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?
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

<table>
<thead>
<tr>
<th>Year</th>
<th>AB Age 85+</th>
<th>AB Age 75-84</th>
<th>AB Age 65-74</th>
<th>AB Age 0-64</th>
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<td>52.2</td>
<td>131.4</td>
<td>215</td>
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<td>2011</td>
<td>54.9</td>
<td>134.1</td>
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<td>2012</td>
<td>57.3</td>
<td>136.4</td>
<td>240.3</td>
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<td>59.9</td>
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<td>65.1</td>
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<td>148.5</td>
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<td>116</td>
<td>323.5</td>
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<td>2036</td>
<td>159.9</td>
<td>389.6</td>
<td>492.9</td>
<td>3921.3</td>
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Data: Statistics Canada [https://www150.statcan.gc.ca/n1/pub/91-520-x/2010001/tableseclist-tableauxsect-eng.htm](https://www150.statcan.gc.ca/n1/pub/91-520-x/2010001/tableseclist-tableauxsect-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.
Seniors Health, CSAMH and SCN

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

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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.

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/dementia-villages
Virtual care

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