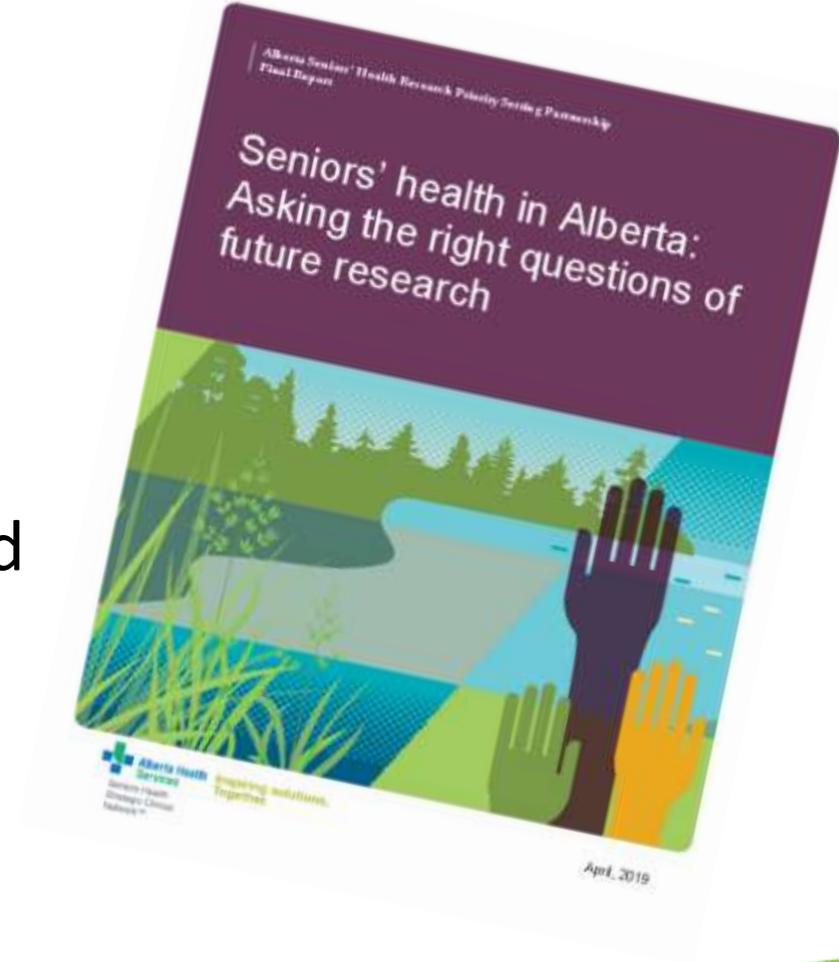


What Matters Most for Seniors' Health in Alberta

Dr. Adrian Wagg, MB FRCP (Lond) FRCP (Edin) FHEA
and
Dr. Heather Hanson, PhD

Overview

- Strategic Clinical Networks (SCNs)
- Seniors' health research in Alberta
- Our Priority Setting Partnership
- The “Top 10 List” of end-user identified priorities
- Next steps



Alberta's SCNs

- Strategic Clinical Networks™ (SCNs): networks of people tasked with creating improvements within focused areas of healthcare
- Find new and innovative ways of delivering care that will provide:
 - Better quality
 - Better outcomes
 - Better value for every Albertan
- Comprised of:
 - Front-line clinicians; Zone/Clinical Operations; Researchers; Patients; Alberta Health; Other external partners

Seniors Health SCN™

- Older adults are the fastest growing group in the Alberta population

MISSION

To make improvements to healthcare services and practices that enable Alberta's seniors to optimize their health, well-being, and independence.

PLATFORMS

Aging Brain Care

Frailty, Resilience, Aging-
well: Late-life Transitions

Anticipating an Aging
Alberta

- Embedded research focus and expertise

Knowledge and Context Together

- Scientific Office mandate to support the
 - creation,
 - implementation, and
 - adoption

of best evidence to improve the health system and healthcare services for older adults

- Best evidence to inform clinical practice and practice-based evidence to drive research in areas where knowledge gaps exist

Rationale for Priority Setting

- Seniors' health covers a wide range of topics and settings
- Wide range of research activity in Alberta that addresses some aspect of seniors' health and/or healthcare
- We don't know what matters most to knowledge users, and how topics across seniors' health compare by priority
- Increasing awareness of limitations in the traditional paradigm of research selection

Objective

- To conduct a JLA Priority Setting Partnership
 - James Lind Alliance, National Institute of Health Research (www.jla.nihr.ac.uk)
- Goal: bring older adults, caregivers, clinicians, and their representative organisations, together on equal footing to identify the most important topics for future research to address

PSP Process



- Guided by a Steering Group:
 - Older adults (2)
 - Caregivers of older adults (3)
 - Clinicians (3)
 - Representatives of agencies/orgs serving these groups (3)
- Supported by the project team (3) and James Lind Alliance Advisor (1)

Initial Survey

- Asked older adults, caregivers, and health and social care providers what matters most for seniors' health in Alberta
- Guided by open-ended questions in 6 topic areas:
 - Aging well
 - Healthcare practices or services for older adults
 - Preventing illness or disease
 - The diagnosis or treatment of illness or disease
 - Managing symptoms or conditions, or supporting someone with health conditions
 - Maintaining mental health and social participation in older age

Initial Survey Responses

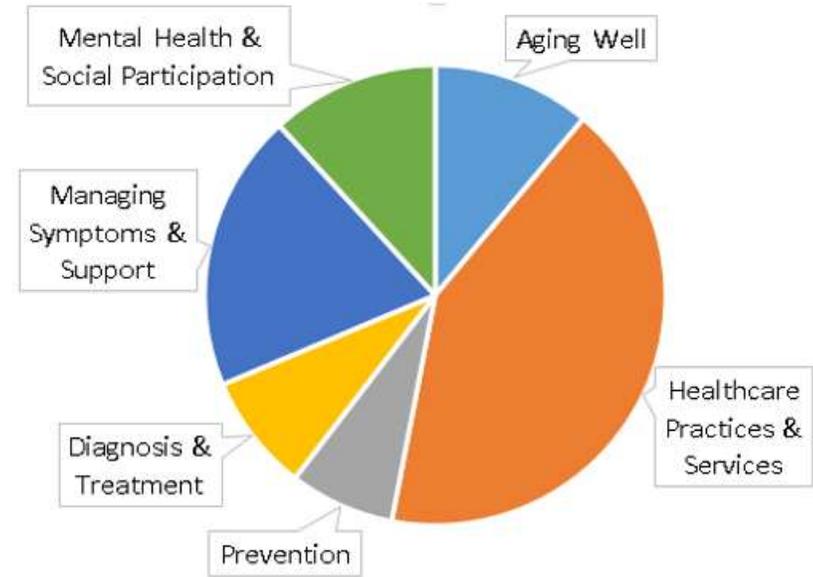
- Recruitment over a 4-month period in early 2018
- 670 participants
 - Majority submitted online (87%, vs 13% pen & paper)
 - Approximately half of respondents were older adults and caregivers (52.4%)

Respondent Breakdown by Constituent Group

	Count	Percent	
Older Adults	219	33%	→ \bar{x} = 74y, 71% female
Caregivers	132	20%	→ \bar{x} = 58y, 89% female
Health/Social Care Workers	314	47%	→ 35% Allied Health, 29% Nurse (RN/RPN/LPN)
Reps from Agencies/Orgs	5	1%	42% in Primary/Community Care
Total	670	100%*	38% in Continuing Care

Issues Affecting Seniors' Health

- Over 3,000 question responses submitted
- Grouped into a taxonomy and formed into summary questions
 - Similar/duplicate questions merged and rephrased
- Review by SG to ensure summary question represented underlying data
- Resulted in 101 summary questions



Out-of-Scope Responses

- Potential out-of-scope responses reviewed by SG for decision-making
 - “Where does the increase in income come from to account for cost of living increases as I get older? Without a raise in 10 years, how do I keep up even now while working?”
 - “Albeit significant ethnic caveats, the young appear within North American culture to be valued over the old, and capacity to work related to the value of a person.”
- Raw data maintained as part of PSP protocol

Evidence Checking

- Responses from initial survey were checked against the literature to assess if it represented a gap in evidence
- Reviewed against systematic reviews and clinical guidelines (English language, p10y)
 - The Cochrane Database of Systematic Reviews
 - NICE Guidelines
 - SIGN Clinical Guidelines
- Assessed study quality with AMSTAR 2

Evidence Checking Outcome

Outcome of Evidence Checking		
	Count	Percent
Fully answered question	4	4%
Partially answered question	30	30%
Unanswered question	67	66%
Total	101	100%

- Partially answered questions were maintained, as they demonstrate some uncertainty on the topic

Interim Prioritization Survey

- Electronic survey to identify which summary questions were felt by respondents to be of greatest priority
- Same and new respondents
- Reviewed the long list and selected top 10 questions

Interim Survey Demographics

- 232 respondents over a 4-week recruitment period
- Distribution and demographics similar to initial survey
 - 53% older adults and caregivers
 - Top HSCW were Nurses (32%), Allied Health Professionals (20%) and Social Workers (17%)

Respondent Breakdown by Constituent Group		
	Count	Percent
Older Adults	66	28%
Caregivers	57	26%
Health/Social Care Workers	109	47%
Total	232	100%*

Shortlisted Questions

- Top 10 questions from each respondent group were included in order to ensure equal weighting of the high priority questions
 - Unique and shared priorities:

Shortlisted Questions Prioritization by
Number of Respondent Groups

	Count
Prioritized by 1 group	15
Prioritized by 2 groups	5
Prioritized by all 3 groups	2
Total	22

- The 22 shortlisted questions were brought forward to the final workshop

Final Priority Setting Workshop

- To co-create a shared “Top 10” list of the highest priority areas for future research on seniors’ health to address
- Expression of interest to identify a diverse mix of attendees across constituent groups

Final Workshop Attendees		
	Count	Percent
Older Adults and Caregivers	11*	37
Health/Social Care Workers	19*	63
Total	22	100%

* Eight attendees identified as representing more than one perspective

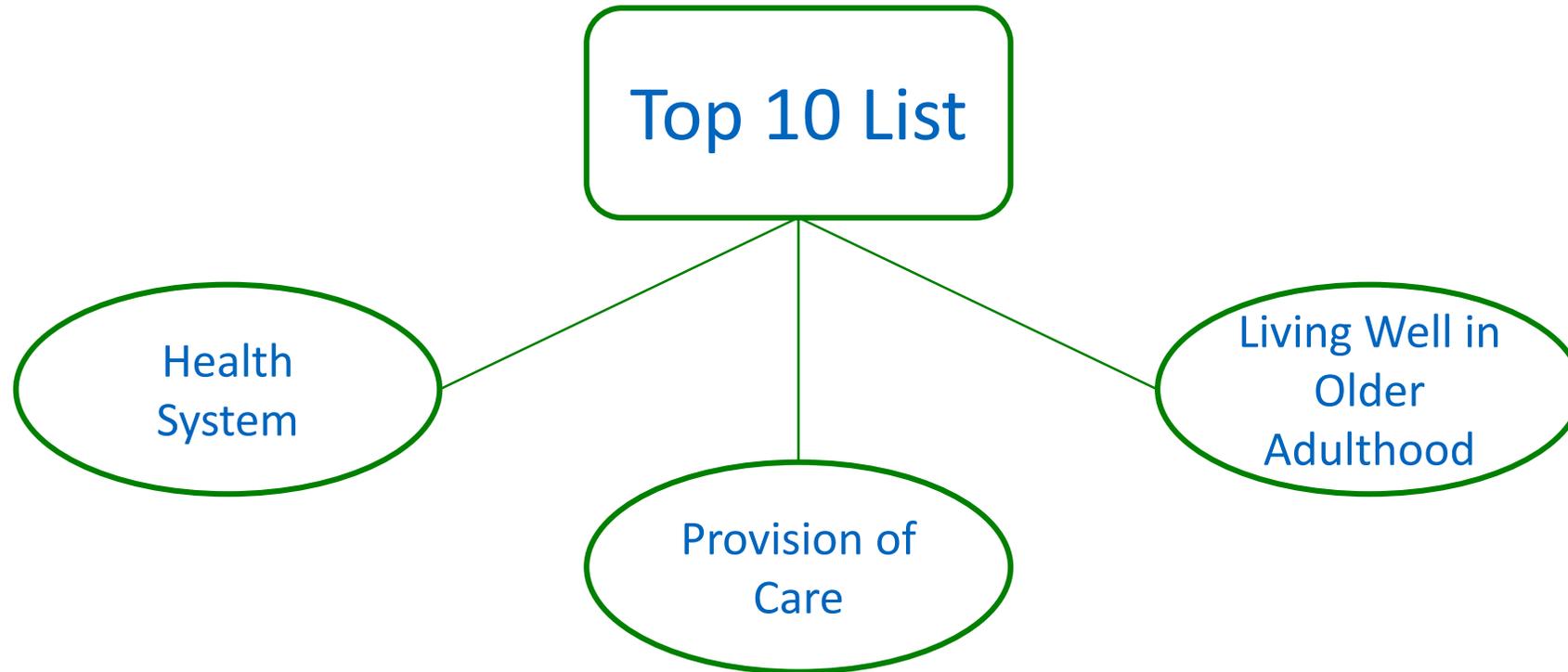
- Pre-work to review and rank the questions according to their perspective

Final Workshop

- Rounds of small and large group discussion and decision-making
- Concluded upon consensus on the rank ordered list



What made the “Top 10”?



Top 10 List (1-5)

1. What strategies best allow older adults to remain independent for as long as possible?
2. In what ways can the healthcare system become more proactive, instead of reactive, in addressing and encouraging prevention of disease/disability?
3. In what ways can healthcare service accessibility for older adults living in a rural community be improved?
4. How can geriatric-related knowledge among healthcare providers be improved and applied when caring for older adults
5. What are the optimal ways to ensure healthcare providers take into consideration the goals and wishes of the older adult during care/treatment?

Top 10 List (6-10)

6. What can be done to increase availability of dementia-related care and services for older adults?
7. What interventions and programs best enable older adults to more easily navigate the healthcare system?
8. What are the most effective programs and services which can be provided to caregivers to combat burnout and stress when caring for older adults?
9. What is the most effective strategy to ensure an optimal transition between care settings for older adults?
10. How can healthcare encounters be restructured to allow older adults sufficient time with providers to discuss complex concerns in one appointment?

Data Reflections

- What we did and did not hear:
 - (hypothetical) “Does treatment X improve symptom management better than treatment Y in condition Z?”
 - “How can clients safely stay in their own home as balance deteriorates and they are at greater risk for falls?”
 - “Will I be able to keep track of my health conditions, juggle treatments, and keep track of information I need? The more complex [my health] gets, the more difficult I find it is to keep track of everything.”
 - “I am concerned that supports will not be available to permit me and my husband to continue to live independently.”
 - “Loneliness.”

Data Reflections (2)

- What we did and did not hear
- Limited survey responses from cultural minority groups & those in long term care
- Limited older adult voice in final workshop

Next Steps

- Promote, Advocate, Champion!
- Share widely to drive research forward in the identified areas
 - Partners and participants
 - Research funders
 - Researchers
- Dissemination activities
 - Presentations and publications
 - Traditional and social media
 - Research Community Event

Internal Plans

- To use the list to guide the research that we:



- Support & lobby for



- Enable

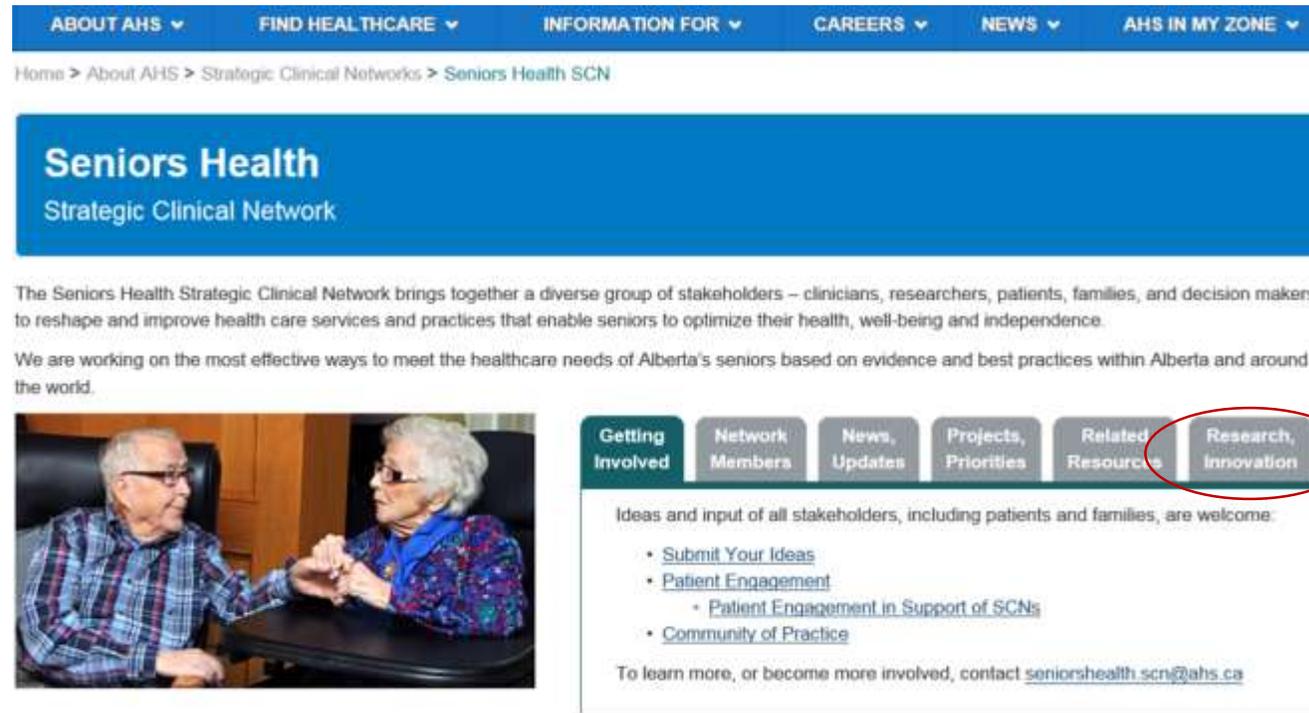


- Sponsor



- Conduct

Thank you!



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Seniors Health

Strategic Clinical Network

The Seniors Health Strategic Clinical Network brings together a diverse group of stakeholders – clinicians, researchers, patients, families, and decision makers – to reshape and improve health care services and practices that enable seniors to optimize their health, well-being and independence.

We are working on the most effective ways to meet the healthcare needs of Alberta's seniors based on evidence and best practices within Alberta and around the world.

Getting Involved | Network Members | News, Updates | Projects, Priorities | Related Resources | **Research, Innovation**

Ideas and input of all stakeholders, including patients and families, are welcome.

- [Submit Your Ideas](#)
- [Patient Engagement](#)
 - [Patient Engagement in Support of SCNs](#)
- [Community of Practice](#)

To learn more, or become more involved, contact seniorshealth.scn@ahs.ca

www.albertahealthservices.ca/scns/Page13481.aspx