

# AGING MATTERS

## YOUR VOTE COUNTS

PRIORITY AREA: HEALTHCARE



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## Goal:

Moving towards a healthcare system that focuses on function, not disease

## Background:

In 2015 the World Health Organization (WHO) released its first report on aging and health. In this document, health is defined as “the process of developing and maintaining the functional ability that enables well-being in older age” (WHO, 2016). Functional ability in turn is conceptualized as including the intrinsic capacities (physical and psychological) as well as environmental circumstances “to enable people to be and to do what they have reason to value” (WHO, 2015). It is important to note that disease is not the focus of the WHO report, nor the Global Strategy and Action Plan on Ageing and Health (GSAP).

The Coalition for Healthy Aging in Manitoba has conducted consultations in several communities in the province in 2018, directly related to the GSAP. Attendees included older people, caregivers, and healthcare workers. There is broad support for the GSAP objectives. And while many recognize that Manitoba has many healthcare achievements and good programs, there are several areas for improvement related to healthcare.

## Actions:

- 1) Orient health systems around intrinsic capacity and functional ability (i.e., shift the focus from disease treatment)
  - a. Recognize the complex care needs that come with multiple conditions that affect function
  - b. Provide assistive devices that make major changes in a person's life (e.g., hearing aids, walking aids, dentures, glasses) to those in need
  
- 2) Develop and ensure affordable access to quality older person-centred and integrated clinical care (this could be some key for Shared Health to realize)
  - a. Decrease fragmentation of care with comprehensive personalized care plans that maximize functional ability, and consider the older person's preferences and foster self-management
  - b. Minimize out-of-pocket spending
  - c. Decrease polypharmacy
  - d. Increase access to specialist geriatric care, particularly for frail older people
  - e. Situate services close to where older people live (i.e., providing care at home for those who need

- 3) Ensure a sustainable and appropriately trained, deployed and managed health workforce
  - a. All service providers require gerontological and geriatric skills (including specialists), as well as competencies related to integrated care, so these elements should be included in curricula of all health professionals, and continuing education opportunities for those who are already practicing
  - b. Supply of geriatricians should meet population needs across the province and not just in some regions, and there should also be specialized units to manage complex cases
  - c. New workforce positions may need to be created (care coordinators, self-management counsellors)
  
- 4) While most people want to stay in their homes for as long as possible, in line with provincial directives, more supports are needed to ensure that care is appropriate and addresses functioning, and does not lead to overburdening of unpaid caregivers.
  - a. Increases are needed in respite care
  - b. Homecare services are too task oriented and so contribute to the fragmented care that was mentioned above
  
- 5) Those in remote communities have even greater challenges associated with travel costs, waitlists to see specialists, and continuity of care due to an ever-changing landscape of healthcare providers
  - a. Special attention is needed to ensure that services and good quality care are accessible to all regardless of where they live