

# Meeting the current and future health needs of the senior population in LHIN 4

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## Background

As the older adult demographic grows, the Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN 4) faces the challenge of how to best address the resulting health and financial pressures. Older adults currently account for 20% of Emergency Department (ED) visits, 63% of total hospital days, and 83% of alternate level of care (ALC) days in LHIN 4.(1) While this is recognized as a health-systems challenge that needs to be addressed, identifying the underlying problems, potential solutions, and key implementation considerations, remains unaddressed.

## Objectives

To inform deliberation within LHIN 4 regarding the health challenges older adults face, along with potential approaches to address these challenges, based on the best available research evidence.

## Methods

### Preparing evidence briefs

The evidence brief was prepared in three stages. First, key informants (KIs) were interviewed and feedback was used to iteratively revise the terms of reference for the evidence brief. Second, relevant information regarding the problem, options, and implementation considerations was identified, appraised, and synthesized. Systematic reviews were given priority. Published literature was identified by searching PubMed, using the health services research filters and Health Systems Evidence. Third, the key messages were synthesized in an evidence brief.

### Convening a stakeholder dialogue

The evidence brief will be used to prompt discussions in a stakeholder dialogue. The dialogue will convene participants who: have unique views/experiences relating to the challenge, be open to learning from the research evidence and the views/experiences of others, and champion the lessons within their communities.

## Results

- We interviewed seven KIs, including policymakers, managers in a central delivery agency, staff members of a health provider, researchers in a university in the jurisdiction and researchers in another jurisdiction.
- We identified 56 systematic reviews which addressed some aspect of the approach to address the problem.

### Summary of key factors contributing to the problem

Issue	Factors contributing to the issue
The older adult population is growing, along with their demand for health and social services	<ul style="list-style-type: none"> <li>LHIN 4 currently services 260,000 older adults and this is projected to grow to 360,000 by 2025.(2)</li> <li>Approximately 90% of Canadians would prefer to live independently in their communities and age at home.(3)</li> </ul>
Existing programs and services may not be meeting the needs of older adults	<ul style="list-style-type: none"> <li>There are likely unmet needs for home care service in LHIN 4, as the number of home care clients has increased while the division of funding allocated to LHIN 4's Community Care Access Centre remains constant.(4,5)</li> <li>Senior Friendly Hospital (i.e., evidence-based approaches to improve senior care) indicators have shown negative trends, or fallen behind provincial levels.(6)</li> </ul>
Existing health system arrangement (e.g., delivery, financial, and governance) are not optimally structured to meet the needs of an aging population	<ul style="list-style-type: none"> <li>There is a lack of healthcare professionals with geriatric training.(1)</li> <li>Seniors or their families often have to pay out-of-pocket for expenses including physiotherapy, dental care, nursing care, transportation to medical appointments, rehabilitation services and home care.(7,8)</li> </ul>

### Summary of key findings from systematic reviews related to three elements of an approach to address the problem

Element	Summary of key findings from systematic reviews
Support older adults and their caregivers to promote healthy aging at home	<ul style="list-style-type: none"> <li>Several high and medium quality reviews were found which support the use of online information tools with evidence-informed interventions, and education/training and support for caregivers.(9–14)</li> <li>There is weak evidence supporting the use of patient portals, however the majority of literature points to this option having no effect on health status.(24,25)</li> <li>Several reviews were found to support the benefits of remote patient monitoring.(26–28) However, the majority of these reviews were focused on specific disease states.</li> <li>We did not identify any reviews with respect to the benefits or harms of flexible working arrangement for caregivers.</li> </ul>
Coordinate community resources that support healthy aging	<ul style="list-style-type: none"> <li>Several high and medium quality reviews support case management and its association with improved health outcomes.(29–31)</li> <li>No reviews were identified to support the benefits of community/civic engagement for older adults.</li> <li>We identified no reviews supporting funding models that ensure that community resources are used efficiently (e.g., means tested home-care).</li> </ul>
Support healthcare institutions and other sectors in promoting healthy aging:	<ul style="list-style-type: none"> <li>Several high quality reviews were identified to support the association between discharge planning and reduced readmission rates and length of stay.(32–35)</li> <li>A medium quality review indicates that dementia communication training leads to an improved quality of life for patients.(36) Furthermore, geriatricians (i.e., physicians with specialized training in the treatment of older adults) have been shown to be more cost effective when dealing with older adults.(37)</li> <li>The evidence to support the use of financial incentives for quality improvement was weak.(38,39)</li> <li>Limited synthesized evidence was found with respect to housing options for older adults. In general, improved housing is associated with improved social outcomes.(40)</li> <li>We identified no reviews to support the benefits of providing affordable transportation service to older adults.</li> </ul>

## Discussion

### Strengths and Limitations

- Combining high quality research evidence with the views and experiences of those involved or affected by the issue.
- Unable to reach our target for the number (n=15) and breadth of KIs that were interviewed. Seven KIs were interviewed, and we were not able to engage a representative of a citizen group, or a manager in a healthcare institution.

### Implications for policy

- Support older adults and caregivers with tailored and multicomponent interventions.
- Monitoring and evaluation is warranted for: providing transportation services, housing options, flexible working arrangements for caregivers and funding models that ensure that community resources are used efficiently (e.g., means tested home-care).

### Implications for research

- There is a gap in research regarding health and social care service integration, and the benefits, harms, costs, key components, and view/experiences.

### Next Steps

- The evidence brief will be used to inform a stakeholder dialogue. The goal of the dialogue will be to elucidate key themes, points of consensus and disagreement, and paths of action.

## Further Information/References

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