

Aging in Place and Developing a Continuum of Care



Michael M Rachlis MD MSc FRCPC LLD

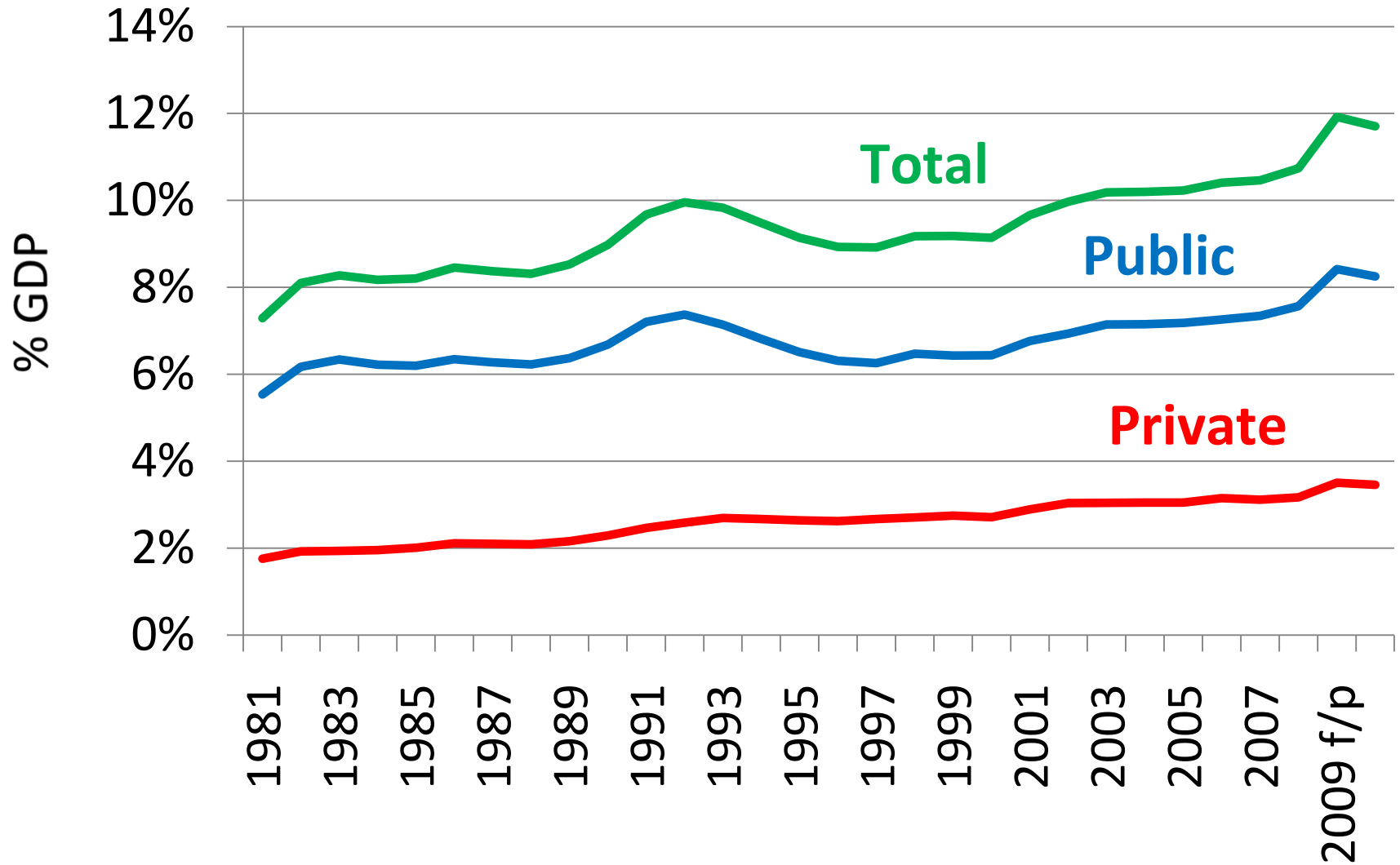
Saskatchewan Seniors Mechanism

Humboldt SK May 17, 2011 www.michaelrachlis.ca

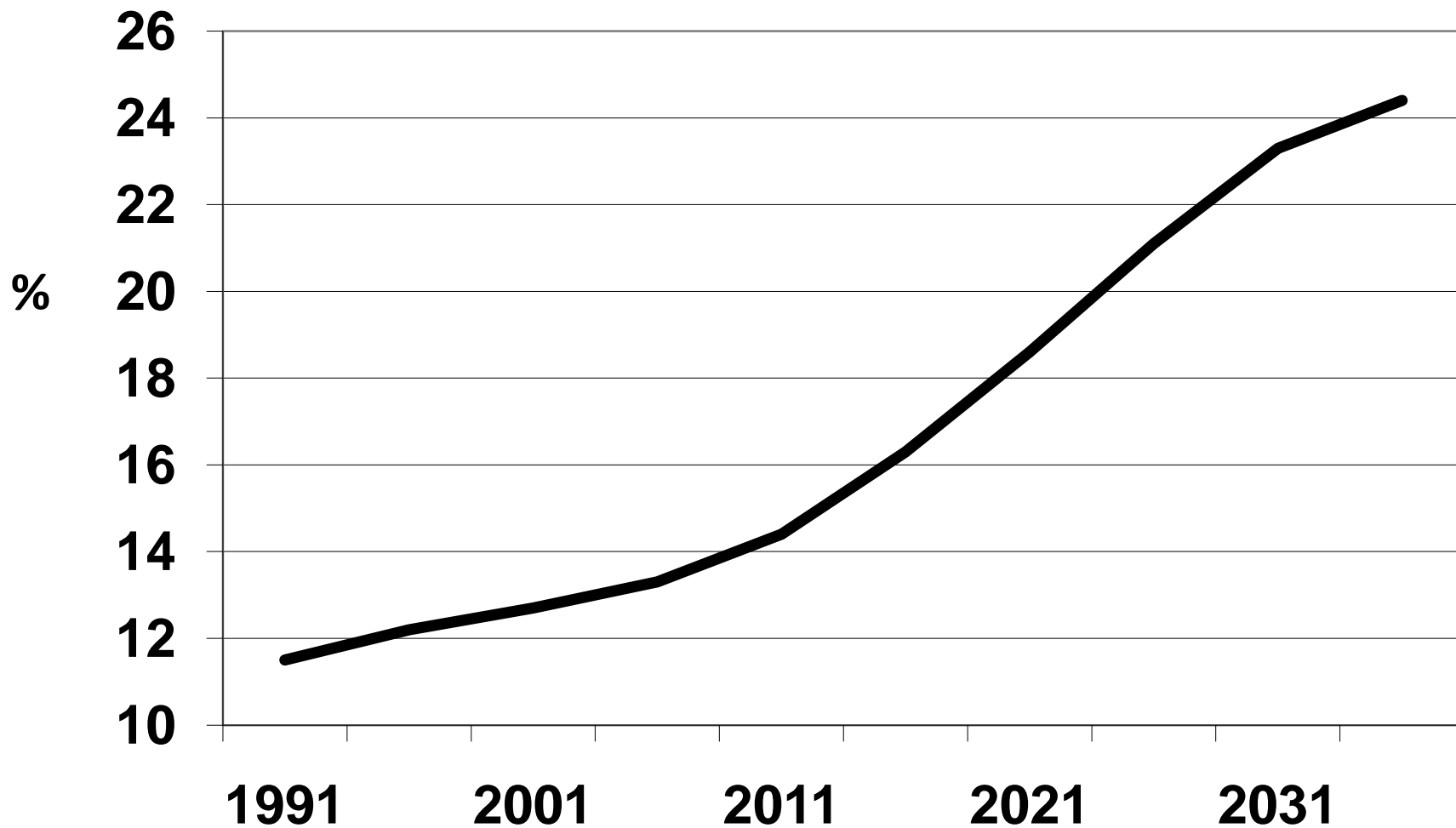
Outline

- Canada is aging and health costs increase with age
- But aging alone isn't boosting costs
- High performing health systems can hold costs while enhancing quality of care for the frail elderly
- Community support services, primary health care, and public health are the foundations of an efficient health care system
- How can we hasten a community based system?

Canadian Health Care Costs as % of GDP

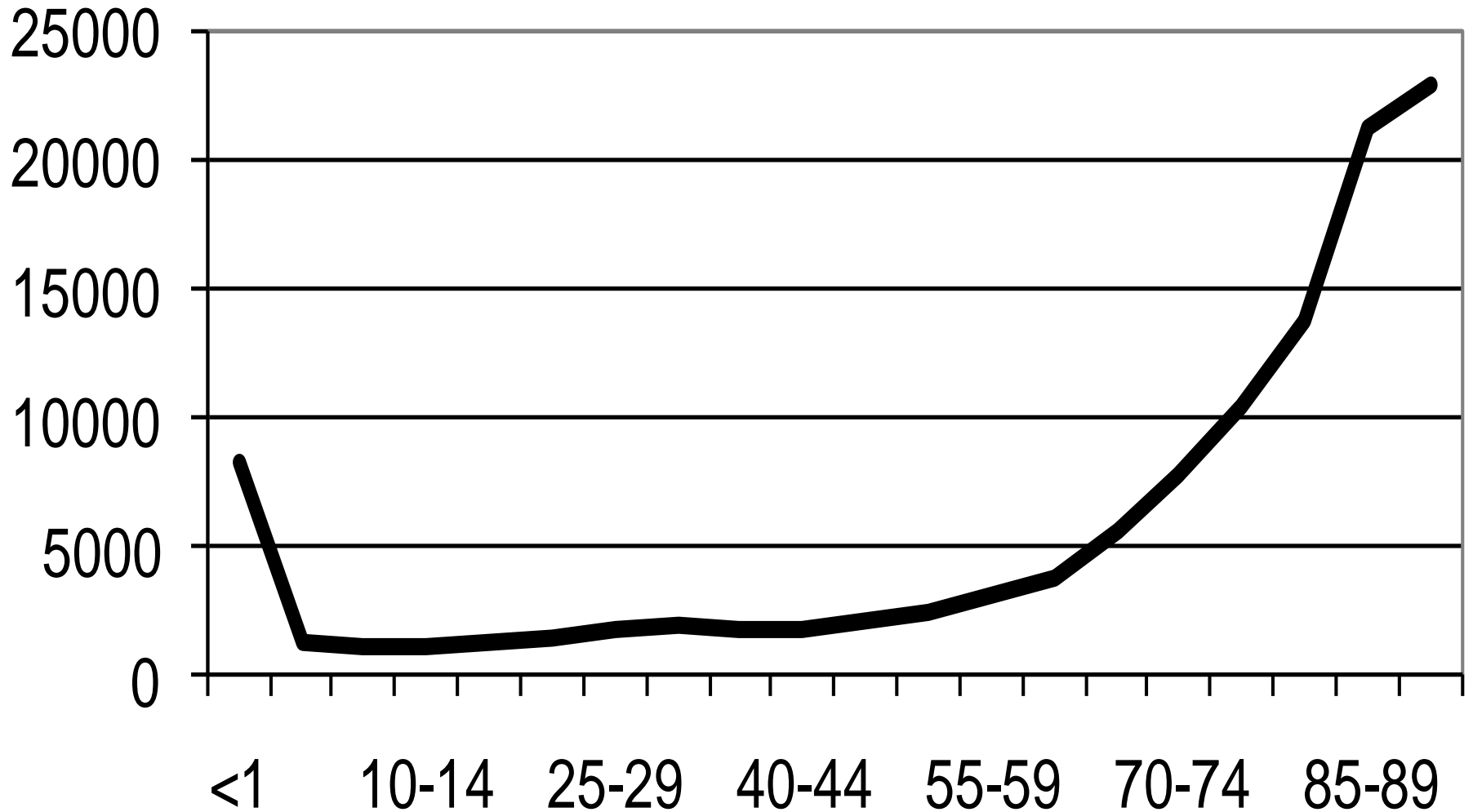


% of Canada 65 and older



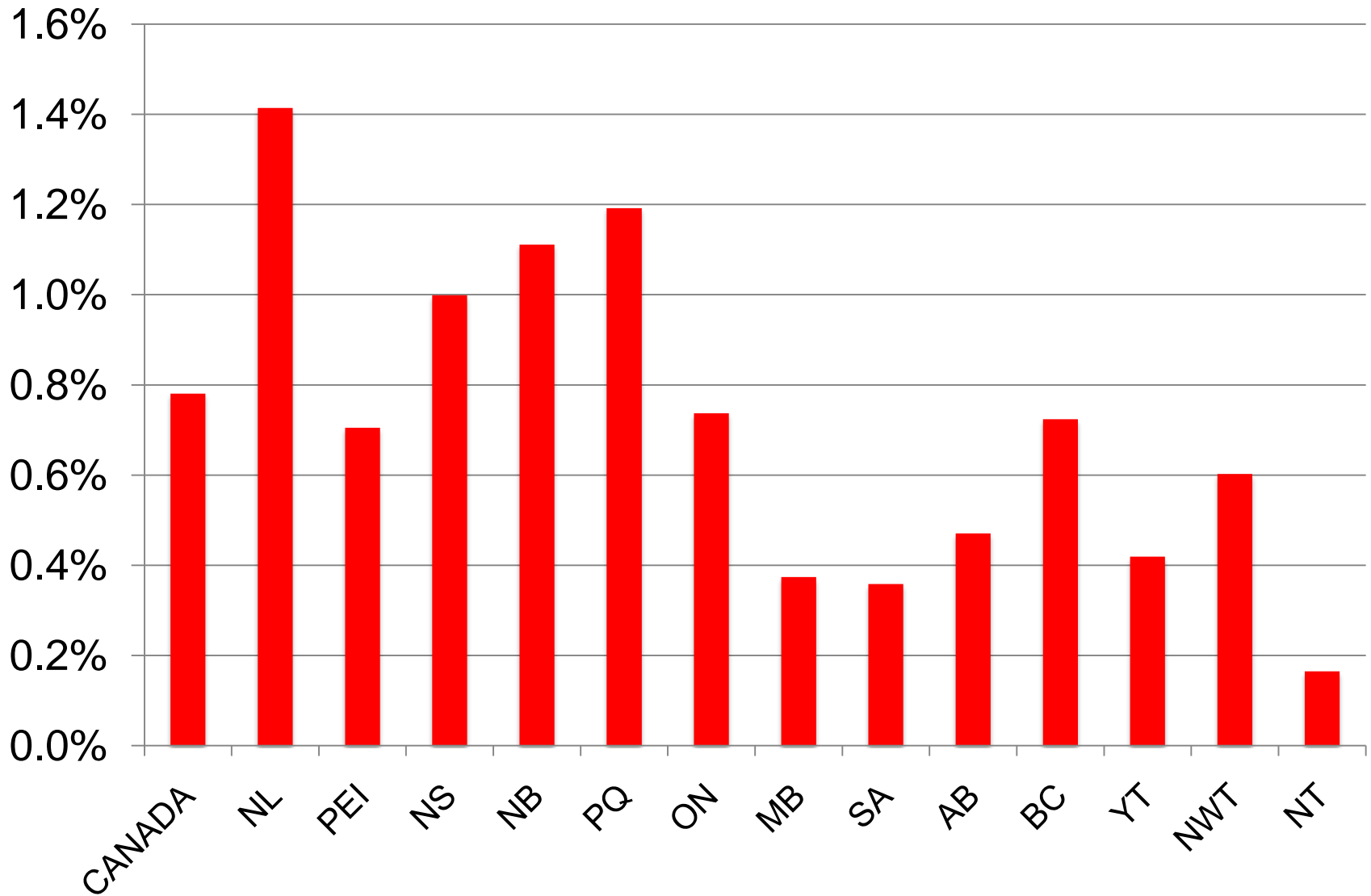
From: Spencer 2010

Health Expenditures by Age 2007



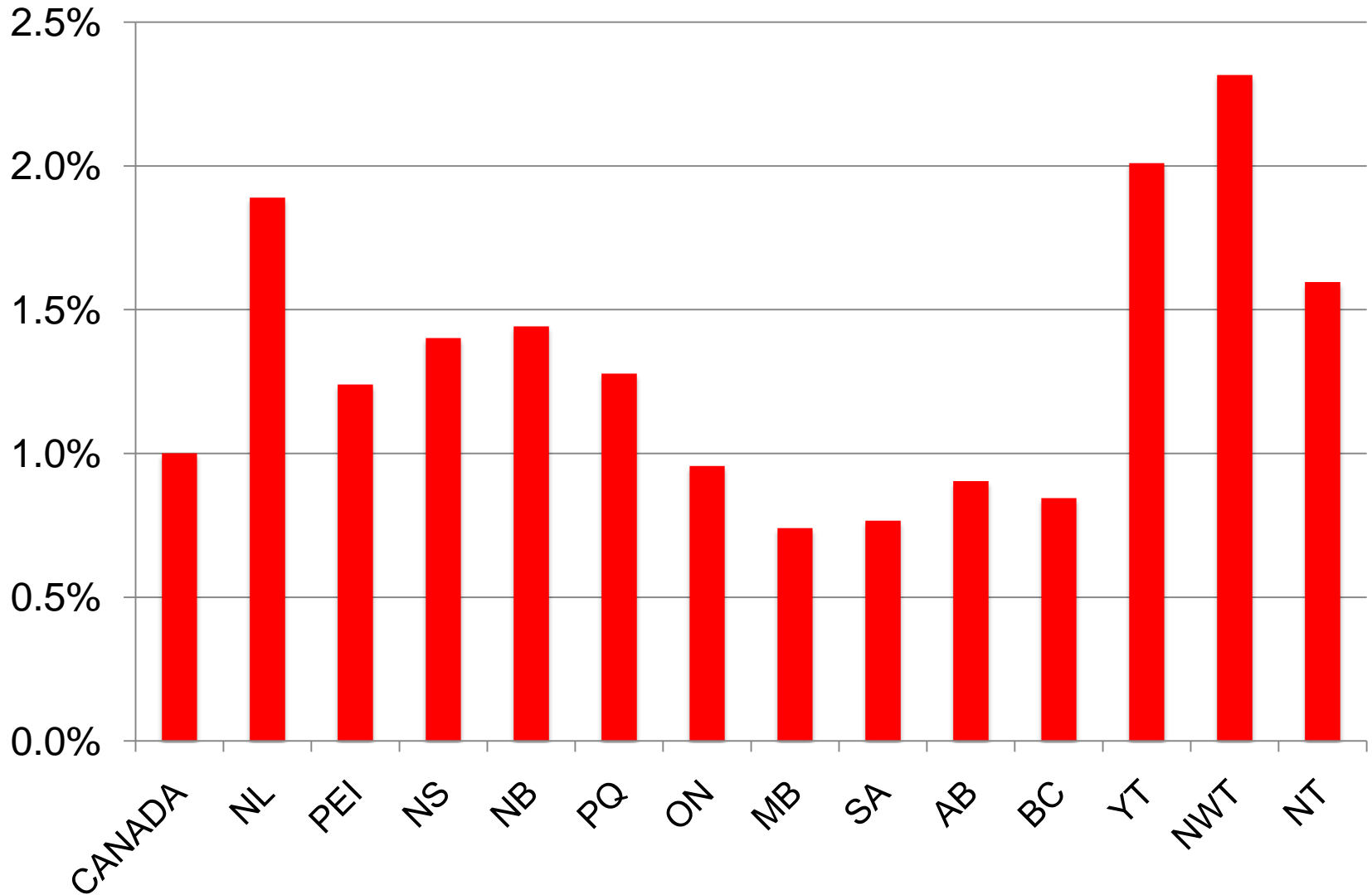
From: Spencer 2010

Annual impact of Aging on health costs 2001-2010



From Mackenzie and Rachlis 2010

Annual impact of Aging on health costs 2010-2036



The elderly are healthier than ever

- The elderly are living longer than ever
- We do not have accurate data on Canadian elderly disability
- We do have fairly accurate US data and it mainly indicates less disability

“Our results, supporting the hypothesis of morbidity compression, indicate that younger cohorts of elderly persons are living longer in better health.”

K Manton et al. Journal of Gerontology: SOCIAL SCIENCES
2008, Vol. 63B, No. 5, S269–S281

American prevalence of disabled elderly 1984 - 2004

Disability \ Year	1984	1989	1994	1999	2004
No Disability	73.8%	75.2%	76.8%	78.8%	81.0%
Light or Moderate	15.9%	14.8%	13.9%	13.3%	11.8%
Severe	10.3%	10.0%	9.2%	7.9%	7.2%

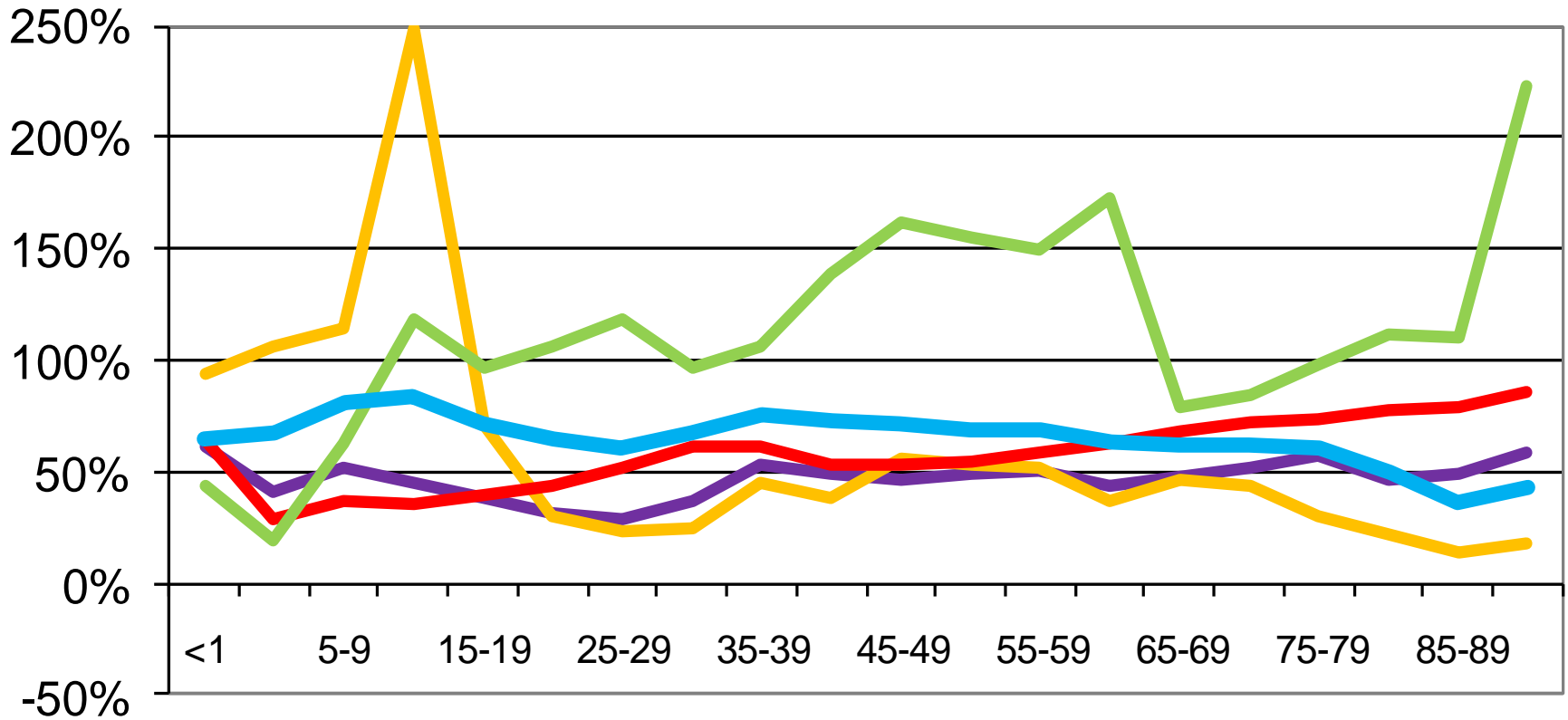
Dependency of the elderly: It's important to use the right indicator!

	2005-2010	2025-2030	2045-2050
Old Age Dependency Ratios (OADRs)	0.28	0.41	0.53
Prospective Old Age Dependency Ratios (POADRs)	0.19	0.23	0.27
Adult Disability Dependency Ratios (ADDRs)	0.11	0.12	0.12

Increased utilization by all ages is causing increased health costs

- The elderly are increasing their utilization at slower rates than younger Canadians but their absolute increase is greater

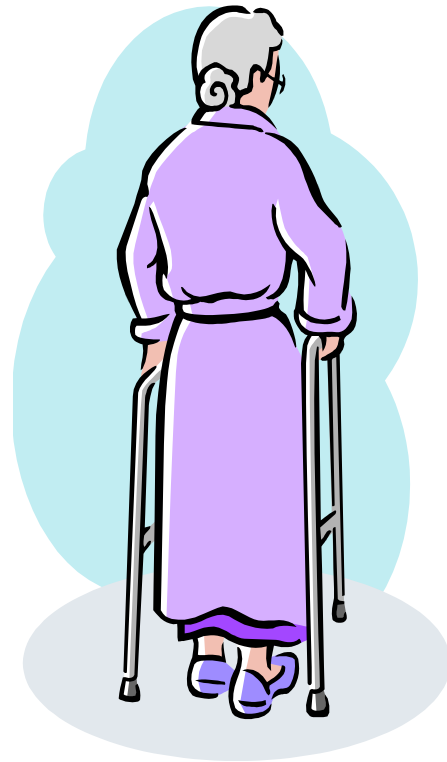
Change in per capita health costs by age (1998-2007)



There are unmet needs but also considerable evidence of waste

- Chronic disease management
- Access
- Drug prescribing

**Do one-fifth of older Canadian women
need to take valium-like drugs?**



Do we care what we're paying for?

Canada's health care system has a quality problem



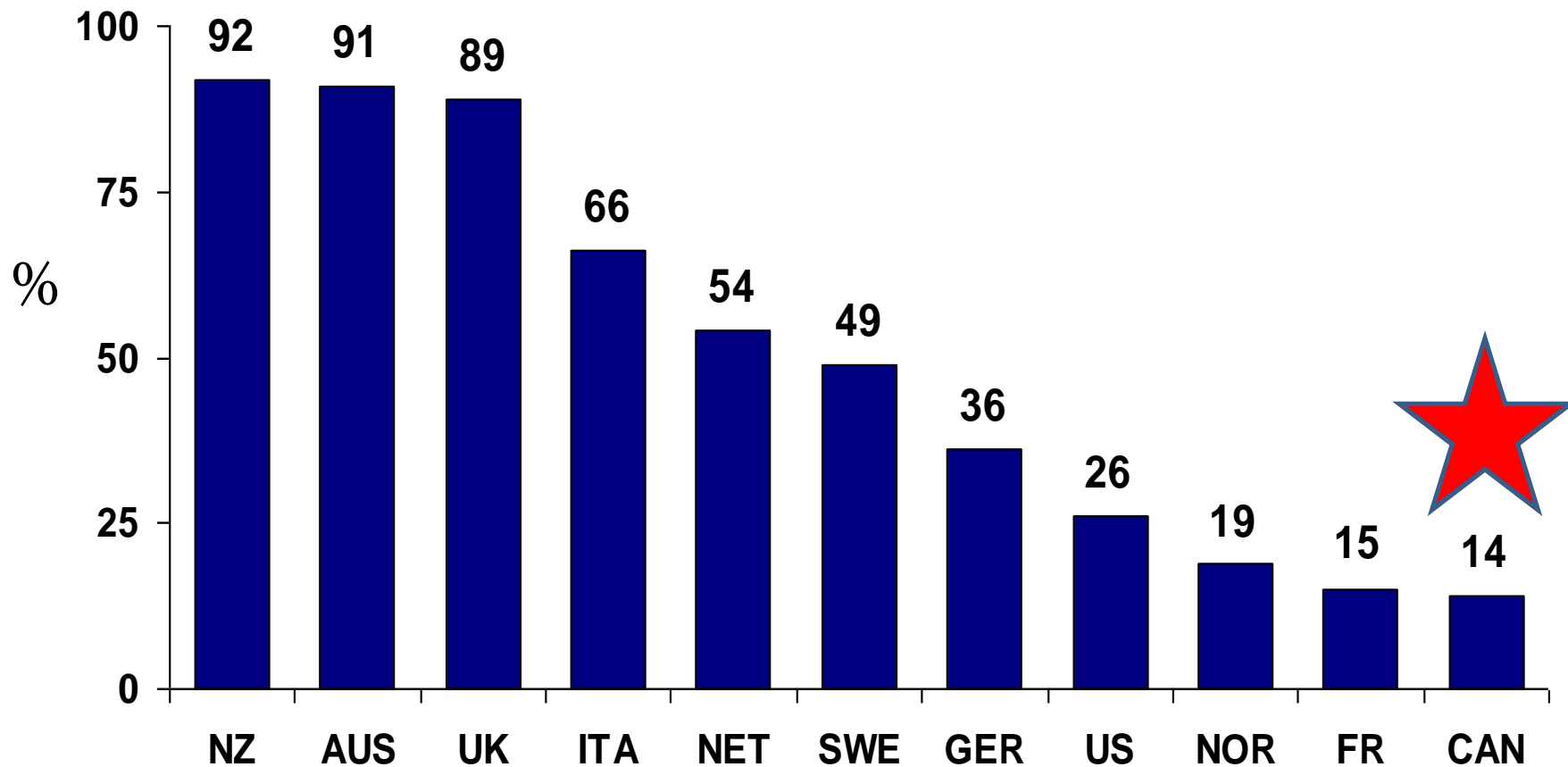
Health care is rife with quality problems

- Studies in more 7 countries indicate that 5-10% of all deaths in developed countries are due to preventable deaths in hospitals
 - In Canada that means 9000 – 24,000 deaths per year (Baker Norton CMAJ 2004)
- There are also serious problems with the quality of chronic disease and primary health care

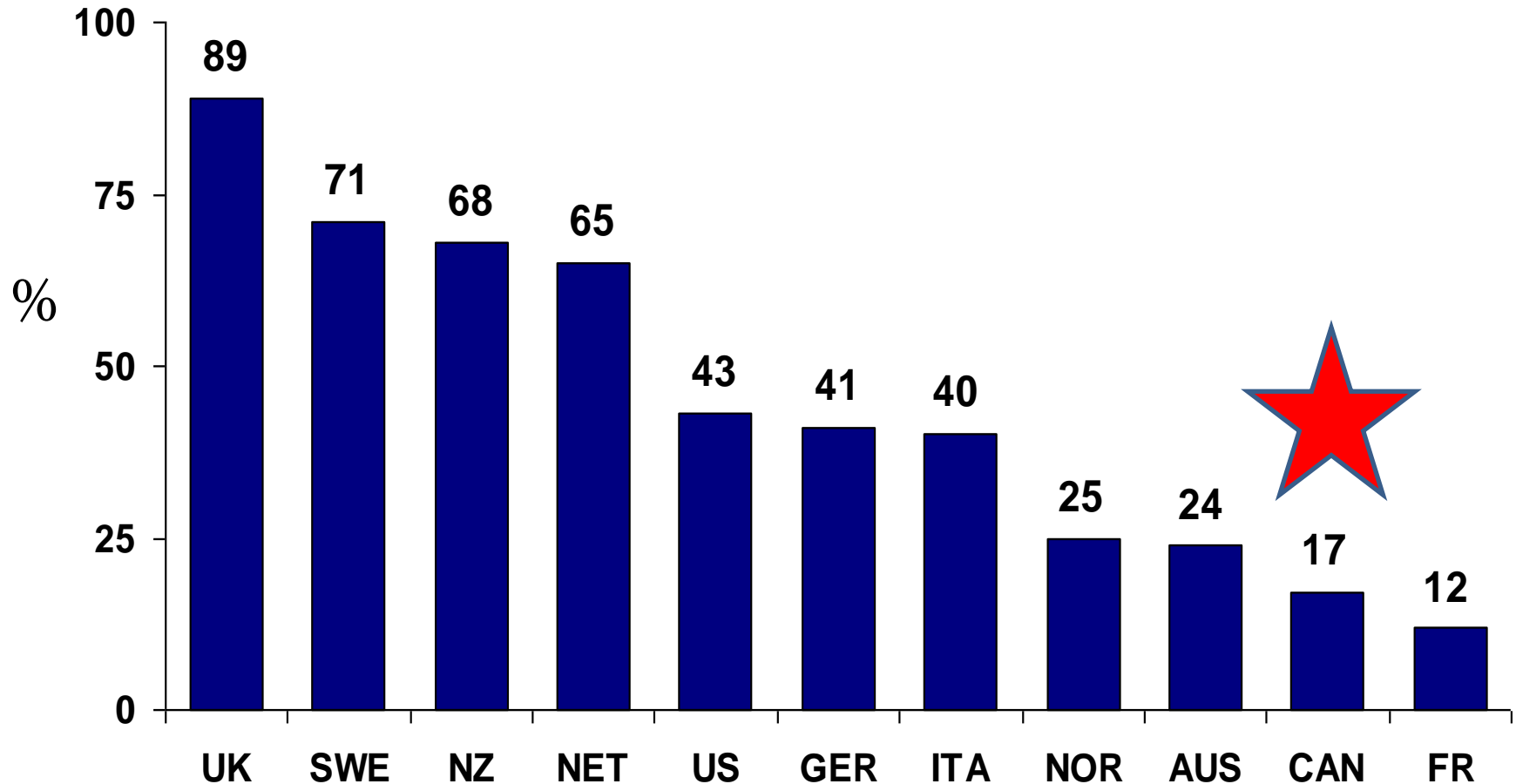
Chronic disease: Big problems

- 60% of people with diabetes have gone more than a year without an eye exam.
- More than 50% of type 2 diabetics are not at recommended blood glucose targets.
- Less than 50% of type 2 diabetics are tested for A1c levels, blood pressure, cholesterol, or kidney function.

Practices with Advanced Electronic Health Information Capacity

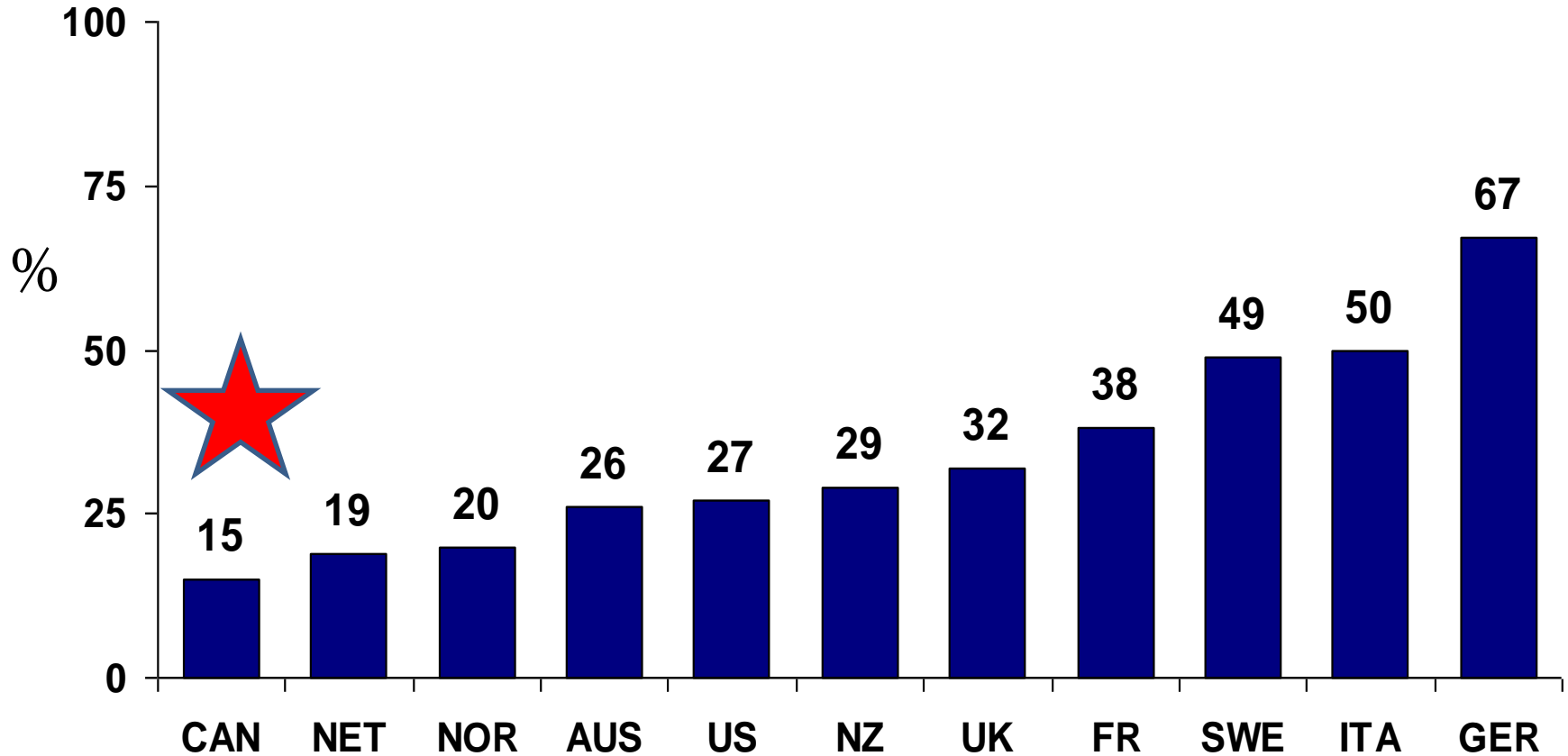


Practice Routinely Receives and Reviews Data on Patient Outcomes



Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Time Spent Reporting or Meeting Regulations is a Major Problem



K Davis.
Commonwealth
Fund April 2006

% Long Waiting Times (Germany, Canada, USA)

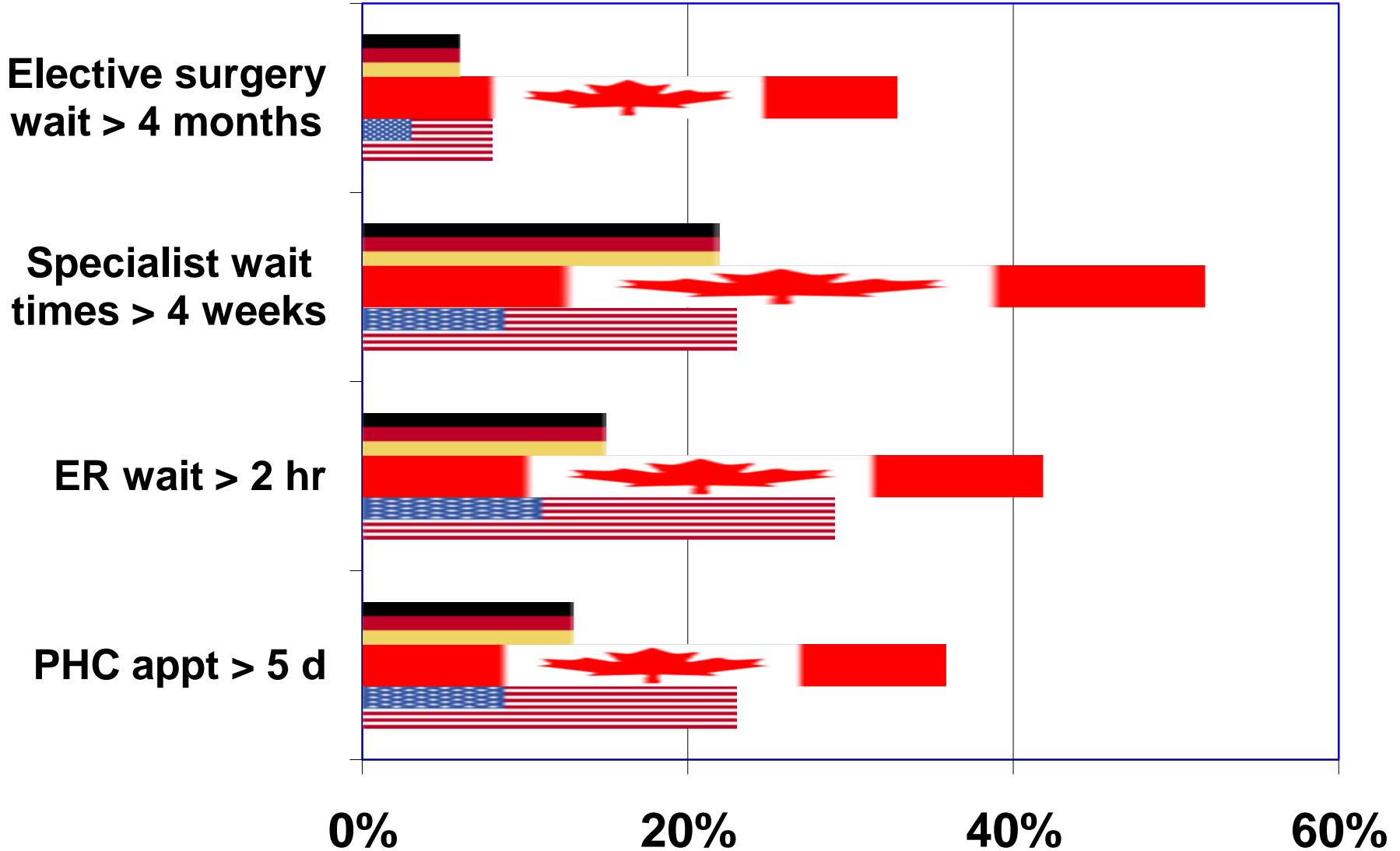
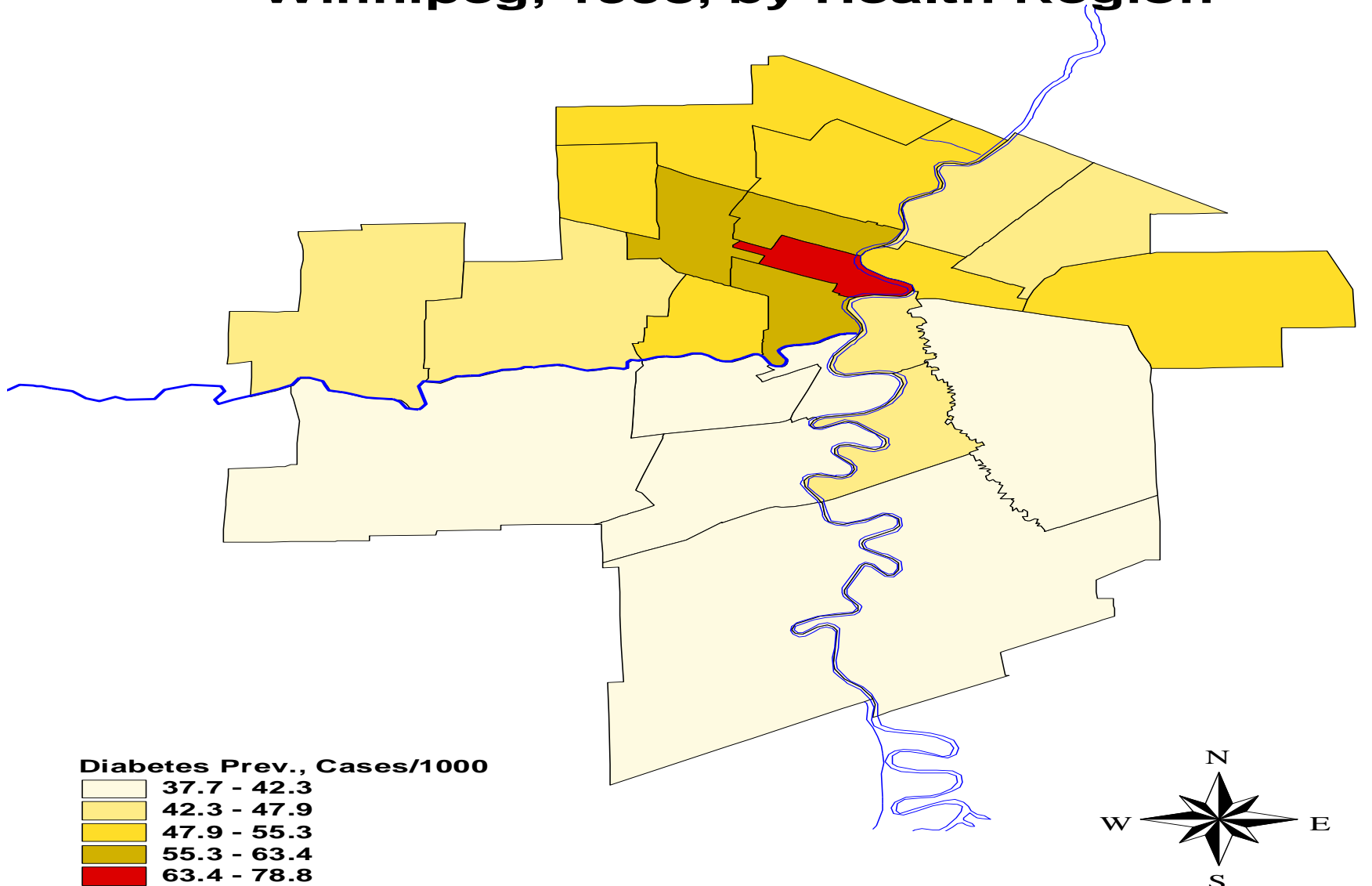


Fig. 3: Standardized Diabetes Prevalence Rates, Winnipeg, 1998, by Health Region



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[Green et al *Soc Sci Med* 2003; 57:553-60]

We don't have equal access to health

- Men live 5 years less than women
- Women have more chronic, non-fatal conditions
- Aboriginal men live 7 years less than other men
- Poor men live 5 years less than rich men
- Infant mortality is 70% higher in poor neighbourhoods than rich neighbourhoods
- Northern Canadians have the shortest lives

Disparities in health between different groups are responsible for 20% of health care costs

Health Disparities Task Group of the Federal
Provincial Territorial Advisory Committee on
Population Health and Health Security. Health
Disparities: Roles of the Health Sector. 2004.

http://www.phac-aspc.gc.ca/ph-sp/disparities/pdf06/disparities_discussion_paper_e.pdf

We could prevent most chronic diseases

- > 80% of ischemic heart disease, lung cancer, chronic lung disease, and diabetes cases could theoretically be prevented with what we know now
- This would free up over 6000 hospital beds across Canada



High performing health systems can hold costs and enhance quality

“Many attribute the quality problems to a lack of money. Evidence and analysis have convincingly refuted this claim. In health care, good quality often costs considerably less than poor quality.”

Fyke Report 2001 (Saskatchewan)

Quality provides sustainability

- An Alberta aftercare program for congestive heart failure patients leaving hospital reduced future hospital use by 60% with \$2500 in overall net cost savings per participant.
- BC's Reference Drug Program kept Vioxx as a second line drug and saved \$23 million per year and dozens of lives.

“It is not the aging of our population that threatens to precipitate a financial crisis in health care, but a failure to examine and make appropriate changes to our health care system, especially patterns of utilization.”

Dr. William Dalziel. CMAJ. 1996;115:1584-6

What would a high performing health system for the elderly look like?

- Need for Intersectoral Action for Health
- Follow frameworks for quality, e.g. Saskatchewan Health Quality Council.
- Examples of high performing care
- Example of Denmark internationally

Intersectoral Action for Health

- The frail elderly, like those with severe persistent mental illness often need housing as part of their health program
- Transportation is major problem particularly outside of downtown areas of major cities
- Food accessibility is a problem and combined with inaccessibility to transportation leads to under nutrition

IHI's Triple Aim

1. Enhance the Care experience for patients
2. Improve the health of the population
3. Control overall health care costs



Saskatchewan Health Quality Council definition of quality:

Quality health care means doing the right thing at the right time in the right way for the right person and having the best possible outcome.

(Source: US Agency for Healthcare Research and Quality)

Saskatchewan Health Quality Council

Dimensions of quality

- Safety
- Effectiveness
- Patient-centredness
- Timeliness
- Efficiency
- Equity
- Access

A high performing health system for the elderly

- Chronic disease management and primary health care
 - Health assessment
 - Health promotion
- Home care
- Long term care
- End of Life care
- Acute Care



Modified “Kaiser Triangle”

Highest Risk

Institutionalized or at imminent risk

Multiple
chronic
conditions &
self-care challenges

Intensive Care Management

Frequent contact and coaching,
coordinating of care

Individuals
with 1 chronic
condition & few
self-care challenges

Care Management

Coaching and support for
Managing care needs

Individuals with no chronic conditions
and no self-care challenges

Self-care Support

Coaching and support to
promote self-care and
maintain healthy behaviours

Population based prevention

Per Person Average overall costs of health care for continuing care patients in areas with/without cuts to social and preventive home care (Hollander 2001)

	Year Prior to Cuts	First Year After Cuts	Second Year After Cuts	Third Year After Cuts
Areas with cuts	\$5,052	\$6,683	\$9,654	\$11,903
Areas without cuts	\$4,535	\$5,963	\$6,771	\$7,808

Health Promotion intervention for BC frail elders

Outcome at 3 yrs Group	Living in the community	Resident of a LTC facility or dead
Health Promotion Group (N=81)	75.3% (61)	24.7% (20)
Control Group (N=167)	58.7% (98)	42.3% (69)



Step right up!

**Get your ELIXIR of
Health Promotion!**

Reduce your risk of dying
or ending up in a nursing
home by over

40%!

Increase your chances of
staying in your own
home by nearly

30%!

**Community support services,
primary health care, and public
health are a foundations of an
efficient health care system**

Comprehensive community care: Nursing home level care at home

- US Program for All-inclusive Care of the Elderly (PACE)
- Edmonton Comprehensive Home Option of Integrated Care for the Elderly (CHOICE)
- Calgary Comprehensive Community Care (C3)



An ecological view of long term care

- Residents of long term care facilities typically spend 23+ hours per day in the centre
- How can we make these environments promote residents' health and well
 - How can we make them as homelike as possible
- E.g. Saskatoon Sherbrooke Community Centre



End of Life care

- Palliative care
- Advanced directives
 - Great potential (Malloy 2000)
 - Hard to implement without serious culture change
- We will all eventually die and most of us would prefer to die in our own homes or a homelike setting



Acute Care for the Elderly

- Gentle care
- Reduces delirium
- Reduces skin ulcers
- Improves nutrition



Denmark: A country of best practices

- 1987 moratorium on building new nursing home beds
 - Accompanied by giving all benefits of long term care to home care clients
 - Scandinavian public responsibility for housing
 - Increased construction of supportive housing
- 1998 country-wide policy of home visits/assessments for people > 75
 - Provide health promotion and system linkages

Denmark: A country of best practices

- Denmark has 16.1% population > 65 while Canada has 15.2% > 65
- Total Health spending as share of GDP:
Denmark 9.7% Canada 10.4% (2008)
- Public funding: Denmark 85% Canada 70%
 - Denmark has better coverage for home care, drugs, and appliances and devices

**Why is it taking so long to
establish a community-based
health care system in Canada?**



Values: How should the world work?

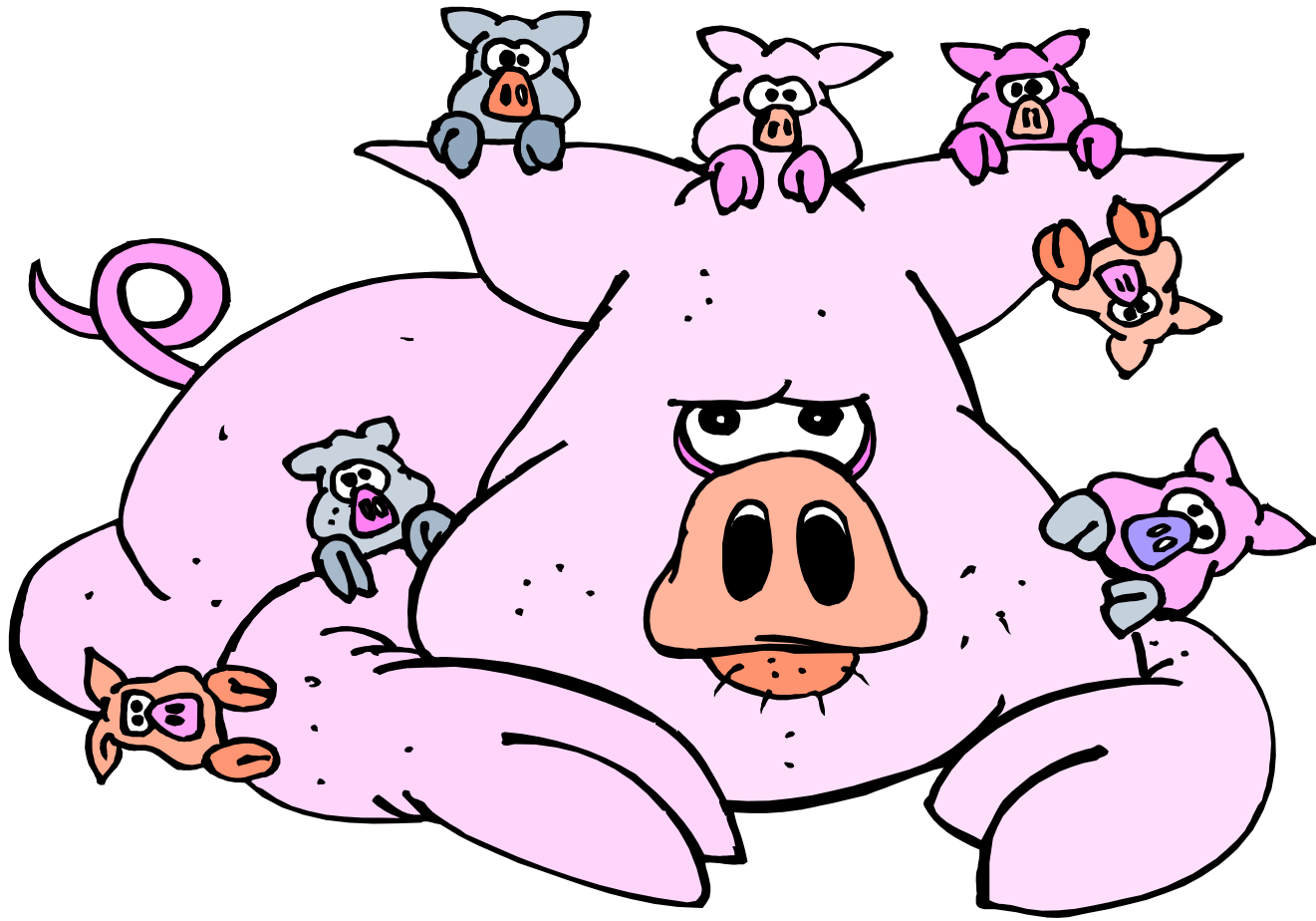
- We value community-based care
- But whose values count?
- Canadians are afraid of not being able to access acute care
- “We need to fix waiting lists to save Medicare”

Beliefs: How does the world work?

- Community care and primary health care are “frills” that do not have much impact on health care and costs
- “Your stuff didn’t work so we put the money into hospitals.”

Interests: How does the world work for me?

- The interests of hospitals, pharmaceutical companies, long term care facilities, physicians, and other providers are too often rivals for funding



Sometimes there's just too many demands!

Decision-making frustrates change

- Justice Hall's 1964 Royal Commission recommended covering home care but the 1966 Medicare Act and the Canada Health Act left it out
- Canada is now the world's weakest federation



How can we hasten a community based system?



There are affordable solutions to all of Medicare's apparently intractable problems: The Second Stage of Medicare



We need to change the way we deliver services

“Removing the financial barriers between the provider of health care and the recipient is a minor matter, a matter of law, a matter of taxation. The real problem is how do we reorganize the health delivery system. We have a health delivery system that is lamentably out of date.”

Tommy Douglas 1982

Catching Medicare's second stage

“I am concerned about Medicare – not its fundamental principles -- but with the problems we knew would arise. Those of us who talked about Medicare back in the 1940's, the 1950's and the 1960's kept reminding the public there were two phases to Medicare. The first was to remove the financial barrier between those who provide health care services and those who need them. We pointed out repeatedly that this phase was the easiest of the problems we would confront.”

Tommy Douglas 1979

“The phase number two would be the much more difficult one and that was to alter our delivery system to reduce costs and put an emphasis on preventative medicine....

Canadians can be proud of Medicare, but what we have to apply ourselves to now is that we have not yet grappled seriously with the second phase.”

Tommy Douglas 1979

**The Second Stage of
Medicare is delivering
health services differently
to keep people well**

Summary

- Canada is aging and health costs increase with age
- But aging alone isn't boosting costs
- High performing health systems can hold costs while enhancing quality of care for the elderly
- Community support services, primary health care, and public health are the foundations of an efficient health care system
- We need to implement the Second Stage of Medicine to realize a high performing health system for the elderly



**Courage my
Friends, it is
Not Too Late to
Make a Better
World!**

Tommy Douglas
(paraphrasing Tennyson)