

HealthAchieve

GERIATRIC SESSION
ONTARIO DEMENTIA STRATEGY
OPENING REMARKS

Dr. Dallas Seitz

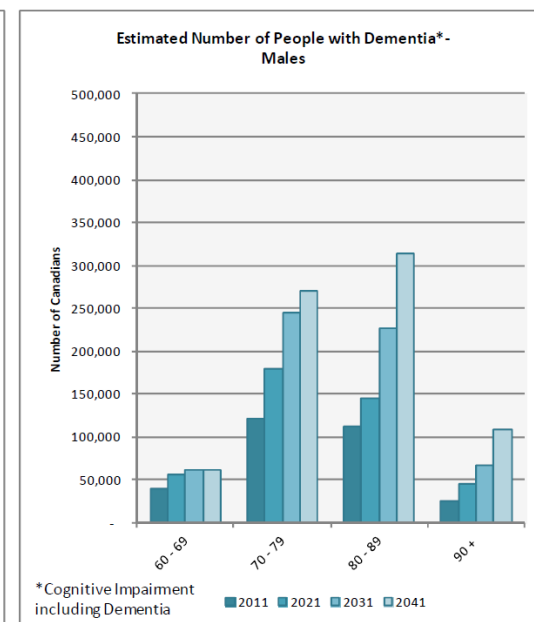
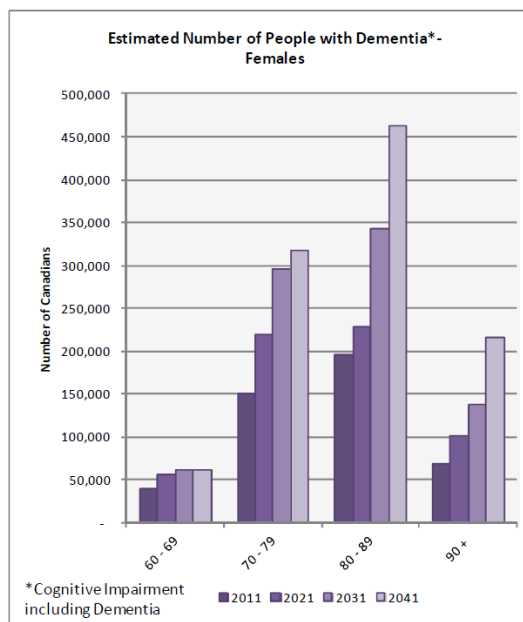
Dementia in Ontario

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Dementia in Canada

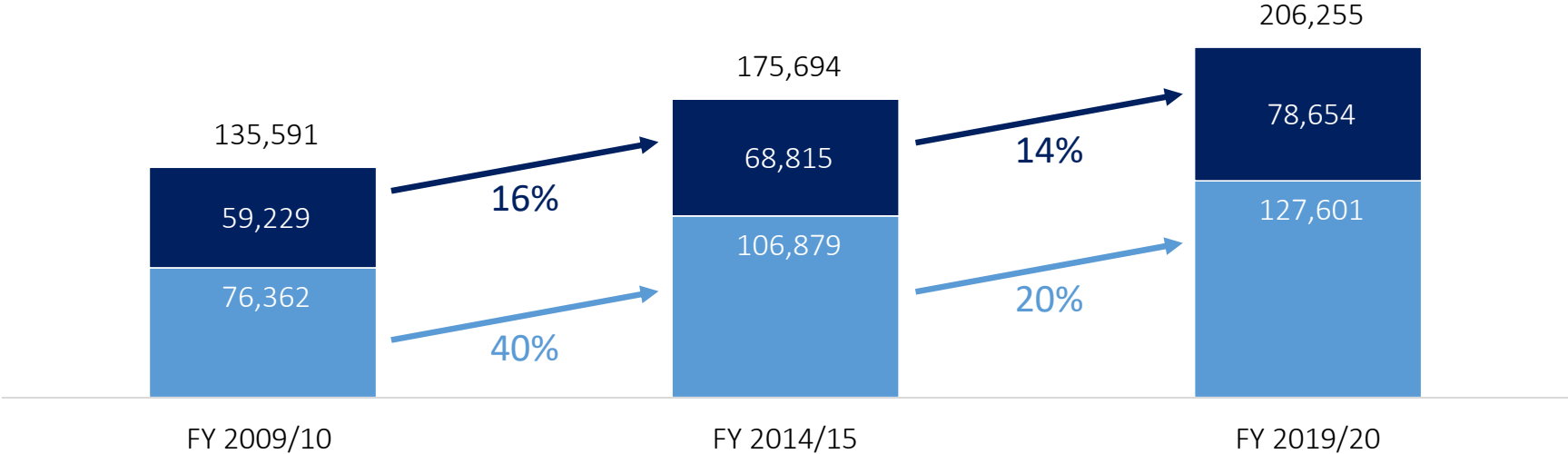
- Populations in Canada are aging
- ~500,000^{1,2,3} individuals diagnosed with dementia in Canada
 - 7% of all adults over age 65
- ↑ prevalence to 1.4 million by 2031, 1.8 million by 2041
- Majority of people with dementia live in community



1. Mapping Connections, Health Canada, 2014
2. Alzheimer Society of Canada, 2010
2. RiskAnalytica, 2012

From 2010 to 2015 the prevalence of dementia in the province increased by 40,103 persons (30%) to 175,694

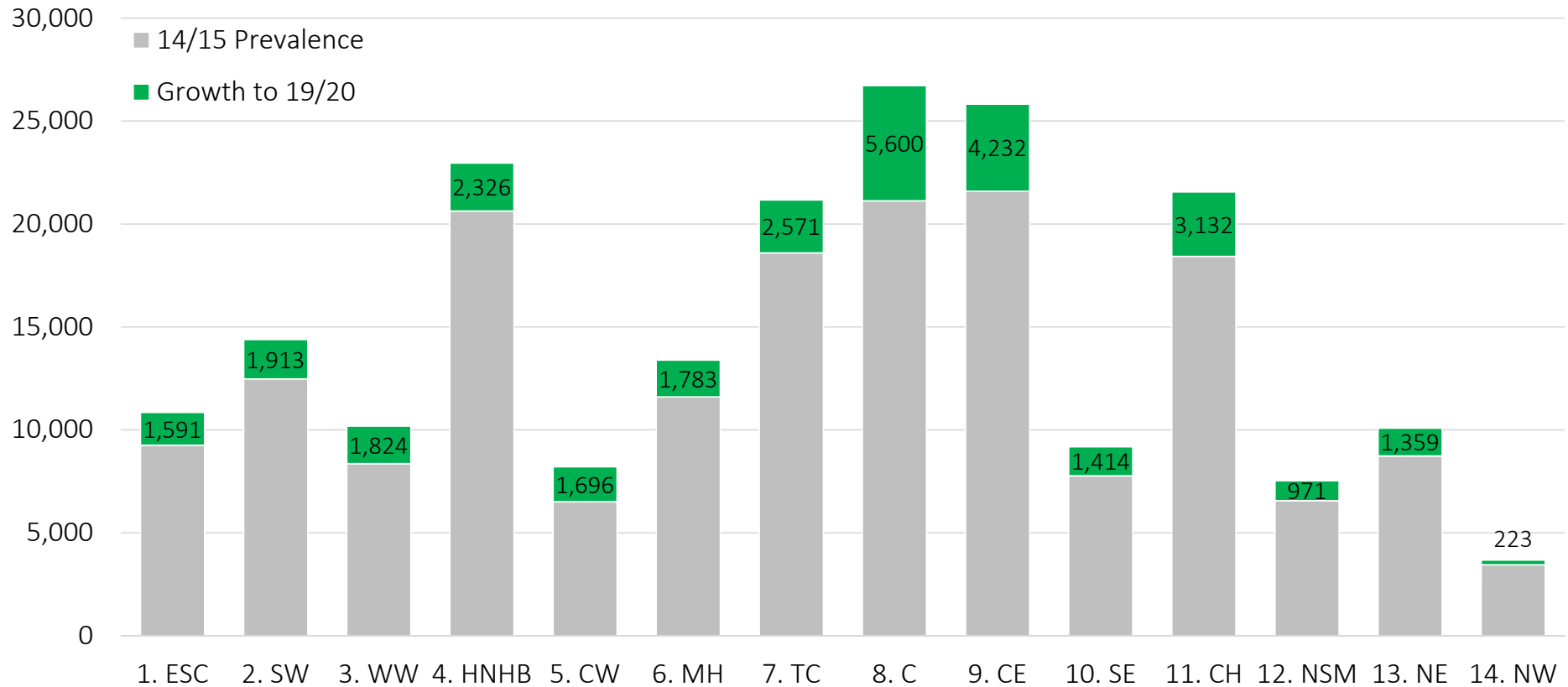
■ Community Prevalence



- Almost 75% of this growth happened in the community, increasing the need for home services and the demands on care partners
- Community dwelling PLwD represented 61% of all prevalent cases in 2014/15.

Projected Prevalence

By 2020, Ontario will have 30,636 more PLwD and 49–68% of them will be residing in the community



Economic Impact of Dementia

- Cumulative costs of dementia over next generation in Canada: \$872 billion¹
- Canada, annual total costs: \$15 billion → \$153 billion by 2031
 - \$8 billion direct costs, \$5 billion indirect (caregiver) costs
- Informal care in Canada: 230 million hours, 50% in is community settings
- U.S. 17.9 billion hours of unpaid caregiver time (average 20 hours per week) = \$217 billion

1. Rising Tide, Alz Soc Canada, 2010
2. Alzheimer Dement, 2015

Health System Costs Associated with Dementia

- Globally: \$645 billion annually
- Most developed countries spend 3 to 5% of total health care budget on dementia care
- U.S. direct health care costs (excluding caregiver costs) \$226 billion per year¹
- Total direct healthcare costs in Canada: \$8 billion
- Mean and median direct annual costs of services for person with dementia: \$29,000, \$21,000²
 - ~ double that age matched population

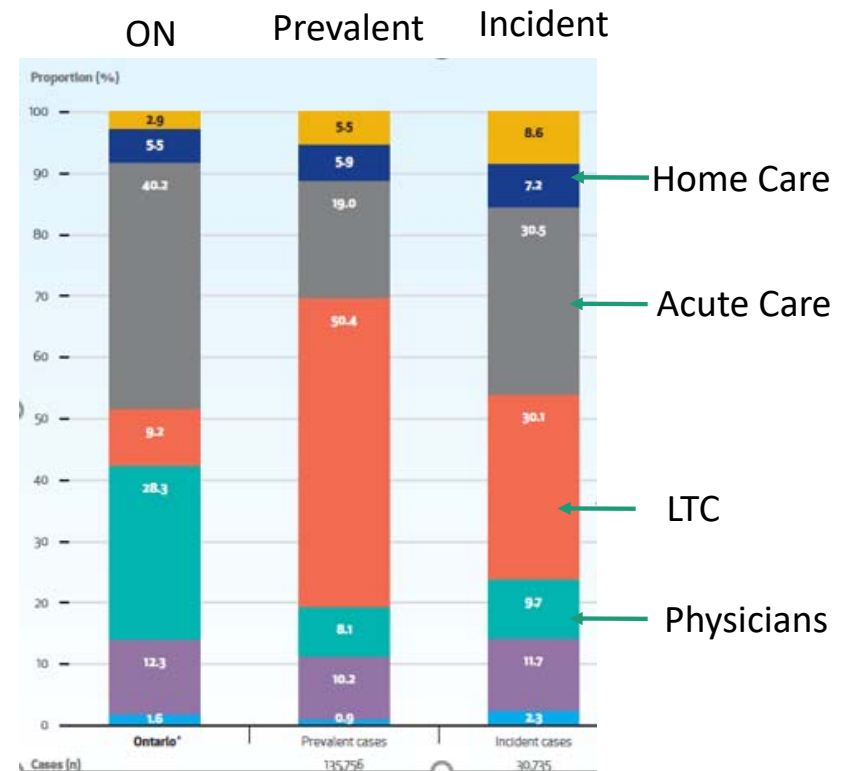


OECD, Addressing Dementia

1. Hurd, NEJM, 2013
2. Ng, Brain disorders in Ontario, 2015

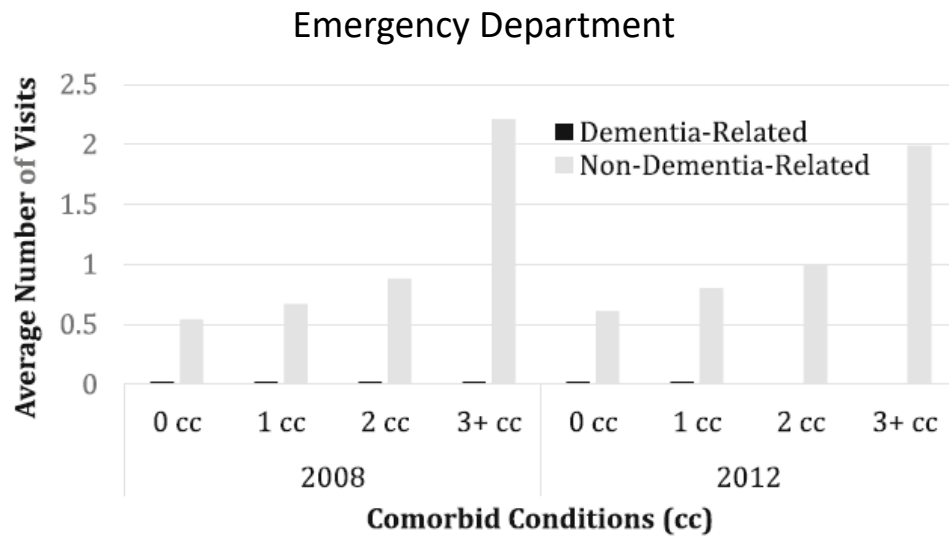
Dementia and Health Services

- Majority of costs associated with dementia related to LTC (50%) and acute care (30%)¹
- Acute care use by older adults with dementia²:
 - ER visits: 40% dementia vs 24%
 - Admissions: 22% dementia vs 10%
- Dementia and alternative level of care³:
 - ¼ of all ALC hospitalizations, 1/3 ALC days
 - Median ALC LOS 23 days vs. 10 days

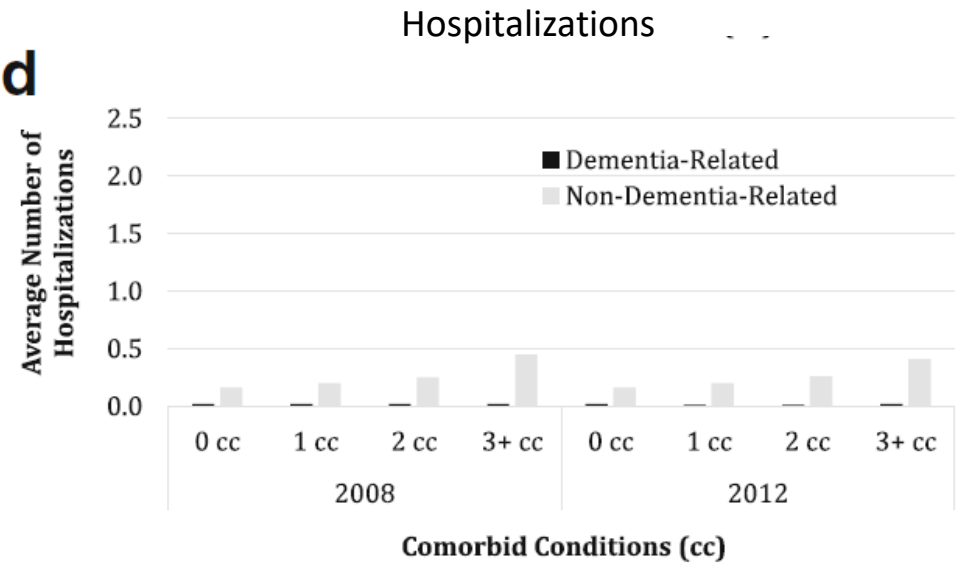


1. Ng, Brain Disorders in Ontario, 2015
 2. Bronskill, ICES, 2011
 3. Walker, Healthcare Quart, 2009

Reasons for Hospital Use in Dementia



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Dementia in Hospitals

- 42% of non-elective medical admissions are for dementia
 - UTIs, pneumonia most common reasons
- 24% of hip fracture admissions from community and 80% from LTC in Ontario have underlying dementia
- Individuals with mild dementia have 25% increased risk of death following hospitalization, 33% increased risk for severe dementia
 - Half die within 1 year of admission
- 75% in hospital have behavioural symptoms, 45% severe
- Hospitalization of person with dementia increases caregivers risk of mortality by 22%

Sampson, Br J Psychiatry, 2009

Seitz, J Am Med Direct Assoc, 2014

Sampson, Br J Psychiatry, 2014

Christakis, NEJM, 2006

Ontario Dementia Initiatives

DEMENTIA STRATEGY KEY INVESTMENTS

	1	2	3	4	5	6	7	8	9	10
	Dementia Day & Evening Programs	Caregiver Respite	Care Partner Education and Training	Dementia Workforce Training and Education	Behavioural Supports at Home and in Community	Behavioural Supports in Long-Term Care Homes	Primary Care Collaboratives/Memory Clinics	Patient Navigation	Geriatric Medicine & Geriatric Psychiatry Residencies	Dementia Campaign
DESCRIPTION	Expand province-wide access to dementia specific, adult day and evening programs.	Enhance flexible respite services for care partners of people with dementia.	Enhance education and training available to care partners to support their care for loved ones.	More dementia-specific training hours and supports for front-line and primary care practitioners.	Expand Behavioural Supports Ontario program in home and community.	Expand Behavioural Supports Ontario program in long-term care homes.	Evaluation of primary care / specialist memory clinic models.	Expand access to integrated and coordinated dementia care in community.	Additional geriatric medicine and geriatric psychiatry residencies in medical schools.	Expand dementia awareness campaigns in alignment with existing public health campaigns.
OUTPUTS	Enhanced availability of dementia day and evening program (including transportation) that support patients and care partners.	Improved access to respite supports to reduce care partner burnout.	In-person and online educational resources for care partners so people have the right skills to provide care for loved ones.	Equipping dementia workforce with more tools and supports to improve safety and better manage and diagnose dementia.	Specialized staff in home and community to provide a system of care to reduce and mitigate complex behavioural health needs.	Specialized staff in all Long-Term Care Homes to reduce and mitigate complex behavioural health needs.	Explore expansion of innovative primary care models to improve patient diagnosis and appropriate management.	Additional care coordination hours to support new clients.	More dementia specialists will improve the health system's ability to respond appropriately to dementia diagnoses.	Expand training across LHJs with targeted campaigns towards key populations.

\$101 million over 3 years for Ontario's new Dementia Strategy

Quality Standards

Behavioural Symptoms of Dementia

Care for Patients in Hospitals and Residents in Long-Term Care Homes