

Our patients have changed, our healthcare must now follow

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In the coming two decades, it is expected that the number of individuals aged 65 and over will nearly double, so that there will be over 1 billion older adults worldwide. With our healthcare systems struggling to cope, this prospect has been characterised by some as a “grey tsunami” that threatens to raise costs, create inefficiencies and ultimately bankrupt us. Describing our changing demographic as a tsunami is problematic.


After all, tsunamis are sudden and intense, but we have known that our population was ageing faster than ever for decades. In any case, the fact that our life expectancy has almost doubled over the last century should be considered a triumph, not a tragedy.

The greatest concern for our healthcare system isn't that people are getting older—which has been happening for millennia—but rather that our traditional health and social care systems have not kept pace with the evolving needs of a rapidly ageing population. Part of the reason for this is that we are now coming to understand that older adults are not simply chronologically mature, but like children, have unique medical, functional and social considerations that need to be understood and addressed.

For many healthcare policymakers, this prospect challenges us to implement models of care that can meet the unique, and often heterogeneous, needs of older adults by delivering high-quality, person-centred and cost-effective care to older adults.

For policymakers, ensuring that we have a modernised healthcare work force that is trained to identify and address the unique needs of older adults will be key. Strengthening our provision of primary, home and community-based care is not only far less costly than that of institutional care, but ageing in place is more in line with growing societal desires. Adopting more proactive and preventative approaches to the delivery of care that enable healthy ageing will also be essential. Finally, ensuring that our current ways of delivering care are adapted to proactively identify our patients at highest risk of poorer outcomes can allow us to deliver better patient and system outcomes, especially when it is well known that most of our healthcare costs are often concentrated around a small group of complex patients.

In 2010 Mount Sinai Hospital in Toronto, Canada sought to address the changing needs of its rapidly growing and ageing population by implementing its Acute Care for Elders (ACE) Strategy. The aim is to provide more specialised and comprehensive care for older adults using proactive and integrated, inter-professional, team and evidence-based approaches to care. While all older patients benefit, in particular we are better identifying and proactively managing the needs of our frailest patients to prevent functional decline, enable better care transitions, avoid hospitalisations and better support ageing in place. Between 2010 and 2015, under our ACE Strategy and its innovative models of care, we have achieved a 25.8% decrease in the average length of stay, a 14% decrease in re-admissions to hospital and a greater chance of returning and remaining at home through the provision of more proactive, higher quality and more patient-centred care.

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In preparing to meet the needs of ageing populations worldwide, policymakers in healthcare should remember that older adults want to age in place, but need our systems to adapt to help better enable this. With a better trained work force and care delivery models that emphasise the provision of more proactive services as

close to home as possible, we know that this is not just achievable, but may be key to ensuring the overall future sustainability of healthcare systems worldwide.

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