March 16, 2006 – Vancouver, British Columbia
Summary of Presentations

The following information was received with great interest by the Council. This information will be integrated with input from the public, presentations at subsequent meetings, and background readings and research on the various topics, as the Council begins to develop recommendations for its final report.

The information presented here does not necessarily reflect the position of the Government of British Columbia or the Premier's Council on Aging and Seniors' Issues.

During their March 16 session in Vancouver Council members were informed by a series of briefings that examined health care for older adults from several different perspectives:

- Adapting the system to changing demographics
- Chronic medical conditions – including loss of hearing or vision
- Medications

Overview presentation: Adapting the health care system for an aging population

Dr. Michael Rachlis, a Canadian public-policy consultant, provided the Council and guests with a overview for the day. In his opening comments he pointed out that seniors are healthier today that ever before, and that an aging population does not necessarily mean a "tsunami" of demands on the health-care system. He also cautioned that we need to avoid "medicalizing" aging.

Other key points from Dr. Rachlis' presentation included:

- Canada – like other advanced industrial countries – has an issue with quality in its health care system. This is especially apparent in misuse (eg. using hospitalization and ER when less expensive solutions should be utilized); overuse (eg. excessive medication) and under use (eg. overly-conservative pain control).
- The health care sector in Canada does not practice the kind of continuous quality improvement techniques that are now commonplace in the private sector, for example, in the airline industry.
- Improving quality may require an initial investment, but saves in the long run. An example from the private sector – it is cheaper for automakers to produce quality cars than to pay for a mass recall and repair. In health care – it is better, for example, to provide good post-op follow-up care at home than to pay for re-admission through the ER. Better follow-up saves lives as well as money.
- Quality health care means different things to different seniors' populations – especially those with chronic diseases, disabilities or in need of some type of home care.
- With many seniors, housing and home care issues are intertwined with health-care issues.
- Denmark has successfully moved away from the "nursing homes model" by shifting to a combination of strengthened home care, expanded supported-housing and an increase in preventive checkups and screening for those over 75 years of age. As a consequence, Denmark has not needed to build one new nursing home bed for almost 20 years, in spite of an aging population. (Other speakers in previous council meetings made similar references to the Danish experience.)

Dr. Rachlis concluded on an optimistic note: while Canada's health care system may have issues and problems that need addressing, in his view this is not a "crisis," and Canadian-made solutions are entirely possible.

The BC Provincial Approach

The Council then heard from Val Tregillis, Executive Director Chronic Disease Management and Primary Health Care Renewal at the BC Ministry of Health. Picking up on one of Dr. Rachlis' themes, Tregillis said ***the largest issue facing the BC health care system is managing chronic diseases*** that are commoner as you get older – for example diabetes, osteoarthritis, asthma, and hypertension.

Some of Val Tregillis other key points included:

- Diabetes is also a forerunner of many health problems such as heart and kidney disease. Although the incidence of diabetes is growing, fifty per cent of diabetes could be prevented with methods as simple as regular, moderate exercise and good diet.
- One BC initiative spent $20 million on changes in the medical management of diabetes, and produced a $50 million reduction in costs to the health system, for a net savings of $30 million. These figures do not begin to measure reduced human suffering or improvements to the quality of individual lives that the program also produced.
    - This initiative includes prevention and proactive management as well as timely health care in response to diabetic episodes.
- We already have an effective, innovative "made in BC model" for better managing chronic disease – a "peer-based chronic self-management initiative" developed by the University of Victoria's Centre on Aging.
- In closing, Val Tregillis said that change in the system – including a shift to prevention and better management of chronic conditions – must come at the local level, but also requires support from the larger provincial system.

Chronic Conditions

The Council then heard three presentations on the impact and management of chronic medical conditions in an aging population. Each presentation was delivered by a different resource person, who then sat together as a panel for further discussion and dialogue with members of the Premier's Council and attendees. Panel members included:

- Dr. Art MacGregor, Victoria-based physician
- Rosemary Rawnsley, Executive Director, Alzheimer Society of British Columbia
- Helen Klassen, who lives in Cranbrook and lives with chronic arthritis

Dr. MacGregor made several observations related to chronic conditions and the health-care system:

- Recent research shows that fully half the average GP's work is dealing with chronic conditions
- Although current seniors are healthier than any before them, if trends to obesity amongst baby-boomers continue we may see a relative decline in seniors' health over the next generation. There is the opportunity to avoid this.
- It is important that chronic conditions such as diabetes, depression, kidney disease are managed proactively by physicians and not overlooked.

Rosemary Rawnsley said the Alzheimer Society views Alzheimer's disease as a "bellwether" for chronic-disease management in British Columbia.

- As the baby boom bulge ages, the number of people with Alzheimer's will increase, and British Columbia needs to get ready for this with:
    - Early intervention initiatives
    - Support for family caregivers
    - Alternatives to acute-care hospital
- The impact on families, and the interdependence with caregivers, were also discussed.

Helen Klassen made some specific recommendations on how to provide better support for people dealing with chronic medical conditions like arthritis pain:

- Better public education – early diagnosis can slow or stop the advance of some conditions
- Continued and strengthened backing for community-based volunteer organizations that support and enable self-management of chronic conditions
- Better medical education, and policies to encourage the development of more specialists
- Creation of a seniors' ombudsman

In follow-up discussion with the council members the importance of respite for caregivers was raised.

Hearing and Vision Loss

The Council heard two presentations on hearing and vision loss in older adults. Presenters were asked to comment on the prevalence of these conditions amongst older adults, the impact on quality-of-life, and the kinds of supports needed in community and home. Each presentation was delivered by a different resource person. The speakers were:

- Laurie Renwick, President, BC Branch, Canadian Hard of Hearing Association
- Janet Hanavelt, Executive Director, BC and Yukon Division, Canadian National Institute for the Blind

Some of the highlights of this discussion include:

- With an aging population hearing loss is the fastest-growing disability in Canada
    - Half of Canadians over age 65 are affected by hearing loss
- More than 10 per cent of those over age 65 suffer at least partial loss of vision due to macular degeneration. This rises to 25 per cent by age 85.
- Hearing loss and loss of vision can lead to a loss of independence and institutionalization – with associated human and financial costs
- Both associations called for increased support from MSP or other provincial government programs to cover costs of professional help and assistive devices
- Laurie Renwick of the Hearing Association recommended that government modify building codes making hearing access technology mandatory in public buildings
- Janet Hanavelt of the CNIB recommended provincial funding for specialized home support for those with vision loss.

Medications

Council then heard three presentations on medications. The presenters had been asked to comment on whether current criteria for assessing government coverage of drug therapies will be appropriate for an aging population with an increase in chronic medical conditions. Each presentation was delivered by a different resource person, who then sat together as a panel for further discussion and dialogue members of the Premier's Council and attendees. Panel members were:

- Dr. Ken Bassett, Acting Director of the UBC-based Therapeutics Initiative
- Dr. Steve Morgan, Senior Medical Consultant, UBC Centre for Health Services and Policy Research
- Bob Nakagawa, the BC government's Assistant Deputy Minister of Health for Pharmacare

Panellists provided the Council with an overview of how the current system works and how decisions are made today:

- BC Pharmacare is a sliding-scale, income-tested program to protect all British Columbians against financial hardship as a result of paying for needed prescription medications consumed while not in hospital.
    - In 2004-05 Pharmacare spent $800 million – with the provincial government spending an additional $216 million for prescription drugs in hospitals and other programs
    - Prescription drug costs to government are growing by 11 per cent yearly. Only 1 per cent is attributable to an aging population.
- Classical market forces do not apply to pharmaceuticals – the doctors who make the decision to prescribe are never the ones who pay, and if insured the patient does not pay.
- British Columbia has established the Therapeutics Initiative – an independent panel of experts from several disciplines based at UBC – to assess the benefits, harms, and costs of medications. They provide evidence-based, objective information. This helps to balance the influence of well-funded marketing campaigns promoting specific pharmaceuticals. This initiative has been recognized nationally and internationally as an initiative that is in the public interest.