POLICY AND ECONOMIC CONSIDERATIONS FOR FRAILTY SCREENING IN THE CANADIAN HEALTHCARE SYSTEM

Executive Summary

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There are significant policy and economic challenges in the Canadian healthcare system relating to the frail elderly. Canada is a large spender from the public purse on health, mainly for hospitals, drugs and physician services. Spending on Canadians over 65 years is five times that of those under 65, and for those over 80 years, there is a ten-fold difference. Spending may be highest among seniors, yet studies show that it is only a modest cost driver. Price effects, including the rising cost of drugs, are more significant drivers, with seniors comprising a large portion of spending on prescribed drugs.

Two-thirds of Canadians are worried that our health system is falling behind. Elderly patients often have more than one chronic disease, and in fact, often have multiple morbidities, including cognitive impairment. However, frailty goes beyond just seniors, affecting all ages and can be a significant piece of chronic disease. Flat lined economic growth (i.e., 2% at best), combined with our aging workforce, means the supply of tax revenue will decrease. For instance, the dependency ratio shows that for every 100 working-age people, there were 15 seniors in 1971 and 21 in 2006, but in another 50 years, projections forecast 50 seniors for every 100 workers.

These changes in the economic context are requiring governments to shift policy action to more patient-centre care and shift spending from hospitals to primary and community care. Frailty and screening can feed directly into reform initiatives as it is still under recognized, not well understood, and often the consequence of unmanaged chronic disease. Evidence is emerging that the progression of frailty can be delayed or reversed by using evidenced based health assessments combined with strategies for prevention like exercise, community engagement, wellness plans and more. Feeding into the frailty screening debate is the confusion of which tool to use in what setting and by whom.

From January to March 2016, HealthCare*CAN,* in collaboration with the Canadian Frailty Network, undertook a series of key informant interviews, to accompany a brief literature review on the research question of:

> *"What are the policy and economic considerations, both for Canada and internationally, to be taken into account around frailty screening that will benefit patients, families and/or the wider health system?"*

Policy instruments like financing, funding, legislation, regulation, and technology can be powerful in trying to change patient/provider behaviour and to improve the economic, social and political conditions. Public policy decision-making processes can be complex but successful advocacy and engagement increasing involves issue-specific, time-limited strategic networks like this work on frailty screening.

The key informant interviews brought to light many policy and economic challenges but also opportunities around frailty screening. A top seven arose around these insights and are synthesized below:

Canada's Federated Health System

Canada has the most decentralized health system in the world. Fourteen different health systems, each with its own structure and processes, fund care and service. Many programs for seniors fall outside of the Canada Health Act, creating growing interprovincial discrepancies around prescription medication coverage, home and long term care. The federal government is beginning negotiations with the provinces and territories on a new Health Accord, including addressing the Canada Health Transfer payments which expire in 2017-18.

Financing and Funding Models

Health expenditures are mainly financed from public sources (taxation). Some countries are looking at new ways to prefund services for seniors like publicly administered long term care insurance or ideas such as tax free savings accounts. Other tax and loan policies can be considered to support frailty such as caregiver and/or physical activity tax credits. Large variation also exists across the country on funding models. Remuneration of health providers is typically through salary with the exception of physicians who are still mainly fee-for-service. Team-based funding models are on the rise and could embrace frailty as a preventative screening tool, if remunerated appropriately.

Regulation and Legislation

Self-regulation of health professionals varies considerably across the country but ensures the accountability of most but not all providers. Scopes of practice are outlined in legislation, although it is the responsibility of Colleges to oversee the licensing and registration for practice. The trend is to widen scopes of practice such as pharmacists now providing immunizations for the flu. But to do this, education models must accompany these changes. Legislation also varies to govern health delivery organizations with different standards of care being applied. Frailty screening could be promoted as a standard of care both in legislation and standards (such as Accreditation Canada).

Technology

Canada continues to fall behind many countries with respect to use of digital resources and secure access to patient records. Canada Health Infoway has commenced a multi-jurisdictional effort to address these deficiencies. Computerizing frailty screening tools which are then embedded in electronic medical records could produce a detailed picture of the health of a population. This is beginning with the Canadian Institute for Health Information's use of some of interRAI's tools.

Interdisciplinary and Collaborative Care

Interdisciplinary team-based care is on the rise especially in the primary care sector. There are pockets of innovation occurring across the country with programs like: CARES in British Columbia and Nova Scotia; ARTIC's MOVE ON in Ontario; Alberta's work in its Strategic Clinical Network; Mount Sinai's ACE strategy; and Nova Scotia's PATH are all exemplary team-based practices for older adults. Given the wider variety of clinical settings, the best tools to be used in which settings can be confusing but a one

size fits all approach to frailty screening tools may be difficult to achieve. Consensus is still needed on what is meant by frailty and who should be screened.

Patient-Centred Service

The focus of health care has often been on the business model of delivery such as improved process efficiencies and utilization outcomes. There is a need to move to more population-based health and person-centred care and service. The goals of care and what the patient desires, often to be home longer, must be heard. The patient and family voice must be at the centre of any policy action.

Heath Promotion and Prevention

To improve health outcomes, health promotion and disease prevention must be part of policy changes. Frailty screening should be an integral part of healthy aging strategies. Earlier detection and screening for frailty should be a standard of practice in primary and community care sectors but also in the transitions of care.

Preliminary Recommendations

The findings show that everyone is touched by the challenges of frailty, especially in the elderly. Based on feedback from the key informant interviews, advisory committee and webinar participants, five preliminary recommendations for action evolved as follows:

1. Complete the ***consensus dialogue*** with respect to: a common language for frailty; the best tools to be used in which settings, using a ***right people, right tool, right setting, and right time approach***; and, who should be screened for frailty.

2. Build a ***business case*** on the potential impact of frailty screening in various settings. Include analysis of both direct and indirect costs and impact on comorbidities.

3. Develop a ***Pan-Canadian advocacy strategy*** to scale up and spread leading frailty practices. Key pieces to advocacy are: ensure that the patient and family are at the centre of an action; promote as a level one policy that crosses settings and ministries based on reform priorities; shift advocacy discussion from population aging to chronic disease management especially for the most vulnerable of our population; and ensure frailty screening is a *standard of care* both in legislation and standards including Accreditation Canada.

4. Encourage ***team-based funding models*** embracing frailty as a preventative screening tool that is linked to care pathways and ensure that these models of care are remunerated appropriately.

5. Encourage the ***computerization and digitization*** of frailty screening tools and integrate into electronic medical records to support data aggregation across systems and settings for population level analysis.

There is a burning platform for policy action especially given the economic challenges that face our health system. With the churning seas of health care and federal reengagement, the time is right to create the perfect storm to scale up frailty screening policy across our federated health system.

HealthCareCAN is the national voice of healthcare organizations and hospitals across Canada. We foster informed and continuous, results oriented discovery and innovation across the continuum of healthcare. We act with others to enhance the health of the people of Canada; to build the capability for high quality care; and to help ensure value for money in publicly financed, healthcare programs.