



*Salud y Envejecimiento:  
Meeting the Needs of Older  
Persons in Canada,  
Mexico and the US*

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# Agradecimientos

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  - *Dra. Laura Iturbide*
  - *Dr. Eduardo Álvarez Falcón*



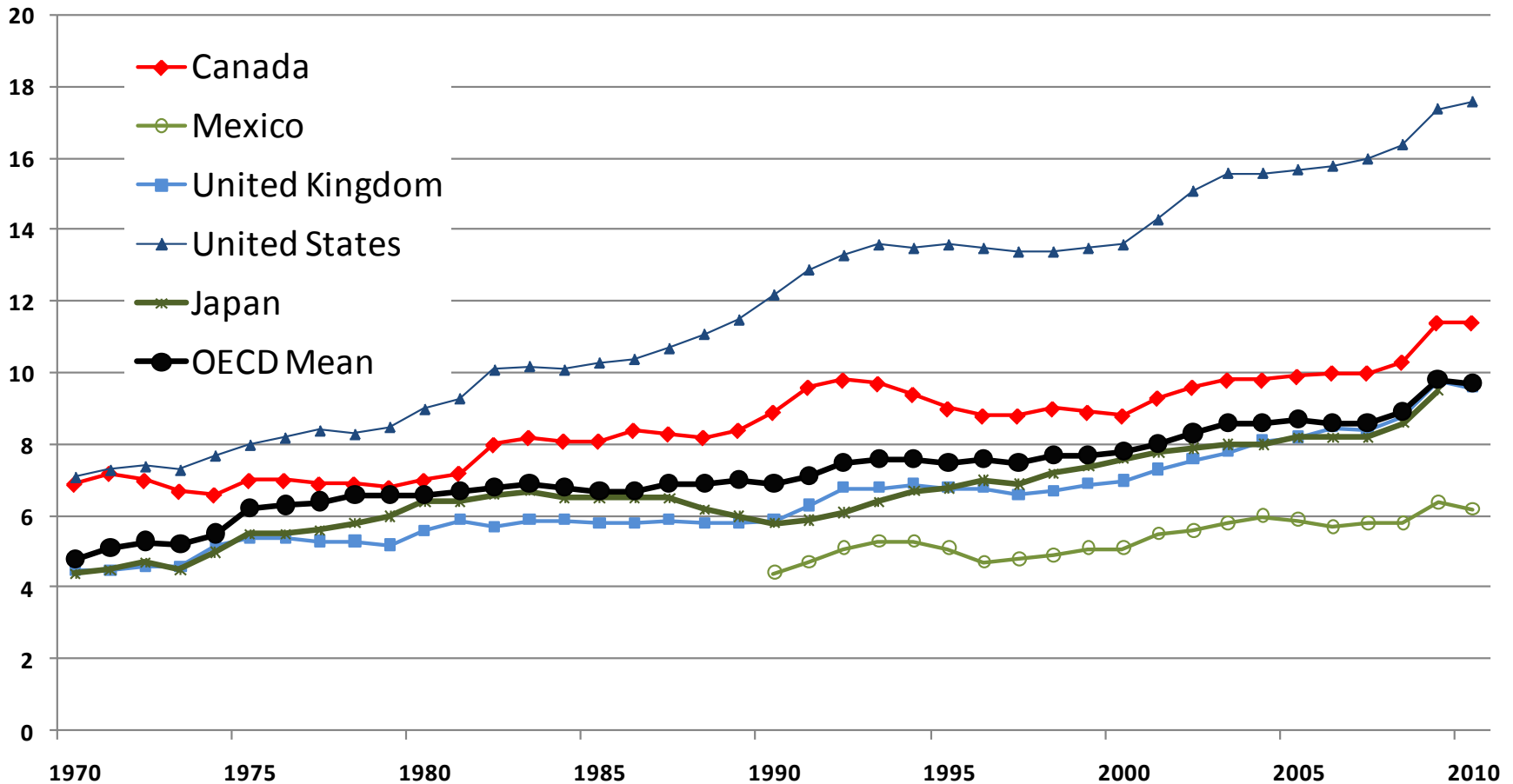
# *Health Systems Under Stress*

## *Health Care? Who Cares?*

- Health care remains the largest “welfare state” component and top policy priority across all industrialized countries
  - In 2010, health spending averaged 9.6% of GDP across OECD countries (with 72% public funding)
    - 11.4% in Canada (71% public funding)
    - 17.6% in US (50% public)
    - 6.2% in Mexico (43% public)
  - ... but widespread perceptions of crisis

# Spending Continues To Rise

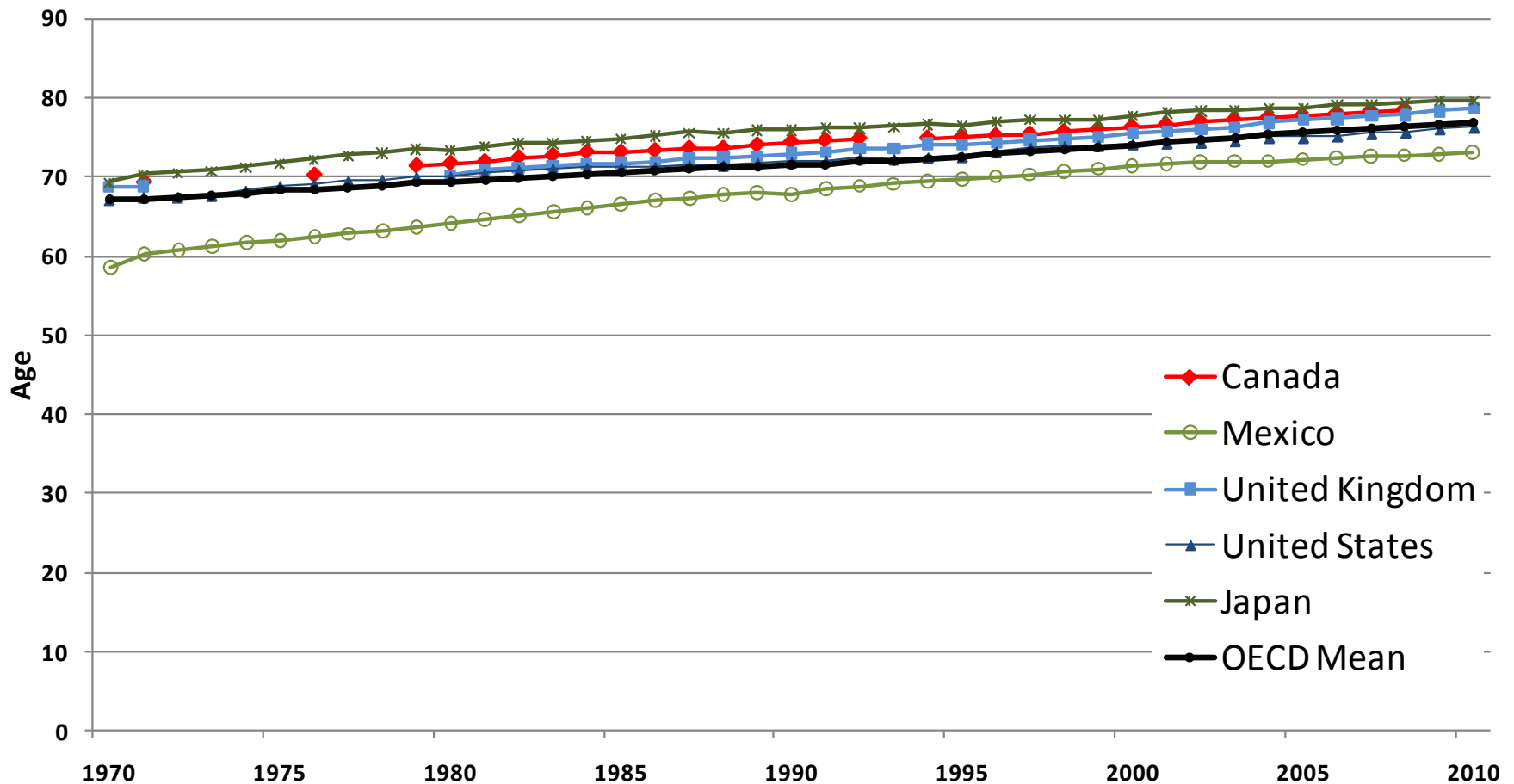
(% GDP)



OECD Health Data, 2012

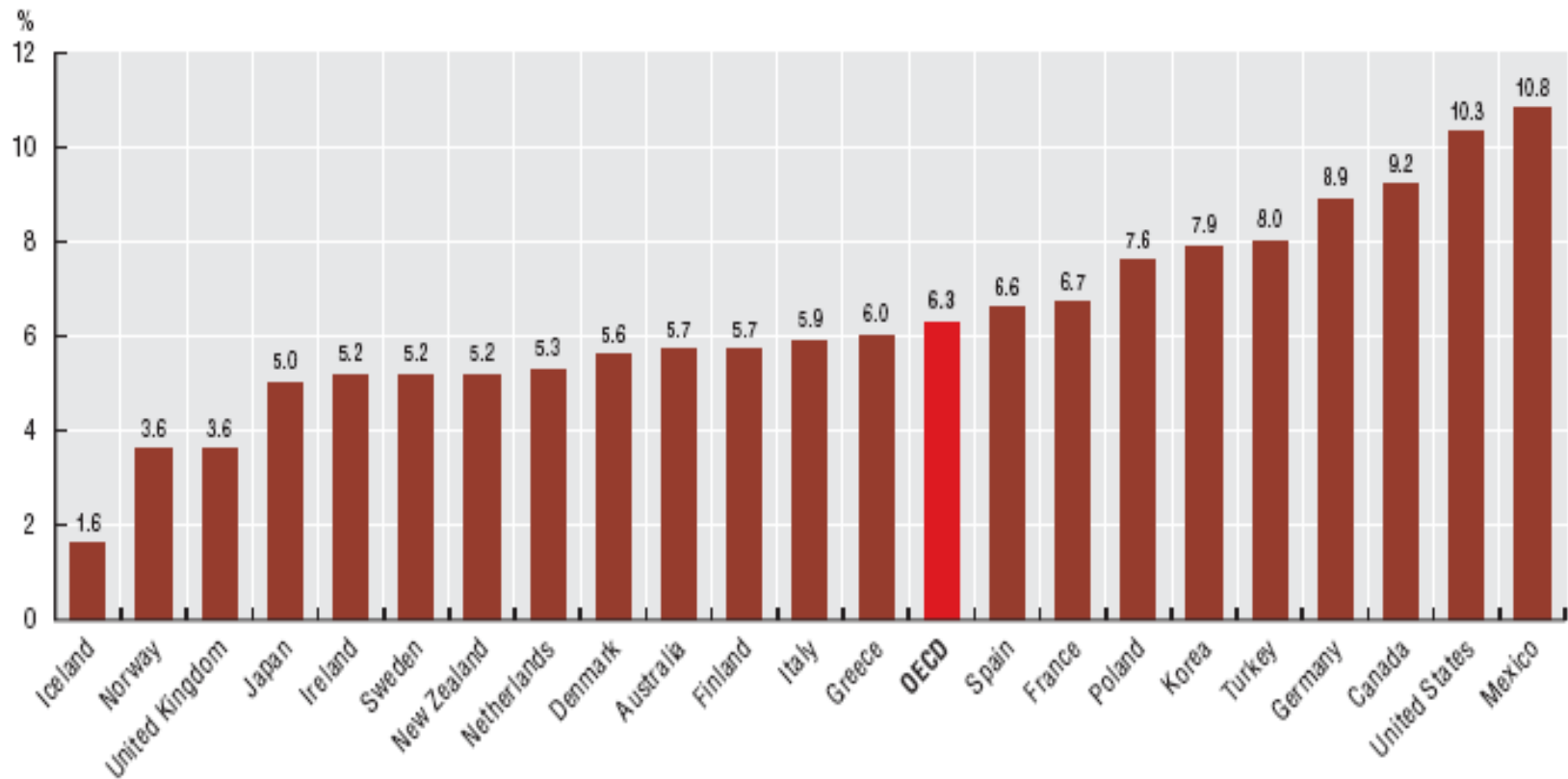
# People Are Living Longer

(Life Expectancy at Birth, Men, 1960-2010)

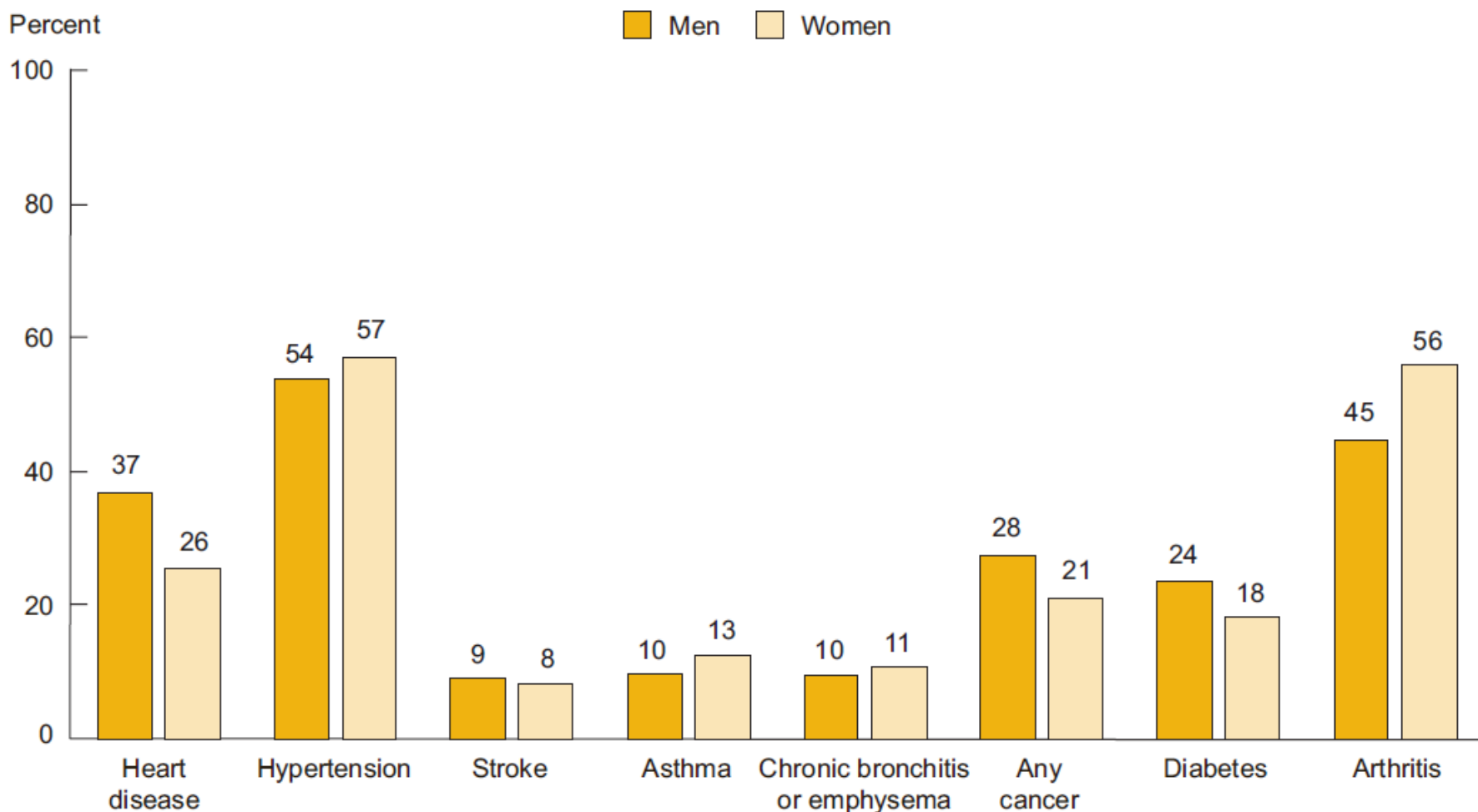


OECD Health Data, 2012

# Needs Continue to Grow: Chronic Illness (2007)



## Percentage of people age 65 and over who reported having selected chronic health conditions, by sex, 2009–2010



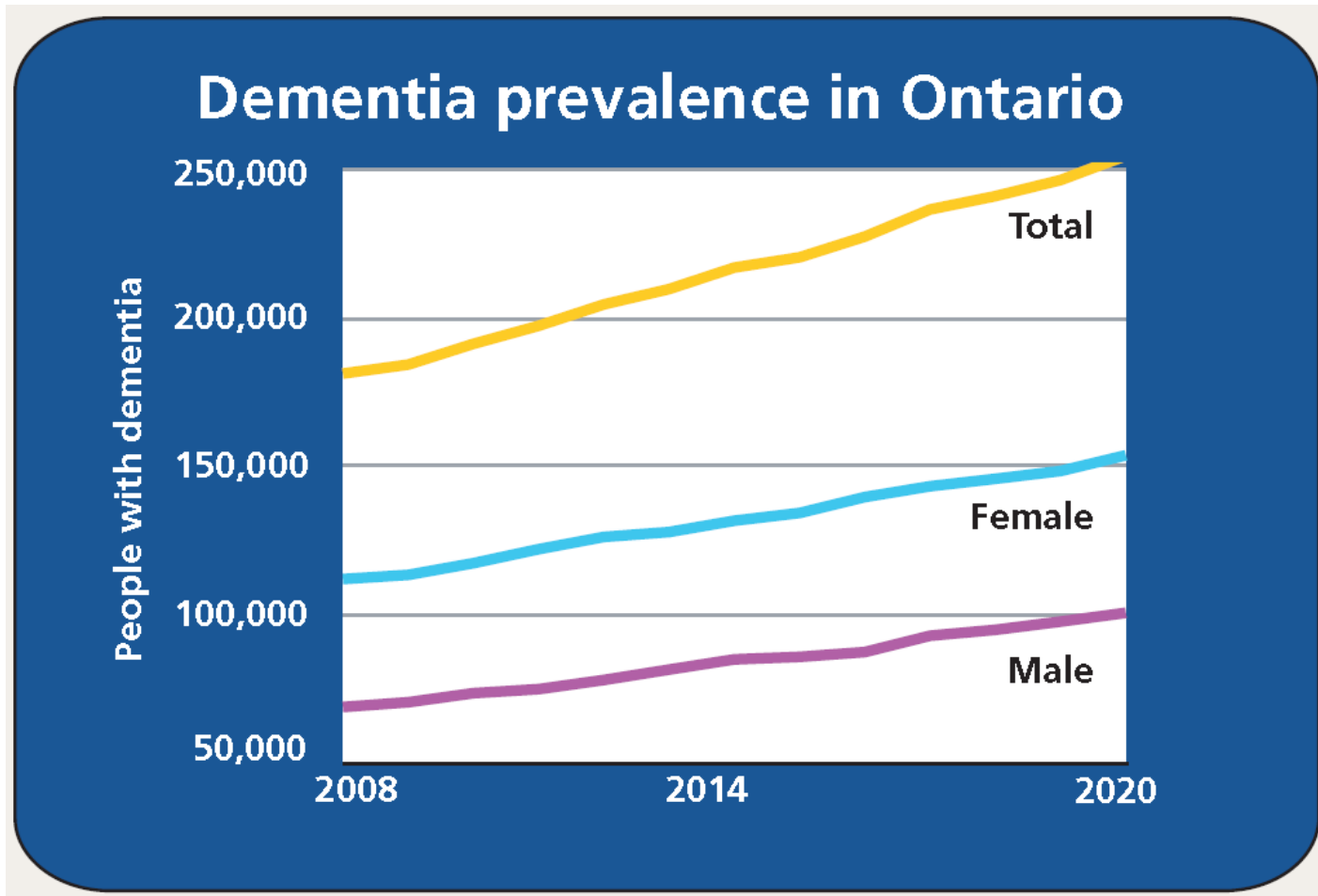
NOTE: Data are based on a 2-year average from 2009–2010.

Reference population: These data refer to the civilian noninstitutionalized population.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

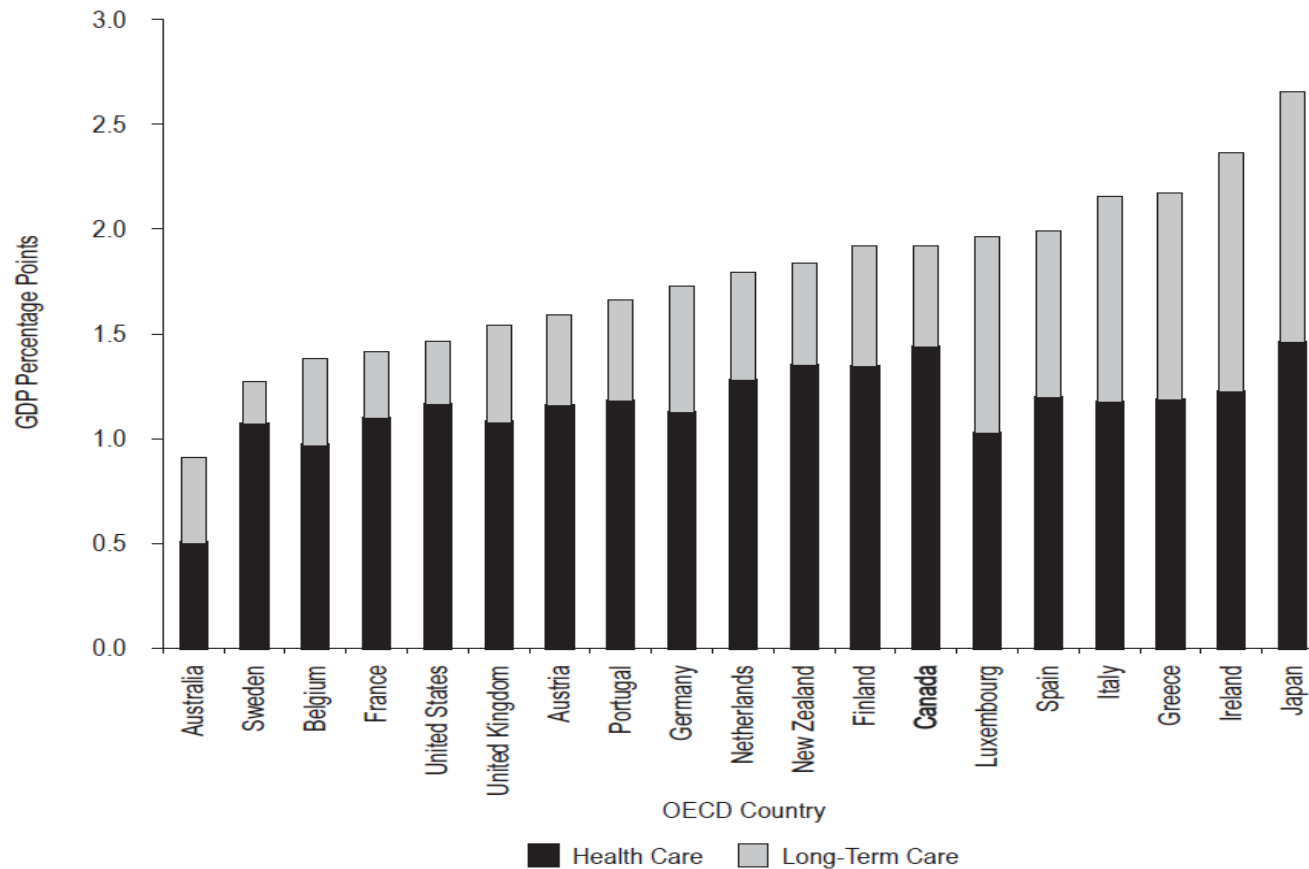


# *Worse to Come: “Rising Tide” of Alzheimers Disease and Related Dementias*



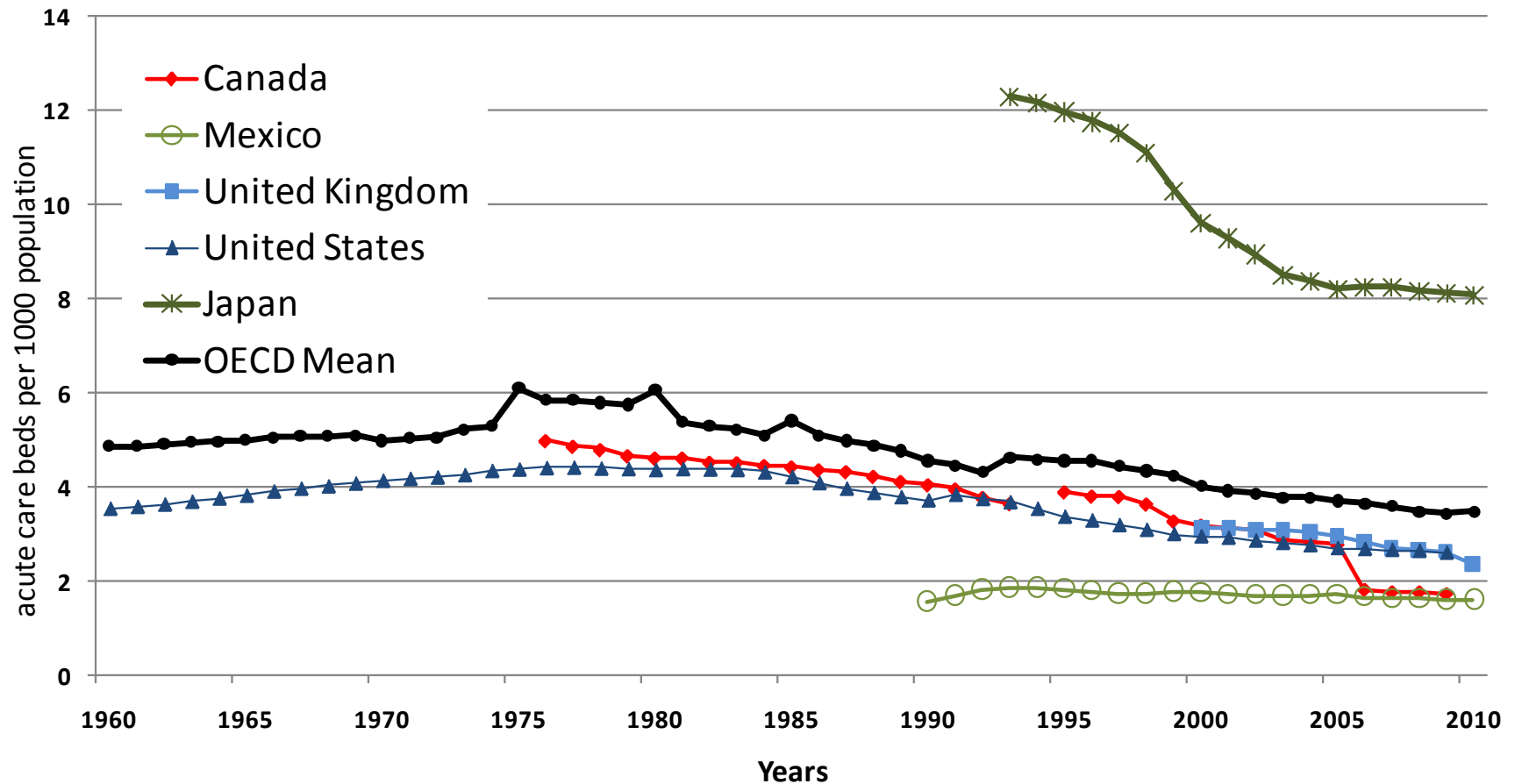
# *“Business as Usual” Will Be Costly*

## *Projected Changes (GDP) in Health and Long-Term Care Spending (2010-2025)*

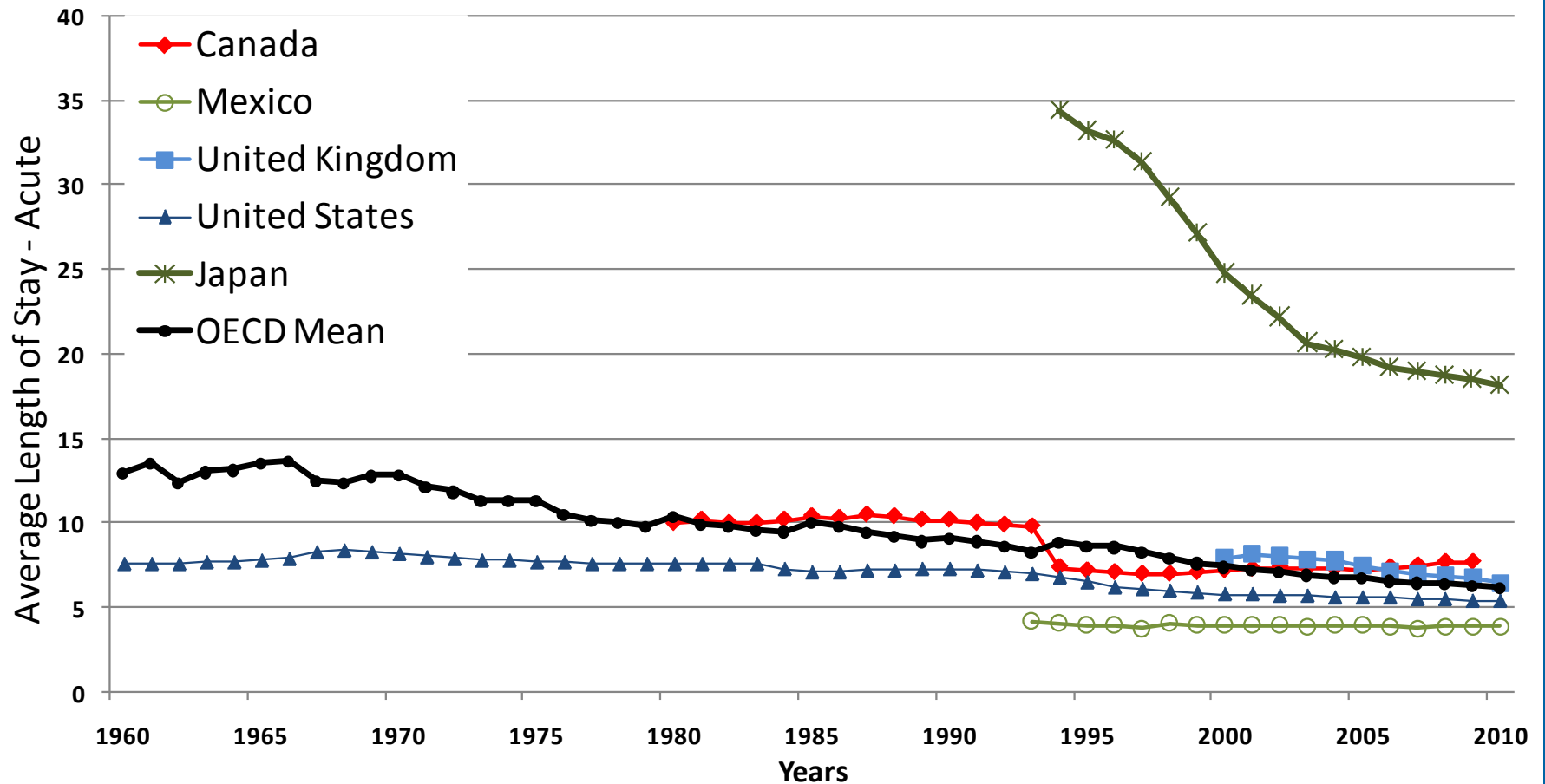


(Canadian Institute for Health Information (CIHI), 2011)

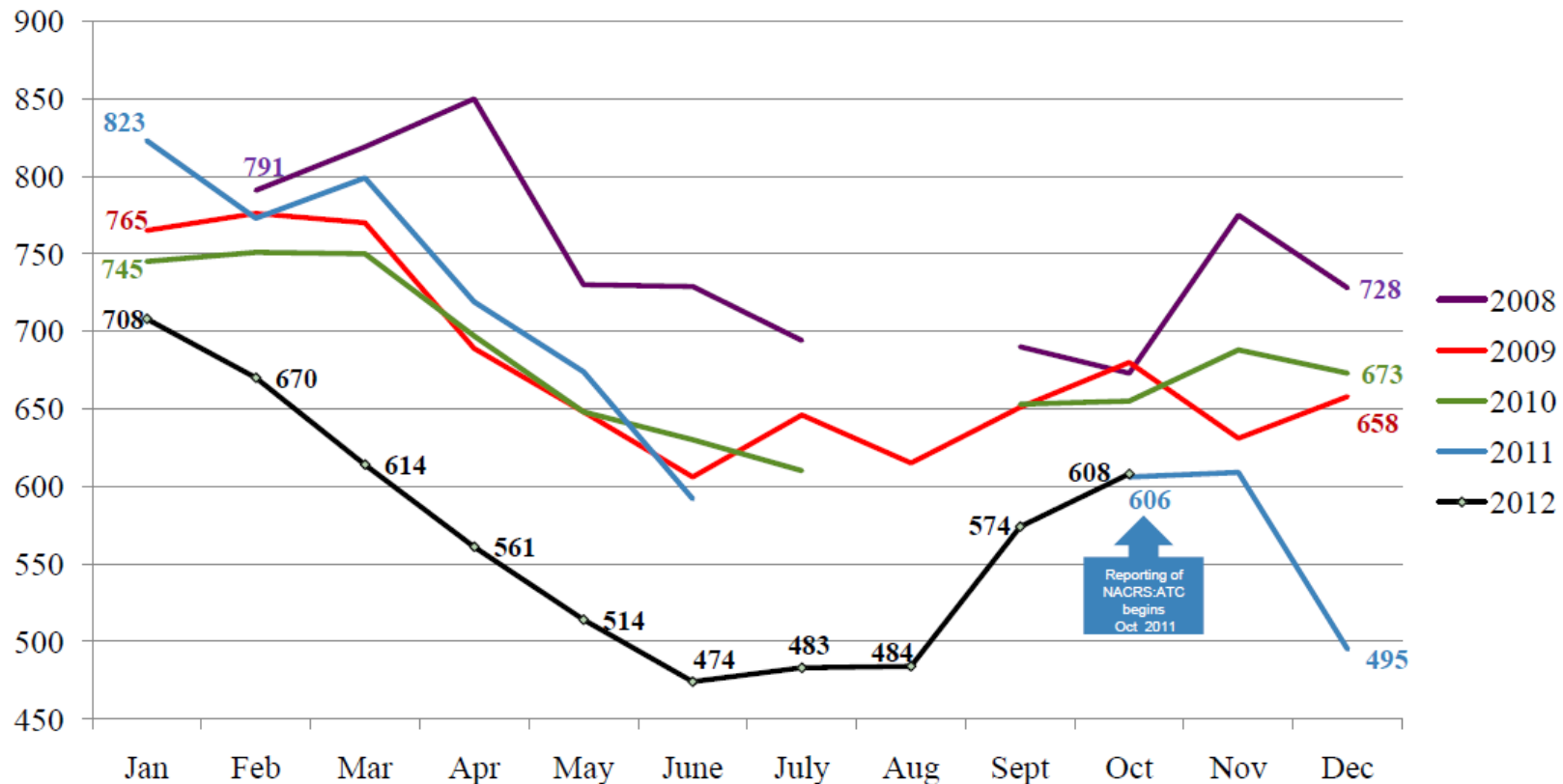
# One Response: Fewer Hospital Beds



# Shorter Hospital Stays



# Problems Persist: ER Patients Waiting



Source: OHA : November 2007 to June 2011 - Number of patients in emergency waiting for an in-patient bed (at any given point in time)

NACRS: Access to Care: October 2011 to September 2012 –

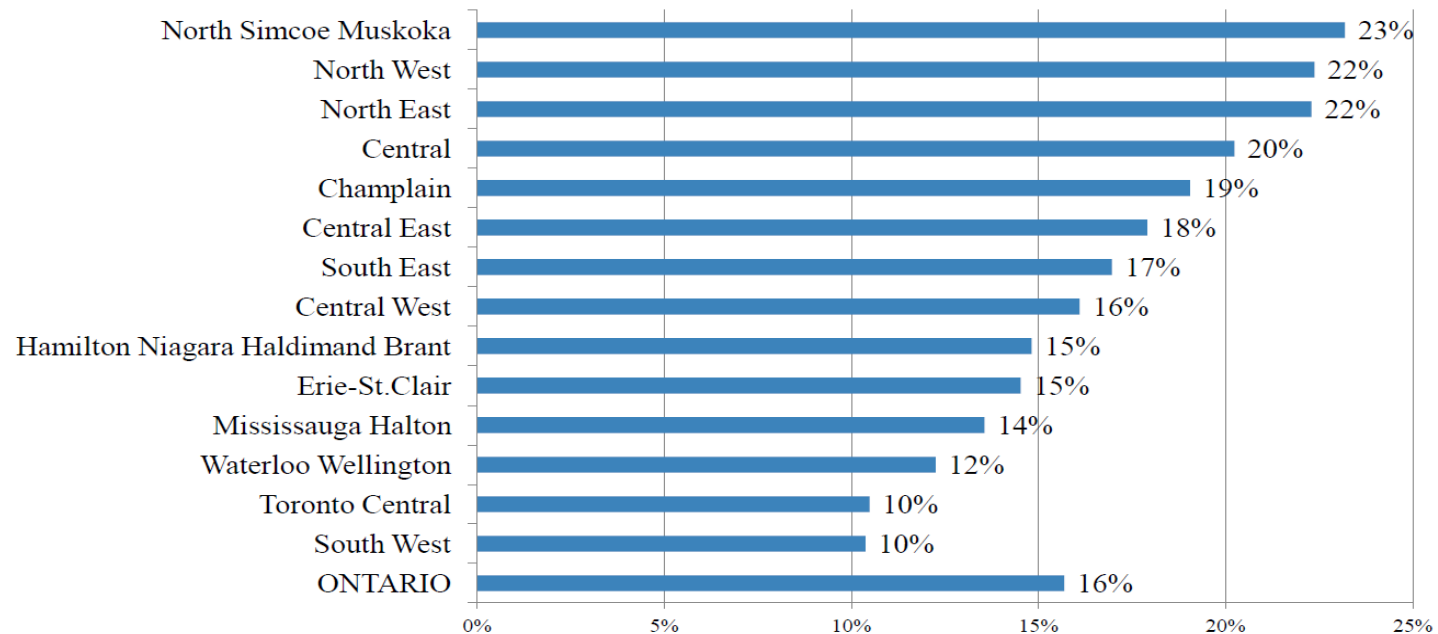
Oct 2012 data NACRS: Access to Care Dec.1-12 (report date);

Data cut (Nov. 18-12)

Daily average number of patients in ER Waiting for an Inpatient Bed at 8 a.m.

# Inappropriate Hospital Use

## Percentage of Acute Beds Occupied by ALC Patients by LHIN



*Percent of Acute Care Beds Occupied by ALC Patients =  $\frac{\text{Total number of patients in acute care beds waiting for an ALC}}{\text{Total acute care beds}}$*

Source: WTIS:ATC (Data as of Feb 29-12: Data cut Mar 8-12)  
Q3 WERS

*Aging at Home:  
Small Things Matter*

# *Ontario Balance of Care Studies*

What determines whether older persons can age at home?

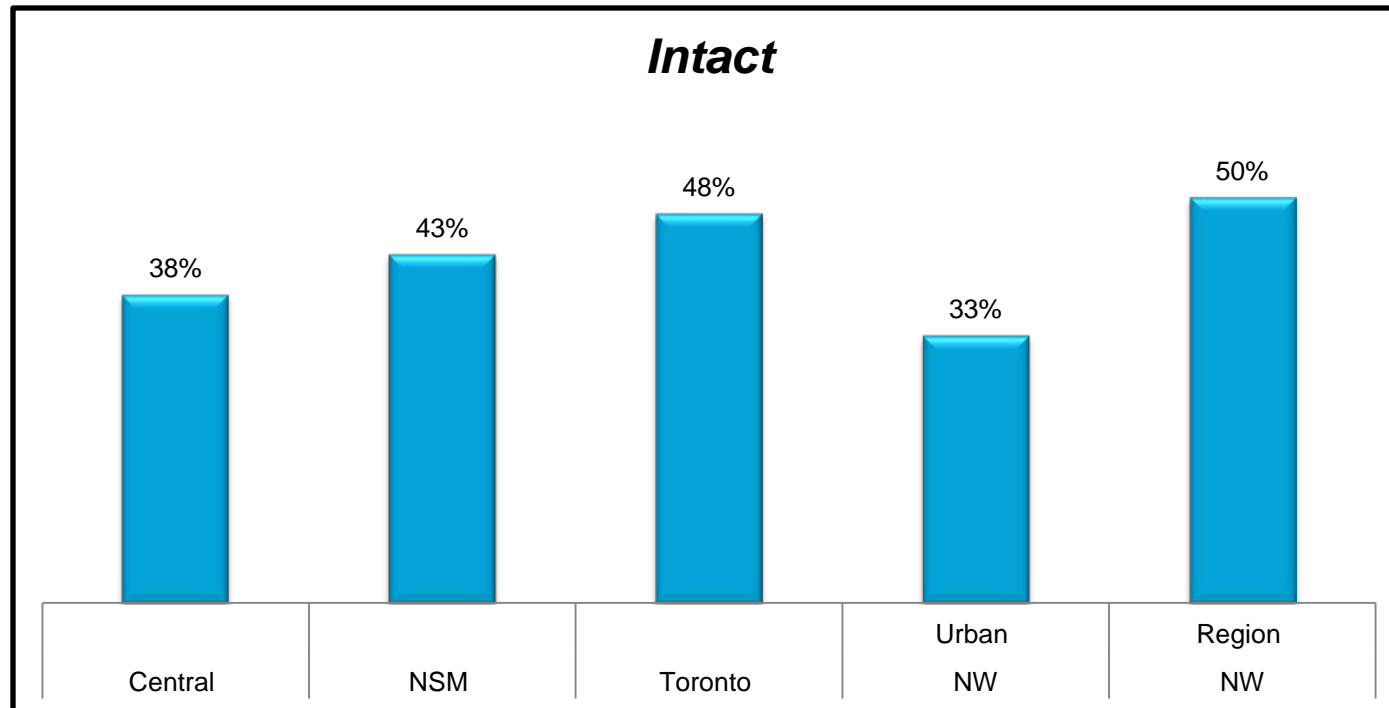
- Demand side
  - Needs of older persons and caregivers
- Supply side
  - System capacity to provide safe, appropriate cost-effective community-based care
- We analysed wait lists for residential long-term care (nursing homes) in Ontario, Canada's largest province



# Cognition

## *Cognitive Performance Scale:*

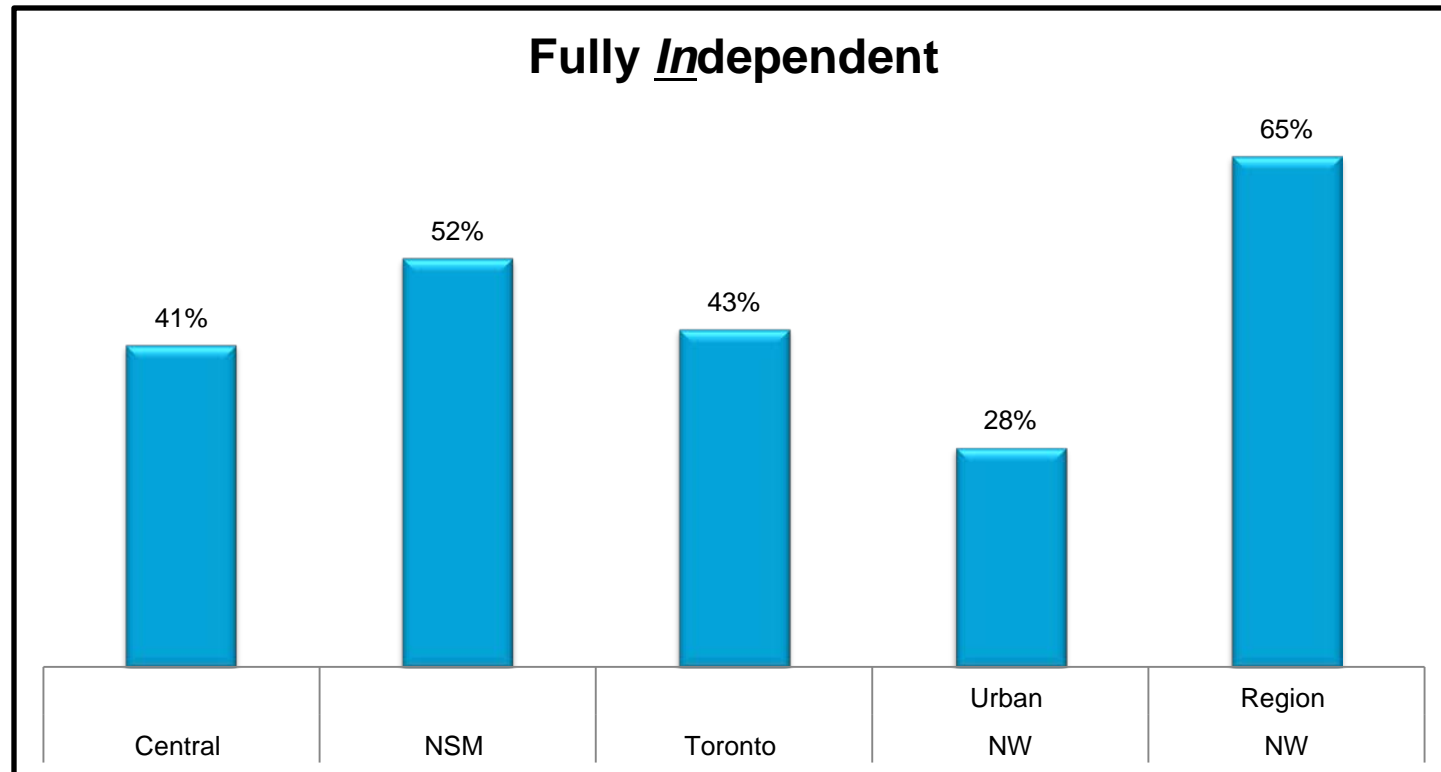
Short term memory, cognitive skills for decision-making, expressive communication, eating self-performance



# Activities of Daily Living (ADLs)

*Self-Performance Hierarchy Scale:*

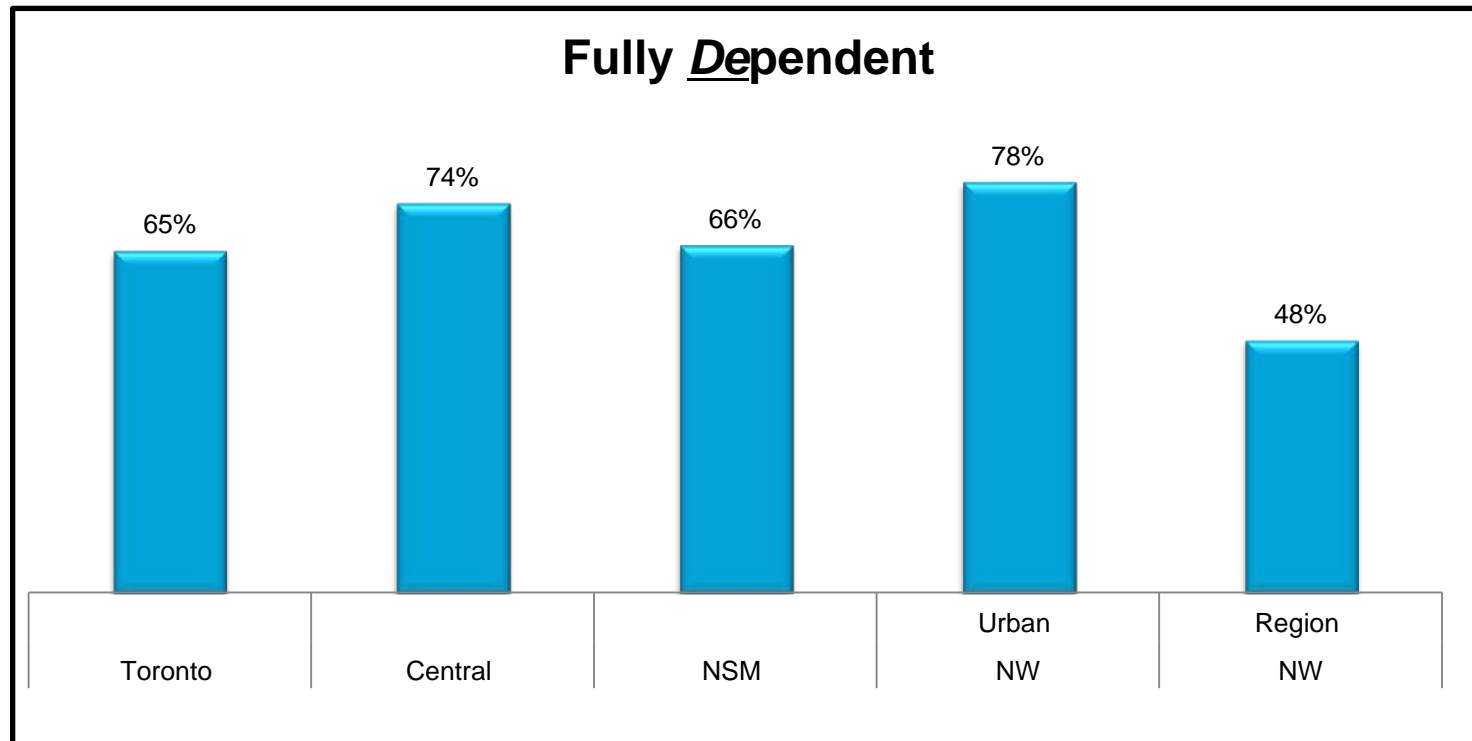
Eating, personal hygiene, locomotion, toilet use



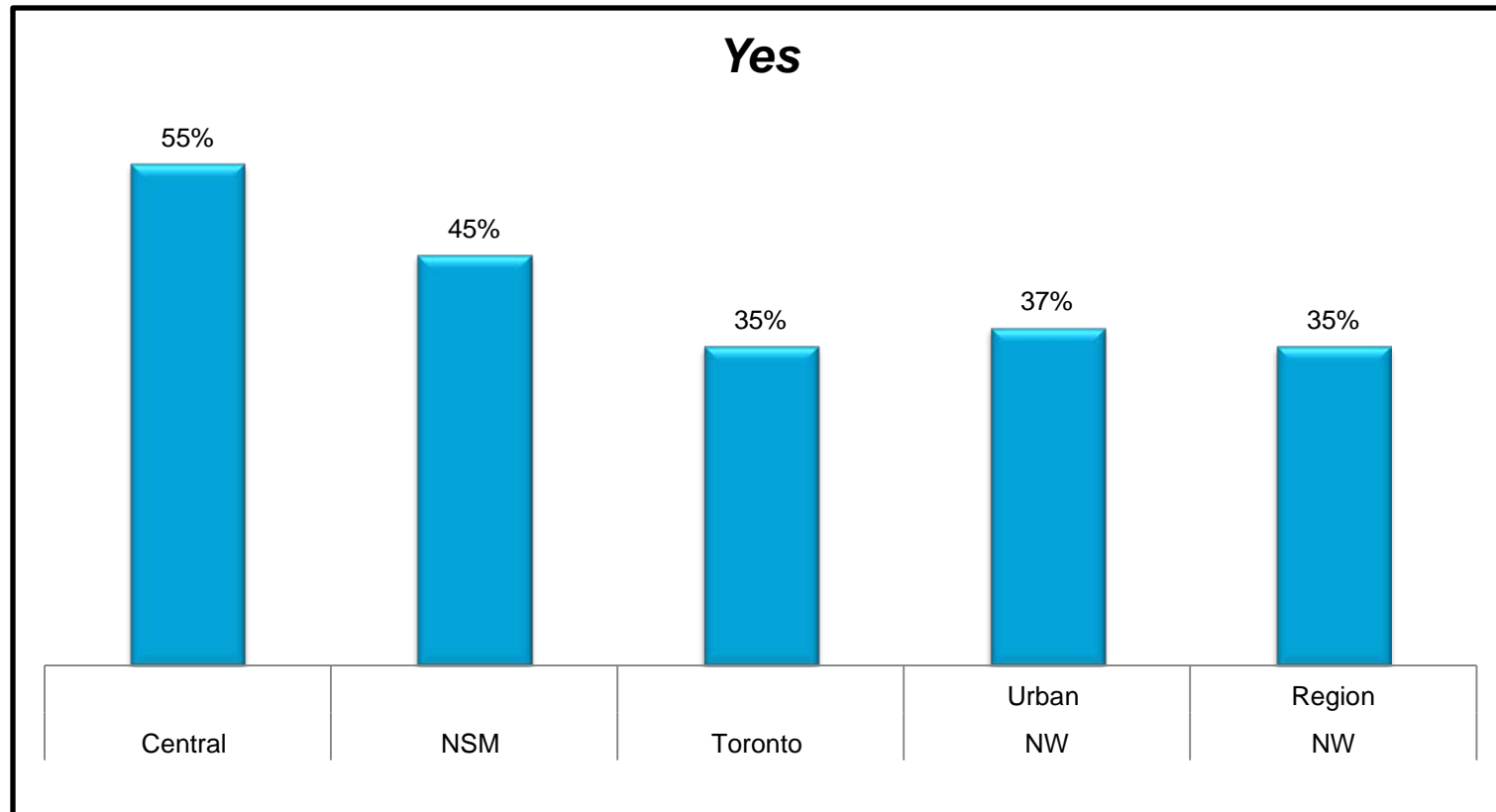
# *Instrumental Activities of Daily Living (IADLs)*

*IADL Difficulty Scale:*

Meal preparation, housekeeping, phone use, medication management



# Caregiver Living in the Home?



*Learning From Other Countries:  
Promising Practices*

# Ontario's Emerging Seniors Strategy

## 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.

Source: Samir Sinha, Lead, Ontario Seniors Strategy [http://www.crncc.ca/knowledge/events/pdf-IntegratingCareforOlderPersons/Symposium%20Dec10\\_Sinha.pdf](http://www.crncc.ca/knowledge/events/pdf-IntegratingCareforOlderPersons/Symposium%20Dec10_Sinha.pdf)

## *Promising Practices: On Lok*

- **On Lok/PACE** (Program of All Inclusive Care for the Elderly)
  - Began 1970s, San Francisco
  - Now 70+ PACE projects in 30 U.S. states
- **Target group: “high risk” older persons**
  - Average 80 years of age
  - 8+ medical conditions (e.g., diabetes, dementia, heart disease)
  - Most live alone
  - 40% poor enough to qualify for public income supplements
  - All clients qualify for nursing home admission

# *On Lok/PACE*

- Model
  - Older persons transported to adult day centres
  - Inter-disciplinary teams assess & manage needs
  - Includes health and social care
  - State funding at 95% of nursing home payment



# *On Lok/PACE*

- Outcomes
  - Better health status and quality of life, lower mortality rates, increased choice, greater confidence in dealing with life's problems
  - Care costs overall 21% lower
  - Inpatient care costs (hospital and skilled nursing) 46% lower

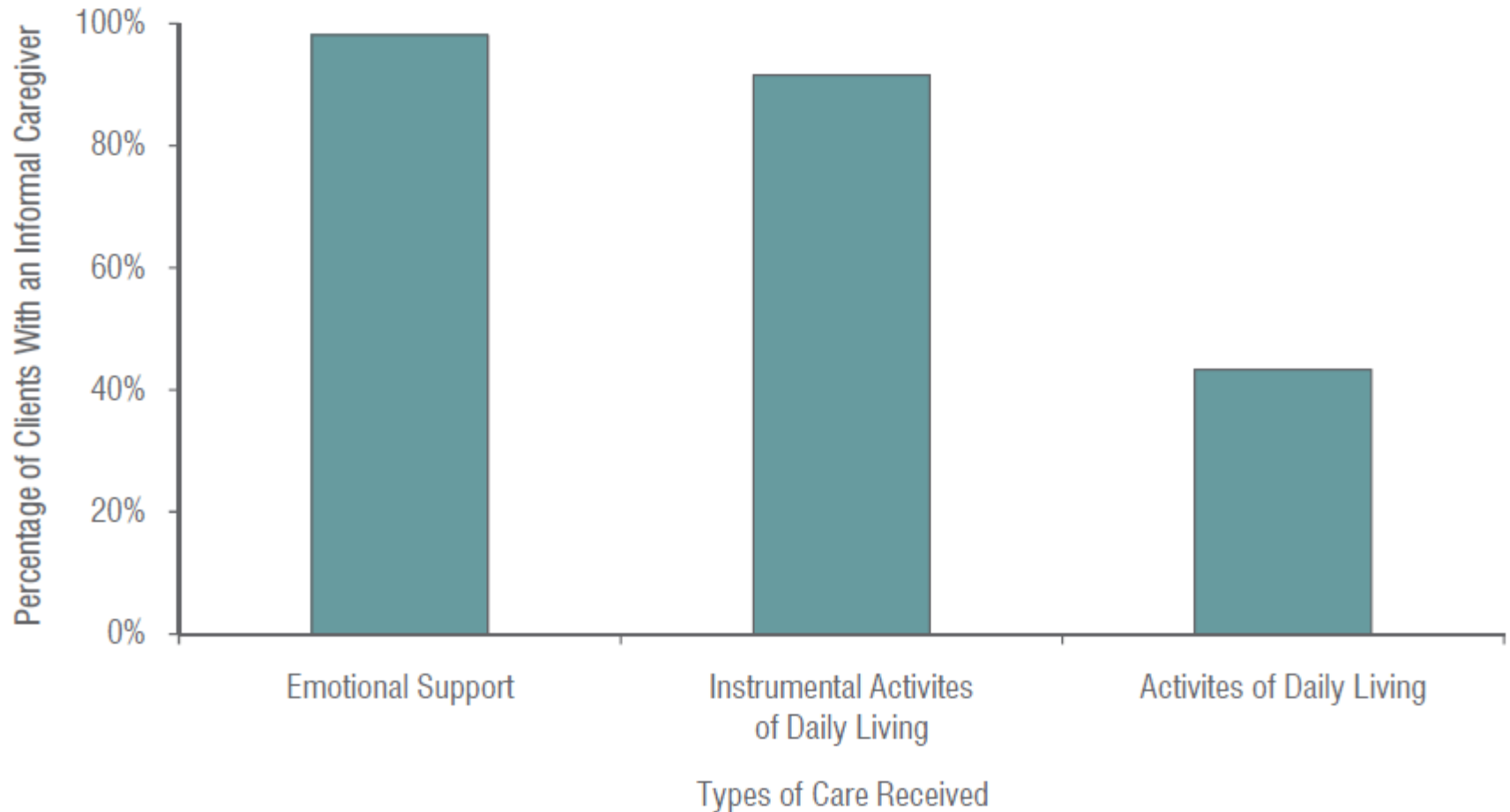
# *On Lok/PACE*

- Outcomes
  - Less illness care
    - Less than 25% of total budget goes to hospitals, long-term care, x-rays, lab tests, medications and medical specialists
  - More community-based health promotion and maintenance
    - Transportation, medications management, social programs funded by savings from hospital & institutional care

## *Promising Practices: Caring for Informal Caregivers*

- Informal caregivers include family, friends and neighbors (mostly unpaid women)
  - Informal caregivers provide 70-90% of all care for older persons

# *What Informal Caregivers Do*



## *But ... Informal Caregiving In Decline*

- Many factors
  - Decreasing family size
  - Growing participation of women in paid work force
  - Lack of supportive public policies (e.g., work leave, tax benefits)
- Decline of informal caregiving means increasing demand for formal care
  - System costs estimated to increase by 5 – 35%

# *Caring for Caregivers:*

## *OECD*

- Strategies include:
  - Interdisciplinary team support
  - Respite
  - Counseling, education and peer support
  - Economic benefits (e.g., pension credits, allowances)
- Variable terms, conditions and outcomes
  - For example, care-leave arrangements differ in length of time, amount of compensation
  - Eligibility may be based on needs, on income, on residency or on minimum hours of caring

# *Toward Global Knowledge Exchange*

*Introducing:  
The North American Research Network  
for Care in the Community*

- A new e-learning partnership spanning NAFTA (North American Free Trade Agreement) countries:
  - Canada
  - Mexico
  - US



## *Our Focus*

- Promising practices in home & community care for older persons and their informal caregivers
  - Top line: enhance well-being, independence, quality of life and dignity for people
  - Bottom line: contribute to sustainability of health care systems



Institute of Health Policy, Management & Evaluation  
UNIVERSITY OF TORONTO

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