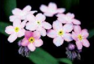

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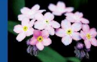
Moving from Paper to Policy: Virtual Policy Series Wrap-Up

Presented by: Jacquie Micallef, Public Policy & Government Relations



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What we know for sure...

- The population is aging. This is not new information. It is something that has been discussed for decades.
- The prevalence of dementia is on the rise.
- Dementia is a complex, chronic condition that needs a system of supports and resources within health and beyond.

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What we know for sure continued...

- Health and social needs are increasing.
- Family/informal caregivers are critical to our health and social systems and need to be supported.

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Learning from the past sessions on how to move forward with new evidence and new ideas

Session One: Larry Chambers*, PhD, Larry Chambers Consulting, President (ret) Élisabeth Bruyère Research Institute*

- The standard way to think about a health system for chronic illness management are: guidelines, practice design, patient empowerment, expert system and information.
- When we look at the Chronic Disease Prevention and Management Framework it includes other systems, which includes healthy public policy, supportive environments, the person and families.

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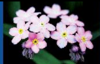
- Need to be thinking more broadly about the system of supports for the person with dementia and their caregivers.
- Unmet needs must be identified responded to within our system. Resources must follow.
- A community lens or perspective should be used when planning for the health and wellbeing of older people.



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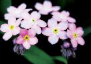
- The community lens should encompass many health and social settings including long-term care, retirement homes, and hospitals. Do hospitals know what is available to people in in terms of community services and resources?

Session One: Paul Williams*, PhD, Professor, Department of Health Policy, Management & Evaluation, University of Toronto*

- Hospitals have become the default. Seniors, people with complex needs go to the ER, get admitted to hospital stay for long periods of time.
- Hospital care is expensive and does not provide good outcomes for people who do not need that type of care.



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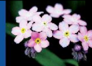
- It has been stated in the Walker report and has been validated through emerging evidence that current models rely to heavily on acute care and permanent placement of seniors.
- A fundamental system re-design is needed to shift resources to the community and out of institutional settings.
- There is evidence to support an emphasis on home care and community care to improve care transitions.



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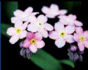
- We cannot assume that everyone has a caregiver. Research is showing that not everyone has a caregiver –prominent in the North West and Toronto Central.
- Small things matter to a person remaining in their homes. Instrumental Activities of Daily Living are driving waitlists for long-term care homes.
- People with multiple health and social needs are the least likely to manage on their own.
- There is an interest in the return of the Aging at Home Strategy to shift resources back to the community.



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Emerging Evidence on Dementia

Session Two: Susan Bronskill, PhD. *Institute for Clinical Evaluative Sciences (ICES)*

- Most of the oldest old are women – women are more likely to use long-term care and have multi-morbidity.
- People with dementia compared with other older adults show higher rates of comorbidity, burden of functional status, health system use, burden of ADL, burden of IADL, depression, ER visits, acute care admissions, ALC, home care visits, and LTC applications.

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- Primary care practitioners have a key role in dementia care. Research shows that most people visit their primary care practitioner after a diagnosis.

Session Two: Cheryl Gula*, Manager, Health Reports , Canadian Institute for Health Information*

- 57% of hospitalizations with a main diagnosis of dementia had ALC days.
- 25% of hospitalizations with dementia as a comorbidity had ALC days.

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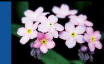
- Seniors in ALC more likely to have dementia, waiting for LTC or residential care placement compared to younger people waiting for in-patient rehab who go home with or without supports.
- Many people receiving home care also have an informal caregiver. Caregivers are reporting distress.
- Need for integration, focus on prevention, adopting new health innovations and technologies, and better collection, management, and reporting of information.



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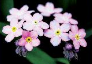
Session Two: Dr. Frank Molnar, *Co-Chair, Regional Geriatric Advisory Committee, Co-Chair, Champlain Dementia Network*

- Dementia has not been a priority in the system - Aging at Home Strategy, CCACs, hospitals do not have a plan for dementia care.
- Targeted investments for dementia are needed – not a general approach.
- Good community dementia care can prevent hospitalizations and ALC days.



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More emerging opportunities

- The Drummond Report – or more formally the Commission on the Reform of Ontario's Public Services – was released publicly on February 15
- Majority of the recommendations are focused on the health care system.
- Opportunity to look at how resources should be shifted.
- What will the uptake be? Will it get at the crux of the issue?