

How to Better Serve an Aging Population

The Innovation in Seniors Care forum brought together leaders in health-care provision and technology to discuss what changes are needed

BY VIRGINIA ST-DENIS

With seniors expected to represent a quarter of the Canadian population in 20 years, federal, provincial and territorial governments are struggling to meet the growing health-care demands. The *Hill Times* held a half-day forum in Ottawa to explore opportunities to adapt health-care practices and government policies to meet the changing needs of the country's aging population.

Opening keynote speaker Dr. Chris Simpson, past president of the Canadian Medical Association, said one of the problems is that patients have nowhere else to go except hospitals. "We all live in this delusion that hospitals are a safe place to be," he told the room of about 100 people. "Hospitals are, ironically, dangerous for patients who are not acutely ill." The current system sets patients up to be admitted to hospital, a place that requires decisions to be made quickly without access to patients' medical histories. Patients lose their personal support system, are put in a bed, fall when they get out of bed and get hospital-acquired infections. "I still see the hospital as too much the default solution."

With 15 per cent of hospital beds being used by seniors in alternative level of care, Simpson called it economic absurdity to spend \$1,000 to \$2,000 a day for a hospital bed when it costs \$150 a day in a long-term care facility and even less for home care. He said more needs to be done on wellness care to avoid hospitalization. Bolstering community supports would reduce the number of seniors in alternative level of care in hospital, freeing up space

for those who actually need hospital care, creating a ripple effect through the entire health-care system. "I really think that if we can do something to help seniors that we're going to help everybody."

While there are pockets of excellence with innovative programs and projects across Canada, Simpson said more needs to be done to share these success stories and scale them up across the country. A central, government-provided innovation fund could help share information and promising practices.

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TECHNOLOGICAL INNOVATIONS

One of two breakout sessions provided insights into policy shifts needed to foster innovations in technology.

Jeff Jutai, director and associate dean of the interdisciplinary school of health studies at the University of Ottawa, said half of seniors will need some form of technological assistance. However, services and funding are fragmented, being provided by federal and provincial/territorial agencies, private insurance companies and non-profit and charitable organizations.

The building blocks already exist to make the shift, said H el ene Chartier, vice president of go-to-market, strategy and enablement at



The *Hill Times* Innovation in Seniors Care forum included a panel presentation on health systems integration, moderated by Dr. Chris Simpson, past president of the Canadian Medical Association. The panellists were Chris Power, CEO of the Canadian Patient Safety Institute; Dr. Kiran Rabheru, a family physician, geriatric psychiatrist and past president of the Canadian Academy of Geriatric Psychiatry; Dr. Darryl Rolfson, professor in the department of medicine at the University of Alberta; and Lisa Ashley, senior nurse advisor at CNA.

TELUS Health. As health consumers, patients are demanding new technologies that support better health-care experiences. More devices are coming onto the market every day.

Shelagh Maloney, vice president of consumer health, communications and evaluation services at Canada Health Infoway, said virtual care connects the health-care team and the patient regardless of location or time. In this model, patients report higher levels of satisfaction, improved outcomes and reduced hospitalization and emergency department visits. She pointed to the health-care system savings of avoiding 47 million face-to-face visits a year by having access to lab results and renewing prescriptions online.

The systemic barriers to developing commercially viable health technologies were discussed by Josephine McMurray, network investigator and project lead at AGE-WELL and assistant professor at Wilfrid Laurier University. She said results from Canadian research into technologies and processes for seniors are being developed and implemented outside the country but should be retained here. McMurray called for coordinated investment in research and development by universities and the groups Jutai identified to develop and adopt homegrown technological innovations. She pointed to the fact that providing assistive devices and keeping people healthier longer costs much less than

hospitalization. However, work is still needed to ensure research is not overly region-specific so the findings can be applied across the country.

Balancing monitoring technologies with patients' rights to privacy was mentioned as one area of concern. While new technology is being developed with privacy as a first priority, Chartier said it is the human interaction with the collected data (whether electronic or on paper) that is where the risk is, not the technology itself. Research has shown that seniors have some willingness to give up some privacy to get more security.

Maloney said more than 20 per cent of people use some kind of wearable technology. While 16 per cent of those with wearable technology already share information, 85 per cent said they would share if asked. Using devices such as Fitbit can reassure families that their elderly parents are getting out for walks.

Jutai rhetorically asked whether Canadians would be up to the challenge if the federal, provincial and territorial governments could agree to put out a tender for one technology system to be used across the country. He said it would be difficult for all stakeholders to agree on using the same technology, what data to collect, what data to share, who would be able to access the data and how to share the data.

PROCEDURAL INNOVATIONS

A second breakout session looked at best practices and policy shifts needed to foster procedural innovations.

Seniors and health-care providers are frustrated by the lack of integration of services and the lack of navigation, said Dr. Francine Lemire, executive director and CEO of the College of Family Physicians of Canada. CFPC's vision of family practice, the patient's medical home, would ensure Canadians have access to a multidisciplinary team

that offers well-integrated services. With many seniors taking numerous medications, pharmacists would be part of the team to flag potential drug interactions and possibly suggest ways to reduce the number of medications. This model of practice fosters clear communication and engages patients as active partners in their health. Lemire emphasized the importance of plain language, even though it "is not as sexy as the technological advances."

Canadian Home Care Association executive director Nadine Henningsen discussed the online survey on home care that her association, in partnership with CFPC and CNA, would launch after the forum. She outlined four priorities to modernize home care, including the implementation of a national caregiver strategy. She recommended adopting harmonized principles for home care that set out the fundamentals for policy and program frameworks to ensure consistent, high-quality home care within and across jurisdictions. Another priority is to scale up and spread successful models of integrated care. Lastly, Henningsen suggested accelerating the use of technology in home care, as virtual care is a viable solution for seniors to live independently with dignity in their homes, with a ripple effect on their caregivers.

Louise Plouffe discussed how health care is organized, financed and delivered to diagnose and treat diseases and injuries one by one. The research director at the International Longevity Centre Canada said Canadians need a person-centred, comprehensive continuum of care to preserve, and compensate for loss of, health and function, as well as ensure quality of life. Plouffe suggested strengthening health promotion and disease prevention, health literacy and self-care, multi-professional care and social interventions. Home care as an insured service is also needed.

Colleges and Institutes Canada vice president of government relations and Canadian partnerships Christine Trauttmansdorff talked about the advanced training tools and facilities being provided. Examples include the frail aging simulation suit that gives Michener Institute students first-hand insight into seniors' needs and the smart apartment at Algonquin College, which offers training and applied research opportunities

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to students in its trades, health and culinary programs.

Mary Bertone, past president of the Canadian Dental Hygienists Association, talked about the need for more support for preventive dental hygiene care and daily mouth care for seniors.

HEALTH SYSTEMS INTEGRATION

The technology and procedural breakout sessions were followed by a plenary looking at what integrated health solutions need to be considered.

Canadian Patient Safety Institute CEO Chris Power called the lack of system integration the single biggest barrier to innovation. “There are great innovations happening across the country, but without integrated systems, there is little scale or spread and thus limited change,” she said, adding that Canadians are reinventing the wheel continuously in health care. Power said she and other members of the Advisory Panel on Healthcare Innovation “are delighted to see the alignment [between the Naylor report and proposals for a new health accord] and seeing some of these recommendations getting some traction.” She added that “none of the recommendations in our report are rocket science. In fact, they have been in previous reports.”

Dr. Kiran Rabheru, a family physician, geriatric psychiatrist and past president of the Canadian Academy of Geriatric Psychiatry, discussed the mind and body connection. He reminded forum attendees that focusing on the body is not enough; mental health, feelings of depression with the loss of family and friends and dementia are very important issues for seniors. Rabheru said the most common medical condition in old age is depression, which breeds bad habits that cause more physical illness, frailty and social isolation. One in four seniors do not have family who can take care of them. They fall and break a hip; they get pneumonia; they end up in hospital. “There is so much we can do upstream that can reduce the risk of people ending up in the system.”

University of Alberta department of medicine professor Dr. Darryl Rolfson discussed the new Canadian Frailty Network, which focuses on improving care of frail seniors by increasing frailty assessments and raising awareness. “Frailty is nothing more than an exaggerated state of

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vulnerability as we age, and it is an accumulation of [health] problems [throughout life] that makes us more vulnerable.” With the number of Canadians older than 80 tripling in the next 30 years, he said frailty will become a more significant health issue.

CNA senior nurse advisor Lisa Ashley discussed how a team approach is critical for improving access to health services and patient safety while reducing wait times. The team includes not only the traditional doctor-nurse dyad, but also the patient, specialists, personal support workers, community supports and the private sector. She said the collaborative approach provides a seamless continuum of care, so patients and their families can more easily navigate the system and make the best use of each provider’s skills, which improves efficiency and reduces costs. “We need to keep that patient perspective front and centre when they cannot speak for themselves.”

FUNDING HEALTH INNOVATIONS

The half-day forum ended with a policy panel discussion about alternative funding solutions. Canadian Life and Health Insurance Association director of policy development Brent Mizzen shared staggering numbers about the cost of long-term care, which few Canadians realize they may need to pay for and will receive little government assistance. (For more from Mizzen, see *The Last Word* in this issue.)

Bill Tholl, founding president and CEO of HealthCareCAN, said he hopes the new health accord will include mechanisms for greater accountability for the provinces and territories about how they spend federal health transfer money. He also talked about putting financial incentives in place to encourage Canadians to plan for their own long-term care needs.

The June 2 *Hill Times* event was presented by the Canadian Medical Association and sponsored by CNA, the Canadian Dental Hygienists Association, Colleges and Institutes Canada and 365 Productions. ■