



Policy and Economic Considerations for Frailty Screening in the Canadian Healthcare System



Canadian
Frailty
Network

Réseau canadien
des soins aux
personnes fragilisées



Welcome and Introductions



Housekeeping



Note that for the audio, you must call in from your phone in addition to logging in to the webinar from your computer.



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Feel free to ask questions and provide comments during the webinar – you can use the hands up feature at the top of your screen to ask a question through the phone or use the chat pod.



If you encounter any technical issues during the webinar please *contact* Katie Ellis at 1-855-236-0213 ext. 237.



Presenters



John Muscedere, MD, FRCPC
Scientific Director and CEO
Canadian Frailty Network



Presenters



Bill Tholl, M.A., ICD.D
President & CEO
HealthCareCAN



Presenters



Kelly Grimes

HealthCareCAN Health
Policy and Research
Consultant



Canadian Frailty Network

- Canadian Frailty Network origin
- Our role:
 - Creating knowledge through original research
 - Mobilizing knowledge into policy and practice
 - Training next generation of scientists, practitioners and knowledge users

Extensive network

- Created pan-Canadian and international network:
 - 42 universities and teaching hospitals
 - 400 researchers
 - 130 health agencies and advocacy groups
 - 20 national and international corporations
- Regular contact with 3,200 knowledge users:
 - Frail elderly citizens and their family or volunteer caregivers
 - clinicians, health care professionals
 - Researchers, academics and students
 - health and social services policy decision makers and administrators
 - health care providers across the care continuum – acute and critical care to community and residential care, and including palliative and end-of-life care

Building awareness

- Important part of knowledge mobilization is building awareness of why frailty matters and implications for Canadian health care
- Two National Forums
- 2015 White Paper about to be published in *Journal on Aging*:
 - Screening for Frailty in the Canadian Health Care System: *A Time for Action*

Many aspects of frailty

Five working groups formed and frailty papers commissioned:

- Frailty screening tools in the Canadian healthcare system
- Ethical and legal implications
- End-of-life and advance care planning implications
- Social and societal implications
- Policy and Economic Considerations – collaboration with HealthCareCAN

Next steps

- Five working groups presenting findings at National Forum
- Full manuscripts to be published
- Basis for work in each area moving forward



Importance to HealthCareCAN....

- Strategic plan – focus on vulnerable groups, including frail elderly
- Great Canadian Healthcare Debate – frailty screening identified by health leaders as one of “top 10” policy issues
- Worry Factor – IPSOS Poll



Ipsos Reid

Expectations of the Health Care System

Presented to HealthCareCAN

Final Report
June 2015





- **MOST EXPECT TO USE THE SYSTEM MORE THAN EVER, BUT WORRY THEY'LL FALL THROUGH THE CRACKS**
- **82%** of Canadian adults expect to access the health care system more than ever in the next five to 10 years. *Yet... **70%** worry they may fall through the cracks*



- **94%** recognize that some seniors are more vulnerable and in need of more support than other seniors...
- **90%** say the system needs to do a better job of identifying the needs of frail seniors and providing them with the additional care they require...



Setting the Policy Context:

Challenges

Increased Demands on System

- ↑ chronic disease – ↑ co morbidities
- ALC patients – 14% or more of inpatient beds
- Increased demands on family caregivers
- ↑ Dependency ratio

Opportunities

- New federal government...Minister's mandate letter
- Negotiation of new Health Accord



Economic Context:

Challenges

- Limited overall economic growth...slow/uneven
- Large and growing deficits across Canada; continued fiscal constraints on healthcare
- Overall aging is a modest cost driver (1\$)...but not borne equally
- Spending varies widely by age group - average Canadian \$2,600 per year, but over age 65 ↑ to \$11,500 per year and 80+ closer to \$20K/year

Opportunities:

- “Never let a good crisis go to waste”
- Fiscal feast vs fiscal famine...can’t buy change



One area where we could be doing a much better job is in the area of frailty screening.

That's what led us to the research question for this project....



Research Question:



What are the policy and economic considerations, both for Canada and internationally, to be taken into account around frailty screening that will benefit patients, families and/or the wider health system?



Methodology

- Advisory Committee
- Literature Review
- Key Informant Interviews n=16
- Webinar





Policy and Economic Challenges and Opportunities

Preliminary Insights





1. Federated health system
2. Financing and funding models
3. Regulation and legislation
4. Technology
5. Interdisciplinary and collaborative care
6. Patient centered service
7. Health promotion and prevention



1a. Canada's Federated Health System

- 14 different health systems
- Most decentralized health system
- ↓ performance internationally
- Transfer payments
- New Health Accord





1b. KII Insights

- Consensus on common language – not just seniors
- Link health and social services
- Pan-Canadian advocacy strategy
- Shift reform to chronic disease management



2a. Financing and Funding Models

- Public/private
- Tax and loan policies
- Prefunding senior services
- Remuneration of health providers
- Divisions of family practice model





2b. KII Insights

- *Age in transfer payments*
- *Tax credits and prefunding senior services*
- *Adjust FFS fee code structure*
- *Team-based funding models*



3a. Regulation and Legislation

- Self-regulation variation
- Widen scopes of practice
- Standards of care





3b. KII Insights

- Part of wider scopes of practice of provider groups
- Standard of care in legislation and standards



4a. Technology

- Electronic health records
- E-prescribing strategy
- Imbed tools to generate population data



4b. KII Insights

- Computerization of screening tools
- Integration with EMRs to support data aggregation



5a. Interdisciplinary and Collaborative Care

- Labour demand growth
- ↑ Team-based care
- Shift to primary care
- Link to care pathways





5b. KII Insights

- Right people, right tool, right setting and right time approach
- Consensus on who should be screened
- Training and education



6a. Patient Centered Service

- Away from only utilization outcomes
- Population-based and person-centred care
- Strengthen integration





6b. KII Insights

- Patient and family at center of policy action
- Integrate the collective patient voice



7a. Health Promotion and Prevention

- *↑ obesity rates*
- *Successful screening tools*
- *Healthy aging strategies*





7b. KII Insights

- *Earlier detection and screening*
- *Integrate into healthy aging strategies*



Key Takeways

- *Everyone is touched by the challenges of frailty*
- *Burning platform*
- *New federal government*



Questions and Comments?



Next Steps : Where to from here?



THANK YOU

Further comments or questions? Please send to Jennifer Kitts
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Please stay on the line and complete the
evaluation here.



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