

CRNCC

Canadian research network for
care in the community



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Réseau canadien de recherche pour
les soins dans la communauté

Leading knowledge exchange on home and community care

Palliative Care: The Case for Integration

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Invited Presentation to Toronto Central Palliative Care Network

State of the Union, 2010

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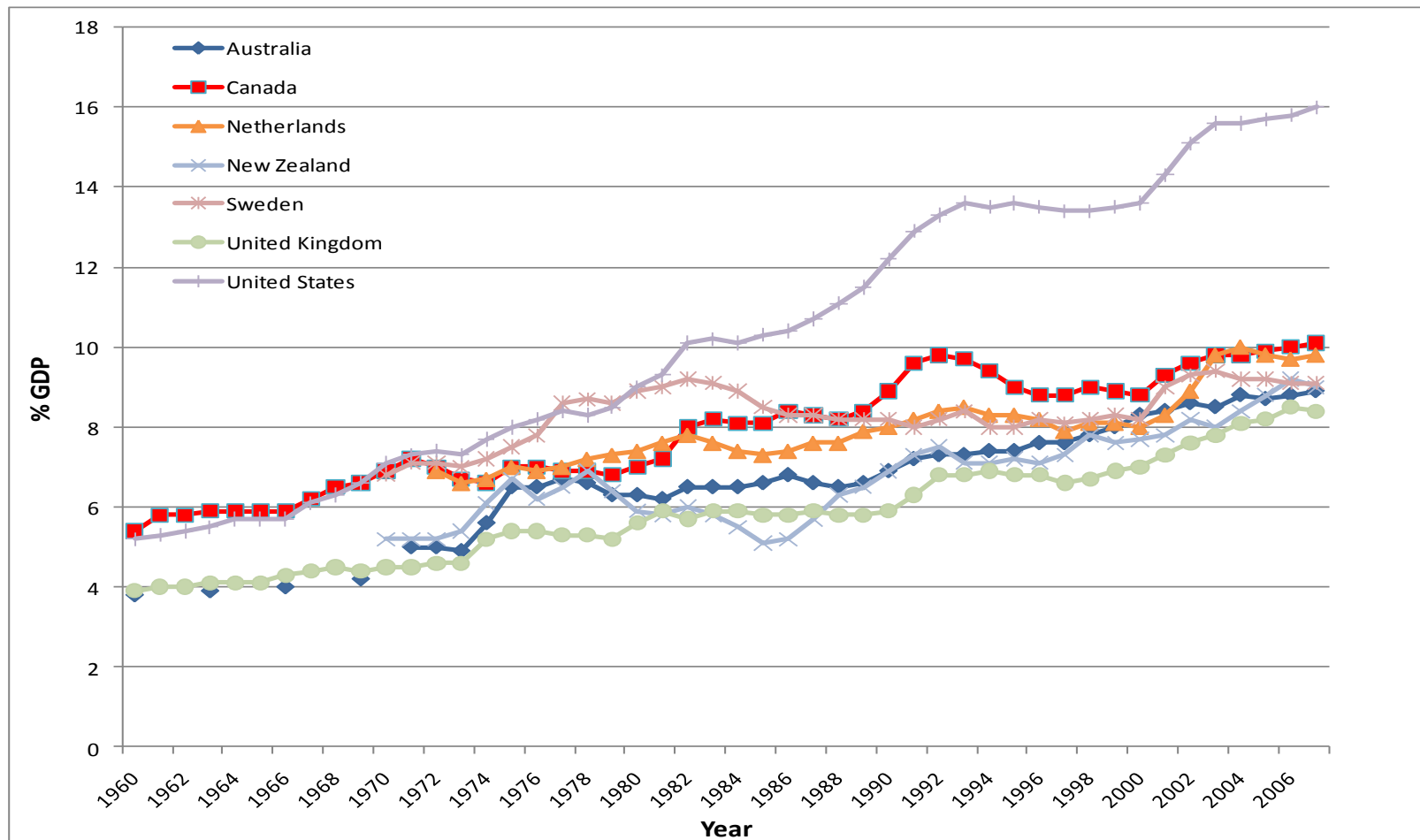
Global Health Care Conundrum

- Health care remains top of the policy agenda in all industrialized countries
 - But growing concerns about costs and sustainability



What Countries Spend (1960-2007)

(Source: OECD Health Data, 2009)

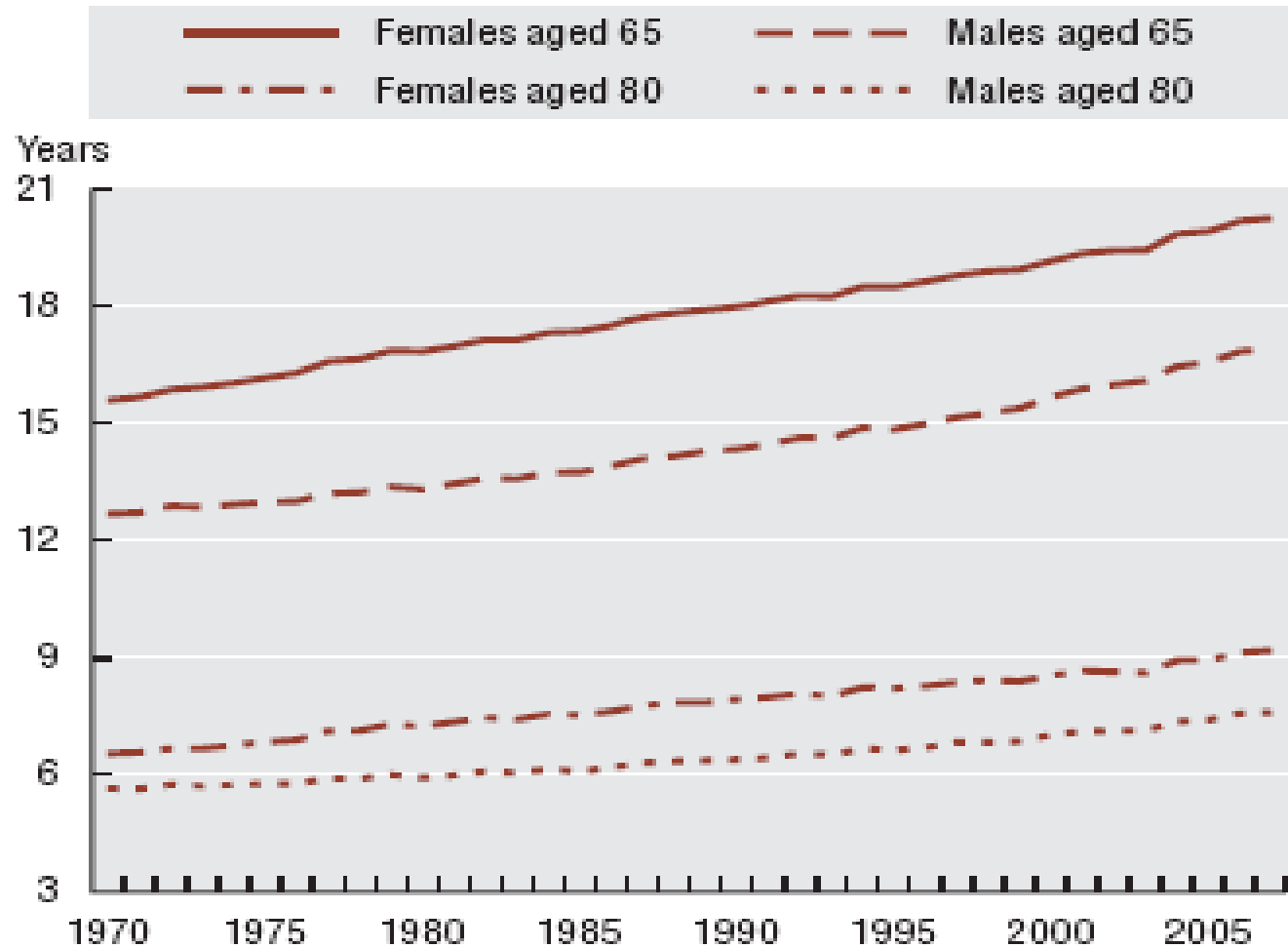


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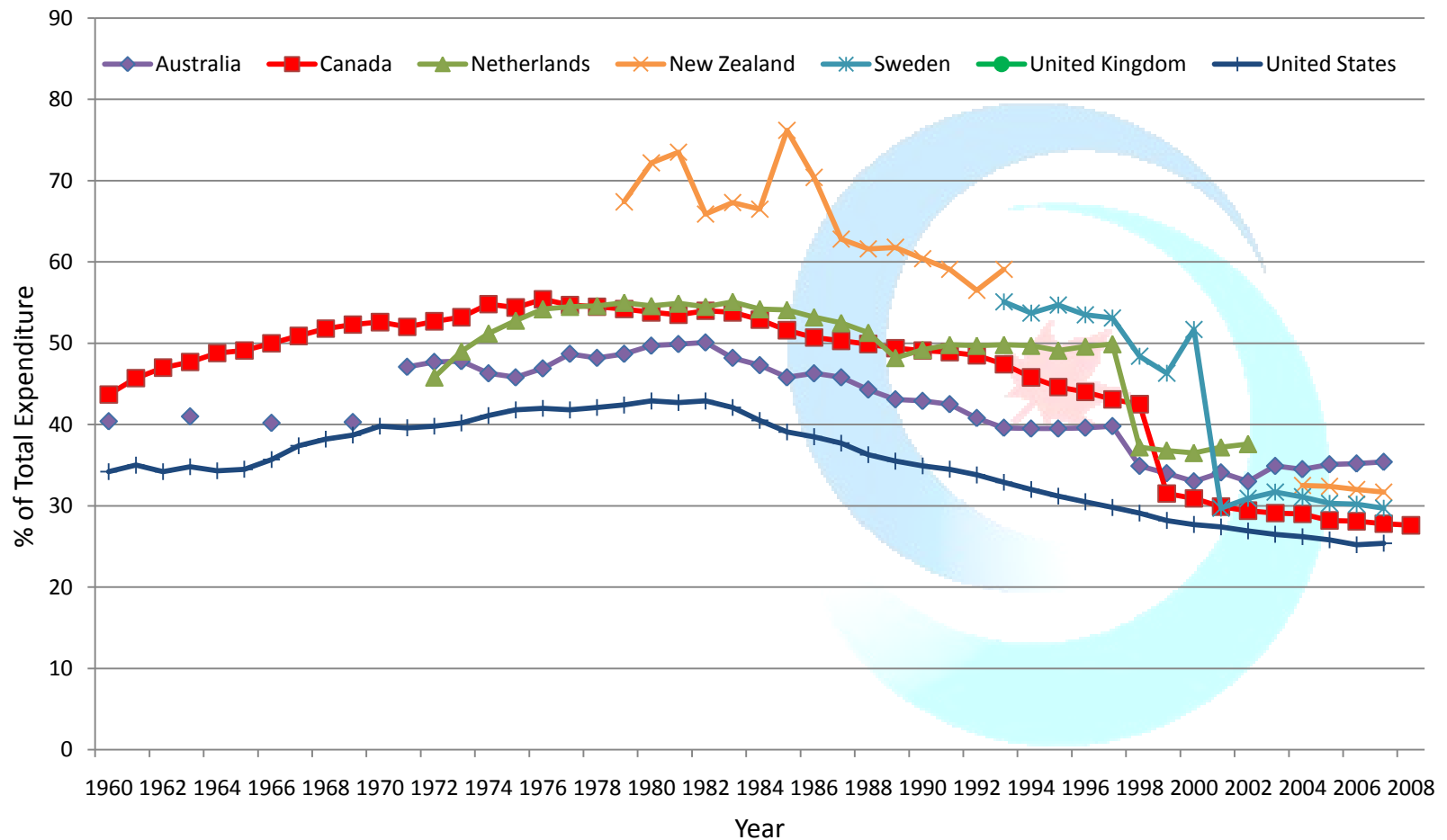
Life Expectancy at Age 65 (2007)

(Source: OECD Health Data, 2009)



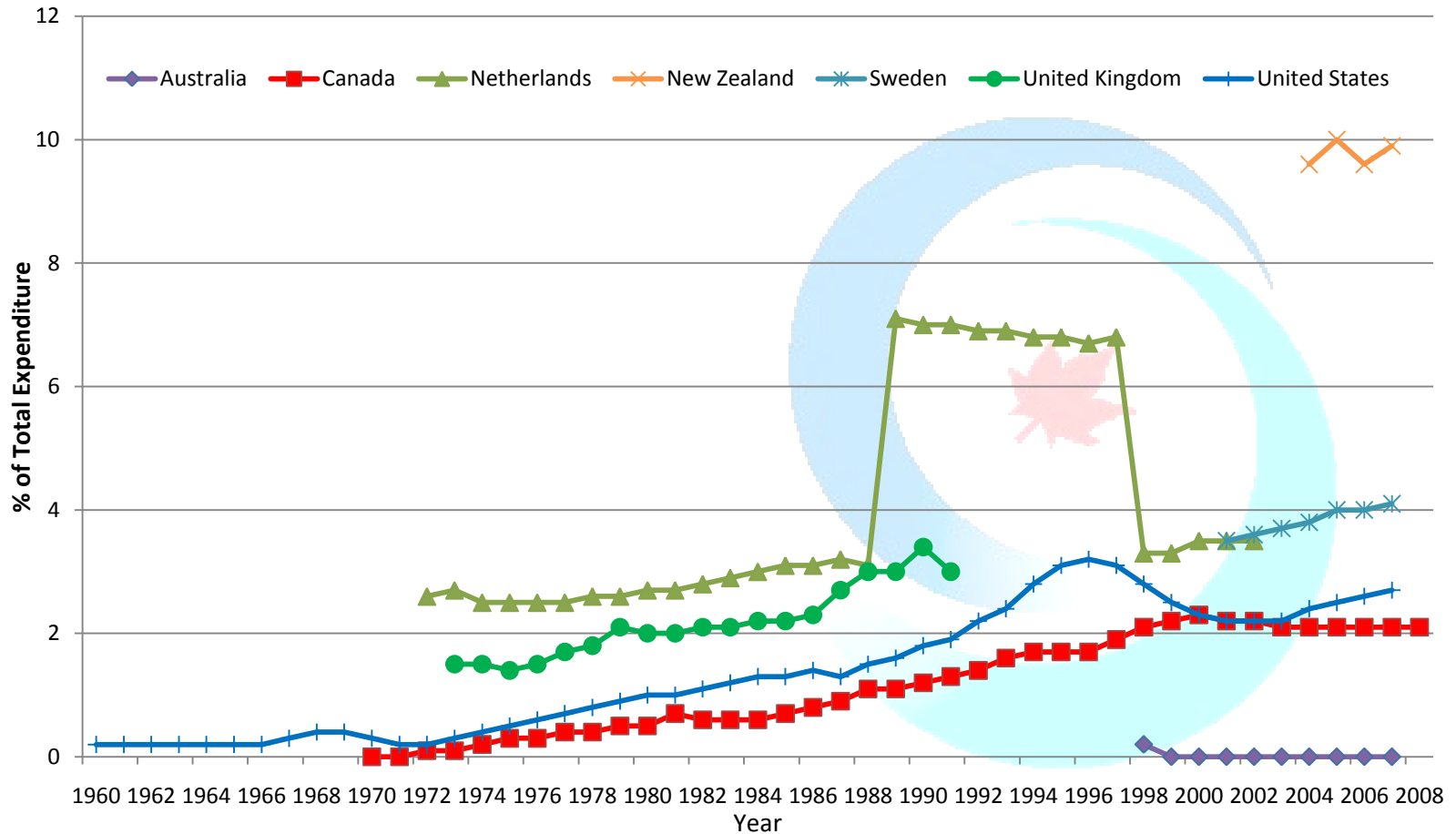
Spending on In-Patient Care (1960-2007)

(Source: OECD Health Data, 2009)



Spending on Home Care (1960-2007)

(Source: OECD Health Data, 2009)



Costs and Consequences

- Spent less, spent more ... targeted different sectors ... but underlying system problems have persisted
 - Acute care hospital beds occupied by non-acute care patients
 - Unnecessary use of hospital emergency rooms
 - Pressure on residential long-term care

Health Care Non-Systems

- Ask the question: Is there something about the systems themselves which precludes solutions?
- Concluded in many jurisdictions that “non-systems” are the root of the problem
 - Fragmented, “siloesd” services, where elements don’t talk to each other even as needs become more complex

Palliative Care

- “Hospice palliative care is whole-person health care that aims to relieve suffering and improve the quality of living and dying”
 - Address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes, fears
 - But ... while most people prefer to die at home, with loved ones, almost 70% of Canadians die in hospitals

Source: Dr. Jeff Myers, Head of Palliative Care Consult Team, Sunnybrook Health Sciences Centre

Toward Integrating Care

- 14 Local Health Integration Networks (LHINs) established in 2006
 - ...“transform a collection of fragmented services into a person-centred, balanced, managed continuum”
- 4 year, \$1.1 billion Aging at Home initiative introduced in 2007
 - ...“enable people to continue leading healthy and independent lives in their own homes”
 - “Basket of services” including transportation, meals, housing, day programs, palliative care

Balance of Care Research Group

University of Toronto

What determines whether older persons can age (and die) successfully at home?

- Demand side
 - People's needs and characteristics
- Supply side
 - System capacity to provide safe, appropriate cost-effective community-based care

LTC Wait Lists

▪ Waterloo	1100
▪ Toronto Central	1700
▪ Central	2600
▪ North West	860
▪ North East	1500
▪ South West	2300
▪ Central West	725
▪ North Simcoe Muskoka	1758
▪ Champlain	3724
▪ North West (Project II)	975

Caregiver Living with Client?

	Waterloo	Toronto	Central West	Central	NSM
Yes	46%	35%	56%	55%	45%
No	54%	65%	44%	45%	55%

Cognition

Cognitive Performance Scale

Short term memory, cognitive skills for decision-making, expressive communication, eating self-performance

	Waterloo	Toronto	Central West	Central	NSM
Intact	43%	48%	33%	38%	43%
Not Intact	57%	52%	67%	62%	57%

Activities of Daily Living (ADLs)

Self-Performance Hierarchy Scale

Eating, personal hygiene, locomotion, toilet use

	Waterloo	Toronto	Central West	Central	NSM
Low Difficulty	53%	43%	34%	41%	52%
Medium Difficulty	28%	28%	25%	29%	27%
High Difficulty	19%	29%	41%	30%	21%

Instrumental Activities of Daily Living (IADLs)

IADL Difficulty Scale

Meal preparation, housekeeping, phone use, medication management

	Waterloo	Toronto	Central West	Central	NSM
Low Difficulty	2%	3%	1%	1%	2%
Medium Difficulty	32%	32%	26%	25%	32%
High Difficulty	66%	65%	73%	74%	66%

Key Lessons Learned:

“Small Things” Count

- Everyday activities key to “successful aging”
 - Transportation, housekeeping, meal preparation, medications management crucial to avoid institutionalization
 - Seeing friends and family, going to church, helping others
 - But ... in times of fiscal constraint, “small things” first to go

Key Lessons Learned: Integrate/Coordinate Care

- Linking people to appropriate services crucial particularly for vulnerable persons (and caregivers) with multiple, complex needs
- Range of integration models:
 - Care to people (home care, cluster care)
 - People to care (adult day centres)
 - Supportive housing (combine housing and care)
 - Hospice care
 - Supported self-management

Key Lessons Learned: Care for Caregivers

- Unit of care = older person and carer(s)
 - Informal caregivers (spouses, children, family, friends, neighbors) often “first line” of integration & provide bulk of needed care
 - Many caregivers experience distress, burnout
 - No consistent approach to care for caregivers

Key Lessons Learned: People are the Top Line

- Deeply held belief that vulnerable people's lives can, should be improved
- But ... real world constraints
 - Legislation, regulations, funding, competing priorities create barriers to sharing, collaboration, integration

What Happened to Aging (and Dying) at Home?

- Pushed by Wait Times Strategy, new provincial priority: ER/ALC
 - Year 2: half of funding directed to ER/ALC
 - Year 3: 25% of funding to provincial ER/ALC initiative; remaining funding to address ER/ALC
 - Aging at Home reframed as “not aging in hospitals”

In Sum: Integration Matters

- Successful aging and dying require coordinated access to a continuum including acute care, chronic care, mental health, home and community care
 - Success as ability to adapt to changes that are part of the normal life course, and maintain high levels of well-being and quality of life
 - Social context matters

In Sum: Integration Matters

- Integrating care a work-in-progress in all jurisdictions
 - Takes time and effort to overcome legacy of disintegration particularly during periods of fiscal constraint
 - Top line: people
 - Bottom line: system sustainability

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For more on Integrating Community-Based Care
for Older Persons see Williams et al.,
Healthcare Papers, vol. 10, no 1., 2009.

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