

Key Messages

Background and Context

Frailty is increasingly seen as a problematic expression of population aging. Given its major implications for clinical practice, public health, and financial sustainability, it represents an emerging challenge for health systems.

The Issue

The most widespread instruments to measure frailty are limited to its physical domains, albeit recently, it has been argued that the concept should be widened to adopt a multidimensional approach, including psychological and social aspects, because disregarding a holistic approach may lead to care fragmentation and consequent negative health outcomes. Moreover, there is a considerable inconsistency and a lack of consensus even in the tools for measuring frailty within the same setting or context, resulting in consistent differences in how the “same” elderly is classified, interventions implemented, and prevalence estimated. Despite Switzerland falling among countries with the lowest prevalence rates, physical frailty has increased over time, while psychological and social frailty has fluctuated. Physically and psychologically frail individuals are more likely, while socially frail individuals are less likely, to be hospitalized and to see a doctor. In addition, physical frailty is more burdensome than multimorbidity. The frail elderly, who are socially isolated, may forego healthcare due to their inability to reach healthcare facilities or the lack of availability of a caregiver. Ignoring psychological frailty, similarly, may prevent the detection of patients that are at higher risk of institutionalization and that may in turn lack appropriate interventions.

Recommendations for Action

Reach a consensus on the definition of frailty and define a comprehensive measurement instrument

Design frailty-specific, integrated care strategies to appropriately address the frailty needs and shift the clinical and economic burden from hospitals to primary and home-care care settings

Adopt a nationwide harmonized electronic frailty index, built using existing primary care data, to increase the likelihood of identifying individuals most at risk

Implementation Considerations

Facilitators to implementations include:

- the Swiss Frailty Network & Repository and of the Swiss Society for Geriatrics;
- the ongoing debate on Coordinated Care at the Federal level;
- the ongoing debate on Electronic Patients Records (EPRs).

Barriers to implementation include:

- an overall neglect of the complexity and multidimensionality of frailty;
- the current financing system;
- The Federal Law on Data Protection (LDP);
- approximately half of the hospitals being reluctant to EPR adoption.