McMaster University

McMaster HEALTH FORUM

Topic Overview

Organizing a Care System for Older Adults in Ontario

Stakeholder Dialogue
14 November 2011

The McMaster Health Forum convened a stakeholder dialogue on the subject of organizing a care system for older adults in Ontario. With the support of the Labarge Charitable Foundation, the dialogue brought together participants – four policymakers, nine stakeholders representing an array of public and private providers, three citizen/patient representatives, and four researchers – from across Canada to examine the problem, elements of an approach for addressing it, and key implementation considerations.

The views expressed in the issue brief and dialogue summary are the views of the authors and dialogue participants, respectively, and should not be taken to represent the views of the funder or the McMaster Health Forum.

Deliberation about the problem

The deliberations about the problem initially focused on whether the focus should be on frail older adults and/or those living with chronic conditions, as opposed to all of those over the age of 65. Dialogue participants noted that the pressing issue is less about providing care to those aged 65 and older, and more about preventing chronic disease and providing effective chronic care and supports for those who need them. Dialogue participants highlighted six key elements of the problem, including:

1) a care system that consists of 'silos' (e.g., hospitals and community-based supports) that are not integrated and in many cases are driven by a medical model;
2) a lack of 'system navigators,' which makes it difficult for older adults and their families to access the care and supports they need;
3) a lack of responsiveness to cultural, linguistic and other forms of diversity, as well as to the specific challenges posed by providing care and supports for older adults in rural and remote areas;
4) a lack of preparation for the emerging role of technology in the system;
5) a lack of information and funding that 'follow the patient,' which makes it difficult to identify and address gaps in care and supports, and to ensure continuity and quality of care; and
6) sub-optimal recruitment and training practices for providers who deliver care and supports to older adults.

Policymakers, stakeholders, citizens and researchers gather during a McMaster Health Forum event on 14 November 2011

Deliberation about options

Dialogue participants identified eight elements of a comprehensive approach to addressing the problem. Three of the eight were long-term priorities:

1) raising awareness and setting expectations about what can and should be done to deliver care at costs that are affordable;
2) recruiting and training of leaders, including CEOs, providers and older adults, to provide leadership throughout the system; and
3) preparing for an increased role for technology.

The remaining were short-to-medium-term priorities:

4) messaging to communicate and emphasize the priorities of supporting physical activity and social engagement, 'home and community first,' and choice within the system based on individuals' needs;
5) promoting supportive health system delivery arrangements, including existing but under-utilized resources such as the 211 information line that helps citizens identify the services that may be available to them, and implementing additional initiatives such as system navigators and hubs that coordinate services that are located within the community sector and that are provided by primary healthcare teams;
6) designing and implementing a risk- and/or outcomes-based funding mechanism for elder care;
7) supporting the engagement of older adults in the governance of the system and of organizations in order to identify and incorporate their expectations (e.g., through enhanced citizen-engagement processes, greater representation on organizational boards and/or by using providers as advocates); and
8) implementing a dynamic monitoring and correction system that allows for adaptation to emerging issues and to cultural and linguistic needs in different areas of the province.

Deliberation about implementation

Dialogue participants identified two barriers to implementing these key elements: 1) the lack of a mechanism to identify pilot projects that should be scaled up and to support this scaling up throughout the province; and 2) the legislative and regulatory barriers to scaling up given that many pilot projects can require approvals and coordination across government departments and sometimes across levels of government and levels within the delivery system. Dialogue participants identified several implementation strategies for a more effective care system for older adults in Ontario: 1) transition to a governance model that facilitates decision-making within and across governments and that engages key stakeholders; 2) introduce a process for re-organizing, scaling back or discontinuing less effective programs and services so that more effective ones can be introduced while the province goes through such a difficult economic period; and 3) adopt a flexible approach to implementation that allows for course corrections as lessons are learned.

Dialogue deliverables

To learn more about this topic, consult the evidence brief that was presented to participants before the dialogue, the summary of the dialogue, and view or listen to the interviews with dialogue participants. For an electronic copy of the evidence brief or dialogue summary, or to view or listen to the interviews, visit our website www.mcmasterhealthforum.com and click on 'Products' along the sidebar, or for direct access to our YouTube and iTunes U channels, simply click on the icons below.

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