



TVN Improving care
for the frail elderly

Moving towards a National Strategy on Frailty

TVN Annual Conference 2015

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Outline

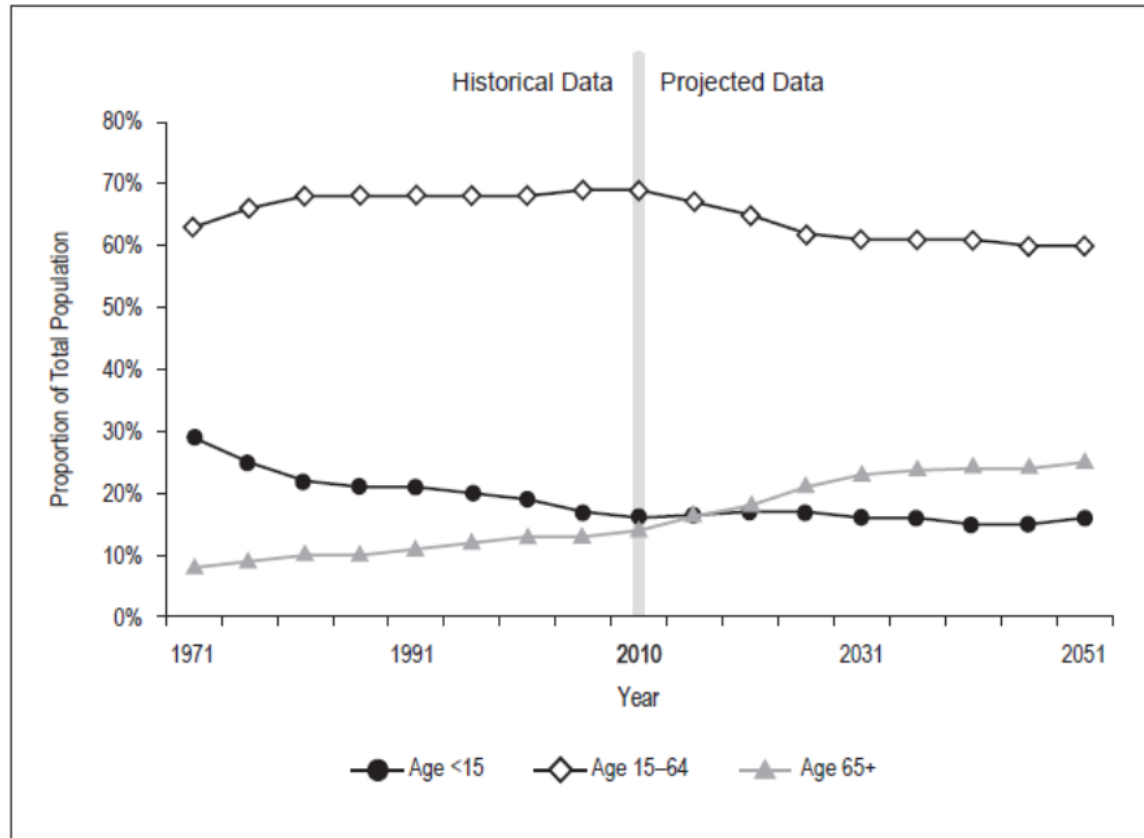
- Importance of Late Life and Frailty in Canada
- Moving towards a strategy
- Next Steps forward



Aging in Canada

- Proportion age 65+ increasing
- Older (age 85+) growing rapidly
- Present: 4.46 working adults for every 1 senior
- Future: 2.84 working adults for every 1 senior (by 2025)

Figure 1: Composition of the Population, by Age, Canada, 1971 to 2051



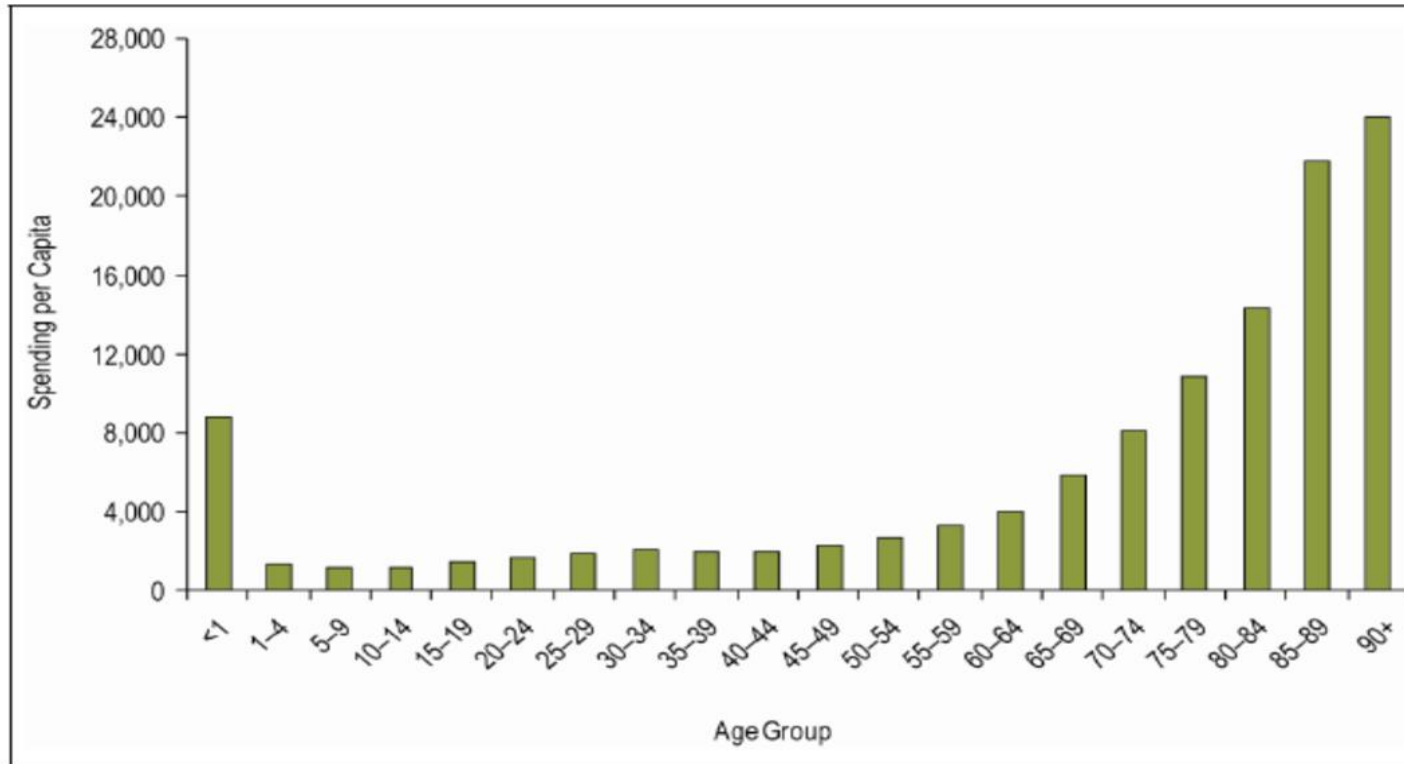
Source: Canadian Institute for Health Information



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Increasing costs with age

Figure 12: Provincial/Territorial Health Expenditure per Capita, by Age Group, 2008



Over 40% of total health care spending occurs in > 65 y.o.; 20% in last year of life

Source: Canadian Institute for Health Information



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Health care system and aging (1)

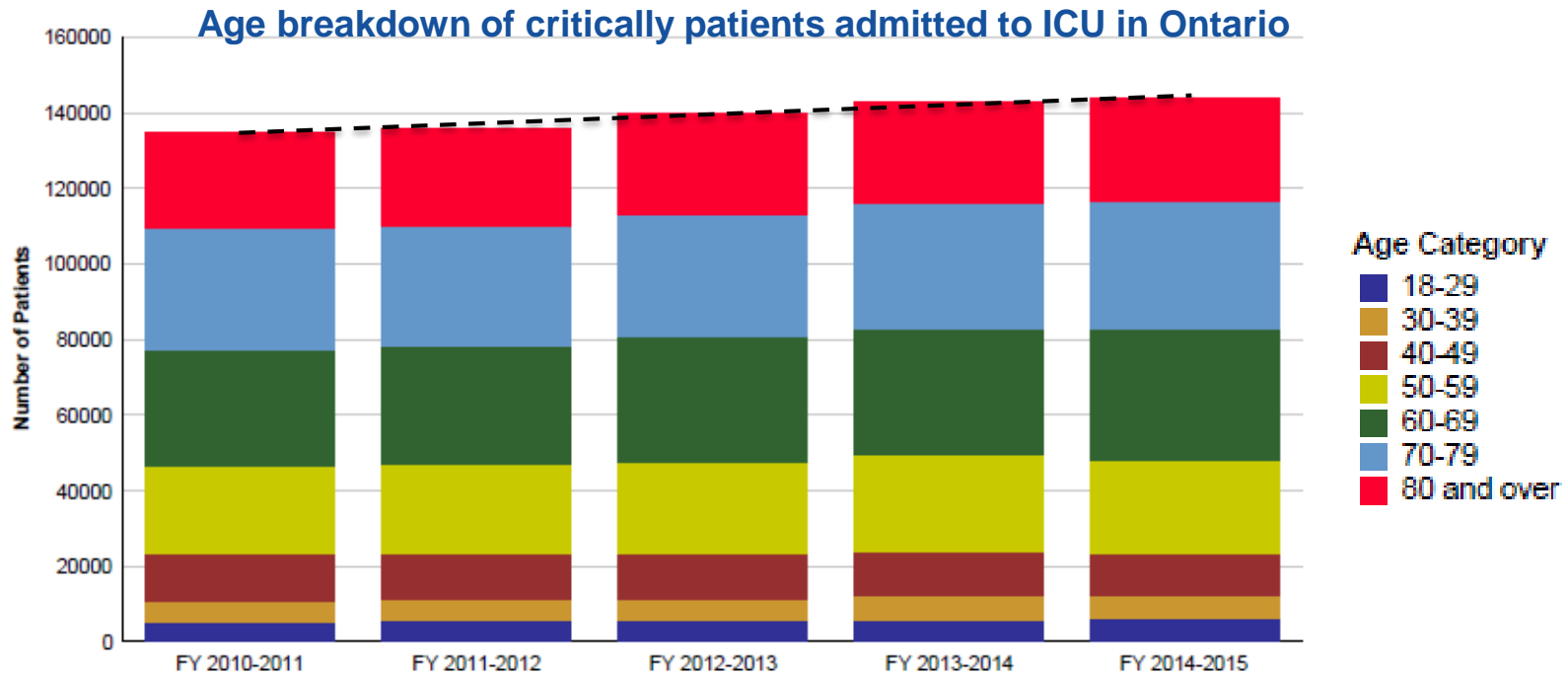
- **Hospitals**

- Receive greatest share (37.3%) of public sector health care dollars
 - ICUs account for 10-20% of all hospital costs (up to 40% in the USA)
- Seniors (> 65 y.o.) account for 40% of acute care stays (14% of population)
- Seniors (> 65 y.o.) make up 85% of those waiting care elsewhere (ALC)
- Avg. in-patient RIW in acute care \approx 70% higher for seniors vs non-senior adults
- Seniors have higher need of ER services, high rates of hospitalization from ER
- Seniors' admission to hospital associated with need for long term care and worsening of function including ADL, cognition and continence

*Source: Canadian Institute for Health Information,
Lakhan, J Am Geri Soc 2011; 59: 2001*



Aging and critical care



- 144,000 patients admitted in 2014-15 (375,000 across Canada)
 - Over 40% of patients are 70+ y.o (161,000 in Canada)
 - ≈ 20% are > 80 y.o. (71,000 in Canada)

Source: Ontario Critical Care Information System



Health Care System and Aging (2)

- **Continuing care**

- Nursing homes/residential care account for $\approx 10\%$ of expenditures
- In 2009–2010, 95% of people in residential care and 85% of people in hospital-based continuing care were 65+ y.o.

- **Home care**

- In 2009–2010, 82% of home care clients were 65+ y.o.

- **Prescription drugs**

- Number of claims rapidly increasing
- In 2009:
 - 23% of > 65 y.o. and 30% of > 85 y.o. were on 10+ drug classes
 - Governments spent avg. of \$1,311/senior vs. \$170/adult 20 to 64 y.o.

Source: Canadian Institute for Health Information



Lack of evidence (1)

- Clinicians, knowledge users and decision makers face difficult decisions in treating frail elderly
 - Is health care intervention/technology effective in this population?
 - Do individual patients/families prefer one kind of technology/treatment/ care setting over another?
 - Is the risk/benefit ratio similar to that of younger patients?
 - Is this technology good value for money?
 - Is escalation of acute care interventions warranted?
 - When/how should palliative care interventions be instituted?
 - What is the most appropriate setting for care?



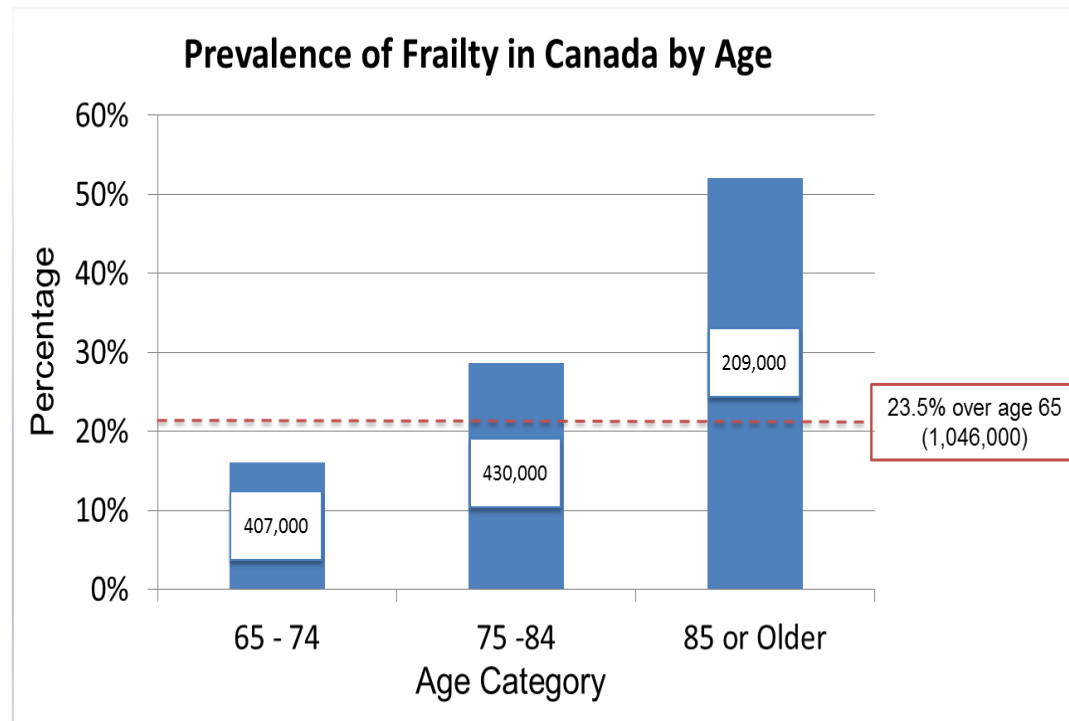
Lack of evidence (2)

- Little evidence to guide practice in the frail elderly
- Without evidence, aggressive and expensive technologies are often overused without improvement in outcomes, causing undue suffering to patients, undue distress to their families/caregivers and health care practitioners, and wasted health care resources



Frailty in Canadians

- Aging and Frailty are not synonymous but frailty becomes increasingly common as age advances
- Decline in health status and higher health care use driven more by frailty than age



Sources: Rockwood et al, *Journal of Gerontology*: 2004; 59: 1310; statcan.gc.ca/pub/82-003-x/2013009/article/11864-eng.htm



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Addressing Frailty in the Canadian Health Care System

“A journey of a thousand miles begins with a single step.”

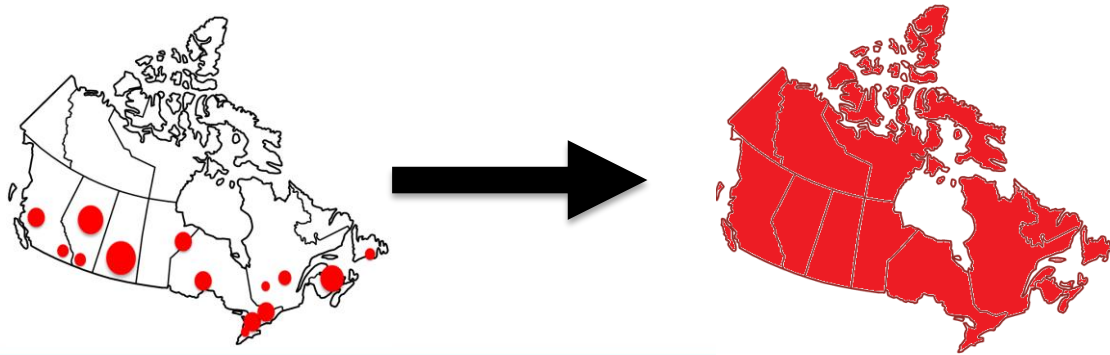
Lao-tzu, Chinese philosopher (604 BC - 531 BC)



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Building a strategy for frailty...

1. Apply existing evidence or improve evidence base for the prevention, treatment, decision making, end of life care for frailty
 - a. **Research where evidence gaps exist**
 - b. **Scale up successful regional projects**
 - c. **Learn form Health systems around the world**



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Building a strategy for frailty...

2. Increase the recognition and impact of frailty
 - a. **Frail Elderly, Caregivers:** Citizen engagement, Public Outreach
 - b. **Health care providers:** Routine Screening, Assessment
 - c. **Policy, Decision Makers**



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Why frailty screening/assessment matters (1)

People with Frailty likely to have multiple conditions, but want and need coordinated, person-centred care rather than treatment as a collection of separately treated diseases



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Why frailty screening/assessment matters (2)

“You can’t manage what you don’t measure”

- Could serve as catalyst for innovative care solutions/interventions that:
 - Improve health, quality of life of older people and caregivers
 - Avoid unnecessary hospitalization, institutional care
 - More efficiently use resources, skills, technology; increase sustainability of health and care systems
 - e.g. PATH program



Bringing partners together

TVN National Forum on the Frail Elderly

Creating Strategic Change: Developing a strategy for the frail elderly

- **First:** June 4, 5, 2015 – Toronto
- **Second:** Planned for Spring 2016
- **Bringing together clinicians, researchers, policy makers, decision makers, NGOs, other relevant organizations**
- **Aim: Articulate the impact, implications and possible solutions for frailty**
 - Implementation of Frailty Screening within Canadian Health Care
 - Frailty Screening Tools
 - Societal Determinants of Frailty
 - Ethical/Legal Implications of Frailty
 - Economic and Policy Implications of Frailty



Bringing partners together

TVN National Forum on the Frail Elderly 2016

Geared towards Policy and Decision Makers

Pre-work: Working groups being assembled

- Ethical and legal implications of Frailty
 - *Lead: Mary McNally, Halifax*
- Health policy, political and economic implications of Frailty
 - *Lead: Bill Tholl and Jennifer Kitts, HealthCareCan*
- Societal Implications of Frailty
 - *Lead: Mellissa Andrews, Halifax*
- Screening tools
 - *Lead: TBD*



Implementation of frailty screening

- **Position Paper**
 - Developed by Canadian, international frailty, aging, legal, policy experts
- **TVN online discussion board: June 2015**
 - Excellent, constructive feedback from TVN Network, Forum attendees
 - Feedback on which there was substantial agreement incorporated in final draft
- **Position Paper finalized; to be published fall 2015**
- **Launch of public discussion, awareness building strategy**



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Conclusion

- To impact frailty and late life, need multi-faceted, multi-jurisdictional, intra-disciplinary efforts
- Incremental steps
- Need broad engagement

*“But we have promises to keep,
And miles to go before we sleep”*

Robert Frost



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Next steps

- **Moving towards a national strategy for the care of frail elderly Canadians**
 - **Publish and disseminate Frailty Paper**
 - **Receive proposals for large-scale transformative research**
 - **Multi-year, multi-disciplinary, potential to transform health care for frail elderly Canadians**
 - **Intent to Apply: October 1, 2015; Full Application: December 1, 2015**
 - **Group and public consultation on Frailty Paper**
 - **Discussion, reporting at TVN National Frailty Forum in May 2016, Toronto**

