

With Respect to Old Age: Can We Do Better?

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Inspire Burlington Series

17 October, 2012

With Respect to Old Age: Why We Need to Do Better.

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Establishing our Context

- 14.6% of Canadians are 65 and older, yet account for nearly half of all health and social care spending (*Census, 2011*).
- Canada's older population is set to double over the next twenty years, while its 85 and older population is set to quadruple (*Sinha, HealthcarePapers 2011*).
- Canada's ageing population represents both a challenge and an opportunity.

Ontario Inpatient Hospitalizations

Age	Discharges	Total LOS Days	ALOS
Population Total	945,089	6,075,270	6.4
Population 65+	370,039 (39%)	3,516,006 (58%)	9.8
65-69	6.9%	7.9%	7.3
70-74	7.7%	9.8%	8.2
75-79	8.5%	12.5%	9.4
80-84	7.9%	13%	10.5
85-89	5.3%	9.4%	11.4
90+	2.8%	5.3%	12.2

Canadian Institutes for Health Information (CIHI)

Ageing and Hospital Utilization in Toronto Central LHIN

	Number	Age <65	Seniors 65 +	% Seniors 75+
Total Population	1,142,469	87%	14%	49%
Emergency Room Visits	321,044	79%	21%	62%
Acute Hospitalizations	78,025	63%	37%	64%
w/ Alternate Level of Care Days	4,263	17%	83%	76%
w/ Circulatory Diseases	10,361	32%	68%	65%
w/ Respiratory Diseases	5,928	43%	57%	73%
w/ Cancer	6,743	53%	47%	54%
w/ Injuries	5,809	58%	42%	71%
w/ Mental Health	6,161	87%	13%	59%
Inpatient Rehabilitation	3,368	25%	75%	66%

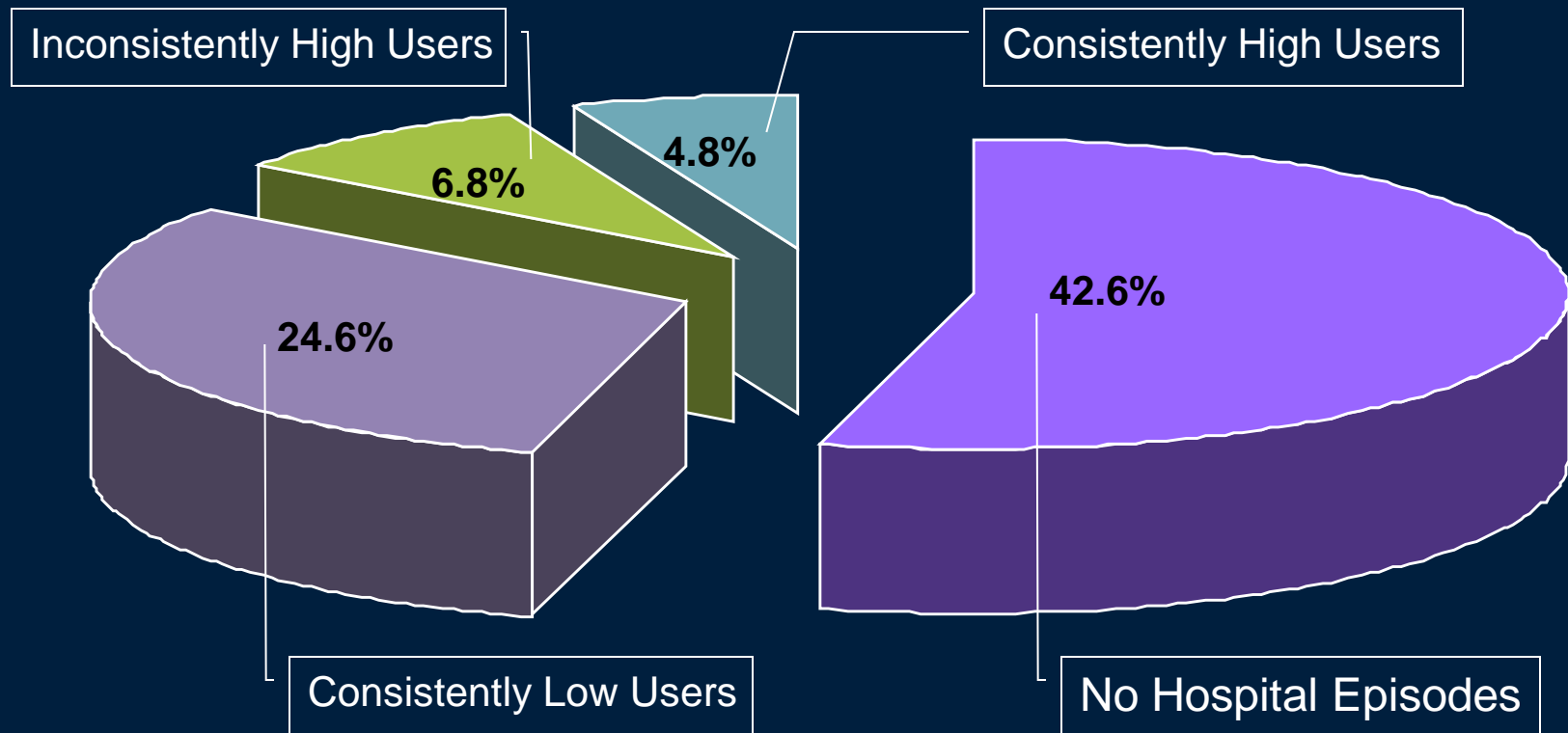
Toronto Central LHIN

Ageing and Hospital Utilization in Erie-St. Clair LHIN

	Number	Age <65	Seniors 65 +	% Seniors 75+
Total Population	643,467	83%	17%	47%
Emergency Room Visits	305,843	79%	21%	57%
Acute Hospitalizations	49,803	62%	38%	66%
w/ Alternate Level of Care Days	2,380	15%	85%	81%
w/ Circulatory Diseases	6,036	32%	68%	69%
w/ Respiratory Diseases	3,832	43%	57%	68%
w/ Cancer	2,808	48%	52%	56%
w/ Injuries	3,358	53%	47%	72%
w/ Mental Health	681	58%	42%	76%
Inpatient Rehabilitation	1,337	22%	78%	76%

Erie-St. Clair LHIN

Ageing and Hospital Utilization in the 70+



- Only a *small* proportion of older adults are consistently extensive users of hospital services (Wolinsky, 1995)

What Defines our Highest Users?

- Polymorbidity
- Functional Impairments
- Social Frailty

Age-Related Changes

Elders Increasingly Experience...

- Visual Changes
- Hearing Changes
- Cognitive Changes
- Skeletal/Muscle Changes
- And Others



Normal Vision



Cataract



Age-related Macular Degeneration



Glaucoma

The Dilemma

The way in which cities, communities, and our health care systems are currently designed, resourced, organised and delivered, often disadvantages older adults with chronic health issues.



Meet Mr. W

Ontario's Long-Term Care Utilization

- There are approximately 77,000 Long-Term Care Home residents in Ontario, while the need for Long-Term Care will grow to 238,000 Ontarians in the next two decades *(Conference Board of Canada, 2011)*.
- Up to 37% of Ontarians residing in LTC Homes could be maintained at home with community care supports.
(The Change Foundation, 2011)
- Denmark avoided building any new long-term care beds over two decades by strategically investing in its home and community care services.



What Defines Elder Friendly
Communities?

What Defines an Elder Friendly Community?

A community that **recognizes** the great diversity amongst older persons, **promotes** their inclusion and contributions in all areas of community life, **respects** their decisions and lifestyle choices, and **anticipates** and **responds** flexibly to aging-related needs and preferences. *(Aging and Life Course (ALC) World Health Organization, 2009)*

Elements of an Elder Friendly Community



RESPECT AND SOCIAL INCLUSION

- Are public services, media and faith communities respectful of the diversity of needs among older persons and willing to accommodate?



SOCIAL PARTICIPATION

- Do elders have opportunities that allow for the development and maintenance of social networks within their neighbourhood?

Elements of an Elder Friendly Community



CIVIC PARTICIPATION & EMPLOYMENT

- Do older persons have opportunities to participate in community decision making and employment and volunteerism that caters to their abilities and interests?



OUTDOOR SPACES & BUILDINGS

- Can older persons get around easily and safely in the community?

Why Does Mr. W Prefer this Park Bench?



The US Experience Corps

- A program that engages older volunteers to improve the educational outcomes of elementary school children.
- Each Volunteer commits 15-20 hours a week, as part of a team of 15-20 per school and provide educational and behavioural support and other enrichment activities.
- Currently the program serves 20,000 Students in 20 Cities with 2,000 Experience Corps Volunteers.

www.experiencecorps.org

Volunteers: *Living Longer, Living Well!*

- The Evidence shows that Older Volunteers compared to Older Non-Volunteers...
 - Achieve Better Overall Health Outcomes
 - Are More Active and Burn More Calories
 - Watch Less TV
 - Develop Bigger Social Networks

Tan, Fried et al., 2004 (Hopkins Experience Corps Studies)

Elements of an Elder Friendly Community



HOUSING

- Do older persons have homes that are safe, affordable, and conveniently located while promoting independence as their functional needs change?



TRANSPORTATION

- Can older persons travel wherever they want to go in the community, safely and in an accessible and affordable way?



Independent Transportation Network

- Older adults now typically outlive their decision to stop driving by more than a decade.
- ITN has developed a non-profit, dignified and consumer-oriented transportation system available 24/7 days a week in 25 US Cities.
- Available for any type of ride within the service area, with rides provided in private cars by trained drivers.
- Multiple innovative ways to self-finance rides.

Elements of an Elder Friendly Community



COMMUNICATION & INFORMATION

- Are older persons and their families aware of the diverse range of programs and services available within their community and communicated to in accessible ways?



COMMUNITY & HEALTH SUPPORT

- Do older persons have access to social and health services they need to stay healthy and independent?

An Ontario that is the Best Place to Grow Old will Consider Caregivers

- A 2010 study noted that for those receiving homecare, 98% are also getting help from a caregiver.
- Informal Caregiving is Stressful and Expensive.
 - Caregiver Burden can take an enormous toll on a person's health and well being.
 - Absenteeism – from taking time off work affects careers and lifetime earning potential and pensions

Duxbury et al. – Balancing Paid Work and Caregiving Responsibilities 2010

The Mount Sinai Geriatrics Continuum

Outpatient Geriatric
Medicine, Geriatric
Psychiatry and Palliative
Medicine Clinics
CCAC – Clinic Coordinator

Ambulatory

Home-Based Geriatric
Primary/Specialty Care
Program: House Calls

Temmy Latner Home-Based
Palliative Care Program

CCAC – Integrated Client
Care Project (ICCP) Site

Reitman Centre for
Alzheimer's Support and
Caregiver Training

Community and Staff
Education Programs

Community

Geriatric Medicine,
Geriatric Psychiatry
and Palliative Medicine
Consultation Services
Orthogeriatrics Program
ICU Geriatrics Program
MAUVE Volunteer Program
ACE Unit
CCAC – ACE Coordinator

Inpatient

ISAR Screening

Geriatric Emergency
Management (GEM) Nurses

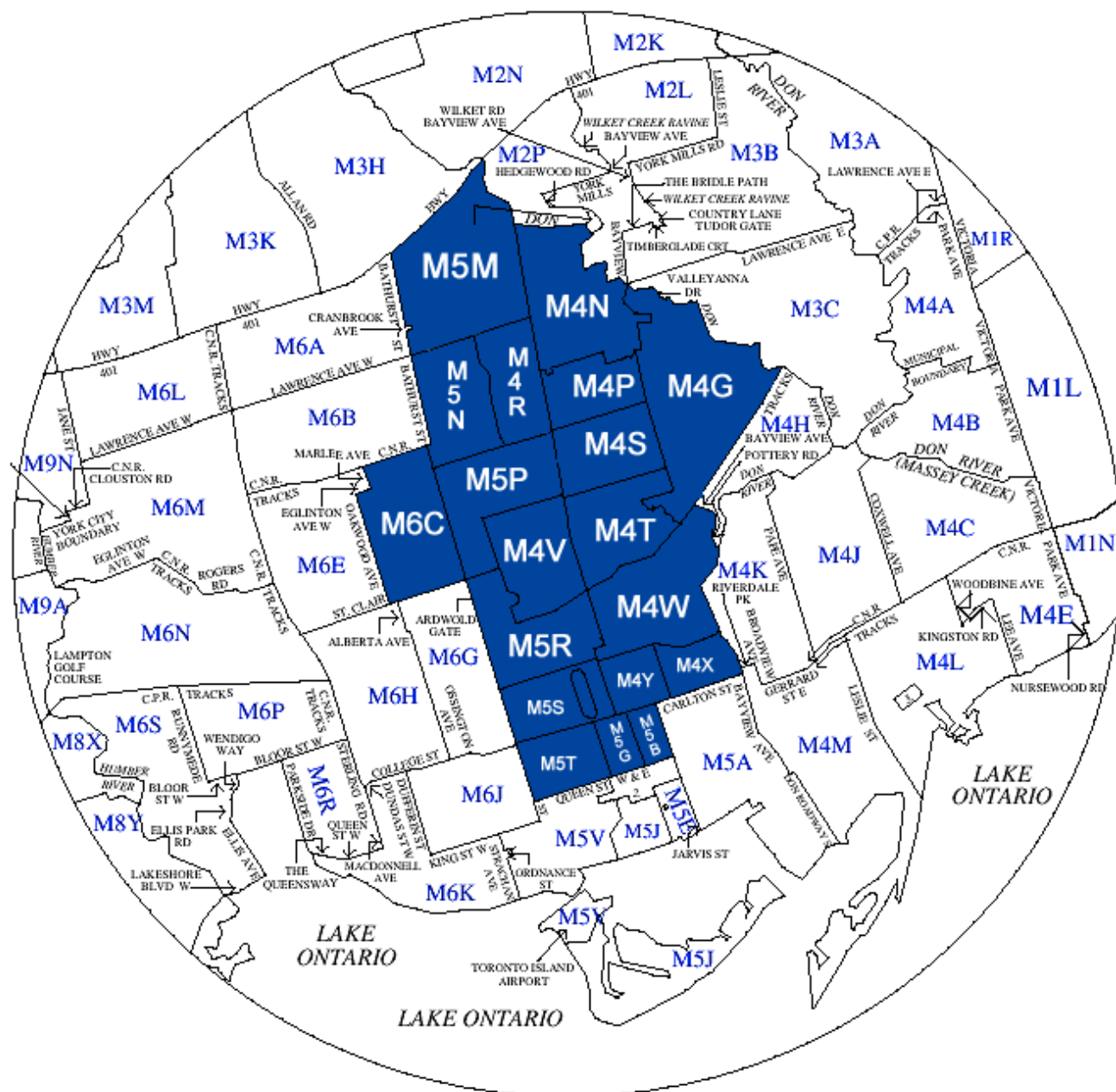
ED Geriatric Mental Health
Program

Emergency
Department

RED = New Programs Launched in FY 10/11

MSH/SPRINT House Calls Partnership

- Provides ongoing comprehensive interprofessional home-based primary/specialty care to frail, marginalized, cognitively impaired, and house-bound elders *who would not otherwise have access to primary care.*
- The **first** hybrid primary/specialty geriatrics model in Canada that provides excellent training opportunities.
- GPs, Nurse Practitioner, Occupational Therapist, Social Worker and Team Coordinator w/ Specialist Support.
- Initiation of primary care can occur within 48hrs.
- A Continuum of Care that spans Hospital and Home.



Evaluating the House Calls Program

- Average Patient Age at Enrollment is 87
- Average Daily Census is ~ 200
- Annual House Calls Program Budget = 480K/Year
- Average Nursing Home Cost/Client = 50K/Year
- 37% of patients are referred after a hospital episode...
- Average (Age Adjusted) CCI/Mortality
= 3.7(7.9) = 1 Year 52%(85%) Mortality
- Unscheduled Readmissions at 30/90 Days vs (Usual Care)
= 12% (14%) and 22% (31%) for 65+
- 67% of House Calls patients die at home.

Evaluating ACE at Mount Sinai

LENGTH OF STAY (Age 65+)

FY 09/10 = 8.0 → **6.5** (Provincial Average = 9.8)

% RETURN HOME (Age 65+)

▪ *FY 09/10* = 71.7% → **78.4%** (Regional Average = 70.9%)

CATHETER UTILIZATION RATIO (Age 65+)

▪ *FY 09/10* = 56% → **19%**

READMISSION w/n 30 DAYS (Age 65+)

▪ *FY 09/10* = 14.4 → **12.5%**

PATIENT SATISFACTION (Age 65+)

▪ *FY 09/10* = 95.9 → **96.8%** (Regional Average = 93.5%)

STAFF EXPERIENCE w/ GERIATRICS

▪ *FY 09/10* = 63 → **66.9** (Canadian Average = 56.2)

Why Develop a Provincial Strategy?

- Given our current and future challenges Ontario's Action Plan for Health Care was launched in January, 2012 with a focus on quality, access, value and choice.
- The Development of a **Seniors Strategy** was highlighted as a way to establish sustainable best practices and policies at a provincial level that could support the overall coordination of the delivery of health and social care services with an intense focus on supporting seniors to stay healthy and stay at home longer.

Ontarians Are Having Their Say!

- Over 5000 Older Ontarians, 1000 Caregiver, 1000 Health, Social and Community Care Providers have participated in our online, paper surveys and town hall and stakeholder engagement meetings.
- Over 65 Stakeholder Groups representing Older Ontarians, Caregivers, Provider Organizations and Agencies, Professional Bodies, and Industry also dialogued and presented their ideas to us as well.

Key Strategic Themes/Areas of Focus

- Promotes Wellness and Prevention
- Ensures Better Equity, Access, Quality, Value and Choice
- Leverages Existing Infrastructure and Resources, while Reducing the Duplication of Processes and Services
- Improves Coordination and Integration of Care in the Community that Meaningfully impacts ED, Hospital and LTC Utilization.
- Aligns Incentives Within and Across Sectors with Common Metrics and Accountability Frameworks
- Sets Minimum Standards and Levels of Care across All Sectors
- Explores housing and transportation services to meet specific needs
- Includes Mental Health and Palliative Care

Timelines

- Ontario's Action Plan for Health Care – January 30, 2012
- Seniors Care Strategy Lead Announced – May 24, 2012
- Stakeholder Consultations – Summer 2012
- Presentation of the Strategy and Implementation Plan to the Minister of Health and Long-Term Care – Fall 2012
- Once Approved, the Seniors Strategy Lead will work with the health care sector to implement the strategy.



This is Ontario's Time to Lead

Concluding Thoughts

- Developing Elder Friendly Hospitals and Communities requires a *shift* in traditional thinking.
- Elder Friendly Communities value older persons; ensure responsive planning, development and design; and build relationships through effective communication.
- Programs only succeed through collaborations and partnerships internally and externally, and small changes can make a difference.
- A focus on Elder Friendly Communities will ensure the Sustainability of our Communities for years to come.

Thank You

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