

Seniors Health: Can We Afford the Future?

October 26th, 2006

Dr. Michael Rachlis, Health Policy Analyst, delivered a well received key note address to 150 professionals, seniors, service providers, and caregivers at the 2006 city-wide forum on Seniors Health hosted by The Council on Aging of Ottawa. Rachlis began with a challenge, ***"We Can Afford the Future if We Don't Repeat the Past!!"***

Dr. Rachlis stated that health care costs are not out of control and the health care system is not drastically underfunded, but the health delivery system is out of date. Canada and the U.S. had similar health care systems and health status until the early 1970s, when our medicare system was established. It pays for all medically necessary hospital and physician services entirely out of the public purse. Meanwhile, there are 47 million uninsured Americans. Statistics show that we spend less, but usually receive more services, live 2 1/2 years longer and our infant mortality rate is 30% lower than the U.S.

Medicare was designed for an earlier time when acute care was Canada's main health concern. Now, due to modern medical interventions including vaccines, pre and post natal care, plus improved diet, health and safety measures, the primary health problem areas are management of chronic illness. Chronic diseases have a major impact on our health care system accounting for 70 per cent of all deaths and more than 60 per cent of health care costs. **We have the knowledge to prevent most chronic diseases.**

Dr. Rachlis declared that alarmists who state that health care spending is out of control do not account for the fact that although health care spending has slowly increased, as a percentage of GDP, it has remained relatively stable over the past few decades. Measuring health spending growth as a percentage of GDP is a better means of gauging the affordability of health expenditures than simply charting the amounts governments spend, even if the amounts are adjusted for inflation and population growth. It's also better than examining the share of provincial budgets devoted to health care, because the share depends as well on the spending levels for other programs. We do know a lot about fixing the system.

"Focus on quality and prevention and you will achieve sustainability; focus on cost control and you will never achieve quality or sustainability."

We need to model our health service system after best practices in place which support **seamless access to quality health service** including:

- Health promotion and disease prevention
- Advanced access to service
- Reduced wait times for specialty treatment and care
- Chronic disease management, and
- Quality workplaces for service providers.

Good quality care in fact costs less than poor quality care. Poor quality care often results in patients prematurely returning to emergency hospital settings. Re-admission rates to hospitals are 1 in 6 for elderly patients, the costliest care option, which also further reduces the number of available beds for acute care needs.

The current health system also overly medicates while under managing chronic disease and pain control. The goal for health service should be to provide:

- Same day service for primary care
- 1 week maximum wait for routine specialty care appointments
- 3 week maximum wait for elective surgery.

A more effective and efficient health service system would utilize a **continuum of care service** including; *health care educators, advocates, telephone consultation, personal service workers, nurse practitioners, social workers, doctors*, etc. Improved management of health needs for an aging population would focus on the continuum of health and health care needs to:

- **Support Healthy Seniors** with Healthy Public Policy and Advanced Access to Primary Health care
- **Manage Well Seniors with Chronic Illness** through chronic disease models which include advanced access to primary health care and integration of specialty care
- **Promote Independence for Seniors with mild/moderate disability** with appropriate supportive housing options, supportive/preventive home care, caregiver support, adherence to chronic disease models, advanced access to primary care, and the integration of specialty care
- **Provide Appropriate Care to Seniors with moderate to severe disability** including PACE (Program for all inclusive care of the elderly) and the Eden Alternative (A design and philosophy creating a homelike environment caring for fewer than 12 persons and incorporating pets, plants and children were feasible).
- **Address Acute Care for Seniors** in the most appropriate setting including Long Term Care facilities, at home, PACE units, utilizing nurse practitioners, and ACE (Acute Care for the Elderly) units.

High performance health care should be:

- **Safe**
- **Effective**
- **Patient-Centered**
- **Accessible**
- **Efficient**
- **Equitable**
- **Integrated**
- **Appropriately Resourced, and**

- **Focused on Population Health**

(The Ontario Health Quality Council April, 2006).

Dr. Rachlis then ***called upon the newly created Local Health Integration Networks to address and meet these challenges for improved health care access, integration and service delivery.***

Jocelyne Contant, Senior Director of Planning, Integration and Community Engagement, with the Champlain Local Health Integration Network (LHIN) responded with an overview of the LHIN mandate which is to plan, coordinate, and fund health services provided by addiction agencies, Community Care Access Centres, Community Health Centres, community support agencies, hospitals, long-term care homes, and mental health agencies.

Contant outlined new roles and partnerships that the Champlain Local Health Integration Network plans to implement with government, provider organizations and the community to address health provision concerns.

Current Champlain LHIN priorities include:

- Access
- Primary health service
- Chronic disease prevention and management
- Addictions and mental health
- Seniors with complex and chronic needs, and
- E-health.

Seniors with complex and chronic needs, plus general issues with service access, chronic disease prevention and management, register as concerns both with seniors and the Champlain LHIN. Rachlis succinctly noted that the devil is in the details as to how these highlighted issues will be resolved at the local LHIN level.

Moderators Barbara Burns and Cal Martell, Director of the Regional Geriatric Program, agreed with Rachlis' assessment that overall today's elderly experience better health and longer lives than ever before. Both stressed the ***importance of continuing to be conscious of one's own health, incorporating preventative measures*** and taking ***personal responsibility*** for health care in order to enhance wellbeing and longevity.

We are the well elderly, and Burns challenged us to push for improved health services on behalf of those less well. Martell agreed, noting the huge disconnect between levels of investment and service provision. Canada currently has higher rates of institutionalization than 20 years ago while at the same time health promotion strategies have been practically eliminated from the service spectrum. If we continue to invest more in the dependencies of seniors then we cannot afford our health care system, but if we take on proactive health ownership, then we are okay. Martell concluded that, ***'we need a business plan for health promotion!'***

This goal reflected the Seniors Health Forum purpose, '*to identify and understand key policy issues that will help to advocate for a sustained, publicly funded health care system*'. Eleven focus groups dialogued on "*best ideas to maintain and enhance our current health care system*" culminating in recommendations for strengthened advocacy at the individual, community, and system levels of health service and delivery.

As an Individual

Self-responsibility for health is important and includes knowing our personal health status together with system knowledge and advocacy skills to proactively support and maintain our health. **Education and health promotion to support responsible self health care is critical.** People need to know about the Fall Prevention program offered at Elisabeth Bruyere, and how to create a living will, for example.

As a Community

Sustainability of our health care system needs to take Dr. Rachlis' "Sunshine" approach and deliver a message to the media that our system is sustainable if its focus is redirected to disease prevention, health promotion and management of chronic care needs. We also need a coordinated public awareness strategy towards health promotion and prevention of illness including TV for public health.

For A Health Care System that Works

Service Sectors:

An effective system-wide proactive health strategy would include prevention, health promotion, caregiver and home support, communication, education and effective hospital care management and discharge planning. Health care service needs to look holistically at community concerns and adopt best practice approaches including:

A. Health Promotion and Prevention

We need a seniors' health promotion strategy with increased funding for positive change with:

- **Education** on health promotion from infancy through adulthood to encourage citizens to be more responsible for their own health care
- **Prevention** including psycho-social determinants for optimal health and education on risk and warning signs
- **Health Promotion** including social activities to decrease isolation, depression and encourage healthy, active lifestyles
- **Home Support Services** which allow seniors to 'age in place'.

B. Health Care Service

Service models need to consider:

- Better and **earlier access**
- Quality of service
- **Strengthening of home care services**
- Return to public health focus on **screening** and monitoring of clients
- Simple one-stop # **211 phone access**
- **Prevention and crisis management**
- **Residential options** information for seniors.

C. Health Care Management

Staffing

- **Improve environments and salaries** of workers
- Improve **communication** among service provider organizations
- Review **physician training** and compensation for service
- **Include physicians within the new Champlain LHIN mandate.**

Case Management

- **Education and information** on client base
- Reduce paper pushing and **embrace newer technologies** for service management
- Reduce costs and provide **better service through coordination.** Significant research attests that a multidisciplinary approach to health promotion, care and service reduces duplication of service.
- **Better coordination of discharge planning.**

Costs

- Transfer money from acute to chronic care service; **the system needs to put money where it counts.**

D. Health Care Settings

The Champlain LHIN should look at some of the current best practice models such as the U.S. Veterans Administration and Ontario Community Health Centres models. Proactive senior health service environments would ideally consider:

- Economic models built on prevention and public awareness.
- Locally based services. The current health care system needs to build on the model of the community health centres with an integrated, seamless continuum of care with a focus which allows seniors to remain in their own homes longer.

- SHEO similar to CHEO for seniors with those in multi-jurisdictional roles requiring training in gerontology.

Health forum participants concluded that our current public health care system could be sustained and improved. They spoke of ***crafting a senior's health strategy which would incorporate a comprehensive, neighbourhood based system built on:***

- ✚ Health promotion and disease prevention
- ✚ Advanced access to service
- ✚ More resources for chronic care management
- ✚ Better discharge planning and follow-up
- ✚ Appropriate professional training, including knowledge of geriatrics
- ✚ Provision of quality workplaces for service providers.

In summation:

- A coordinated public awareness strategy towards health promotion and prevention of illness needs to be operationalized.
- A strategy providing educative and community support tools which will enable citizens to take greater personal responsibility for their health is needed.
- The ***well elderly must advocate for more effective care on behalf of those less able.***
- If we are prepared to be innovative and force change in the ways in which we interface with the health care system we will likely be successful in sustaining a system which is affordable and accessible for all Canadians.