APPENDIX 1

ENABLING THE PHYSICIAN ROLE AS PART OF A NATIONAL SENIORS’ STRATEGY

(Backgrounder — Strategic Session 1)

Canada’s population is in the midst of a demographic shift. In recognition of the health system, economic and social impacts that this demographic shift will present, the Canadian Medical Association (CMA) is prioritizing the need for a national seniors’ strategy. To support this call for action, the CMA has engaged a broad cross-section of its stakeholder community to contribute to developing the national seniors’ strategy. The purpose of this strategic session is to inform the direction and prioritization of CMA action to support the physician role in a national seniors’ strategy.

The burning platform

In 2011 the first of wave of the baby boomer generation turned 65 and Canada’s senior population stood at 5 million. Canada’s senior population is its fastest growing demographic – the proportion of seniors is expected to increase rapidly, reaching up to 25% of the population by 2036. It is projected that between 2015 and 2021, seniors will outnumber children under 14 years of age for the first time.

Finance Canada’s report on the economic and fiscal implications of Canada’s aging population highlighted the increased pressures on public finances associated with the demographic shift. For the health sector, latest reports indicate that while seniors account for less than 15% of the population, they consume approximately 45% of public health spending. Broken down by age group, the Canadian Institute for Health Information reports that health spending per person is $6,368 for those aged 65 to 69 and $21,054 for those 80 and older. Based on current trends and approaches, the proportion of provincial/territorial health spending associated with seniors’ care is forecast to grow by over 15% to almost 62% of health budgets by 2036.

Meanwhile, evidence continues to mount that seniors and their families are presently experiencing significant challenges with access to care across the continuum and social supports. A recent report by the Conference Board of Canada, commissioned by the CMA, provides a startling overview of the current state of care for seniors across Canada. For instance, in 2012 it was reported that 461,000 Canadians were not getting the home care they thought they required; waiting for access to a long-term care facility in Canada ranged anywhere from 27 to over 230 days; and, as little as 16% of Canadians requiring palliative care actually received it.

Most recent population data released by Statistics Canada report that over one-quarter (28%), or approximately 8.1 million Canadians provided care to a chronically ill, disabled, or aging family member or friend in the preceding year, with age-related caregiving as the single-most common need addressed by caregivers. This Statistics Canada report reveals a range of implications, including financial and health consequences for caregivers. Of note, over half of caregivers felt worried or anxious as a result of these responsibilities while more than a third felt overwhelmed, experienced disturbed sleep and felt tired. Family caregivers providing care for their parents were reported as the most significant proportion of caregivers needing health services: of 1 million caregivers who consulted a medical professional in relation to caregiving responsibilities, over 400,000 were caring for their parents.
An Ipsos Reid public opinion survey, completed for the CMA in July 2014, found that 81% of respondents said they were concerned with the quality of health care they can expect in the future and 78% were worried about their ability to access quality home and long-term care in their retirement years.\textsuperscript{11}

The findings of a recent e-panel survey of CMA members reaffirm the challenges Canadian seniors and their families are facing. In this survey, 75% of respondents reported difficulty accessing long-term care, 65% reported difficulty accessing respite care for caregivers and over 42% reported difficulty in accessing home care.\textsuperscript{12}

A key concern raised during the CMA’s consultation with an advisory panel of physician experts, is the role of care transitions in ensuring appropriate quality care for seniors. As described by Accreditation Canada, “care transitions are critical and vulnerable points in the care system during which the communication/transfer of information may be less than optimal.”\textsuperscript{13} In 2012, 277 health care organizations underwent Accreditation Canada’s Qmentum program on-site surveys. Among the required organizational practices within this program, those that had the lowest national compliance rates were: medication reconciliation at admission, transfer or discharge, venous thromboembolism prophylaxis for at-risk patients and the implementation of a strategy to prevent falls – Accreditation Canada did note that while these had the lowest compliance rates, there was an improvement over the previous year. A consultation of seniors undertaken by the Change Foundation in 2011 found that over half of respondents reported experiencing a disruption in their care as a result of poor communication between health care workers.\textsuperscript{14}

Engaging CMA’s stakeholders in the development of the National Seniors’ Strategy

CMA initiated a broad stakeholder consultation beginning in 2014 to contribute to the development of the national seniors’ strategy policy framework. As part of this consultation, 35 organizations representing medical, patient and community stakeholders participated in six working groups modeled on components of the continuum of care: prevention and wellness; primary care; hospital care; home care and community supports; long-term care; and, palliative care. The central role of the working groups was to contribute to: defining the continuum of care with a focus on seniors; identifying key issues, challenges and enablers, both cross-cutting and for each area of the continuum; and, identifying leading and promising practices in seniors’ care in Canada and internationally.

The key issues and challenges identified by the working groups for each component of the continuum and cross-cutting themes are summarized below:

<table>
<thead>
<tr>
<th>Component</th>
<th>Key issues and challenges</th>
<th>Cross-cutting themes</th>
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<tbody>
<tr>
<td>Wellness and prevention</td>
<td>• Need for social and community engagement&lt;br&gt;• Lack of cross-sectoral collaboration&lt;br&gt;• Health in all policies not a guiding framework&lt;br&gt;• Need for better integration, national consistency</td>
<td>• Quality of life&lt;br&gt;• Social determinants of health (access and education)&lt;br&gt;• Family caregiver support&lt;br&gt;• Senior-friendly communities&lt;br&gt;• Access to home care, primary care, social supports&lt;br&gt;• Integrated team-based models of care&lt;br&gt;• Appropriate use of financial resources&lt;br&gt;• Health human resources</td>
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<tr>
<td>Primary care</td>
<td>• Access&lt;br&gt;• Chronic disease management&lt;br&gt;• Increasing complexity of patient</td>
<td></td>
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<tr>
<td>Home care and community supports</td>
<td>• Limited support for families and caregivers&lt;br&gt;• Absence of a national, home care access equity policy&lt;br&gt;• Lack of geriatric specialized health human resources&lt;br&gt;• Low income and isolation&lt;br&gt;• Managing risk in the home</td>
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</table>
| Hospital care | • Wait times  
• Alternate levels of care  
• Integrated transitional care and communication | • Quality improvement and accountability  
• Seniors’ mental health |
|---------------------------------|---------------------------------|
| Long-term care | • Infrastructure shortages  
• Standards of care – challenging  
• Resident acuity | |
| Palliative care | • Lack of access to affordable, equitable palliative care  
• Insufficient health professional education and training in palliative care  
• Lack of integration across care settings  
• Insufficient support for family caregivers  
• Lack of advanced care planning | |

As part of this consultation, provincial and territorial medical associations contributed to the identification of seniors-related initiatives in their respective jurisdictions. CMA also engaged stakeholders in a workshop to explore the federal policy levers and mechanisms to enable and support the national seniors’ strategy. A broad consensus emerged during this workshop on the need for federal policy levers on the following points:

- Addressing the cost of differential aging through a federal transfer
- Recognizing the role of the federal government as an information broker (e.g., the Canadian Institute for Health Information)
- Supporting informal caregivers through the tax system and other means

### The physician role in the National Seniors’ Strategy

CMA convened an advisory panel of physicians with expertise in seniors’ care, medical education and training, federal health policy and health systems to consult on the development of the national seniors’ strategy and, specifically, to inform the CMA’s role in supporting physicians in its implementation.

As part of its deliberations, the advisory panel considered the outcomes of CMA’s recent e-panel survey on seniors’ care. In addition to the findings highlighted above, respondents were asked to reflect on the preparedness of the system for the aging demographic. In response to these questions, 63% of respondents indicated that the health care system is very unprepared to deal with the increasing population of seniors and over 12% indicated that they personally were very unprepared to address the increasing demands.

Reflecting on the tools and resources to support caring for an aging population, the following key themes emerged from the responses of e-panel participants:

- Electronic health records to facilitate sharing information and reducing duplicative efforts
- Improving access to all services for seniors, notably long-term care, home care, and respite care for caregivers
- Increasing the focus and supports for aging at home
- Risk stratification tools and engaging patients and families in discussion on what is realistic for care
- Advance care planning and discussions on care at the end of life
Finally, the key priorities identified by the advisory panel for CMA focus to support the physician role were:

- Educational resources and supports for patients and families related to seniors’ care
- Conceptual framework that captures models of care, core competencies for physicians, and a repository to support the physician role in the care of seniors
- Education and training resources focused on geriatric care for physicians
- Geriatric health human resources plan
- National metrics to monitor and report on quality of seniors’ care
- Advocacy initiatives to advance the national conversation on the aging population

**Strategic questions**

Delegates are asked to consider the following strategic questions for discussion and debate:

1. Reflecting on your education and training experiences, how can CMA contribute to improving resources and addressing needs in medical education and training?
2. What tools and resources are needed to support physicians day to day in ensuring appropriate care for elderly patients and their caregivers, notably at care transition?
3. What key metrics and indicators should be monitored and reported on to support improving seniors’ care in Canada?
4. How can CMA contribute to the integration of care of general practitioners, specialists and other health care providers to support physicians in their care of patients?

**Background documents**

Conference Board of Canada, *Understanding Health and Social Services for Seniors in Canada*

CMA Policy Summary, *Health and Health Care for an Aging Population*

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7 Calculation by the Canadian Medical Association, based on Statistics Canada’s M1 population projection and the Canadian Institute for Health Information age-sex profile of provincial-territorial health spending.


