in the prevention, management, and evaluation of frailty.

## Levels of decision-making

Macro: Best Buy "Target Areas" for Investments (top 5-10) (Government/Health Systems)

A

Determination: combination of synthesis of data and deliberation (i.e. for NCD WHO determination based on burden of illness and lowest cost interventions); less evidence available on burden of frailty and not clear disease areas to target.

Meso-Micro: Criteria for project assessment and evaluation

B

Criteria to screen and prioritize applications and to inform evaluation criteria to be included in project evaluation, scale, and spread plans.

## Examples:

(some potential areas from literature)

- Nutrition/exercise programs
- Social supports prioritized (vs. medical supports)
- Mental health supports addressing isolation
- Reducing polypharmacy (guidelines adjusted to reflect frail individuals)
- Intense rehabilitation diversion in acute settings to home rather than LTC
- Primary Care assessment improvements (early catches and tailored programs)
- Navigator role to target health and social care support

## Criteria for target areas/project assessment

### Screen one: value assessment

1. Clinical effectiveness and health impact
  - a. Quality of life for patients and caregivers measured using validated instruments
  - b. Severity and progression of frailty assessed using validated instrument.
  - c. Maintenance or improvement of independence in the community.
  - d. Health system utilization
  - e. Scale of impact (i.e. number of people, services, locations, prevalence of disease).
  - f. Cost of implementation
2. Cost-effectiveness and budget impact
  - a. Is it efficient?
  - b. Is it affordable?

### Screen two: Feasibility

1. Feasibility of implementation
  - a. Is it financially possible in the local context?
  - b. Is there capacity to implement in the preferred timeframe?
2. Critical non-financial considerations
  - a. How does it impact on provincial, territorial, and national seniors' strategies/priorities (e.g., long term care waitlists, alternate level of care patients in acute hospital beds)?
  - b. Are local resources available to support implementation, evaluation, and maintenance of interventions?
  - c. What inter-sectoral collaborations are necessary? Are they ready to contribute?
  - d. Is there alignment with design strategies that promote independence in accessible communities for older populations (e.g., density to support common needs such as groceries, banking, pharmacy, health, and personal services)?

## Foundational system investments

C

1. Consistent standard measurement and reporting on frailty and related disability measures with stratification (mild, moderate, severe requiring different approaches).
2. Training/knowledge – skills required in various settings to recognize and address frailty.
3. Inventory of cost/outcomes measurement tools/sources to inform frailty business cases.
4. Community living and service design that prevents onset of frailty and enhances independence for frail persons.

## Priority setting

1. Consistent standard measurement of frailty - stratification (mild, moderate, severe requiring different approaches)
2. Training/knowledge - skills required
3. Inventory of cost/outcomes measurement tools/sources to inform frailty business cases

## Overall system benefits

Enhanced Ageing in community  
Frailty-focused rather than disease focused care  
Avoidable mortality  
DALYs, Quality of life.  
Acute care and LTC cost avoidance

STEP TWO

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