

Better with Age: A Regional Roundtable Series on Health Systems Planning for the Aging Population

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Yesterday was the time for policy changes to ensure Canada's healthcare system meets the needs of the growing number of older adults in our country. That's the message the Canadian Health Services Research Foundation (CHSRF) heard from more than 200 policy makers, healthcare executives and professionals, researchers and citizens from across Canada in its roundtable series *Better with Age: Health Systems Planning for the Aging Population*, held in six locations across Canada in fall 2010:

- October 7, 2010 – Calgary, Alberta (British Columbia, Alberta and northern region)
- October 15, 2010 – Winnipeg, Manitoba (Saskatchewan and Manitoba)
- October 20, 2010 – Ottawa, Ontario (national roundtable)
- October 27, 2010 – Halifax, Nova Scotia (Atlantic region and northern region)
- November 4, 2010 – Toronto, Ontario (Ontario)
- November 10, 2010 – Montreal, Quebec (Quebec)

The aging population will bring with it an increase in chronic physical and mental conditions such as diabetes and dementia – complex conditions that the healthcare system is currently ill-equipped to handle. Participants reported many ideas for *what* should be done – for example, integrating health and social services to reduce the number of elderly waiting in limbo in hospital beds when they should receive more appropriate care elsewhere; providing better support to a range of caregivers (paid and unpaid, formal and informal) that recognizes their unique skills and acknowledges their important contributions to patient care; and funding services through a single envelope in order to remove financial and administrative barriers to system improvements. However, when asked whether they had a clear understanding of *how* to work together to integrate systems of care delivery, the answer from the overwhelming majority of participants was “not exactly.” The *Better with Age* series aimed to solicit suggestions to address the thorny question of how health services and associated policies can be adapted to meet the needs of aging Canadians and the population as a whole.

Restructuring Care for Older Adults

In discussions of healthcare and population aging, financial sustainability of the public healthcare system tends to be the major preoccupation and the reason for much “boomerangst.” However, recent economic models suggest that growth in healthcare costs due to population aging will account for 1% per year between 2010 and 2036 (Mackenzie and Rachlis, 2010). Even if these predictions are modest (after all, with the public share of healthcare spending topping \$120 billion in 2008, even growth of 1% translates into a lot of money), there is strong evidence that these expected costs can be managed and even mitigated if we make wise decisions now to restructure care delivery.

In his opening remarks to roundtable participants, health policy expert Dr. Michael Rachlis argued that it is not population aging that threatens to precipitate a financial crisis in healthcare but a failure to examine and make appropriate changes to our healthcare system. Drawing from examples in Canada and internationally, Dr. Rachlis identified the main elements of a high-performing health system for older adults – one that is driven to excel across all quality domains (safe, effective, patient-centred, accessible, efficient, equitable, integrated, appropriately resourced and focused on population health); provides access to a range of continuing care services (chronic disease management and primary healthcare support for health assessment and promotion, home care, long-term care, end-of-life care and acute care); and is embedded as a part of a broader, intersectoral initiative for achieving improved population health (emphasizing the need for supportive housing, reliable transportation and access to nutritious and affordable foods).

These points were also raised by representatives of the 2006–2009 Special Senate Committee on Aging, chaired by the Honourable Sharon Carstairs and the Honourable Wilbert Joseph Keon (deputy chair), which tabled its final report in 2009. Following consultations with expert witnesses and citizens across the country to determine whether Canada is providing the appropriate services and programs, at the right time, to the individuals who need them, the committee recommended system-wide transformation, with special attention to chronic disease management, palliative care services, homecare

and caregiving and measures to combat ageism (Special Senate Committee on Aging 2009).

Other speakers echoed the long-standing need for health system reform, particularly integrated care delivery, which evidence shows can achieve substantial cost-savings, create efficiencies and improve quality of care and caregiver satisfaction (Denton and Spencer 2010; Hollander and Chappell 2002; Hollander et al. 2007). Many pointed to existing evidence-based models of integrated models of care – for example, the Program of Research to Integrate the Services for the Maintenance of Autonomy (PRISMA) model from Quebec (Hébert et al. 2003) and the Hollander-Prince framework from British Columbia (Hollander and Prince 2007).

Following the presentations, attendees discussed the key obstacles to efficient and effective healthcare services for the aging population. Participants were then divided into small groups to identify successful policies, required actions and knowledge gaps related to health systems planning for the aging population. Drs. Marcus Hollander and Jo Ann Miller of Hollander Analytical Services captured the key policy challenges identified by Better with Age participants:

- A shared vision of care for older adults that involves national leadership and coordination, collaboration across federal and provincial/territorial governments and emphasizes access to a range of affordable and sustainable health and social services
- Positive views of aging that recognize the contributions of older people and combat ageism in service delivery, policy and among the general public
- An integrated system of care that emphasizes and enables coordinated transitions between home, community, residential, social and hospital services; better enables individuals to access timely, appropriate care; expands services that allow individuals to age in their place of choice and access the health and social services they need; and increases the flexibility of funding at the organizational level (for example, enabling resource reallocation from acute alternate level of care beds to long-term care or home care)
- A labour strategy to ensure there are adequate and appropriate health human resources to provide for older adults, including addressing issues such as compensation and increasing the recognition of careers in caring for older adults
- A greater array of primary, secondary and tertiary health promotion and disease prevention initiatives to keep older adults in good health for a longer time
- Support for healthcare managers, planners and policy makers in their efforts to evaluate and implement promising strategies for improving the quality of health services for older adults, funding for intervention projects and training in the implementation of best practices

For a complete overview of all themes, please refer to the Better with Age synthesis report at the CHSRF website (www.chsrf.ca).

Getting to There from Here?

Our current healthcare system was created with a focus on acute episodes of care. Better with Age found general agreement on what should be done to create a system that meets the ongoing needs of aging Canadians – the challenge is how to get there. CHSRF will continue to gather innovative approaches from Canada and around the world and to promote policy dialogue among stakeholders aimed at building the healthcare system Canadians need for the future. For more information about the Better with Age series, the roundtable and synthesis reports, as well as an updated issue of our *Mythbusters, Myth: The Aging Population is to Blame for Uncontrollable Healthcare Costs*, please visit our website at www.chsrf.ca. **HQ**

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