

International Policy Summit

Caring for Vulnerable Senior Populations

11-13 November 2009

Background: A world view of aging and health care is essential if every nation is to maximize the function and quality of life of each of its citizens for the longest period of time. As noted in *An Aging World:2008*¹, before long the world population of elderly will be increasing at the rate of 1.9 million individuals each month. Indeed, in the near future, for the first time in history, there will be more elders across the globe than children under the age of five.

The increase in life expectancy is likely one of the greatest achievements of mankind. Nonetheless the aging segment of the population has a disproportionate number of chronic illnesses and uses a disproportionate proportion of health care services. Indeed, older people are the greatest consumers of health services in twelve European countries with estimates of per capita expenditures showing a linear rise with age.

In the United States approximately half of all health care costs occur in the last two years of life, and usually among the elderly. As approximately 17% of the gross domestic product (GDP) of this nation is already devoted to health care, policy makers in America are very worried about how to address most cost-effectively the health care needs of its citizens. Although a far lower percent of GDP is attributed to health care services in most other developed nations, they too are concerned when they look to the future.

To this end, interRAI hosted the first International Policy Summit on the Care of Elders on 11-13 November, 2009 in Boston, Massachusetts, USA. Representatives from fourteen countries were present as well as the Chief, Aging Programme, World Health Organization. This event was made possible by support from the Institute for Aging Research, Hebrew Senior Life, Massachusetts, USA.

interRAI, a not-for-profit corporation, came into being sixteen years ago and now has senior representatives from over thirty nations. It is dedicated to improving the function and care of elders throughout the world by designing standardized clinical assessment instruments and writing standardized clinical protocols. These instruments are then provided without charge to governments and caregiving organizations in many nations. Even developing nations are likely to benefit from these studies. The data collected from one or more nations permits large numbers of states to learn from the experience of others. interRAI's "fellows" have published over

¹ Kinsella K and Wan He. *An Aging World:2008*, NIA,NIH

500 research and policy papers and have participated in country-specific research symposia all over the world.

The meeting: The predominant theme of the Policy Summit was a review of the policies and clinical outcomes of elder care in a large number of nations. What types of health care facilities and services comprise the continuum of care in each country? How are they utilized and how are they paid for? What is the relationship between formal and informal caregivers? Which needs of the older population are being appropriately considered and which are neither recognized nor addressed? What set of rules govern access to care?

By contrasting present day policies in a number of nations, all countries are likely to be able to improve the quality and availability of care for its older citizens. Furthermore because of the dramatic changes underway in the characteristics of their populations, each nation will be able to do so most cost-effectively. It will be able to consider what types of settings are best for specific clinical needs and what new or novel services might need to be introduced.

Multiple studies, both completed and underway, were presented to an audience of researchers and policy makers. A number of reports highlighted the need to address fragmented care. Jean-Claude Henrard, from France, raised this issue in detail. He addressed the necessity of having integrated assessment tools which would allow for both the sharing of data across sites of care and the specification of who should receive care at each site. A most significant issue in so many nations at this time is the need for far better coordination of services and care between hospitals and ambulatory settings. Of the population that needs the most care – the elderly – almost all have accumulated one or more chronic illnesses, a flare-up of any one of which can be the cause for hospitalization.

Donna Dill, from Canada, described a Single Entry Access Program in Nova Scotia, Canada that allows an elder's site of care to be targeted more appropriately to the individual's specific needs. Using interRAI assessment tools, the clinical limitations of each individual can be determined and then a judgment can be made as to how best to address such needs by both formal and informal caregivers. Studies were presented by Dill and interRAI fellows that would allow representatives of other nations to consider how to provide home care services most effectively and efficiently.

In a related presentation, John Hirdes, also from Canada, noted that access rules as well as service intensity and duration may differ in different locations. Therefore once the needs are recognized the best means of addressing those needs may vary from country to country and even from location to location within each nation.

Furthermore, changes made at one level of care may have a striking impact on others. For example, providing more extensive home care services will allow more elders to remain at home, but will also raise the intensity of the care of those who will still need to be institutionalized.

Studies from Finland, as presented by Harriet Finne-Soveri, also highlighted the need to have better coordinated care. She raised issues, presently under discussion in her country, that are so very relevant to most all nations of the world. Will there be new policies to allow for personal budgeting for health care? Is there not going to be political pressure to decrease the number of long term institutional beds?

Sergio Arino-Blasco, in his presentation, pointed out the challenge facing Spain as it tries to develop policies about transitioning care from one type of setting to another. As is true in many developed countries, care is increasingly consumer-directed. Cultural and generational differences are influencing the choice of long term care setting. Especially noteworthy is the increasing interest in providing alternative levels of care for those needing only light care. Research about this issue is of paramount importance.

In Iceland, as presented by Palmi Jonson, a full assessment of the individual's needs is carried out before nursing home placement. Since this policy was implemented, large numbers of individuals applying for care in long term care settings were turned down as it was determined that they did not require this level of care for their needs. Under all such scenarios there can be no doubt that there will be a growing importance of informal caregivers in all nations of the world. Again it was noted how important it is to develop many types of community services.

Thoughts about the provision of care in various sites require a formal definition of these levels that can be used by all nations in a meaningful way. Jacob Gindin, from Israel, noted that such is not yet the case, even across Europe. He also raised the issue of who should decide which level best fits the needs of the patient. Should the decision be made by the patient, the elder's family or the staff of one or more institutional levels of care? Perhaps all three? At this conference there were multiple comments on the need to postpone institutional care as long as possible. Most likely this is the individual's wish and it also is likely to be most cost-effective, if structured properly.

Anja Declercq, from Belgium, emphasized the need to coordinate services and the importance of learning from those in the field. Clearly the experience of practitioners as to what is being adequately addressed and what is not will allow for a more effective and efficient health care system. A study from the Netherlands was presented that highlighted that nation's novel design for providing care for elders with significant disabilities in which informal caregivers have a more significant role. Brant Fries, from the US, described the efforts of several states to determine nursing home eligibility and the criteria to identify nursing home residents who potentially could be discharged home and cared for in that setting.

Unquestionably, under all possible structures, as pointed out by Lewis Lipsitz and Robert Schreiber, from the United States, there needs to be better communication among all the sites. This information must include detailed medical data as well as an assessment of functional capabilities.

As present services are being reviewed and new ones designed, the proper incentives for their use must be put into place. In the United States, the incentives to provide care at many levels often is driven by incentives that may not reflect the best interests of the patient or that individual's family. As noted by Knight Steel, from that nation, fears of being charged with medical malpractice by the patient or a family member or being assessed as having provided poor quality of care by an outside accrediting agency, often result in changes in settings that are wasteful in terms of dollars and which may even be harmful to the elder. Perhaps even more concerning are the financial incentives that pervade the American health care system. By way of example, a physician in America will receive a far higher level of reimbursement for caring for an elder in a hospital than in a nursing home, even if the care of that particular illness could have been rendered equally effectively in either setting.

Many other representatives from the nations noted as well as individuals from many other countries, including China, Italy, Germany, and the United Kingdom, commented on their care systems and the need to work together to design a better more cost-effective care system for the future.

Summary and conclusions of the summit:

- Policy makers need standardized data about individual needs allowing for the grouping of the information. This would permit them to consider the adequacy of available services, and what future changes might be beneficial.
- Comprehensive standardized assessments of an individual in all settings are essential to permit each individual to receive the proper mix of formal and informal services.
- The integration of services is best achieved when there is appropriate transmission of standardized data among all sites of care.
- A new type of forum is needed where researchers and policy makers can discuss such issues after having access to the best possible data from multiple nations.
- These considerations will be the basis for the agenda for future meetings constructed by interRAI.

An agenda for the Future: interRAI will continue to design assessment tools and collect data from across the globe, analyze it and make the results of its studies available to all countries. It will consider how best to design research efforts so as to discover present day failings and the means of addressing the needs of older persons regardless of the site of care. It will facilitate the transmission of information to all sites of care, both as they exist at present and as they are likely to be designed for the future. It must be appreciated that medical interventions, yet to be discovered, are likely to alter the care requirements of elders. If congestive heart failure is managed differently in the future, as likely it will be, the needs of those with this

condition will change and the best site of care to provide those services likely will change as well. Also if dementia linked disability is as prevalent as it is likely to be in the future, multiple effective new types of services may well be required to meet the needs of persons with this condition.

As the older population grows both in real terms and as a percentage of the citizenry, interRAI will continue to focus on such issues. Standardized assessment tools that are utilized by many nations will allow for discussions of past mistakes and deficits and the formulation of ever better services and programs everywhere.

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