How Could a Seniors Strategy Enable the Integration of Care for Older Ontarians?

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Seniors Strategy Ontario

Establishing the Context

- 14.6% of Ontarians are 65 and older, yet account for nearly half of all health and social care spending *(Census, 2011).*
- Ontario'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).*
- Ontario's ageing population represents both a challenge and an opportunity.

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%**

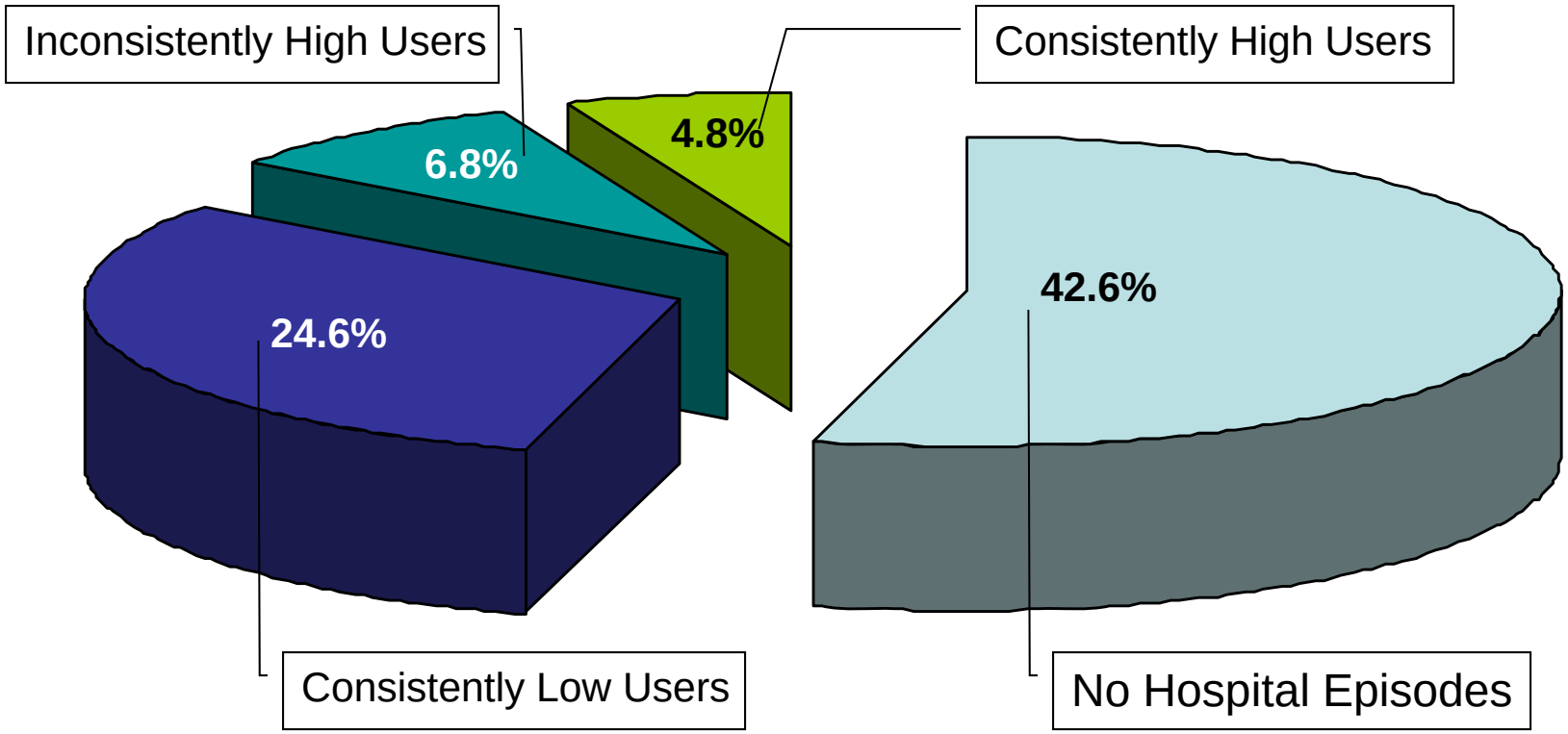
Erie-St. Clair LHIN

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 Use in the 70+



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

What Defines Our Greatest Users?

- Polymorbidity
- Functional Impairments
- Social Frailty

Why Should This Matter?

According to ICES, in Ontario…

- The Most Complex 1% of Patients Account for 33% of our Collective Health Care Spending.
- The Most Complex 5% of Patients Account for 66% of our Collective Health Care Spending.
- The Least Complex 50% of Patients Account for just 1% of our Collective Health Care Spending. *(ICES, 2012)*


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 grown to 238,000 Ontarians in the next two decades *(Conference Board of Canada, 2011).*
- Up to 37% of Ontarians with ALC-LTC Designations 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.

The Dilemma

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

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, equity, 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 Shared Their Thoughts!

- Over 5000 Older Ontarians, 1000 Caregivers, and 2500 Health, Social and Community Care Providers have directly participated in our online and paper surveys and town hall and stakeholder engagement meetings.
- Over 90 Stakeholder Groups representing Older Ontarians, Caregivers, Provider Organizations and Agencies, Professional Bodies, and Industry also dialogued with and presented their ideas to us as well.

The Top 5 System Barriers in Ontario to Integrating Care for Older Adults

Issue 1: *We Do Little to Empower Patients and Caregivers…*

- Despite there being resources and services everywhere, our patients, their families and caregivers all too often are not aware of or know how to connect with them.
- Establish a more user-friendly and comprehensive 24/7 single point of access to information ie 211.

The Top 5 System Solutions in Ontario to Integrating Care for Older Adults

Issue 2: *We Don't Know, What We Don't Know…*

- No health, social or community care providers in Ontario, other than geriatricians, are required to learn about caring for the elderly.
- Mandate the requirement that core training programs provide relevant content and training opportunities in geriatrics.

The Top 5 System Barriers in Ontario to Integrating Care for Older Adults

Issue 3: *We Don't Talk to Each Other Well…*

- Health, social or community care providers are not required or encouraged enough to talk to each other about their common patients.
- Require essential communication with a patient's primary care provider becomes a standard of practice during transitions of care and in interactions with other providers.

The Top 5 System Barriers in Ontario to Integrating Care for Older Adults

Issue 4: *We Plan in Silos and Not as a System…*

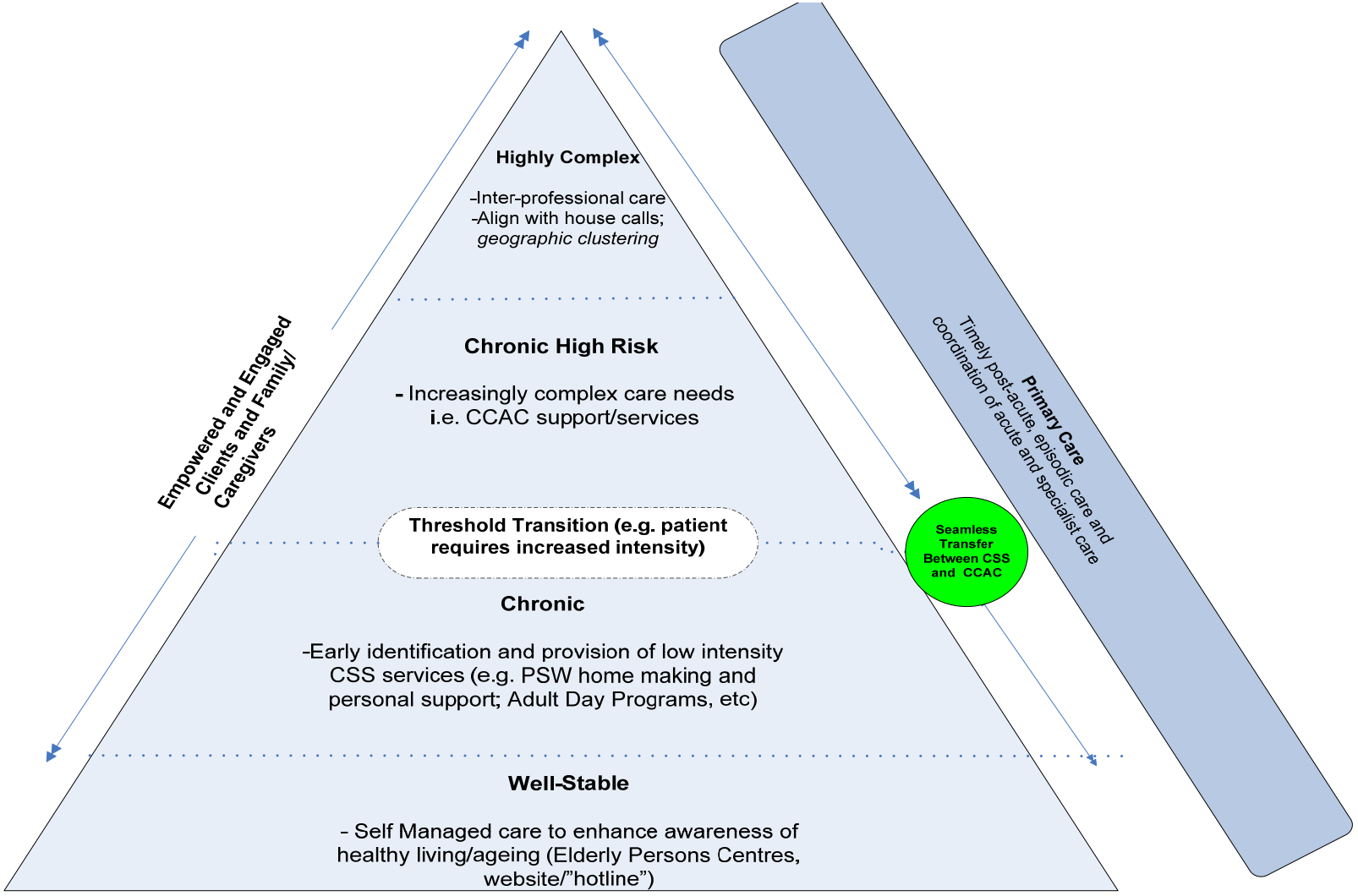
- Without aligned system incentives and metrics, we worry about ourselves rather that the patient experience across the care continuum.
- Develop common and relevant accountability frameworks and metrics that monitor and promote system performance across all levels of our health care system.

The Top 5 System Barriers in Ontario to Integrating Care for Older Adults

Issue 5: *We Plan for Today and Not for Tomorrow…*

- Our Care Needs, Preferences and Values are evolving as a society, yet we seem to be fixated only on the development of new long-term care beds – of which we will need 4 times as many as we currently have in twenty years. *(Conference Board, 2011)*
- Develop a robust capacity planning framework that can assess needs and match it with the right forms of care ie. assisted living/supportive housing vs. long-term care.

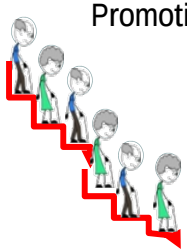
Strengthening Community-Based Care



What Does Excellent Care for All Seniors Look Like?

SHARED ACCOUNTABILITIES – SHARED CORE METRICS – ALIGNED PERFORMANCE TARGETS

Promoting Wellness



-Single point of access to information to empower and support self-management

-Wellness and prevention programs will reduce de-conditioning, improve functional capacity, independence and older adults ability to stay home longer:

-Leverage Elderly Persons Centres to help strengthen social networks and provide access to wellness and prevention and care services.

-Promote screening and early linkage to the appropriate support services

Supporting Aging in Place

-Strengthened Primary Care models will improve access and provide home-based care options.

-Enhanced CCAC and CSS Services and linkages to Primary Care.

-Improve access to community-based therapy services that optimize functional capacity and independence

-Telehomecare, NLOTs and Geriatric Services.

Senior Friendly Hospital Care and Effective Transitions

-When hospital care is required, seniors will benefit from an elder friendly environment and culture emphasizing early screening and assessment by GEM Nurses, functional support and timely discharge home/community and the prevention of ALC.

-Seamless and Safe discharges facilitated by Rapid Response Nurses emphasizing a connection to the primary care provider within 7 days of discharge.

Enhanced Long-Term Care Environments

-Improving the capacity of the long-term care sector to support more short-stay and restorative care options and discharge back to the community

-Specialized services for residents with challenging and complex behaviours

-Quality long-term care for residents who require it

-Reduced ED/hospital transfers through enhanced NLOT services.

Timelines

- Ontario's Action Plan for Health Care – January 30, 2012
- Seniors 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

Thank You!

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Seniors Strategy Ontario