Author’s response to reviews

Title: Evaluating Frailty in Medicaid Home and Community-Based Services Clients: a Feasibility and Comparison Study between the SHARE-FI and SPPB

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Author’s response to reviews:

Dear Dr. Hughes –

We thank you and the reviewers for their helpful comments. Their suggestions have most definitely strengthened this paper. We have made every attempt to address all of the concerns of the reviewers and have noted the revisions as below.

Reviewer #1

Frailty assessment in the community is a very hot topic at present. There are countless studies done on frailty assessment in the community although the authors did point out that not many have compared SHARE-FI to SPPB.

I have several questions/concerns:

1. Granted this is a feasibility study and kudos to the team for collecting the data within 2 weeks. 139 clients seems rather small to be drawing correlations between 2 instruments however especially given that some of the conclusions drawn show only weak to moderate correlation.
The Medicaid HCBS is an often hard-to-reach population given their homebound status, low socioeconomic status, low literacy, and reported mis-trust of research participation. Thus, 139, while small, is a larger sample for this hard to reach population. However, we have addressed the smaller sample size as a limitation in line 315.

2. It's not apparent from the article why the authors chose to compare SHARE-FI and SPPB from the myriad of instruments available as pointed out by the authors. What about FRAIL or Frailty Index or Clinical Frailty Scale or Rapid Geriatric Assessment etc. I'm yet to be convinced that this is a truly ground-breaking study though it still has merits on its own.

We thank the reviewer for this comment and have added information to explain our rationale for selecting these two measures.

3. The authors rightly pointed out that their proposal runs into issues when it comes to cognitively impaired clients. The prevalence of cognitive impairment is high in the elderly and there are likely to be many underdiagnosed cases which non medically trained staff may not be able to detect.

We agree that given the non medically trained staff in HCBS, there may be under-diagnosed cases of cognitive impairment. However, we chose a threshold for the TICS that would only exclude those participants with more severe cognitive impairments to increase the generalizability of this work.

As such this is a fair study but I'm not sure it is particularly ground breaking or impactful.
Reviewer #2

This is a well written, interesting study piloting the performance of SHARE-FI vs SPPB in Medicaid Home and Community-Based Services Clients. The study convincingly shows how the two frailty instruments have a reasonable agreement and continuous scores perform better than frailty categories. The practical implications of SHARE-FI are well discussed, namely that it does not require a clinician to administer, which opens real possibilities for system-wide frailty screening.

We thank the reviewer for these kind words.

Sincerely,

Margaret Danilovich