

Working Together for Healthy Aging in Alberta:

Seniors Forum Recommendations Executive Summary



Background

It is estimated that the number of Canadian seniors will grow to over ten million by 2036, representing a demographic growth significantly more rapid than the national population¹ and in Alberta alone the number of seniors continues to grow by over 50 individuals a day. As this accelerated demographic shift continues, Canadian health care must be prepared to meet the varying needs and values of the aging population.

Not only the most frequent users of the health care system, seniors are also the most complex with longer stays, higher consumption of resources for procedures, and a reliance on more services² with the average per-capita expenditure increasing each year of life after age 65.

Approach

The Working Together for Seniors Care in Alberta collaborative stakeholders forum was held in 2014 to create a common voice, identify areas of collaboration, develop a plan to mobilize existing organizations, and formalize the working relationships between those organizations. Invited speakers provided background on the current state of seniors care and, together with participants, the challenges, gaps, and opportunities in care were identified and a catalogue of available services, programs, and resources was developed. Participants then formulated a vision of a desirable future for seniors care, detailing what would be ideal for this demographic and the systems that would support them.

Outcomes

The vision created by the participants of the forum included current, future, and bridging elements that could be grouped into four overarching areas:

1. An enabling and supporting community infrastructure,
2. A demystified and well-functioning health care system,
3. The superb human capacity to support seniors, and
4. A healthy, caring, and compassionate culture that promotes respect and independence for seniors.

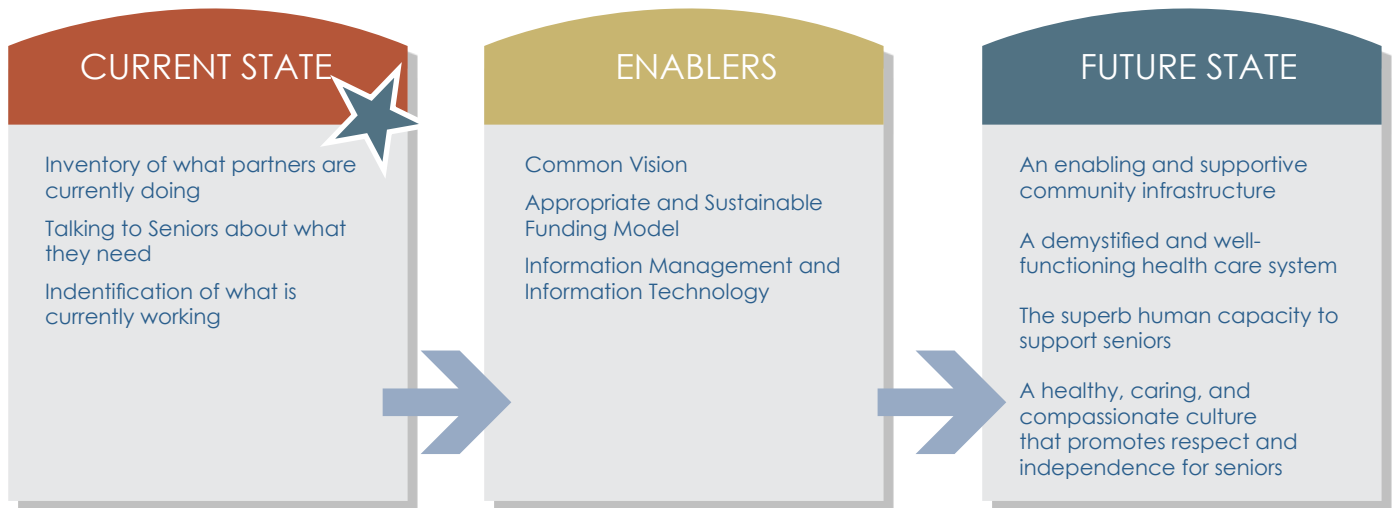
In identifying and creating recommendations for achieving this vision, three strategic priorities emerged from discussion at the forum and, from those priorities, nine recommendations were determined. It is important to note that none of these recommendations stand alone, rather there is much overlap and inter-reliance between them. As such, the combination of the nine recommendations and implementation in a concerted manner foreseeably results in the integrated, well-functioning health care system that participants conceptualized.

STRATEGIC PRIORITY			
	TOWARD ENABLING OUR COMMON VISION	TOWARD INTEGRATION, COLLABORATION, AND KNOWLEDGE TRANSLATION	TOWARD PERSON-CENTRED AGING
RECOMMENDATION	Establish an appropriate funding model to enable multiple models of care	Catalogue all services, programs, and resources available; Close the gaps and provide easy service access and guidance for elders, their families, and providers	Involve and engage seniors in the creation of their own futures and the design of new environments and infrastructure
	Implement information management and the information technology to ensure continuity, avoid duplication, increase awareness, and improve seniors' health outcomes	Continue to collaborate with all stakeholder organizations to create and sustain momentum toward a better future for aging in Alberta	Enable appropriate and accessible care for all seniors in their community and at home when appropriate
	Support and provide education on care of the elderly to all stakeholders to enable a collaborative approach and shared understanding	Advocate for the advancement of a common and compelling vision through collaborative, consistent, and persistent messaging	Challenge society to take the responsibility to build and inspire age-friendly communities

Next Steps

There is an overarching opportunity to continue the forum discussion with diverse stakeholder groups with a goal of improved access to appropriate and timely care, and numerous opportunities to improve awareness around needed resources and training, initiation of focused commitments through partnerships, and changes to policies, methods of care, and additional resources. These opportunities are not without challenges in ensuring that the existing knowledge of the anticipated future needs of seniors in Alberta are used to both design and deliver the best possible care, services, and supports, supported by increased awareness and training, and should incorporate the preferences of seniors.

Constant and Consistent Involvement and Engagement of Seniors



Continuous Collaboration with Stakeholder Organizations

What can each of us do?

In order to improve medical practice, we must recognize the many demands (both provider and patient) placed on the system if we are to fully understand the current state of care. For seniors health care providers and professionals, the system lacks planning, advocacy, and a clear roadmap to coordinated services.

Now is the time to identify and carefully design the services and programs that are essential today and into the future to meet the needs of the province's aging population. There is an imperative need for enhanced planning and strategic action and, while the vision and strategy may be overwhelming in scope and complexity, the focus must centre on creating an adaptive and responsive environment for change instead of small adjustments to the existing system.

Realizing this vision will take significant work from every individual and organization that has a stake in the future of seniors care in Alberta and across Canada—changes must encourage the understanding of the impact of the individual on the aging population, but must also be inclusive of whole communities, all health care organizations, all levels of government, and the nation.

What can we pass on?

Well-functioning health care systems should support self-managed care through home care with emphasis on individual responsibility for health, where personalized care occurs through the recording on health, social, and personal histories through well-designed systems based on quality and continuity of care over a lifetime and, ultimately, dying well with continuous and varied supports and services provided by the long term caregiver relationships offered by the medical home.³

While the number of individuals visiting the family physician's office has not changed dramatically over the past few decades,^{4,5} the actual landscape of care looks drastically different and is sure to undergo significant changes in the foreseeable future. The medical home model⁶ that involves all care professionals in the care plan makes a step toward preventative services; however, these services must be designed to be accessible and inclusive. Therefore, strengthening the provisions of primary care is essential to securing the health of older adults who are most likely to benefit from a team-based approach that focuses on prioritizing continuous quality improvement and the five principles of care:

1. Access,
2. Equity,
3. Choice,
4. Value, and
5. Quality.

¹ CFPC Briefing Note—Understanding health and social services for seniors in Canada (Conference Board of Canada). 2015.

² Conference Board of Canada. Understanding Health and Social Services for Seniors in Canada. April 2015.

³Conference Board of Canada infographic. Available at: <http://www.conferenceboard.ca/infographics/health-seniors.aspx>

⁴White KL, Williams TF, Greenberg BG. The Ecology of Medical Care. N Engl J Med. 1961 Nov 2;265:885-92.

⁵Green LA, Fryer GE Jr, Yawn BP, et al. The Ecology of Medical Care Revisited. N Engl J Med. 2001 Jun 28;344(26):2021-5.

⁶Ellen M, Shamian J. How we move beyond a policy prescription to action. Healthc Pap. 2011;11(1):76-83.