

It is TIME ! for AGE FRIENDLY HEALTH CARE!



Dr. K Jennifer Ingram MD FRCPC

Senior Lead Physician CE LHIN

Principal Investigator Kawartha Centre

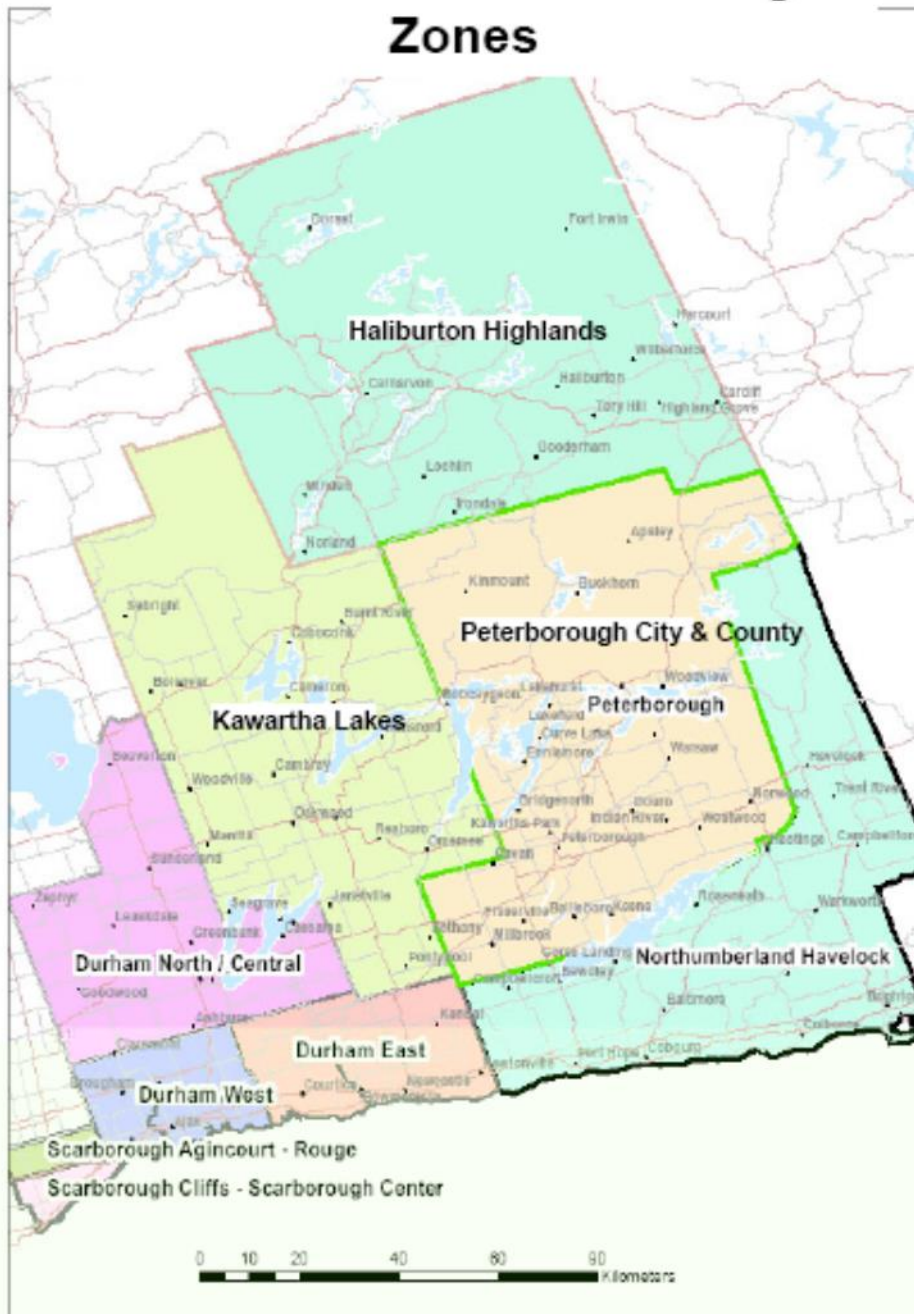
Presenter Disclosure

- **Faculty: Dr K Jennifer Ingram**

Grants/Research Support:

1. **CIHR funded Research Primary Care Memory Clinics**
2. **Trent University Funded Memory Services Research**
3. **Centre for Aging + Brain Health Innovation Funded Mindfulness for Caregivers Research**
4. **Industry Funded Medical Research Eli Lilly, Astra Zeneca, Biogen, Merck.**
5. **Other: CE LHIN Seniors Lead Physician**
6. **Capacity Assessor SDA 1992**

Central East LHIN Planning Zones



The Canadian Context

- ▶ Seniors account for nearly half of all health and social care spending (*Census, 2011*).



- Canada's older population is set to double over the next twenty years,
- Those 85 and older set to quadruple (*Sinha, Healthcare Papers 2011*).

Kingston is Getting Older

Kingston seniors outnumbered children in 2008!

In raw numbers, this means **15,000 more residents 65+** in our midst.

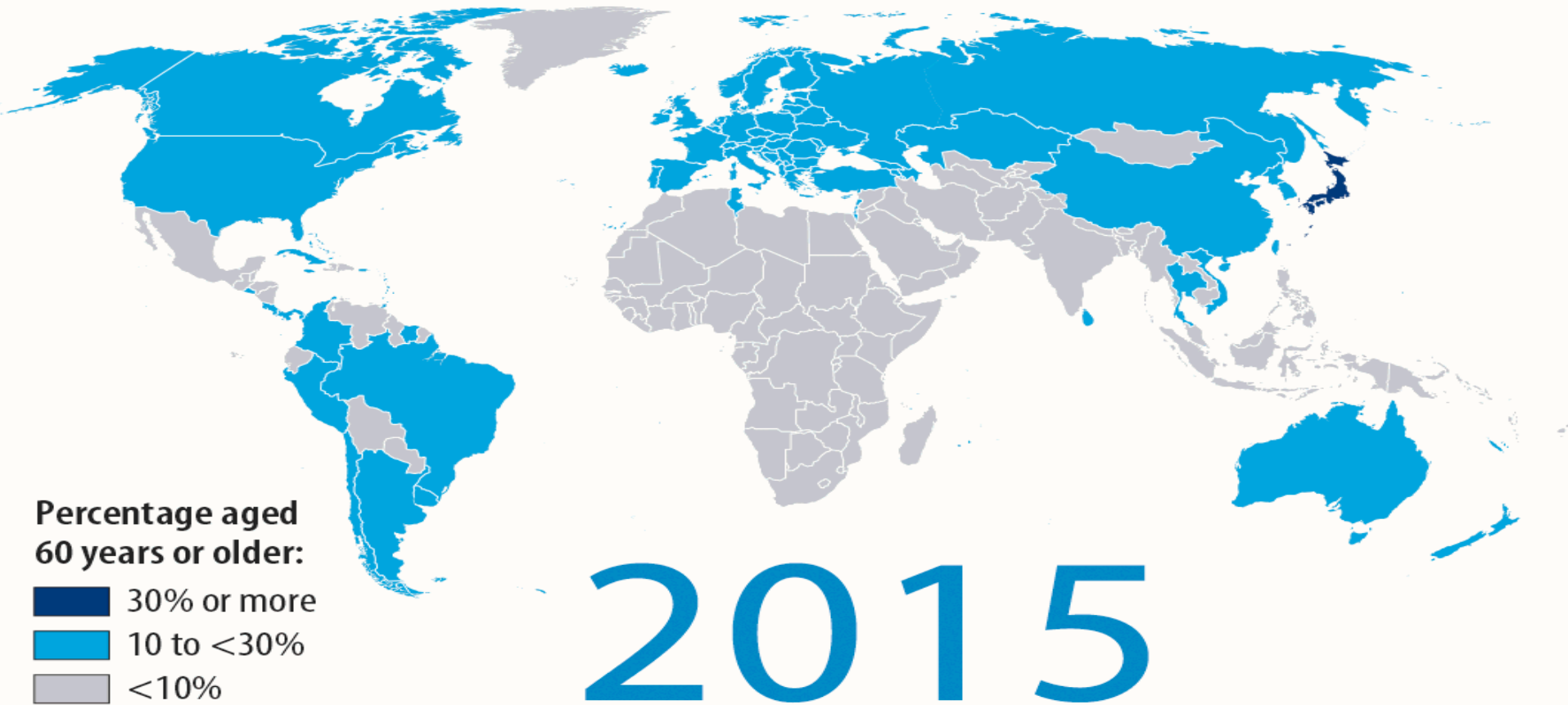
By 2026 the entire CMA population will total roughly 170,000, a modest increase from the current tally of 161,000.

Based on projections using the 2016 Census data for Kingston CMA, the 65+ age cohort is projected to rise to **27%** of the population by 2026, up from 19% in 2016.

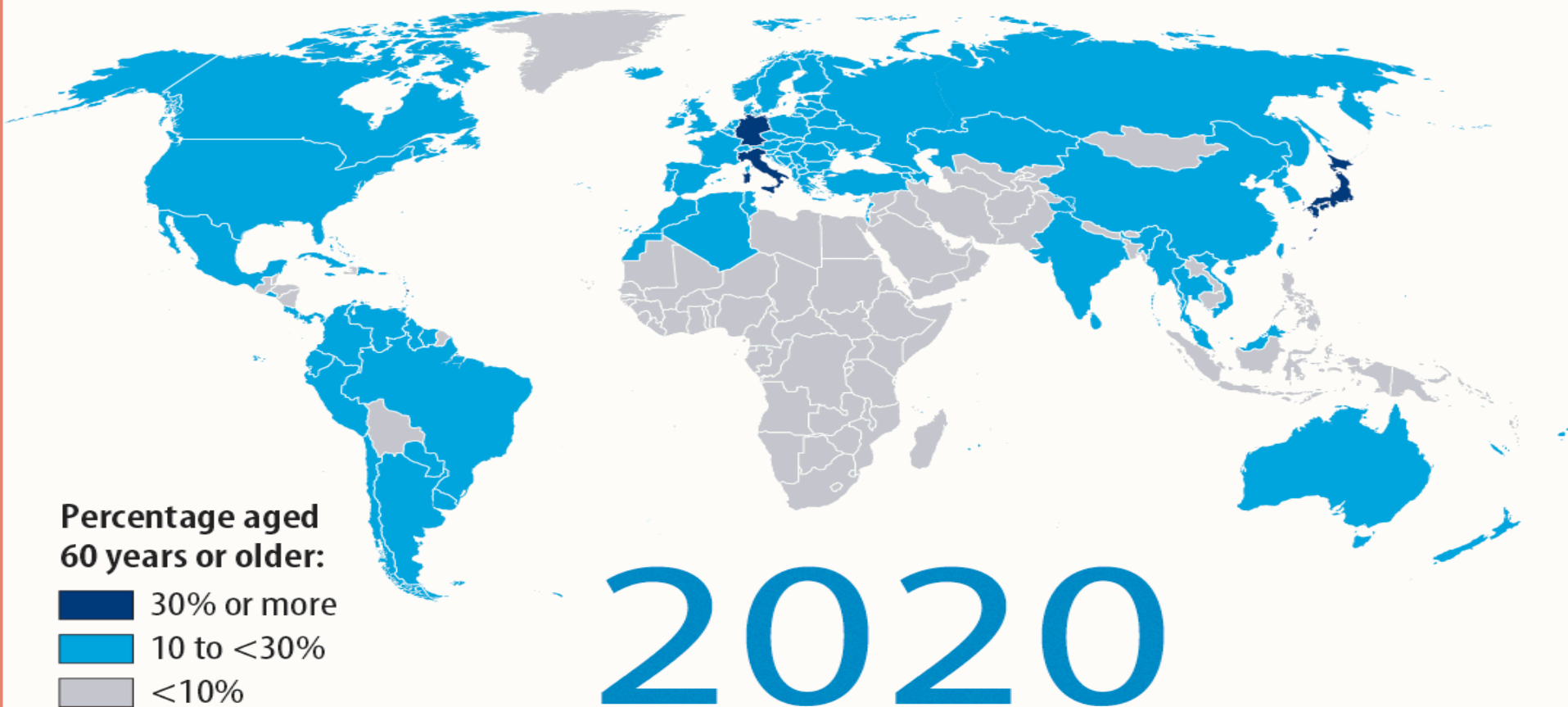
The Global Perspective
Aged Societies have 30 %
Seniors

Which Country is TODAY an
Aged Society ?

Populations are getting older

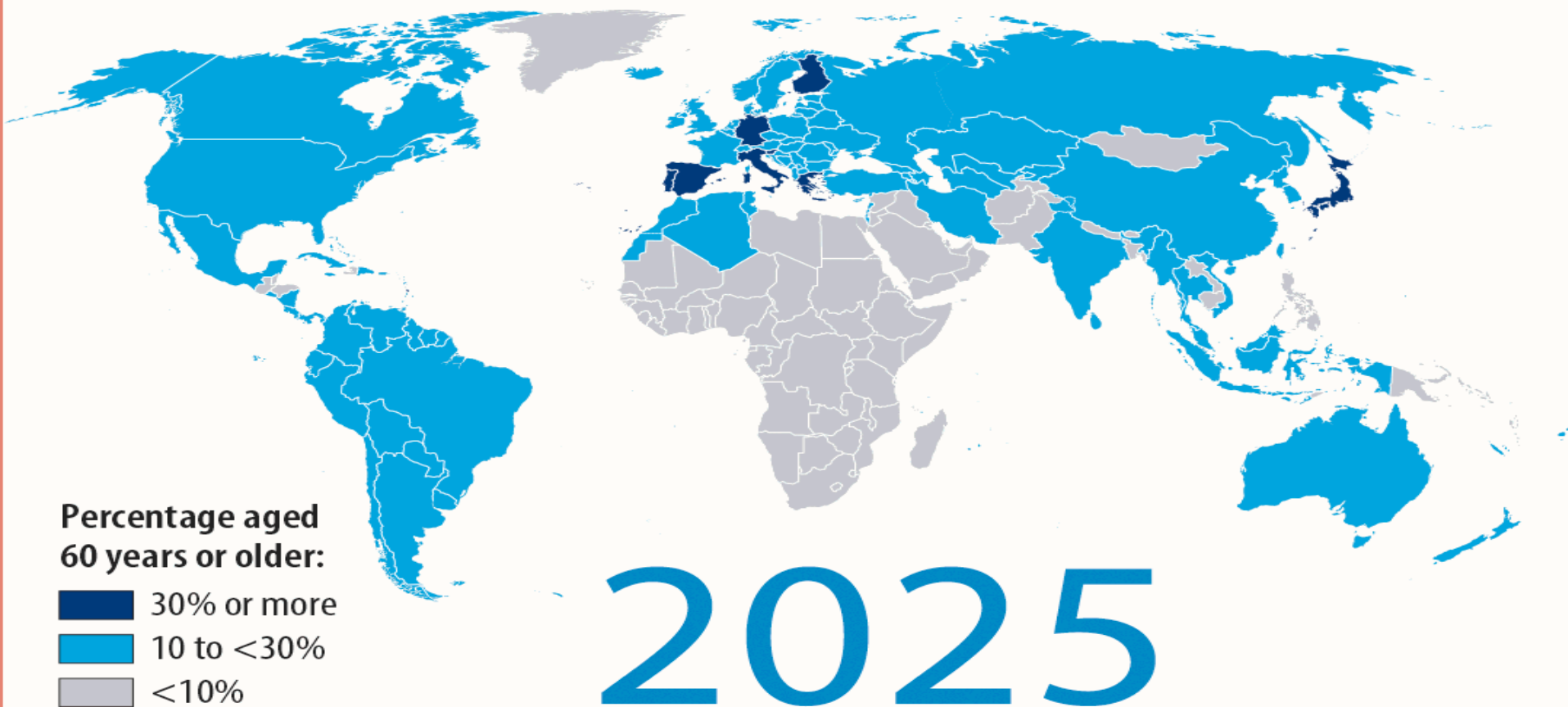


Populations are getting older

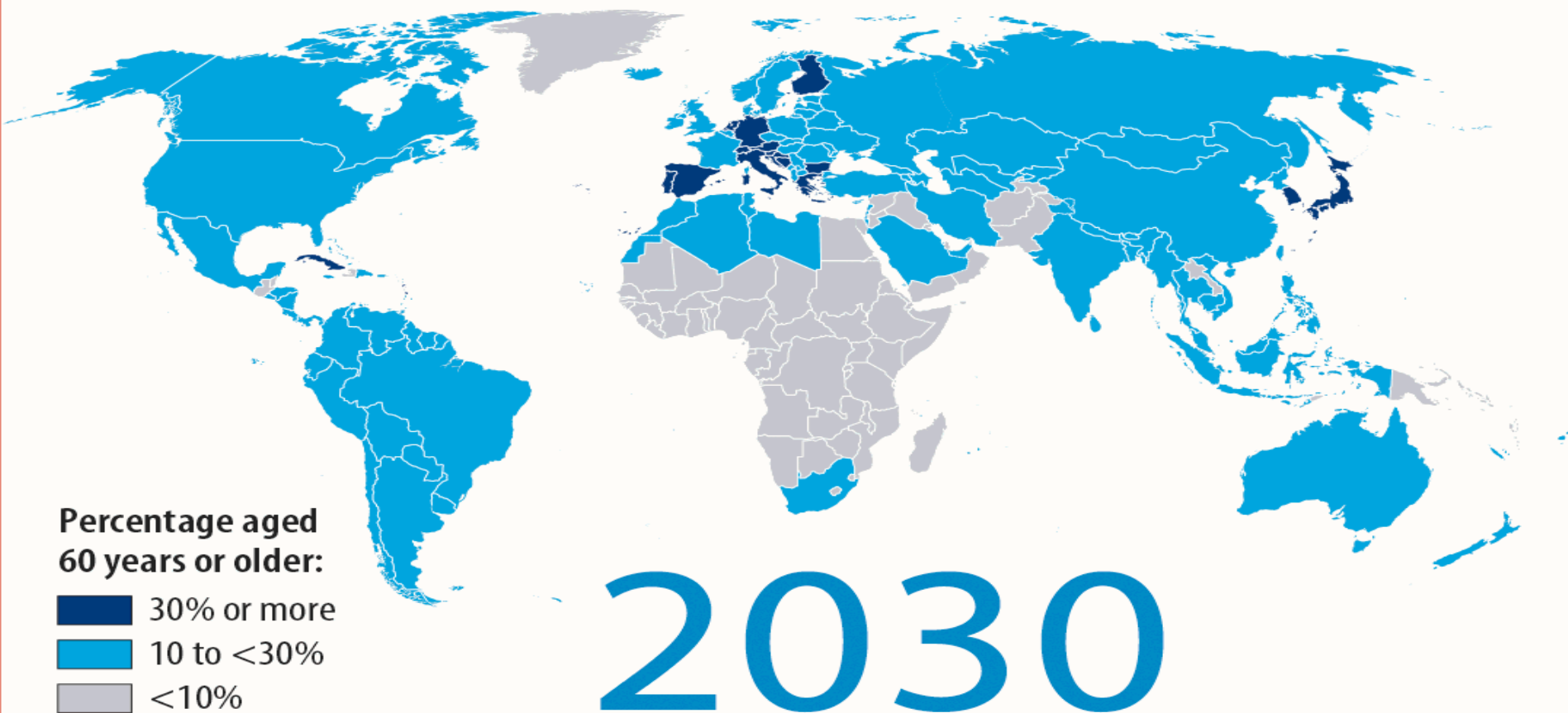


World Health
Organization

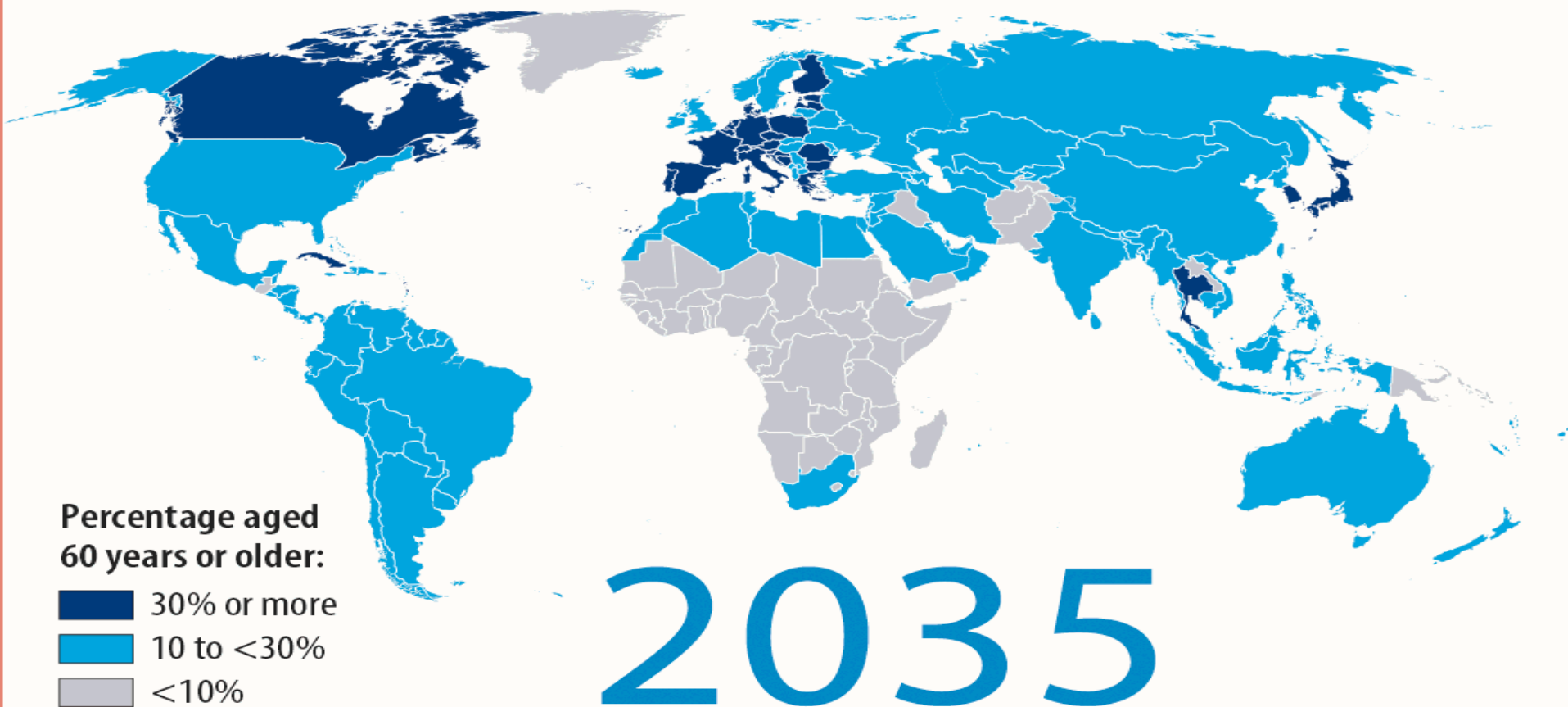
Populations are getting older



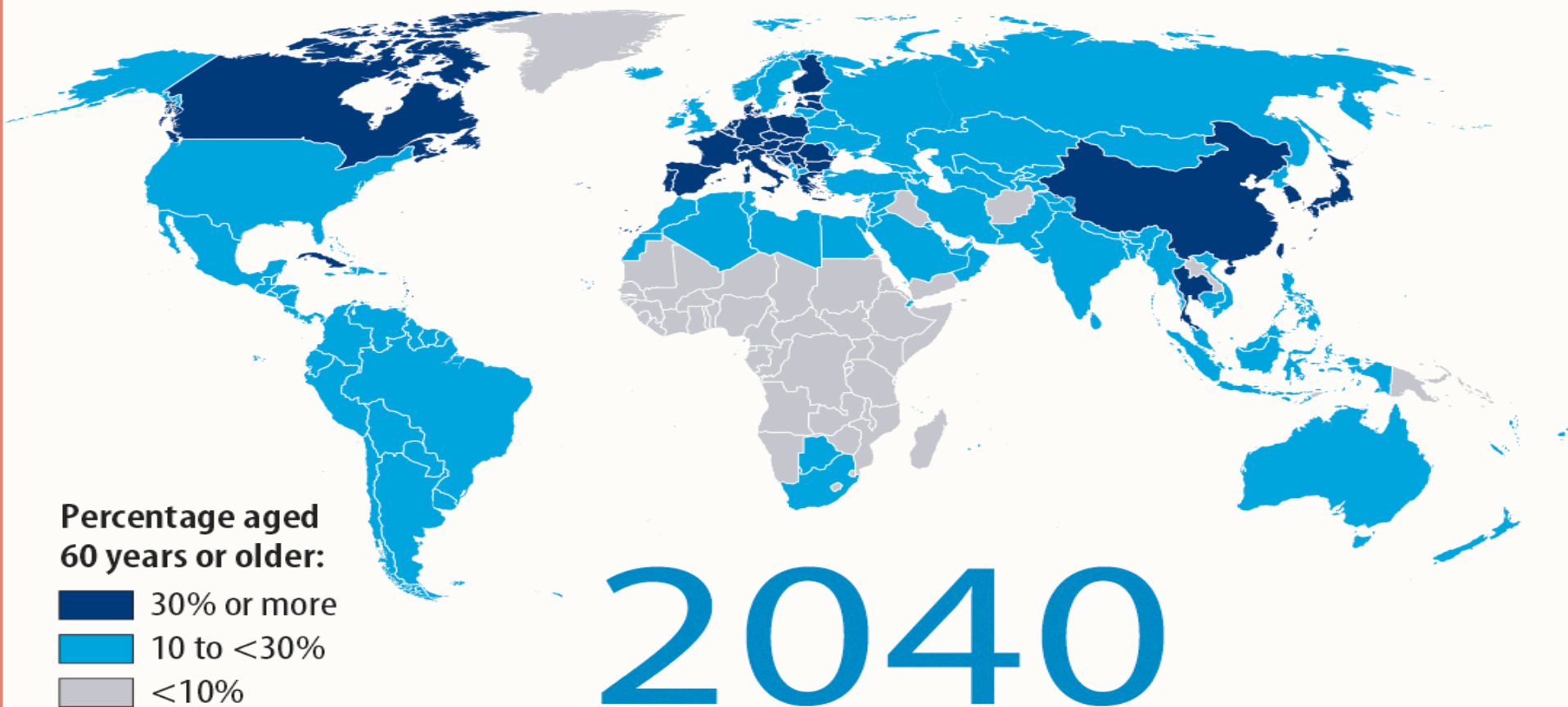
Populations are getting older



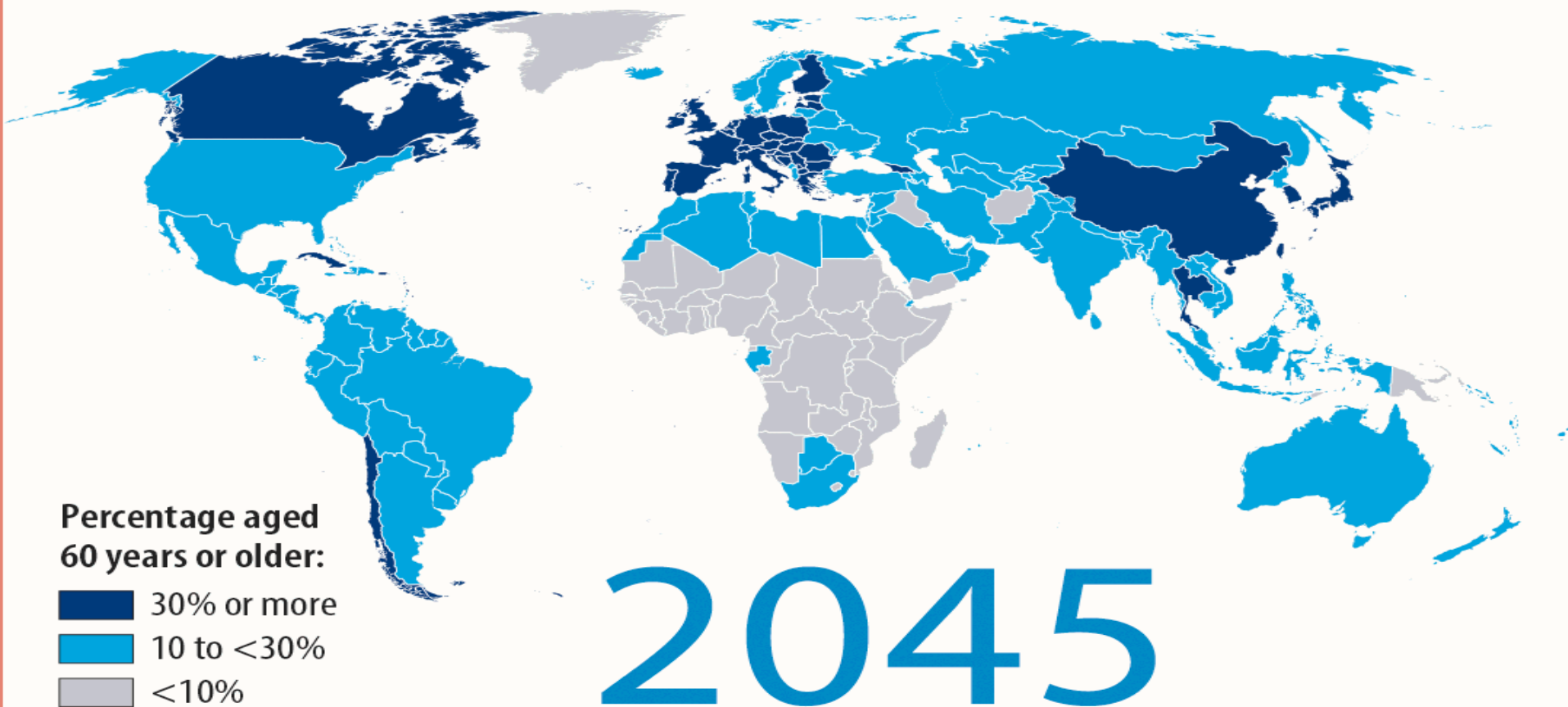
Populations are getting older



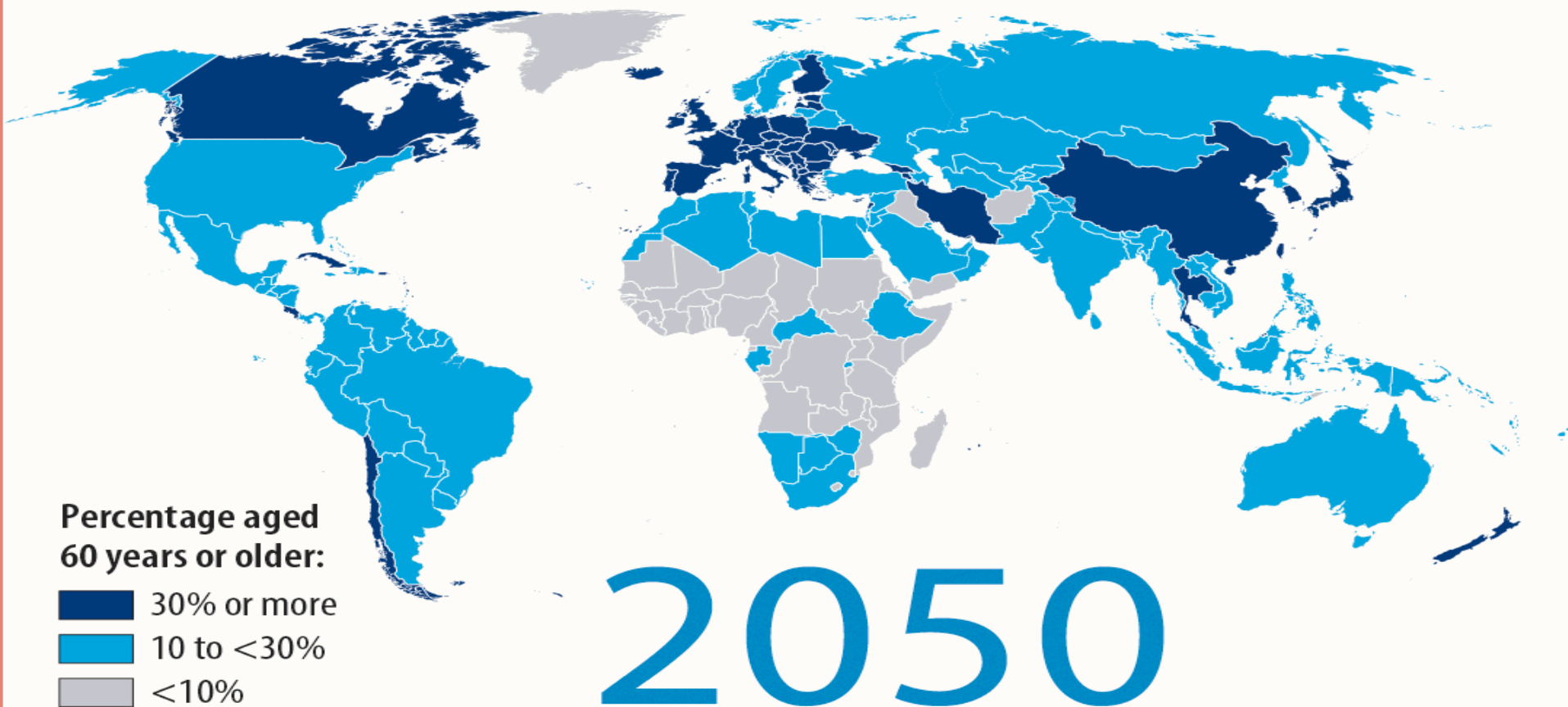
Populations are getting older



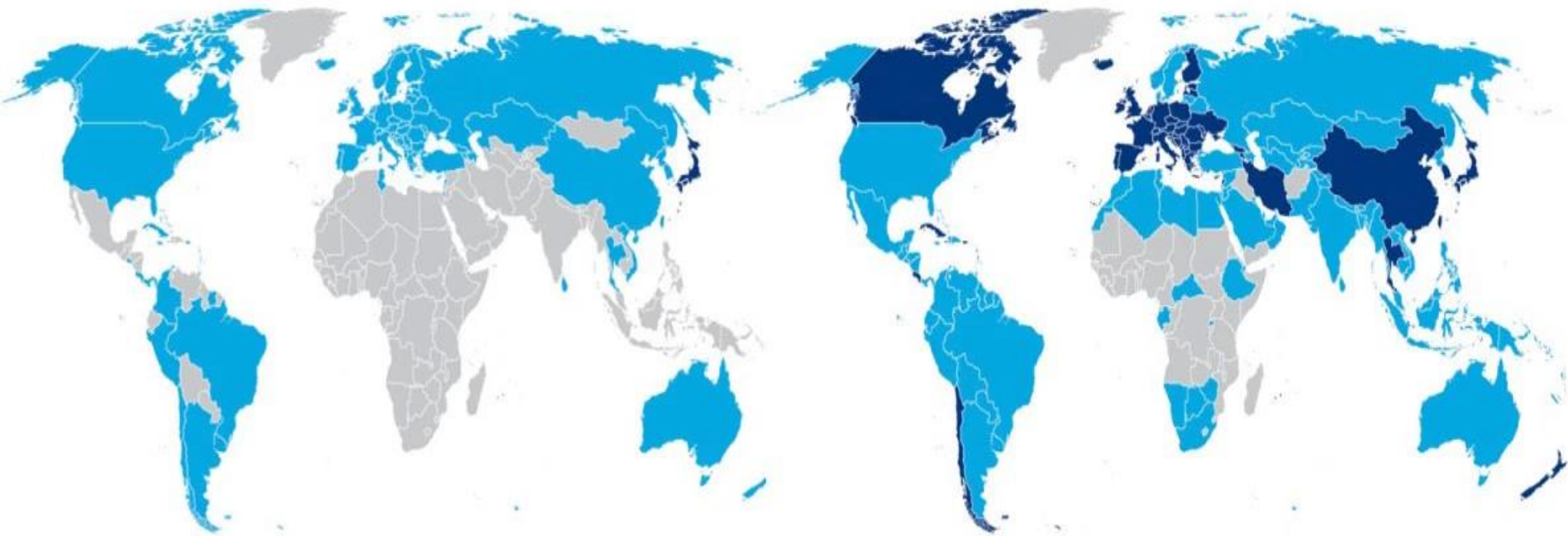
Populations are getting older



Populations are getting older



The World is Getting Older



2015

Percentage aged
60 years or older:

■ 30% or more

■ 10 to <30%

☐ <10%

2050

Complexity Of Seniors Health Practical Implications

- ▶ Seniors with Multiple Health Issues Are Complex
- ▶ Complexity is challenging when multiple systems or conditions interact
- ▶ Complexity has not been Programmed into our System

This is the COMING of the AGE of SENIORS



Its your world



Live Better



Cognition and Social Circumstances Often Underestimated in a Health Intervention



OR



The Top 5 System Barriers to Integrating Care for Older Adults

Issue 1: *We Do Little to Empower Patients and Caregivers with the Information They Need to Navigate the System.*

Issue 2: *We Don't Require Any Current or Future Health or Social Care Professional to Learn About Care of the Elderly.*

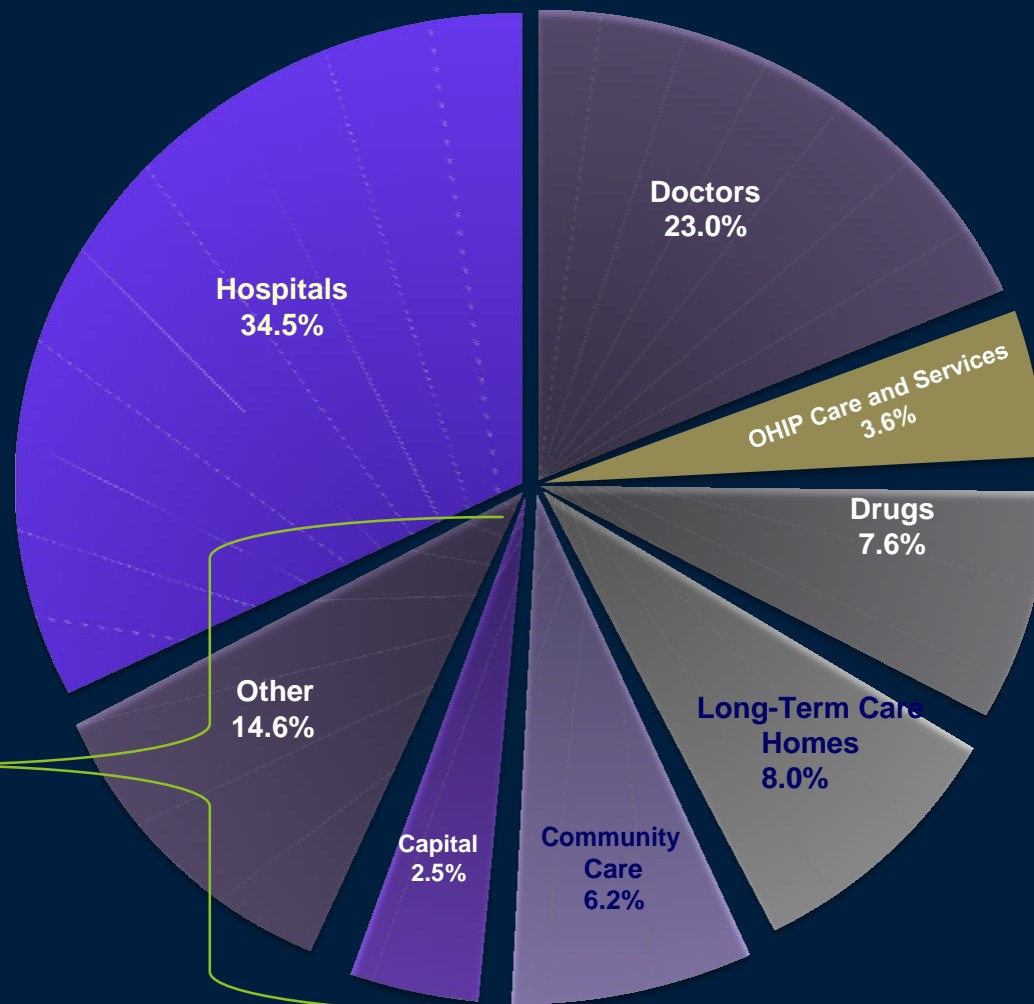
Issue 3: *We Don't Talk to Each Other Well Within and Between Sectors and Professions.*

Issue 4: *We Work in Silos and Not as a System.*

Issue 5: *We Plan for Today and Not for Tomorrow with Regards to Understanding the Mix of Services we Should Invest In to Support Sustainability.*

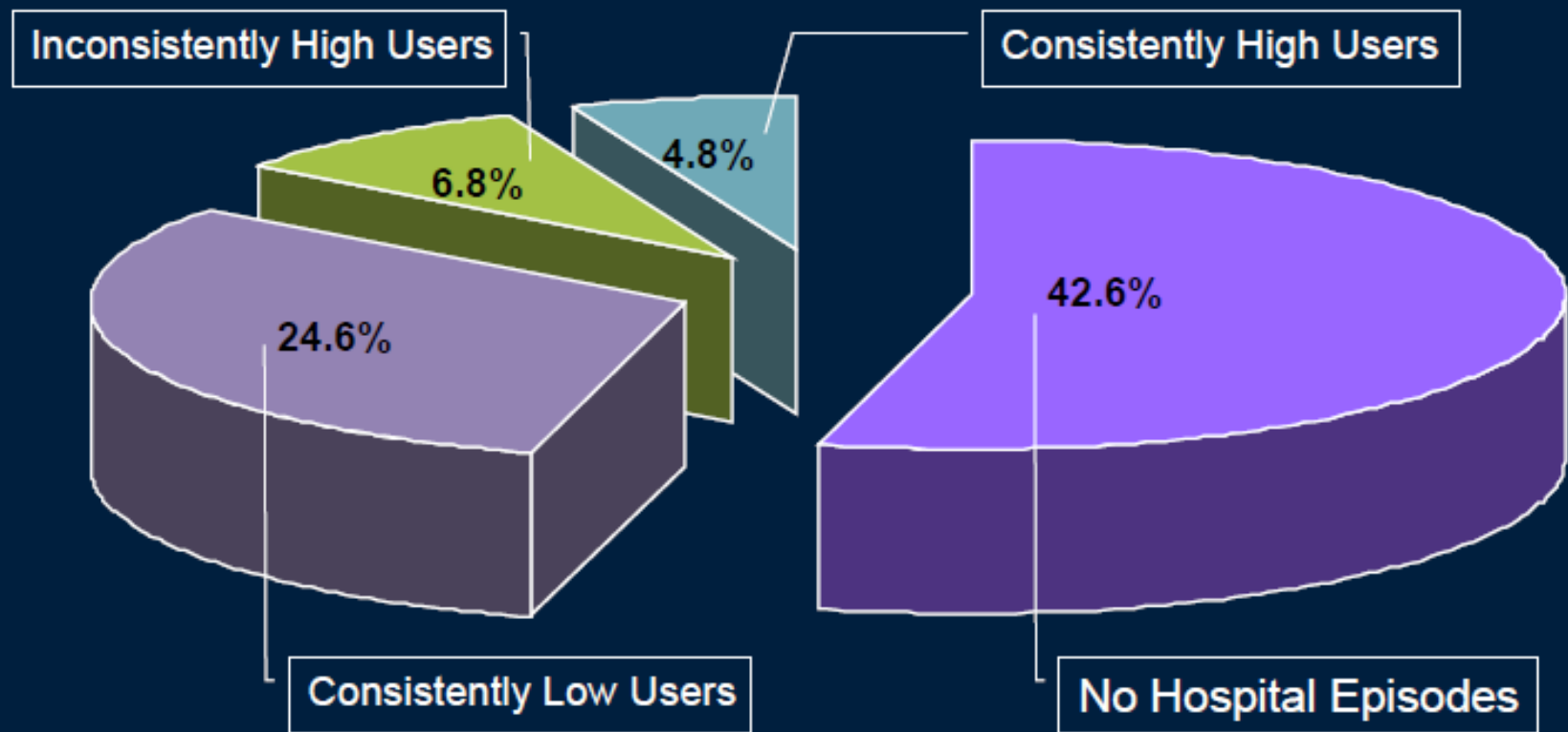
S. SINHA 2012 Living Longer Living Well

Our Future Requires Choices...



(Ontario Health Care Spending in 2011-12, MOHLTC).

Ageing and Hospital Utilization in the 70+



- Only a ***small*** proportion of older adults are consistently extensive users of hospital services (Wolinsky, 1995)

Risks of Iatrogenic Complications for average older person:

- ▶ > 200 chance or decision nodes/day in hospital.

- ▶ Rates of iatrogenic complications in older hospitalized patients

29-38%

(Reichel 1965, Steel 1981, Becker 1987).

- ▶ Increased risk of complications in older patients 3 - 5 fold

(Gillick 1982, Brennan 1991)

Solutions Need to be Community Based to Succeed

- ▶ 37% of hospitalized Ontarians designated as ALC-LTC could be maintained at home with community care supports.

(The Change Foundation, 2011)

WE Have Choices to Make

- ▶ ONE DAY IN HOSPITAL \$1000
- ▶ ONE DAY IN LONG TERM CARE \$130-150
- ▶ ONE DAY IN SUPPORTIVE HOUSING ... \$ 55

**CAN WE MANAGE WITH MARGINAL
INCREASES IN LTC BED AVAILABILITY ?**

Denmark avoided building LTC for 2
decades by strategic investments in
Supportive Housing and
Community Care

The Perfect Storm

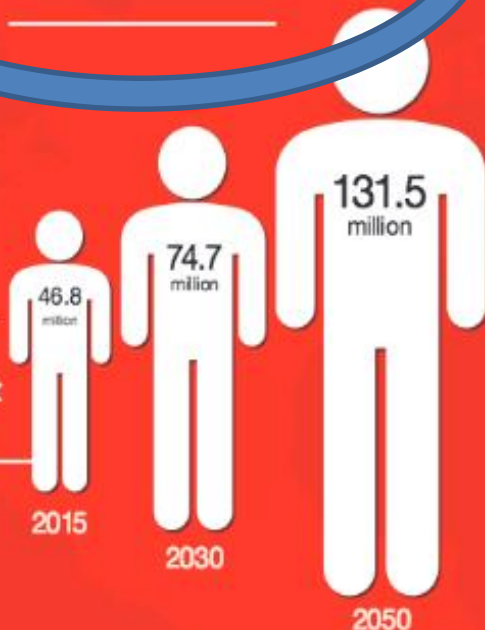
The Exciting Challenge



The global impact of dementia

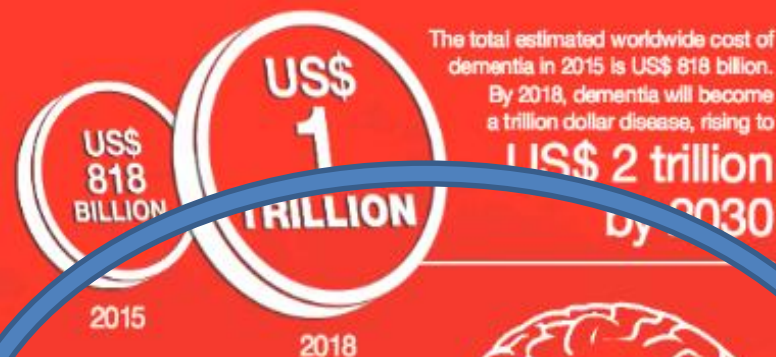
Around the world, there will be 9.9 million new cases of dementia in 2015,
one every 3 seconds

46.8 million people worldwide are living with dementia in 2015.
This number will almost double every 20 years.



Much of the increase will take place in low and middle income countries (LMICs):
in 2015, 58% of all people with dementia live in LMICs, rising to 63% in 2030

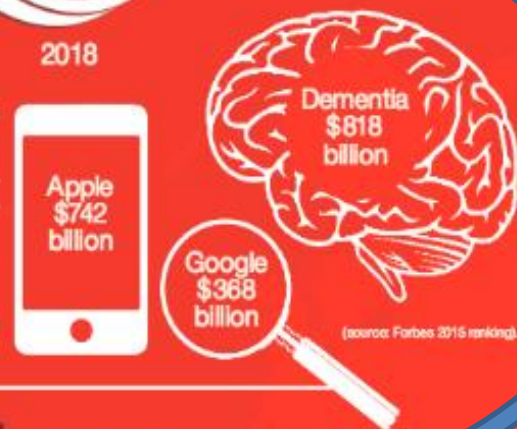
World Alzheimer Report 2015: The Global Impact of Dementia



If global dementia care were a country, it would be the

18th largest economy

In the world exceeding the market values of companies such as Apple and Google



We must now involve more countries and regions in the global action on dementia.

The World Alzheimer Report 2015 was independently researched by King's College London and supported by Bupa.



Ontario's Dementia Strategy

2017 Budget (April 27): commitment to invest more than \$100M over three years towards the province's dementia strategy.

Ontario's Dementia Strategy: An Overview

Supports for People with Dementia

Accessible supports and services that meet the diverse needs of people with dementia.

Supports for Care Partners

Flexible supports and respite services that respond to the needs of care partners.

Dementia Workforce

Knowledgeable and well-trained dementia workforce.

General Public

Raising dementia awareness and promoting brain health.

Research & Innovation

Sharing best practices and encouraging evidence-based service delivery.

Complaints in “Normal Cognitive Aging”

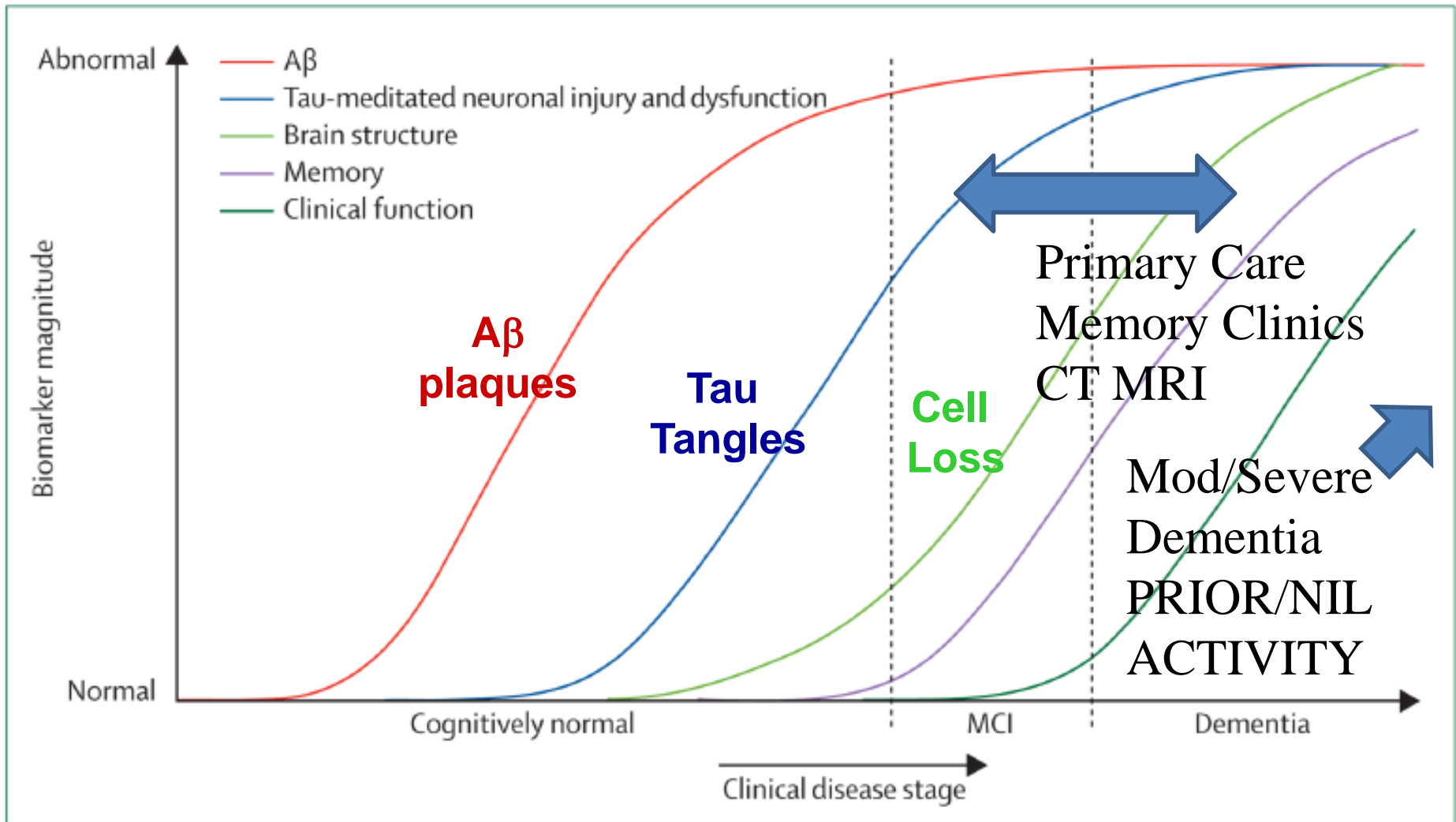
- Even “normal” people may complain of memory changes
- Problems include:
 - Trouble concentrating in the presence of distraction
 - Slow to recall names of acquaintances
 - Slowing of reaction time
- The memory is present just hard to retrieve

Definitions



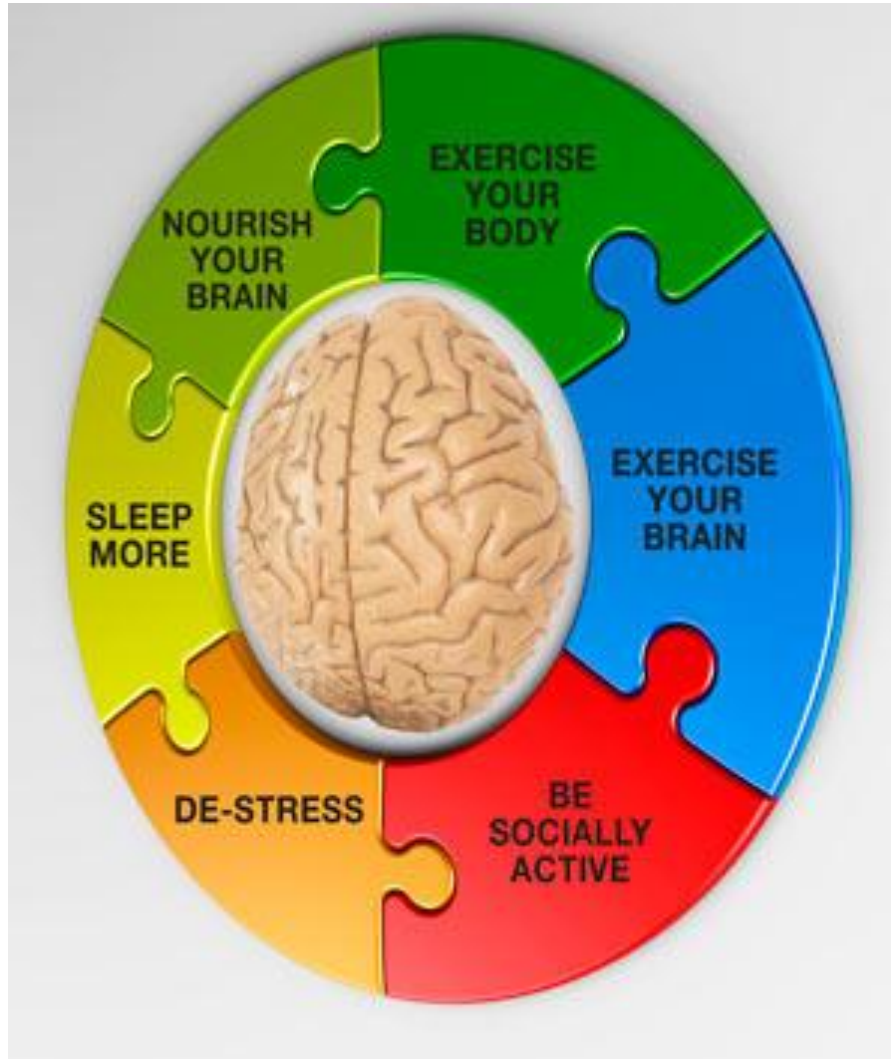
- ▶ Dementia
 - ▶ Many Types
 - ▶ Alzheimer's - a type of a dementia
- ▶ Mild Cognitive Impairment
 - ▶ BEFORE POSSIBLE Dementia
 - ▶ DOES NOT AFFECT FUNCTION ...YET
 - ▶ 15% per year change to affect function (then we call it a dementia)
 - ▶ BUT memory loss noted in testing (repetitious)
 - ▶ The Memory is not stored /can not be retrieved
 - ▶ Different from Normal Aging where memory still there and slow to retrieve
 - ▶ Focus of most Prevention Drug Research efforts

Amyloid β \rightarrow Cognitive Impairment



15 YEARS PRIOR TO FUNCTIONAL DECLINE

Reducing modifiable risk factors



The background of the image is a photograph of a suspension bridge, likely the Golden Gate Bridge, during a sunset or sunrise. The sky is filled with soft, colorful clouds in shades of orange, yellow, and purple. The bridge's cables and deck are visible on the right side, extending from the foreground into the distance. A small silhouette of a bird is seen flying in the lower center of the frame. Two semi-transparent rectangular boxes are overlaid on the image: one in the upper left containing the text 'The bigger the challenge' and another in the lower right containing the text 'The bigger the opportunity'.

The bigger the challenge

The bigger the opportunity

Research at Kawartha Centre



Addressing the Community Needs

1. Primary Care

- ▶ Recognition of Need for All Physicians to have Consistent and Collaborative Approach to Seniors.
- ▶ 2005 - 2011 Trained 30 nurses to administer “just the tests” - a detailed 40 minute cognitive testing protocol and return results to Primary Care Physician.
- ▶ Collaborative Care Memory Clinics at Primary Care Sites across Ontario
- ▶ Teams funded through FHT or from LHIN
- ▶ Either model is effective in creating initial identification of individuals with cognitive issues and this provides the patient family and the community as a whole a myriad of benefits

Addressing the Community Needs : Specialist Care in Community

- ▶ Team Based
- ▶ GAIN includes teams in Hospital Outpatients (4)
- ▶ and Community-based teams (8)
- ▶ HOST ORGANIZATIONS (Targeted Community Agencies - Unique in Ontario)
GAIN teams are hosted by a variety of organizations

From Silos to Regional Action



seniors care
network

Senior
Friendly
Care

Kelly Kay
Executive Director

Rhonda Schwartz
Director – System Planning,
Implementation & Quality

Fast Facts About Specialized Geriatrics in the CE LHIN

- More than \$17M invested across five regional programs
- Approximately 180 funded health care providers and other non-funded colleague collaborating to deliver specialized services to the most vulnerable older adults in the region
- More than 27,000 direct encounters across four clinical programs in 2014/15
- Consistently high patient satisfaction ratings
- Emerging impact data showing ED diversion, change in treatment plans, appropriateness of admissions
- New web presence www.seniorscarenetwork.ca



Message from the Seniors Physician Lead

As the Seniors Physician Lead for the Central East LHIN, and in partnership with my

Geriatric Medicine colleagues, I look forward to introducing you to our academic partners at the Trent Centre for Aging and Society and University of Ontario Institute of Technology, and invite your participation in many developing areas of research. Your practice will benefit from collegial relationships with geriatric mental health and psychiatry professionals, Alzheimer societies, and local First Nations Communities. Join us as we build on our long standing relationships with Primary Care, supporting and building local Memory Clinics.

We offer geriatric medicine specialists and their families a home – a place to live, grow and practise. Participate in a collegial, cooperative work life in our unique practise environments, well supported through Seniors Care Network. Join our interprofessional teams, whose expertise ensure astute comprehensive assessments and thorough after care for your patients, whether they live at home or are transitioning through emergency departments and hospitals to home or Long Term Care.

Our LHIN wide approach to education and development, our innovative planning philosophy and service delivery models provide unique opportunities for you to share your passion for Geriatric Medicine and help us make a lasting impact on the future of Geriatric Care. I, together with the leadership of Seniors Care Network's programs, and all of the more than 150 specialized geriatrics health professionals working across the Network, welcome you to consider specialized geriatric services in the Central East LHIN as the home for your career and your future.

- Dr. K. Jennifer Ingram
Seniors Physician Lead, Central East LHIN

GAIN – A Practice Exemplar Focus Your Expertise Where it Matters Most

The GAIN Teams provide specialized Geriatric Care to frail seniors living at home with multiple complex medical and social issues. Through the development and implementation of a regional model of clinical triage, coordinated access, comprehensive geriatric assessment, goal based care planning and intensive case management, patients and their families have timely access to specialized geriatric services, follow-up and individualized care. Located across the region

in twelve sites ranging from urban to rural, GAIN teams accept referrals from primary care providers, emergency department physicians and GEM nurses and others provide assessment and care in clinic or home environments. Interprofessional teams, in partnership with Geriatricians and Geriatric Medicine specialists, provide access to needed services and supports so that frail seniors can live safely in their own communities. Geriatricians work in consultative and collaborative roles in GAIN teams across the Central East LHIN, providing clinical care in addition to other professional responsibilities as a medical expert, including scholarly activities.



Seniors Care Network Planning and Organizing on Your Behalf

The Seniors Care Network is a seamless network of dedicated health professionals, sharing expertise and providing the best healthcare experience for frail seniors in the Central East Local Health Integration Network (LHIN).

We are creating opportunities to enhance the healthcare experience for frail seniors and their caregivers across a diverse geographic region with urban, rural and remote communities. We are working together to provide care tailored and focused on the needs of frail seniors and their caregivers. This progressive network is person-centered, approachable, empathetic, and collaborative.

Our role is about affecting change, helping service providers and those in need of services to support frail seniors as they navigate our system of care.

The vision for Seniors Care Network is the best health experience for frail seniors in the Central East LHIN. Working as a regional system, our mission is to create a high quality, integrated, person-centered system of care that supports the best quality of life for frail seniors and their families.

The Board of Seniors Care Network has identified three strategic priorities, which include

Improving Care • Fostering Excellence Advocacy Regarding Age Related Needs

What Makes Central East LHIN Different

- The Central East Seniors Care Network, formed and funded by the Central East LHIN to improve the organization, coordination and governance of specialized geriatric services (SGS) for frail seniors in the Central East LHIN.
- A LHIN-wide focus on Seniors Care, including a defined Seniors Aim.
- A strong collaborative network, organized by Seniors Care Network.
- A dedicated Seniors Physician lead to support LHIN wide clinical services planning.
- More than 150 health professionals, located all across the LHIN, skilled in the delivery of specialized geriatric services through GAIN teams, GEM nurses, NPSTAT program and BSO.
- Shared collaborative care approaches, enabling practice alongside a skilled cadre of nurse practitioners and allied health team members who share responsibility for patient care.

Coming to practice in the Central East LHIN

In the Central East LHIN, the creation of an infrastructure of specialized geriatric services through Seniors Care Network, and the resultant network of highly skilled interprofessional geriatrics teams is having a positive impact on how geriatric medicine is being viewed in our region. Additional practice supports may include:

HealthForceOntario Northern and Rural Recruitment and Retention Initiative:

Taxable financial incentives to each eligible physician who establishes a full-time practice in an eligible community of the province. The grants range between \$80,000 and \$117,600 paid over a four-year period. <http://www.health.gov.on.ca/en/pro/programs/northernhealth/nrrrr.aspx>

The following communities in the Central East LHIN are eligible and are local to specialized geriatric teams:

Brock, Cramahe, Douro-Dummer, Galway-Cavendish & Harvey, Havelock-Belmont-Methuen, Highlands East, Minden Hills, North Kawartha, Trent Hills

Information can be obtained from: Primary Care Branch, MOHLTC, (705) 564-7280, 1-866-727-9959



What is frailty?

Complex bio-psychosocial and functional difficulties co-occur.

Risk of adverse health events is high

Independence and self-worth are easily compromised

Risk of institutionalization is high

The fastest growing demographic group in Canada

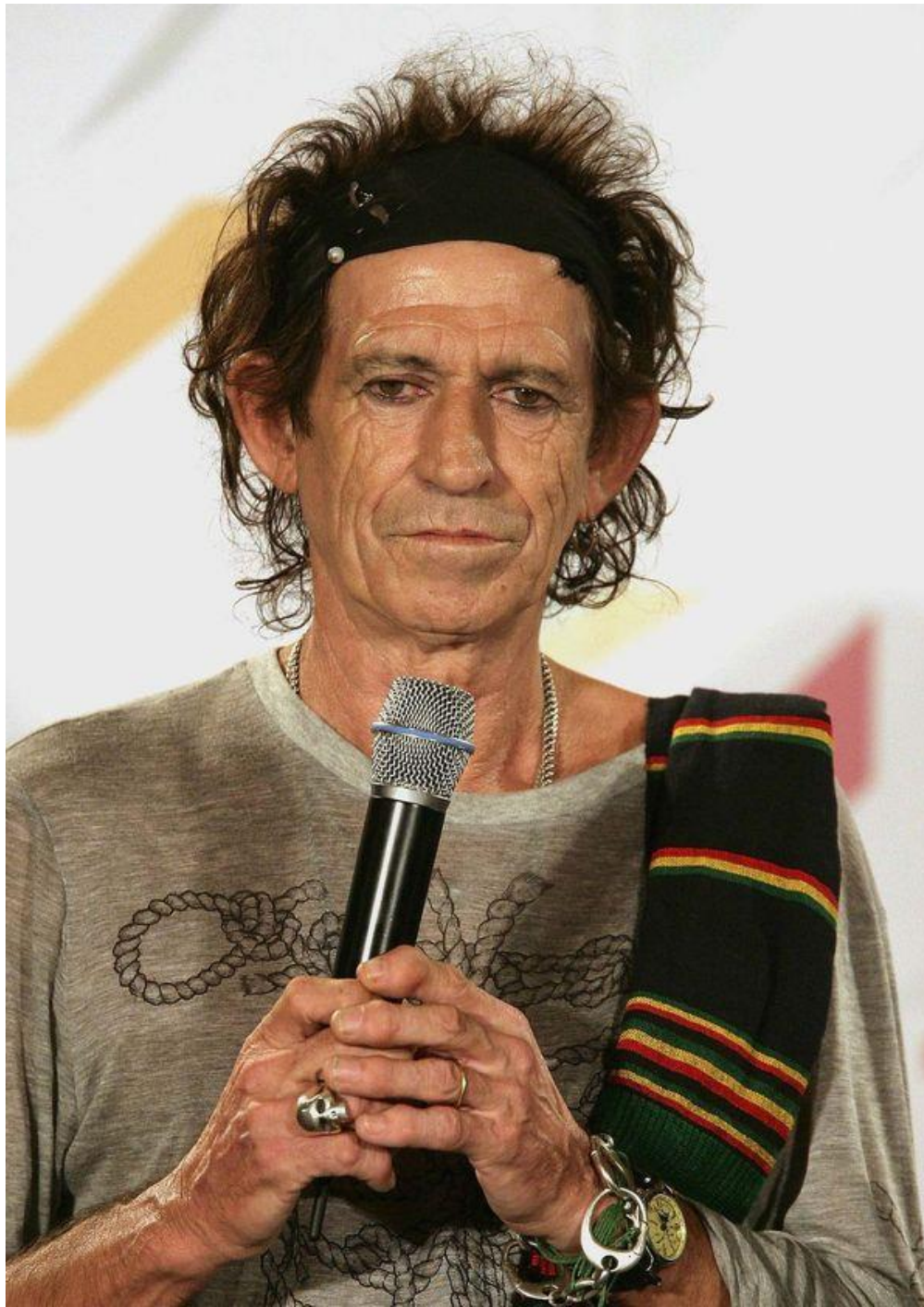
Frailty brings increased need for health care services and demands high levels of teamwork and inter-sectoral collaboration.

Yoko, Now

At 74 Yoko doesn't
appear frail



**At 67
Keith
could
be**





In her 80's, my
friends mom
seems frail

What About the General Healthy Senior Population?

Lots of Change Needed to Make our Communities Age Friendly



WHO Age-Friendly Domains



**Outdoor Spaces
and Public
Buildings**



**Respect & Social
Inclusion**



Transportation



**Civic Participation
and Employment**



Housing



**Communication
and Information**



**Social
Participation**



**Community
Support and Health
Services**

The Oasis alternative: A model for the future?



Supportive Housing vs NH LTC

Supportive Housing

- ▶ Annual regional average cost/individual \$6,984.00
- ▶ Food and rent paid by client
- ▶ Annual total cost to MOHLTC \$6,984.00

LTC / Nursing Home

- ▶ Annual regional average cost/individual \$26,929.70
- ▶ Food and accommodation \$17,885.00
- ▶ Annual total cost to MOHLTC \$44,814.70



Peterborough Housing Corporation & PRHC partner on innovative seniors' supportive housing initiative

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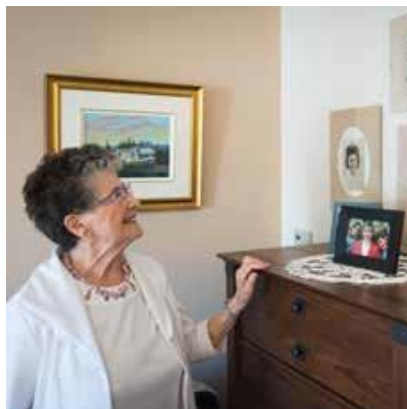


New development will provide affordable housing options to meet senior residents' living needs

June 20, 2017 (Peterborough) –

Of these 80 units, 50 will provide support services for residents. Thirty (30) will be designated for older adults

Left to right: Lori Richey, Executive Director, Peterborough Family Health Team, Peter Robinson, Director, Corporate Assets at Peterborough Housing Corporation, Dr. Peter McLaughlin, PRHC President & CEO, Darlene Cook, CEO Peterborough Housing Corporation, Mary Ferguson Paré, PRHC Board Chair.



Planning
Are we
planning
well?

Housing
Are we
housed
well?

Health
Are we
healthy
and well?

**Dying/End
of Life**
Are we
dying well?

Vital Signs Report 2017 Community Foundation

KINGSTON & AREA'S

VitalSigns® 2017



Community Foundation
for Kingston & Area

- **Seniors – the backbone of volunteerism in our community**

- *Jean Lawson, Seniors Association Kingston Region*



“The greatest wealth is health.” (Virgil)

Are we healthy and well?

**YES
WE
CAN**

THANK YOU



Contact :

Dr. Jenny Ingram

Office 705 749 3906

GeriatricMed@kawarthamemoryclinic.com

Jenny@drjingham.com

