

## The Ageing Tsunami: Implications for Health Care Financing and Care Models

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## Overview

1. Big Picture Costs and Attitudes
2. Health Care for Older People
3. Balanced Systems of Health
4. Innovations and Directions
5. Ways Ahead

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### 1a. Australia is Getting Older

- By mid century one third of Australians will be aged over 50 (more 65+ than under 18)
- Today, about a third of us are aged under 30 – and public policy is focussed on them
- People aged 85 years and over will increase from 300,000 to between 1.6 m and 2.7 m
- People aged 85 years and over will make up 6% to 8% of Australia's population, compared to only 1.5% in 2004
- Hence the imperative to re-focus our thinking and reform our services

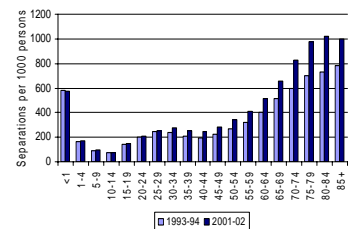
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### 1b. Ageing and Older People are Central to Mainstream Health Care

- Nationally and internationally older people are the major health care users
- Complex and chronic diagnoses: cardio vascular, diabetes, pneumonia, bones, teeth, dementia, delirium

Hospital separations per 1000 persons, by age, 1993-94 to 2001-02



Productivity Commission 2005

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### 1c. Yet Decreasing Hospital Use for Older People ('93-'02)

- The proportions of older people among hospital patients has stayed at 47% notwithstanding their growing numbers
- Utilisation rates dropped for older people (10%) and increased for younger people (1%)
- Decreasing length of stays and 20% of bed days for older people are not for acute needs

Gray et al. 2004

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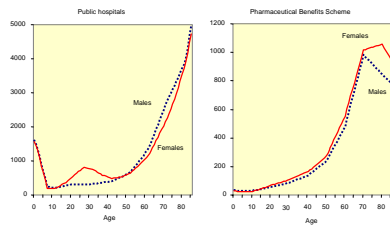
### 1d. Perceptions Linger That Health Care is Mainly for Young People

- People think of health care as a service for the young – accidents, immunisation, babies and their mothers
- Aged care was invented so that old people didn't use hospital resources
- The response to older people in hospital is to get quicker assessments to get them out into residential care
- Prevention and early intervention for older people are considered a poor investment (not true!)

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## 1e. Age Expenditure and Attitudes



(Productivity Commission 2005)

In a recent SA Health Department plan, the only photo that wasn't of a toddler was on the back cover

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## 1f. Are Old People Blowing Out the Health Budget ...?

- Expenditure on pharmaceuticals have risen on average 7.3% over past 20 years
- Expenditure increases on hospitals have averaged 2.2% annually
- Population ageing has been modest over the past few decades

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## 1g. Technology and Demand: The Main Drivers so far

- Demand and new technologies [not ageing] have contributed to majority of increase in health expenditure in past 20 years [Productivity Commission 2005]
- Demand for new medical procedures and technologies has largely been for the 50-75 year ages – diagnostics, prostheses, stints, etc

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## 1h. Cost Projections (not Predictions)

- By 2044-45 Age-Related Fiscal Gap of 7% of GDP
- Health expenditure: 5.7 to 10.8% GDP
  - a third due to population ageing
  - 2/3rds rising demand and technology
- Aged care expenditure: .5% to 2%
  - mainly residential care
- 1% annual real income growth given modest productivity rises

Productivity Commission (2005)

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## 1i. Health Sector Priorities

- 'Improvements in the efficiency, effectiveness, and productivity of Australia's health system would ameliorate the major source of fiscal pressure at its origin'
- Equity concerns for vulnerable older people

Productivity Commission 2005

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## 2. Health Care for Older People

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## 2a. An Older Person's Perspective

- Striving to 'be oneself' to the end of life
- Value of Independence and not being a burden
- Imperative for Ageing in Place
- Health goals of feeling well, health as a resource, and quality as well as length of life
- A women aged 50 can expect to live 40 more years and never enter residential care
- Health professionals are making older people 'feel old' rather than 'normal ageing' (ageism)

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## 2b. Diversity in Health

- Less than 10% of people aged 65-74 have disabilities or are dependant
- 30% of those aged over 85 are dependent for personal care
- His and her issues and views
- Indigenous Australians can have geriatric health care needs from 45 years

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## 2c. Appropriate Care for the *old-old*

- The fastest growing group aged over 80
- The *old-old* goals for comfort and dignity
- Multiple vulnerabilities and pathologies
- Imperative for age appropriate treatment
- There will always be significant numbers of acutely ill older people who need modern acute hospital care [NACA 2006]

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## 2d. Hospitals can be Dangerous for Vulnerable Older People

- Hospital admission is the second largest adverse event causing death in Australia (Ben-Tovin 2007)
- Aged care residents choosing not to go to hospital have a lower death rate than those who were routinely transferred (Caplan 2007)
- Adverse events, including deaths, were more common after unscheduled surgery and in patients over 75 years of age. The combination of these two factors carried a 20% mortality risk
- Older patients are at serious risk of delirium, malnutrition, and dehydration from day 2 of hospital admission (Tinney 2007)
- Quality and safety standards have to be set that make acute care safe for its largest consumer group (eg SA Repatriation Hospital infection control). Advocacy groups pursue this vigorously

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## 3. Towards Balanced Systems of Health: Convergent Views

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## 3a. Rebalance the System

COTA's members and our work tell us:

- Invest in building community care infrastructure as equal part of the system
- Invest in early intervention and prevention - falls prevention, management of medication, depression, strength training, isolation.
- Use partners who have constituencies

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### 3b. National Aged Care Alliance

- A truly effective health care system:
  - Promote a longer period of healthy active life
  - Provide world class health care for frail aged people, those with disabilities and with chronic and complex
- all health professionals will need to be skilled to practice aged and palliative care

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### 3c. Primary Health Care Views

- Continuity of quality care across primary, secondary, tertiary
  - Invest in keeping people well
  - Focus on person not system
    - 'Safe and high quality care - concepts that should be inseparable' - ... as a whole system, not as services competing for staff and dollars.
- Dr Tony Hobbs is chair of the Australian General Practice Network and Dr Patrick O'Sullivan is chair of General Practice Tasmania.*

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### 3d. AHMAC Age-friendly Principles & Practices in Health Care

- Strong evidence and have a focus on maintaining, improving and preventing deterioration in health and quality of life.
- Recognise and address older people's complex needs.
- Respect and recognise individual differences and specific needs, such as cultural, religious and sexual differences.
- Delivered in a coordinated and timely manner across care settings.
- Unnecessary admission to hospital and extended hospital stays of the 'frail elderly' are avoided.
- Care of older people is a primary focus for all health services.
- Where safe and cost-effective to do so, older people receive health treatment and care in a setting that best meets their needs and preferences.

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### 4. Innovations and Directions

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### 4a. 'New' Core Programs

- Rehabilitation and 'step down' care
- In-hospital geriatric assessment & services
- Chronic Disease programs across community and hospital services
- Palliative Care
- Falls Programs
- Transition Care (Cameron and Davies)

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### 4b. Professor Philp from the UK says

- Early supported discharge
- Specifically target falls prevention to those who have been treated for fall injuries
- Early intervention in dementia

UK evaluation shows that these are the health care services that work to keep older people out of acute care

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#### 4c. 'Person held' Management of 'Patient' Journey

- Have user-held records – the older person is the best means of managing the patient journey, not some part of the health care system [Philp]
- Process restructuring in health systems must include the experience of consumer

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#### 4d. SA Out of Hospital Investment

- Additional \$48 million over 3 years
- This is an increase from \$9 to \$25 million pa
- Treasury expects \$ for \$ reduction in hospital costs in year 1

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#### 4e. Investment in Keeping People Out of Hospital

- Chronic disease management and in home nursing care
- 'Hospital in the home' services for people with cardiac and respiratory illnesses
- In home care coordinated with GPs and RDNS to prevent hospital admission of frail older people
- Lifestyle assistance to people with diabetes
- Links to GP+ Centres

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#### 4f. NSW Health Innovations

- Framework for Integrated Support and Care for Older People
- Developing patient journeys approach to integration and best practice for chronic disease
- Health One NSW Services (integrated primary care)
- Dementia Nurses across all area health services
- SAFTE program (enhanced assessment and follow-up)
- At Risk Older People Living Alone (across departments and social disadvantage)

Chronic, Aged, and Community Health Task Force

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#### 4e. A Victorian Intervention Trial

Older people with multiple Emergency Department presentations over a year

- Allocated a 'care facilitator' (and control group)
- One year outcomes for intervention group
  - 21% fewer ED presentations
  - 21% fewer hospital admissions
  - 15% fewer bed days

Bird et al. 2007

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#### 5. Ways Ahead

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## 5a. From Innovations to System Reform

- Build partnerships across the health care system, and between health care and other services used by older people (Philp)
- A regional approach to planning and resources (Kendig and Duckett, 2001)
- One level of government funder best? (Swerisson and Duckett, 2007)

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## 5b. Where to from here ... ?

- Consensus between State & Federal Governments? (overcome blame games)
- Investment in lifestyle and prevention, and in continued support for wellbeing post acute care
- Continued investment in acute care while investing 'up' and 'down' stream
- Real investment in person centred care; eg UK expert patient program (Beasley)

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## 5c. Card Carrying Citizens

- Appreciating the roles and contributions of older people in our community
- Societal loss incurred through premature illness and death
- Positive role models of the very old
- The case is still to be made, and may go backwards due to rationing
- Kids versus old people?: Not either/or!

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This presentation is at:

<http://www.ageingwell.edu.au>  
<http://www.cota.org.au>

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*Hospital Separations Data*: AIHW (national morbidity data base).  
*Hospital profile* is based on NSW unit record data provided by NATSEM, Thurecht et al (2003); *PBS*: Health Insurance Commission, unpublished 2002-03 data.

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