

# INNOVATION IN SENIORS CARE

## FORUM SUMMARY

On June 2, Hill Times Events' Innovation in Seniors Care forum addressed the critical need for changes to Canada's health system in order to accommodate the aging population. Industry leaders and health care experts weighed in on practical changes and policy shifts that are essential for delivering a health system for all Canadians.

## — SPEAKER HIGHLIGHTS —

### KEYNOTE ADDRESS



**Chris Simpson**, *past president, Canadian Medical Association*

The CMA is advancing three main themes in the lead-up to the discussions on the new Health Accord. First, the CMA is calling for a new demographic top-up to the Canada Health Transfer to provinces and territories. This would not change the transfer formula but instead deliver new funding to specifically address the increased costs associated with population aging. Second, the federal government must deliver funding for catastrophic pharmaceutical coverage. This would help ensure that Canadians have comparable access to medically necessary prescription drugs. Finally, we must expand and increase access to continuing care, including delivering on the commitment to home care and palliative care with a new home care innovation fund. This fund would also support infrastructure investment for long-term care and provide much-needed support for the backbone of community care; the millions of family caregivers across the country.

### TECHNOLOGICAL INNOVATIONS



**Jeffrey Jutai**, *full professor, director and associate dean, Interdisciplinary School of Health Studies, University of Ottawa*

We urgently need a coordinated policy response to technological innovations in seniors care. Nearly 10% of the Canadian population already relies on assistive technology. Canada is doubling its seniors population and an estimated half of this population will require some form of technological assistance. Current funding and services are highly fragmented with assistive technologies provided through both federal and provincial agencies, non-profit and charitable organizations, and private insurance providers. Fragmentation and variation in policies and services result in the failure of systems to provide for those who need assistance; to meet our societal obligations for equity of access to assistive technologies and opportunities; and to address economic concerns. Policy on access and procurement has lagged behind in responding to innovations and the growing demands from users. There is a clear urgency for a coordinated research, implementation and policy response to technology access and procurement that is also proactive, responsive and sustainable to keep pace with technology advancement.



**Hélène Chartier**, *vice president, go-to-market strategy & enablement, TELUS Health*

In North America, approximately 10,000 people turn 65 every day. It is expected that by 2020, 40% of the population will be over 50 years old. This will present significant challenges to governments and healthcare systems around the world as they are faced with unprecedented demands for services. To better serve the health and wellness needs of the next generation of seniors, healthcare systems worldwide urgently need to adopt a more holistic, community-based approach. The building blocks needed to make this shift already exist: patients, as health consumers, are demanding better healthcare experiences, and new technologies that support this are coming to market every day. The missing ingredient is the ability to deliver social, health and wellness solutions to seniors as a set of integrated, end-to-end services.



**Josephine McMurray**, *network investigator and project lead, AGE-WELL, and assistant professor, Wilfrid Laurier University*

In Canada, there are systemic barriers to building commercially viable products and processes from novel research; so that intellectual property generated here is developed and implemented elsewhere, particularly in health and aging technology. Coordinated regional, provincial, federal and industry investment in R&D, along with university and civic engagement, are important components of Canada's response to the need to develop and adopt homegrown technological innovations. Building regional health innovation ecosystems that support the development of health and age tech will help older Canadians maintain their independence, health, safety, ability to live independently and overall quality of life. The outcomes? Happier citizens, less burden on family & friend caregivers, reduced costs to the system, and the potential for economic improvement and knowledge economy jobs, for regions whose technologies are adopted both here and abroad.



**Shelagh Maloney**, *vice president, consumer health, communications and evaluation services, Canada Health Infoway*

The rising cost of health care is fueled, in part, by aging Canadians with chronic illness, many of whom are cared for in hospitals, the most expensive care setting. We need to be more innovative and look for alternate models of care if we are going to have a sustainable health system that provides a positive patient experience. Innovation in seniors care, enabled by technology, is already changing the landscape. Virtual care connects the care team, including the patient, regardless of location or time. Patients using this model report high levels of satisfaction, improved outcomes, and a reduction in hospitalizations and ER visits. In ten years, a full quarter of Canadians will be over the age of 65. It's imperative that we implement models of care that are cost-effective but more importantly, that address the health care needs of seniors and respect their desire to live safe, independent lives for as long as possible at home or in a home-like setting.

### FUNDING HEALTH INNOVATIONS



**Brent Mizzen**, *director, policy development, Canadian Life and Health Insurance Association*

Over 35 years, there will be a \$600 billion shortfall for long-term care (LTC) in Canada with current government programs only covering half of the expected LTC costs for baby boomers. Further, polling demonstrates three quarters of Canadians (74%) admit they have no financial plan to pay for LTC if they need it. Most Canadians also mistakenly believe LTC costs will be covered by governments. Unless action is taken now, baby boomers will not have access to the LTC they will want and need. Canada's life and health insurance industry recommends aggressive structural reform be undertaken to allow more individuals to stay in their homes longer and to move out of hospitals and into LTC facilities where appropriate. This would save \$140 billion, which can be reinvested in LTC initiatives. The industry also recommends governments encourage Canadians to save for LTC by introducing a 15% non-refundable federal tax credit, and the provincial equivalent, on premiums of qualified LTC insurance.



**Bill Tholl**, *founding president and CEO, HealthCareCAN*

Canada's system of financing and delivering healthcare was designed to meet the needs of a post war era - an era with more acute and less chronic healthcare needs. We urgently need a concerted effort to retool the system to better anticipate the demographic imperatives of the 21st century. With gradual increases in chronic disease across all age groups and the shift to an older demographic, this cannot be seen as a tsunami, but an iceberg. So there will be no excuses. Avoiding the iceberg will require federal leadership to overcome the "Canadian condition": the irresistible urge to reinvent the wheel from one jurisdiction to another. We need to scale up and spread the best-of-the-best across the nation. And, this will require closer alignment of accountabilities and authorities in the system, especially as it relates to putting in place the financial incentives for Canadian to plan for their own long term care needs and for Governments to step in to do their part to ensure smooth handoffs in the system.



**Erin Strumpf**, *health economist and associate professor, McGill University*

Improving health and quality of life for Canadian seniors will require health care funders and managers to take proactive approaches to creating efficient, effective health systems. Across Canada, funders should be pushing providers to do better, equipping them with the tools they need to improve, and making the results known to patients, their families, and the Canadian public. Many of the innovative models we look to internationally – the UK's NHS, the US CMMI, integrated systems like Kaiser and Intermountain Healthcare – combine better information with active management by funders to improve outcomes and control costs. To get serious about transforming our health care and social services systems, we need to focus on the right outcomes, evaluate innovative strategies, and engage with proactive health care payers to improve efficiency.

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## PROCEDURAL INNOVATIONS



**Louise Plouffe,**  
*research director,  
International  
Longevity Centre*  
Currently, health  
care is organized,

financed and delivered to diagnose and treat diseases and injuries one by one. Services are poorly coordinated; access is uneven; patients and families often navigate the fragmented patchwork alone. Having more seniors with multiple chronic conditions forces us to face the mismatch between the health system and people's needs. Within an age-friendly community offering an enabling and supportive physical and social environment, we want a person-centred, comprehensive continuum of care to: preserve health and function; stop and reverse health losses; compensate for loss and ensure quality of life. We must strengthen health promotion and disease prevention, health literacy and self-care, multi-professional care and social interventions. Home care as an insured service is needed. Building foundations for system reform, health professionals are sharing evidence of effective innovations and of collaboration for practice and policy change.



**Francine Lemire,**  
*executive  
director  
and CEO,  
College of*

*Family Physicians of Canada*  
The health care needs of seniors are changing. Complexity of managing multiple conditions continuously increases – that is why we need to focus on a person and not on individual diseases. Family physicians are trained to provide continuous comprehensive care and conveniently connect patients to all parts of health care system. Using our vision of family practice – the Patient's Medical Home – we want to ensure that everyone in Canada has access to a caring interprofessional team that communicates efficiently and offers a well-integrated set of services. Education in relevant skills is crucial – both as part of core training and enhanced skills programs. It is also critical to foster a model of practice that emphasizes clear communication and engages patients as active partners in their health.



**Nadine Henningsen,**  
*executive  
director,  
Canadian Home  
Care Association*

I believe that for many seniors, home, not hospital or residential care, is the best places to recover from an illness or injury, manage long-term conditions and live out one's final days. This statement is simple – making it happen is complex. To this end, I propose four concrete actions to modernize home care to meet the growing demographic of seniors: 1) Adopt Harmonized Principles for Home Care that shape policy and program frameworks and support consistent, high quality home care within and across jurisdictions. 2) Use technology-enabled home care to bend the health care cost curve and enable seniors to live in grace and dignity in their own homes, with a ripple effect on their carers. 3) Scale and spread models of integrated care connecting home care, primary care, community-based paramedics with other health services. 4) Implement a multi-pronged, national carer strategy to support the universal priorities of carers.



**Christine Trautmansdorff,**  
*vice president,  
government  
relations and  
Canadian partnerships,*

*Colleges and Institutes Canada*  
Congratulations @TheHillTimes for convening a timely discussion on reinventing Canada's healthcare system to support our aging population. Colleges and institutes, who train 80% of healthcare professions, have a central place on this innovation agenda. Advanced training tools like the frail aging simulation suit @MichenerInst are giving students first-hand insight into seniors' needs. Groundbreaking community facilities like the smart apartment @AlgonquinColleg offer inter-professional training and applied research opportunities to students from trades, health and culinary programs. And campus clinics like the clinique d'hygiène dentaire @CegepGarneau provide students with real-world experience and seniors with low-cost services close to home. @CollegeCan and our members in 3000 Canadian communities look forward to being part of the collaborations that will create a sustainable healthcare system for seniors and all Canadians.



**Mary Bertone,**  
*past  
president,  
Canadian  
Dental*

*Hygienists Association*  
Imagine not being able to brush your own teeth. Imagine having a toothache that worsens to the point of requiring emergency room care. Sadly, this is reality for many Canadian seniors because support for preventive dental hygiene care and daily mouth care is lacking. Because most oral diseases are preventable, it makes sense to develop new models of oral care that will limit the added pressures placed on the acute care system. It's time for all levels of government to promote innovative solutions to bring oral health care to people rather than bringing people to care. Canadian seniors deserve it. Imagine.

## SYSTEM DESIGN: HEALTH SYSTEMS INTEGRATION



**Chris Power, CEO,**  
*Canadian Patient  
Safety Institute*  
Every 17 minutes  
a person dies in a  
hospital in Canada

from a preventable adverse event and hundreds of thousands more suffer from unintended harm annually. Integration is the single most important enabler to innovation. There are great innovations happening across the country but without integrated systems there is little scale or spread and thus limited change. Many of the recommendations in the Naylor Report are getting traction as evidenced by recent budget decisions and stated directions of the Federal Government. But the road ahead remains long to attaining a safe, efficient and effective health care system, particularly for seniors. What's required is the vision to change and the courage to succeed!



**Kiran Rabheru, past  
president, Canadian  
Academy of Geriatric  
Psychiatry**  
Canada's "Silver  
Tsunami", heralds an

enormous societal challenge - dealing with the population's physical and mental health; both are critical and must be interwoven into the delivery of all health care. A perfect storm looms as the population ages, fueled by stigma and under-valuation of the need for senior's mental health care. A national seniors' strategy integrating both, mental and physical aspects of seniors' health must be created to improve access, quality, safety, and efficiency. An urgent imperative is the founding of a multi-sectoral partnership including federal, provincial, territorial governments, health care organizations, professionals, and consumers charged and empowered to guide policy and resource allocation decisions. We'll all need this, so let's get it right, now!



**Darryl Rolfson, professor, division  
of geriatric medicine, University  
of Alberta**  
Canadians are living longer and  
healthier due to advances in the  
care for those with single system

diseases. However, older adults with multiple health issues resulting in frailty, now comprise the most common pattern of health decline in the last years of life. Frailty is a vulnerable health state resulting in functional decline, deterioration in health status and death. Our health care system is grossly misaligned with the challenge of frailty and evidence on how to prevent or mitigate frailty in older adults remains underdeveloped. Despite excellent screening criteria, frailty remains under-recognized by health care professionals, and too often, the prognosis of frailty is left out of discussions with patients. Consequently, older Canadians are unable to exercise informed choices, while costly and inappropriate health care strategies march on. The Canadian Frailty Network is dedicated to improving care of frail elderly Canadians by increasing frailty recognition and assessment, increasing evidence for decision making, and advocating for change in the health care system to ensure that the needs of this vulnerable population are met.



**Lisa Ashley, senior  
nurse advisor,  
Canadian Nurses  
Association**  
Using interprofessional  
models to deliver care

is critical for improving access to high-quality health services in Canada. Evidence shows that a team-based approach reduces wait times and improves patient safety, accessibility, chronic disease management and the overall health and wellness of Canadians. Collaborative approaches enhance patient flow through the system, resulting in a better experience for each individual. They also make the best use of care providers' skills, which improves efficiency and reduces costs. We need to continue to fund and build a health-care system made up of interprofessional teams, where members understand each other's roles, skill levels and boundaries. And we need to recognize that patients and caregivers are an essential part of this care team as well.