

Health System Use by Frail Ontario Seniors

Community-Dwelling Older Adults with Dementia:
Tracking encounters with the health system

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*Alzheimer Knowledge Exchange Virtual Policy Conference on Dementia
Session Two: Emerging Evidence – Moving from Paper to Policy
February 16, 2012*



Health System Use by Frail Ontario Seniors

An in-depth examination of four vulnerable cohorts

November 2011



Health System Use by Frail Ontario Seniors

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Report available at www.ices.on.ca

This study was supported by the Health System Strategy Division, Ontario Ministry of Health and Long-Term Care (MOHLTC) [Grant # 04601AC] and the Institute for Clinical Evaluative Sciences (ICES), which is funded by an annual grant from the MOHLTC.

The opinions, results and conclusions reported in this paper are those of the authors and are independent from the funding sources. No endorsement by ICES or the MOHLTC is intended or should be inferred.



Objectives for today

Through a brief presentation and dialogue, participants will:

- Understand the key messages from the report "Health System Use by Frail Ontario Seniors: An in-depth examination of four vulnerable cohorts";
- Explore the community-dwelling older adults with dementia cohort; and
- Learn about a follow-up opportunity to share your thoughts with ICES.



The cohorts

Frail older women

Examines factors relevant to maintaining older women's health and independence in the community and disparities between women and men on key measures of healthy aging



The cohorts

Community-dwelling older adults with dementia

Follows a cohort of community-dwelling older adults with physician-diagnosed dementia and examines their encounters with both health and community care providers



The cohorts

Medically complex home care clients

Examines the patterns and prevalence of care for individuals discharged from acute care hospitals in Ontario after treatment for complex medical conditions and identifies the best methods to target services for this population



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The cohorts

Older adults newly placed in long-term care

Examines levels of need and describes health system use in the period of time preceding placement in order to identify common patterns of care



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Rationale for the cohorts

- Purpose of project was to profile how four cohorts with increased vulnerability used the health system
 - Greater risk for admission to long-term care and/or recently placed in long term care
- Different approaches to defining population of interest
 - Gender, clinical diagnoses, functional status, location in health system
 - Range in scope from the broad to the very specific
- Investigator interest
 - Cohorts account for < 1% of older adults (aged 66 years+) overall but are intensive users of the health care system

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Community-dwelling older adults with dementia

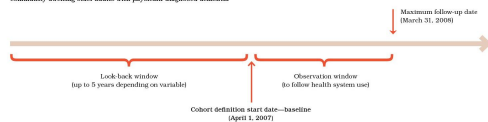
This chapter identifies and follows a cohort of community-dwelling older adults with physician-diagnosed dementia and examines their encounters with both health and community care providers.

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Question of interest

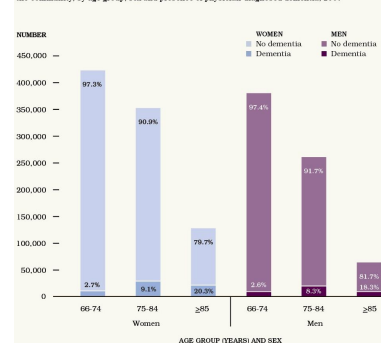
How do individuals with dementia differ from other older adults in terms of clinical comorbidity, functional status and health system use?

EXHIBIT 2.4 Observation and follow-up windows for the cohort of community-dwelling older adults with physician-diagnosed dementia



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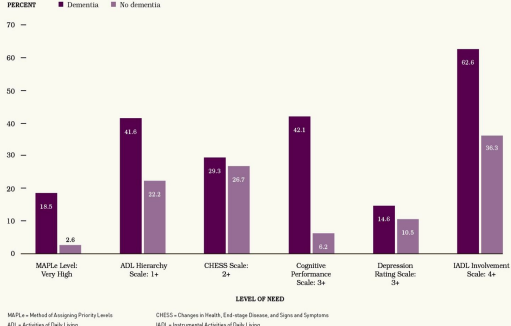
EXHIBIT 4.2 Number and relative percent of Ontario adults aged 66 and older living in the community, by age group, sex and presence of physician-diagnosed dementia, 2007



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EXHIBIT 4.6 Percentage of Ontario adults aged 66 and older with a RAH-BC assessment* living in the community and exhibiting high levels of need, by presence of physician-diagnosed dementia and level of need, 2007

*Either long-stay home care clients or long-term care applicants



MAPLE = Method of Assigning Priority Levels
ADL = Activities of Daily Living
CHES = Changes in Health, End-stage Disease, and Signs and Symptoms
IADL = Instrumental Activities of Daily Living

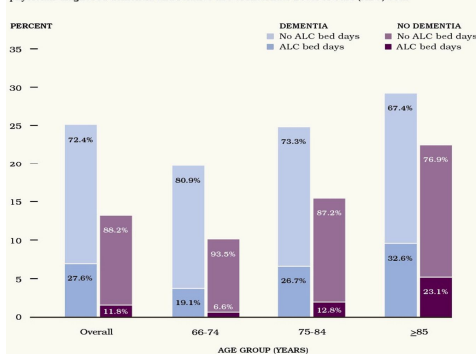
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EXHIBIT 4.8 Health service use by Ontario adults aged 66 and older living in the community in the year following April 1, 2007 (baseline), by presence of physician-diagnosed dementia and type of hospital use

	Physician-Diagnosed Dementia N=101,775	No Physician-Diagnosed Dementia N=1,404,702
Any emergency department visits	45.9%	27.6%
Any acute care admissions	25.1%	13.1%
Any acute care admissions with alternate level of care	6.9%	1.6%
Any primary care visits	94.9%	91.7%
Any home care service visits	38.5%	11.5%
Any long-term care applications	13.7%	1.5%

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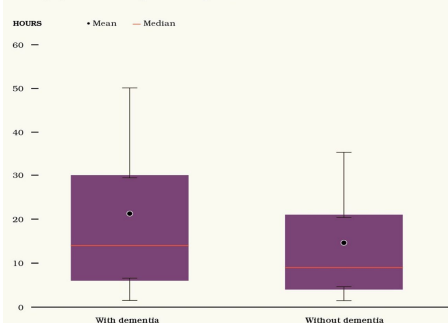
EXHIBIT 4.9 Percentage of Ontario adults aged 66 and older living in the community with an acute care hospitalization in the year following April 1, 2007 (baseline), by age group, presence of physician-diagnosed dementia and relative use of Alternate Level of Care (ALC) beds



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EXHIBIT 4.10 Number of informal care hours provided in the week prior to RAH-BC assessment* for Ontario adults aged 66 and older living in the community, by presence of physician-diagnosed dementia, 2007

*Either long-stay home care clients or long-term care home applicants.



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Key findings

- Community-dwelling older adults with physician-diagnosed dementia are high users of health system resources.
- Women account for a larger proportion of older adults with dementia than men across age categories.
- The majority of older adults with dementia continued to visit a family physician.
- Older adults with dementia are more likely to experience a hospital stay over the course of a year than those without dementia, and they are more likely to have a larger proportion of their stay in alternate level of care beds.

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Questions for consideration

- Can population-based patterns of health system use be used to support policy discussions in this area?
 - What additional information would be helpful?
 - How can information on informal caregivers and out-of-pocket service use be combined with existing data?
- How can this information be used to help with the evaluation of new initiatives?
- What is the best format for generating and disseminating this kind of information?

If you are interested in further discussion, please contact: jacqueline.stevenson@ices.on.ca

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