

# **Transforming the Alberta Health System to Meet the Needs of an Aging Population**

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- Projections
  - History
  - What is changing
  - What are the possibilities?
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# Projections

# Aging in Alberta

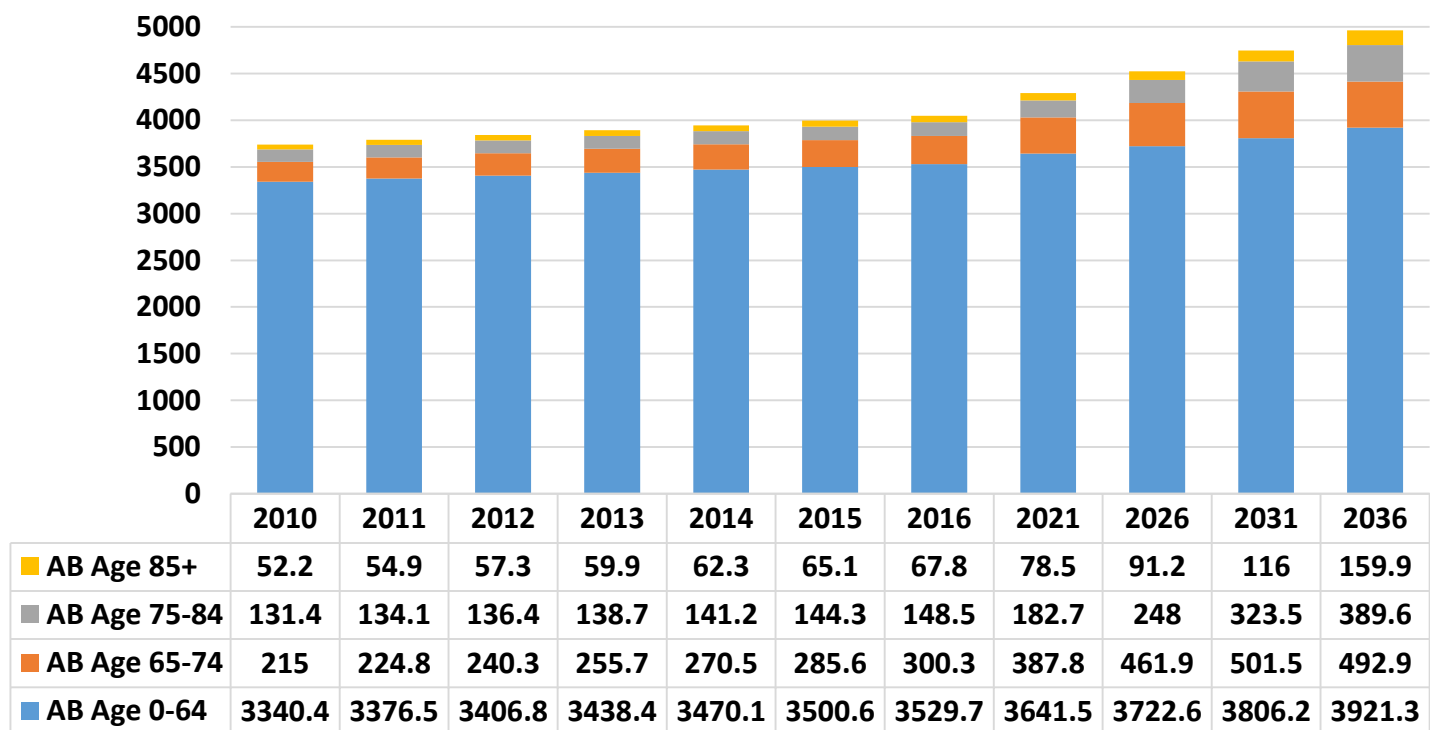
- As Alberta population grows and changes, both number and proportion of seniors increase. Alberta seniors 65+:
  - in 2010: 393K (10,7%)
  - in 2019: 579K (13.2%)
  - In 2036: about 1M seniors (18%) (AH population projection)
- In 2019, Alberta has the lowest proportion of seniors in Canada, but highest growth rate

# Aging in Alberta

- Currently, Seniors make up:
  - 27% of inpatients and 48% of in-patient days in acute care
  - 91% of clients in LTC, 88% in DSL, 78% in LTHC, 58% in STHC
- Population changes pose challenges for the Alberta and Canada health care systems

# Alberta – Total/Senior Population Growth

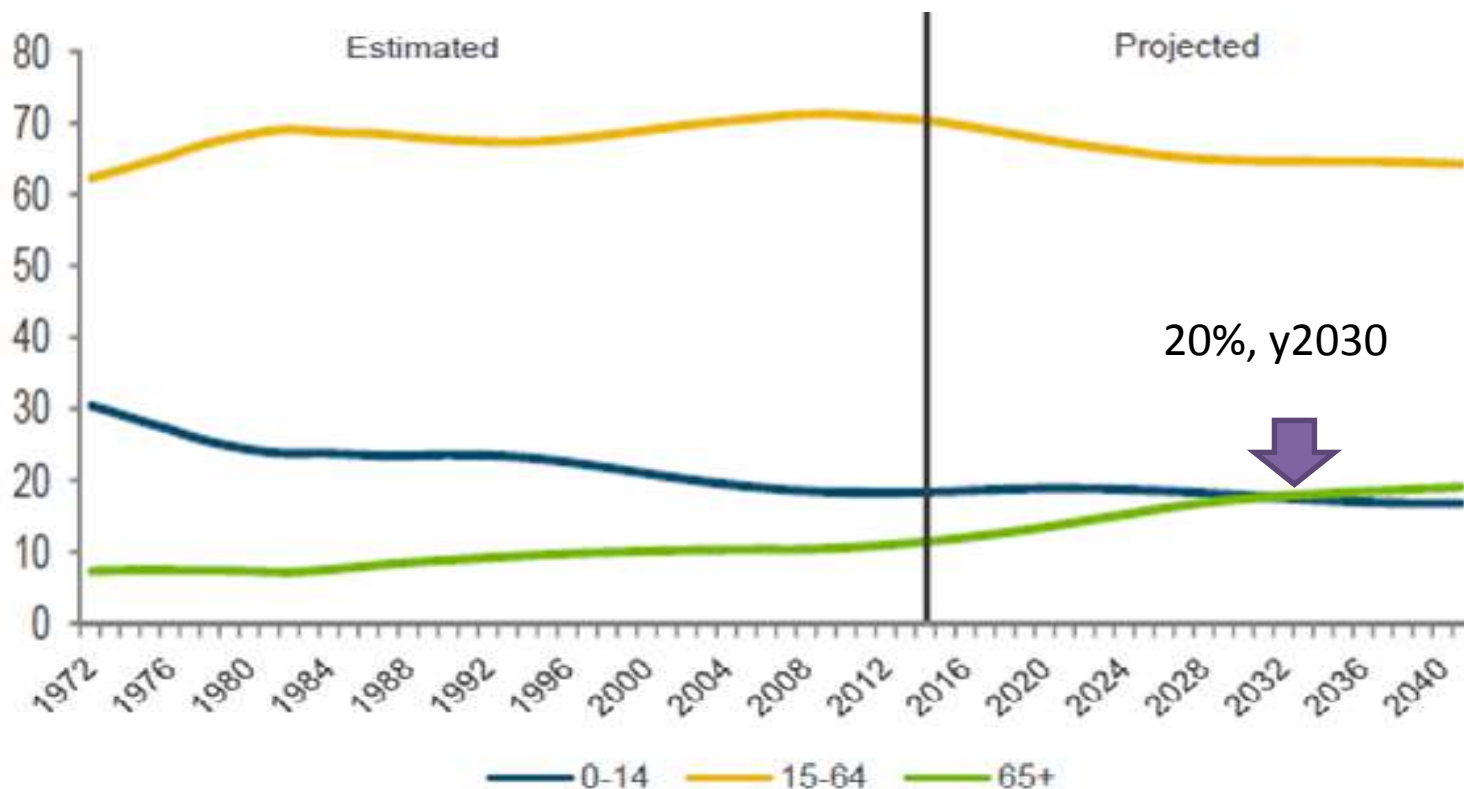
Alberta population projection, in thousands



Data: Statistics Canada <https://www150.statcan.gc.ca/n1/pub/91-520-x/2010001/tablesectlist-listetableauxsect-eng.htm> Scenario M1

# Alberta Accelerated Aging

In 2016, over 505,000 Albertans were aged 65 and older, accounting for about 12% of the population. The number of seniors is expected to top a million by 2035 and exceed 1.1 million by 2040



# History



# Current and Historical Practices

- Historical:
  - Acute illness focus
  - Physicians as independent practitioners
    - Paid for episodic care
    - Family Physicians “ran” hospitals
  - Hospitals for acute illness; investigation; surgery; accident; recovery; etc.
  - Long Term Care as places to live out life

# Current and Historical Practices

- What Changed:
  - Social & medical advances
    - Population:
      - Longer life expectancy
    - Individual:
      - Disease management/life prolongation
      - Cancer treatments
      - Sustain life through infancy & childhood
        - Understanding genetics
        - Supportive techniques

# Current and Historical Practices

- What Did Change:
  - Acute **and chronic** illness focus
  - Physicians as independent practitioners
    - Paid for episodic care
    - ~~Family physicians “ran” hospitals~~
  - Hospitals for acute **and chronic** illness; investigation (+/-); surgery; accident; **prolonged** recovery; **as a default**; etc.

# How have we responded?

- Team-based care
- Shifting of care to community
- Facility-based care
  - Needs
  - Wishes and desires
  - Expectations

**BUT – How do we sustain the  
system**

# What is changing

# How are we addressing it?

- Enhancing Care in the Community
  - Perceived as a program of investment
  - Is truly a **philosophy** of care
    - Encourages health and wellness
    - Enhances community supports
      - Health, social, geographical, etc.
      - Creates true community
    - Intervening earlier in illness trajectory
      - Recognition
      - Prevention

# How are we addressing it?

- Home Care
  - Across community-based settings
  - Short term vs. Long term
  - Professional and personal care
  - Case management
  - Supported by Allied Health/consultants
  - Caregiver support (including Day Program)
- Goal: Support health & independence, connection with social supports, and remain home as long as possible



# Home Care in Alberta – Quick Facts

**127,214** - Number of clients receiving home care annually (2018/19)

**10.6%** - Percentage increase in the number of Unique Home Care Clients (from 2013/14 to 2018/19)

**4.5%** - AHS Home Care cost as a percentage of total expenses (2018/19)

**72** - Average Age of Home Living Clients (2018/19)

**32.6%** - Percentage of Home Living Clients are **not** Seniors (2018/19)

**\$286M** - Increase in annual Home care spending from 2010/11 to 2018/19

**10.6%** - Home Living clients will experience a transition to higher level of care within the next year (2017/18)

**22%** - Home Living clients with a Dementia diagnosis (Poss, 2016)

**153** - AHS Home Care Offices (2018)

**\$688M** - 2018/19 Full year expense

# What Needs to Happen from Here?

- Continued investment/growth
- Continued evolution of models
  - Improved flexibility to meet needs
  - Includes scale and spread of success
- Increased availability of services/supports in rural/remote
- Evolution to system-wide case management
- Restorative Care as a flow-through system
- Education

# How are we addressing it?

- Designated Supportive Living; Long Term Care
  - Housing for ~5% of Seniors
- DSL
  - Home-like, congregate setting
  - Supports vary according to types of need
    - Personal/professional
    - Supported by AHS Case Management

# How are we addressing it?

- LTC
  - For those with complex needs unable to be met elsewhere
- Hospice
  - For those with limited life expectancy
  - Short term, specialized care

# What Needs to Happen from Here?

- Continued investment/growth – 800 – 1,000 net new annually
- Modernization/refurbishment of sites
- Encouraging multi-level sites
- Review of models of care including staff mix
- Assign costs appropriately

# Palliative & End of Life Care (PEOLC) /Hospice Care

- Palliative Care is defined as care that potentially begins at the time of diagnosis of a life-limiting illness.
- End of Life Care refers to an intensification of care and supports in the last stages of life.
- AHS published a PEOLC Framework in 2014
  - Has guided approach since
  - Applies for adults and children
  - Provides across continuum of settings

# Palliative & End of Life Care (PEOLC) /Hospice Care

- Framework Inspired Services
  - EMS Palliative Assess Treat & Refer
  - 24/7 Palliative Physician on Call
  - Development of a Provincial Website
  - Bereavement Support Packages
  - Provincial ACP/GCD Expansion (“Greensleeve”)
  - Provincial expansion of the Calgary Zone Rural In-Home Funding
  - Others

<https://www.albertahealthservices.ca/assets/info/seniors/if-sen-provincial-palliative-end-of-life-care-framework.pdf>

# Seniors Health, CSAMH and SCN

The screenshot shows the Alberta Health Services website. At the top left is the logo for Alberta Health Services with the tagline "We're working together to make a difference." To the right is the 811 Health Link logo. A navigation bar contains links for Home, Contact Us, Staff, and Help, along with a Patient Feedback icon. A search bar is located below the navigation bar. The main menu includes links for ABOUT AHS, FIND HEALTH CARE, INFORMATION FOR, CAREGIVERS, NEWS, and AHS IN MY ZONE. The breadcrumb trail reads: Home > Information For > Patients & Families > Palliative and End of Life Care. The main heading is "Palliative and End of Life Care" with a small tree icon. Below this is a "Quick Reference" section titled "Palliative and end of Life Care" with a list of links: "End of Life Care", "Newborn, Child & Youth Services", "News", "Resources", "Stories", and "Volunteers". A button says "Visit MyHealthAlberta to learn more". Below that is a link for "Information for Health Professionals". A "Your Feedback" section asks for user experience input. A "Related information" section lists "Advance Care Planning" and "Conversations Matter". On the right, a video player shows a person with a dog, with the title "Advance care planning: When you cannot speak for yourself". Below the video is a "Finding Services in Your Zone" section with buttons for North Zone, Edmonton Zone, Central Zone, Calgary Zone, and South Zone.

<https://www.albertahealthservices.ca/info/Page14778.aspx>



# What Needs to Happen from Here?

- Refreshing of the 2014 PEOLC Framework
- Growth and expansion of PEOLC services
- Expansion of Hospice Care
  - Within an integrated system of care

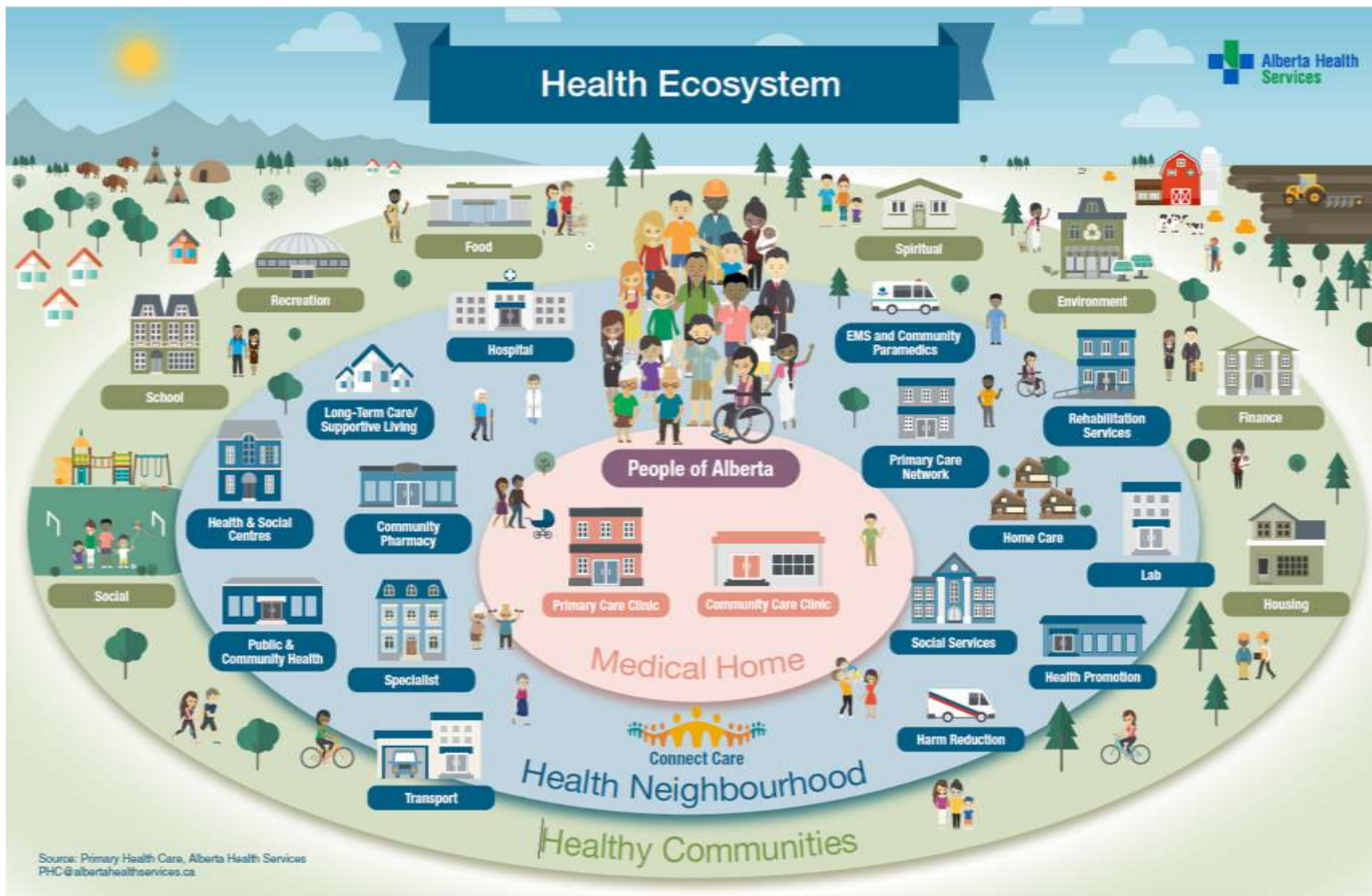
# Other Actions

- Legislation and regulation
  - Needs revision
- Policy Levers
  - Aging infrastructure
  - Funding models
    - Who pays for what
  - Consistent approach to care
    - Case management standardization

# Other Actions

- Integration
- Quality of Life
- Acute Care
  - Education
  - Elder Friendly Care

# Seniors Health, CSAMH and SCN



# Other Actions

- Dementia management and care
- Primary Health Care Integrated Geriatric Services Initiative
  - Dementia
  - Frailty
  - Etc.

<https://www.alberta.ca/alberta-dementia-strategy-and-action-plan.aspx>

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# Further Possibilities

# Models of Care

- Homelike Models of Care in LTC
  - Small scale Special Care Units (Netherlands)
  - Dementia Villages (Netherlands)
  - Eden Alternative (US)
  - Green House Project (US)
  - Green Care Farms (Netherlands)

- <https://www.cadth.ca/homelike-models-long-term-care-review-clinical-effectiveness-cost-effectiveness-and-guidelines>
- <https://www.cadth.ca/dementia-villages>

## Virtual care

- Started with POTS
  - Videoconferencing
  - App-based consultation
    - Skype
    - Facetime
    - Etc.
  - Internet of Things (IoT)
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# Technology

- Many available
  - Personalized medicine
  - Stem cell research
  - New pharmaceuticals
  - New diagnostics
  - Robotics

# Conclusions

- Much work has been done/underway
    - Alberta has led the Country on a number of things
  - Much thinking about future needs and directions has occurred
  - Keep an open mind...
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