


Presentation to the Alzheimer Society of Ontario's Virtual Policy Series on Dementia

An overview from CIHI reports related to seniors and aging.

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Presentation Objectives

1. To present information from recent CIHI reports related to:
 - population aging
 - seniors current utilization of health care system
 - alternate level of care (ALC)
2. To discuss impact of aging as a cost driver to date
3. To discuss how the system may need to adapt in future to meet needs of an aging population

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Main Reports Referenced in this Presentation



1. Health Care in Canada, 2011: A Focus on Seniors and Aging (2011)
2. Health Care Cost Drivers: The Facts (2011)
3. Alternate Level of Care in Canada (2009)
4. Health Care in Canada 2010

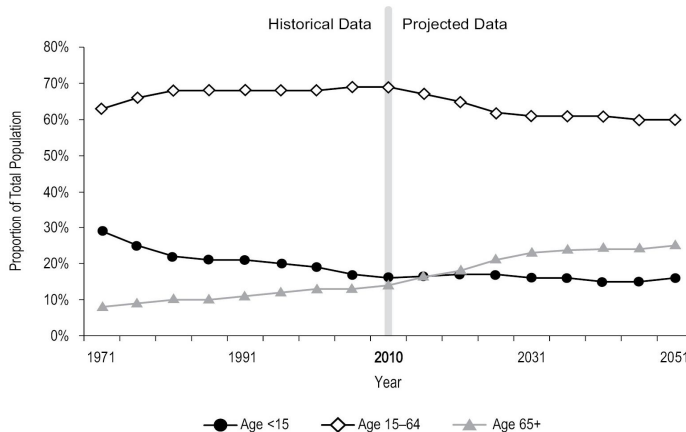
All available for free PDF download from www.cihi.ca

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Accelerated Aging of Canada's Population



Proportion of seniors (age 65+) will almost double in the next 25 years: from 14% in 2011 to 25% in 2036



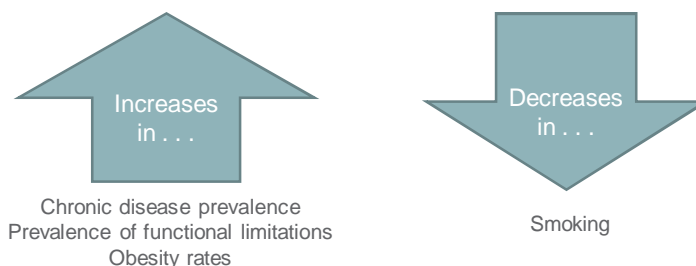
Source: Statistics Canada 2010, population estimates, 1971 to 2010, and population projections, 2009 to 2036.

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Canada's Seniors Living Longer, But Face Challenges of Increasing Chronic Conditions



- Life expectancy at age 65 continues to increase; 86.1 years for women, 82.9 years for men
- Indicators of health status show a mixed picture with advancing age:



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Heavy Users of Health Care System



Currently, seniors are 14% of population, yet utilize:

- 45% of all provincial/territorial public-sector health expenditures
- 40% of acute hospital stays
- 85% of hospital-based continuing care
- 82% of home care
- 95% of residential care

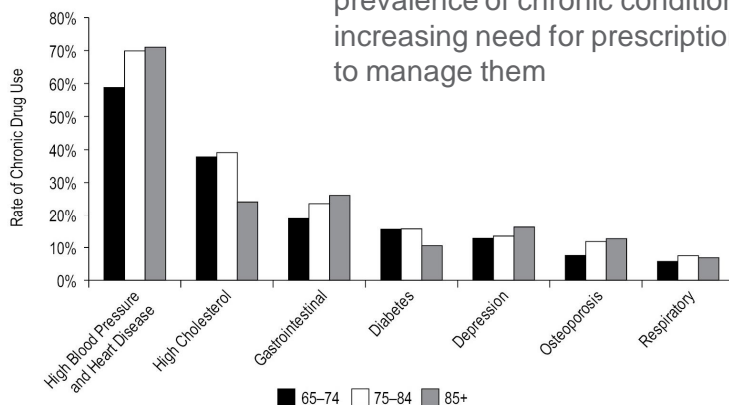
Seniors are more likely than younger adults to visit family doctors frequently.

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Prescription Drugs



- With increasing age comes increased prevalence of chronic conditions, and increasing need for prescription drugs to manage them



Source: National Prescription Drug Utilization Information System Database, CIHI.

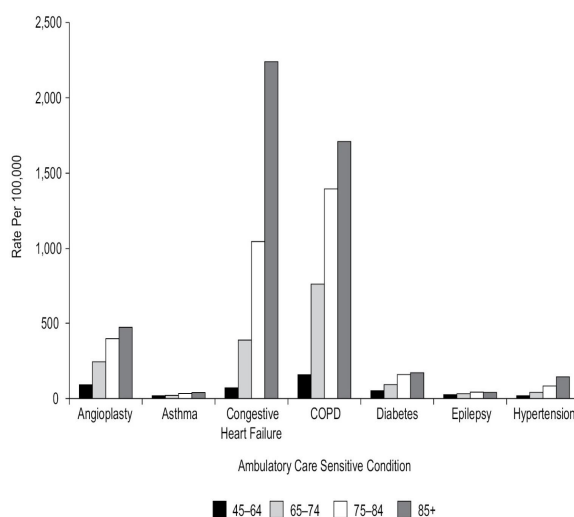
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ED and Acute Care



Compared to younger adults, seniors:

- Seek care in EDs more often
- Spend more time once in EDs
- Are hospitalized at higher rates for conditions sensitive to ambulatory care



Source: Hospital Morbidity Database, 2009-2010, CIHI.

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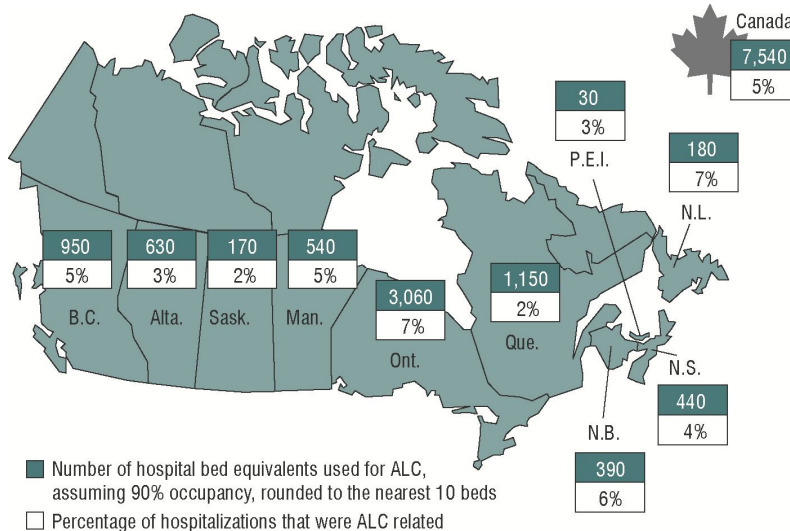
Impact of Alternate Level of Care (ALC)



- Seniors tend to have longer acute care LOS compared to younger adults
- Driven in part by ALC waits:
 - 85% of ALC patients are seniors
 - 35% are over age 85
 - 47% of seniors designated ALC are waiting for long-term care placement
 - 23% had a diagnosis of dementia

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Scope of ALC Across Canada, 2008-2009



Source: Hospital Morbidity Database, 2008-2009, CIHI.

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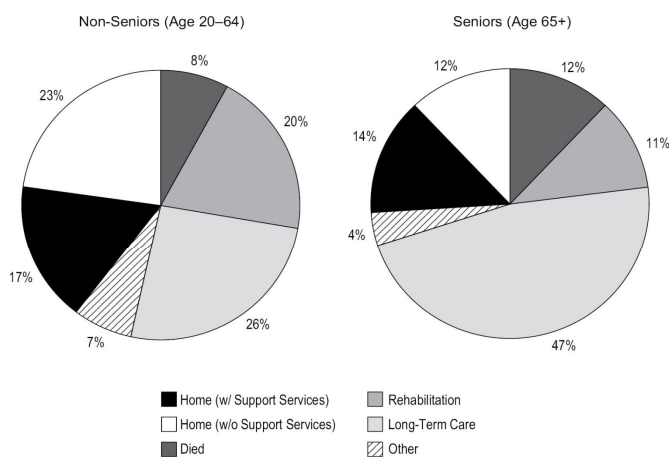
Dementia Associated With High ALC Use



- Dementia is key diagnosis associated with ALC:
 - 57% of hospitalizations with main diagnosis of dementia had ALC days
 - 25% of hospitalizations with dementia as comorbidity had ALC days
- Overall, dementia accounted for almost 1/4 of ALC hospitalizations and over 1/3 of ALC days (2007-08)
- Hospitalizations with main diagnosis of dementia had twice the median ALC LOS (20 vs. 9 days) compared to other ALC patients (2009-10)

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ALC Seniors vs. Younger Adults, 2009-2010



Source: Hospital Morbidity Database, 2009-2010, CIHI.

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Residential Care Settings



- Institutionalization among seniors is decreasing
- Intensity of care provided in residential settings is increasing
- Seniors in residential care are more likely to be 85+, unmarried, and functionally dependent vs. seniors in community settings

Characteristic	Descriptive	Home Care (%)	Residential Care (%)
Age	% accessed seniors pop age 85+	40	57
Marital Status	Not married	64	76
Functional Status (Activities of Daily Living)	Extensive assistance/dependence needed	18	74
Cognitive Performance Scale	Moderate to severe impairment	14	60

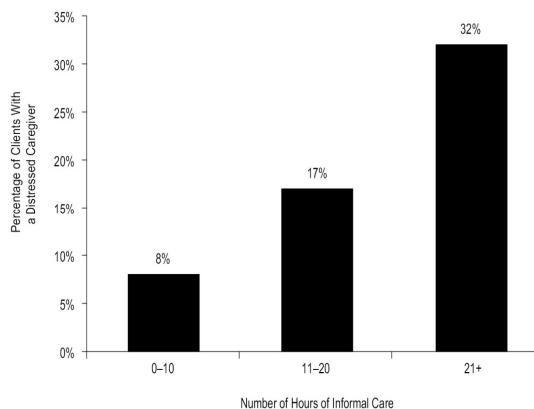
Sources: Home Care Reporting System and Continuing Care Reporting System, 2009–2010, CIHI.

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Formal and Informal Home Care



- 97% of formal home care recipients also have informal caregivers
- 17% of informal caregivers report distress in role
- Caregiver distress increases with time spent providing care



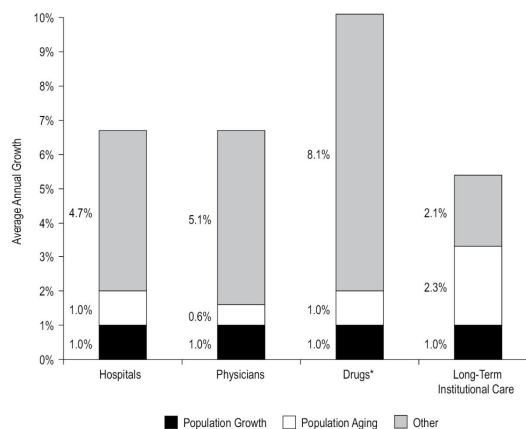
Note: Includes data from Ontario, Nova Scotia and Yukon.
Source: Home Care Reporting System, 2009–2010, CIHI.

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Aging's Impact on Increases in Public-Sector Health Spending To Date



- From 1998 to 2008, aging was modest driver of increases in public-sector health expenditures:
 - hospitals (1%)
 - physicians (0.6%)
 - drugs (1%)
- Aging had greater impact (2.3%) on expenditures for long-term institutional care



Source: Health Care Cost Drivers: The Facts. (Ottawa, Ont.: CIHI, 2011).

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In Summary



- While aging has been modest cost driver to date, both the number and proportion of seniors in Canada will grow significantly in next few decades
- Seniors are heavy users of many sectors of the health care system, often facing multiple chronic conditions and complex mix of prescription medications
- Having a system responsive to seniors unique health care needs will become increasingly important as Canada's population ages

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Looking Ahead



There are several areas where decision-makers could focus to adapt the system to meet these future needs:

1. **Improving integration across the health care continuum** can lead to better care for seniors (e.g. ALC)
2. **Increasing focus on prevention** can help prevent or delay onset of chronic conditions and disability for seniors (e.g. falls)
3. **Adopting new health innovations and technology** can help ensure that seniors are receiving appropriate care (e.g. monitoring systems for wandering and prescription drugs)
4. **Collecting, managing, and reporting better information** can provide concrete evidence to inform future policy-making

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