

## Provinces call for improved senior care

Provincial health ministers, meeting today in Toronto, Ontario, with recently appointed Federal Health Minister Rona Ambrose, refrained from publicly rebuking the federal government for scaling back transfers to provincial health budgets and rebuffing calls for the renewal of the soon-to-expire \$41-billion Accord on Health Care Renewal.

Deb Matthews, Ontario's minister of health and long-term care, who chaired a summit of provincial health ministers before Ambrose arrived, signalled that, instead of confrontation, the provinces want closer, more energetic collaboration with the federal government — especially on improvements to senior care.

“In recognition of Canada's aging population and growing health care demands, a better continuum of care to support seniors aging at home and in the community is needed” emphasized provincial ministers in a press communiqué before meeting Ambrose. In addition “high-quality supports to avoid hospitalization or return home after hospitalization, as well as the importance of proper diagnosis and high quality care for seniors with dementia” are needed.

“We're tackling the issue of senior care by stepping up efforts to share best practices,” Matthews explained before meeting Ambrose. “All of us have become real champions.”

After meeting with Ambrose, Matthews' enthusiasm appeared blunted. “We've been pleased with Minister Ambrose's willingness to listen,” Matthews demurred.

For her part, Ambrose balked at the suggestion that senior care — a problem that analysts and clinician groups including the CMA describe as increasingly urgent — represents an opportunity for renewed federal leadership modelled on previous federal initiatives such as the \$2.1-billion federal invest-

ment in pan-Canadian electronic health information systems in 2001 and the \$5.5-billion National Wait Times Initiative in 2004.

Similar calls to address seniors' care emerged from a recent meeting of the provincial premiers in Niagara-on-the-Lake, Ontario, where the premiers agreed to investigate successful efforts to prioritize home care over long-term care institutionalization and identify innovative care models.

A recent report from the Council of the Federation estimated that growth in health costs due to an aging population will be about 1% annually between 2010 and 2036. Seniors with more than one chronic condition have three times more health care visits as seniors with no chronic conditions and account for 40% of all health care use.

Today, provincial ministers placed the need for improvement of senior care atop an action list that also included a call for closer monitoring of the usage of magnetic resonance imaging and computed tomography scans, as well as expanded efforts to curb the cost of generic drugs.

A recent Ipsos Reid poll conducted for the CMA found that 78% of respondents thought the federal government needs to play a significant role in developing a seniors' health strategy and that only 37% of Canadians have confidence in the ability of the current system to care for our aging population. Three-quarters of respondents said they were concerned for themselves about whether they would have access to high-quality health care in their retirement years.

“I know this is an important issue. It's an issue the provinces and territories have made at the top of their agenda,” Ambrose acknowledged before leaving it to the provincial ministers to discuss their senior care strategies. “We can't do anything without them. A great deal of this involves their jurisdiction.”

Federal leadership on the issue “would be welcome,” Matthews rejoined. “There are many ways they could help.”

That suggestion echoes the recommendations of a recent report from the Health Council of Canada, a health care quality watchdog established to monitor the 2003 accord that the federal government is now dismantling.

According to the Health Council report, “a decade of health care reform in Canada has produced disappointing results for taxpayers and patients alike as progress on wait times for key procedures stalled, primary health care services lag behind other countries and home care services do not adequately meet seniors' needs.”

John Abbott, the council's CEO, suggests that senior care is a problem the federal government should now make its own. “It's an issue facing all Canadian families,” he explains. “If I was advising the federal government, that's where I would go.”

Dr. Monika Dutt, chair of Canadian Doctors for Medicare and a family physician with the Cape Breton Health Authority in Sydney, Nova Scotia, agrees.

“We have to ask where is the federal government in all of this?” she stressed after noting that health care for seniors is increasingly inequitable across Canada.

But finding a consensus on government action may not be easy. According to Fred Horne, Alberta's minister of health, the increasingly severe problem with senior care — which he described “as probably the biggest challenge” facing Canadian health ministers — is not about jurisdictions.

Instead of focusing on government solutions, Horne suggested, Canadians should focus on family-based responses. — Paul Christopher Webster, Toronto, Ont.

CMAJ 2013. DOI:10.1503/cmaj.109-4625