**Policy Statement on the**

**National Seniors Strategy Concerning Community Care and Medical Education**

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 *Approved: Date*

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**Briefing Note**

**Policy Statement on the NSS, Concerning Community Care and Medical Education**

SUMMARY:

This policy statement is written by medical students of the CFMS National Senior Strategy Task Force, in support for the National Seniors’ Strategy. This report, coined by the Canadian Institute of Health Research and Evidence-Informed Healthcare Renewal (HER). Evidence based research and consultation fuel advocacy towards the health and engaged lives of citizens, as well as support for caregivers and care closer to home. The task force proposes recommendations for community care and medical practice.

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**The Canadian Federation of Medical Students (CFMS) Stance on the National Seniors Strategy**

In representation of over 8000 medical students from fifteen medical schools across Canada, the CFMS endorses the National Seniors Strategy (NSS). The NSS aims to support an aging Canadian population through four pillars that act together to promote access to appropriate community care, long-term care, palliative care, and end-of-life services.

**National Seniors Strategy:**

The NSS focuses on four pillars around seniors care, covering twelve issues of national focus, that highlight ways in which the country can meet the needs of Canada’s aging population. This strategy was coined through the Canadian Institute of Health Research and Evidence-Informed Healthcare Renewal (EHR).  This research team began their work in 2013 and viewed strategy, approach, and practices towards elderly populations. Consultations with stakeholders took place over a 12-month period and informed the recommendations presented in this document1.

The four pillars of the National Seniors Strategy are organized as follows:

* Independent, Productive and Engaged Citizens
* Healthy and Active Lives
* Care Closer to Home
* Support for Caregivers

For the purpose of this statement, we prioritize our focus on the last two pillars, as they pertain to caregiver support and patient satisfaction in our medical training.

**Effect on Medical Students**

Issues surrounding care of seniors impacts medical students, clinical clerks, and residents of all specialties. From the first time medical students are exposed to geriatric medicine in pre-clerkship, they begin to form ideas about seniors’ care, reflect on their own personal experiences and values, and contemplate where seniors will fit in their future practices.

Prior to medical school,many students may choose to volunteer and/or work within communities with senior populations. During medical school,  trainees have the opportunity to provide care for the senior population during inpatient rotations at tertiary care settings and community placements, both in urban and rural centres. Following medical school, advanced education in the area of seniors health is typically seen in subspeciality training through an internal medicine residency program and as additional competency programsin family medicine.

We suggest these specific recommendations, developed in alignment with the pillars of the NSS and their formalized recommendations, organized into community care and medical education and consideration.

**Recommendations:**

*Community Care -*

1. **Advocate for further Caregiver support**
* Facilitate and support the creation of flexible models for leave by businesses and workplaces, to allow caregivers to balance work with caregiving duties.
* Increase public awareness around existing government supports for caregivers.
* Increase awareness about what constitutes a caregiver and recognize some of the challenges they face.
1. **Equitable provision of and access to seniors’ health resources**
* Promote equitable access to home and community care, long-term care, end-of-life care and aging specialists for all Canadians, regardless of geography or socioeconomic status.
* Ensure adequate resource provision to enable seniors to age safely in the community, such as long-term care beds, home care services and social programming.
1. **Incorporate greater access to community-based care**
* Ensure services are placed in communities close to seniors home, and provide incentive for home-based medicine in the form of community nursing, physician home visits, and at-home dying to provide maximum convenience and comfort for those who choose it.
1. **Advocate for the Creation of ‘Age-Friendly’ spaces**
* Provide infrastructure support to ensure availability of healthcare access as well as age friendly housing, resources to meet the demographic need of seniors, and financial relief to those on fixed income.

*Medical Considerations -*

1. **Develop Standards and Metrics for Measuring Progress**
* Prioritize the development of national standards, guidelines and metrics to assess the progress of healthcare systems in their delivery of seniors’ care.
1. **Incorporate more Seniors Health Curriculum in Medical Education**

Ensure medical students learn and are assessed on the following in pre-clerkship and/or clerkship medical school curricula:

* + Structure of, the pros and cons of, when referral is indicated for: home/community care, long-term care, palliative care units and end-of-life services.
* Ensure the following aspects of discharge planning are explicitly covered in pre-clerkship and/or clerkship medical school curricula:
	+ Home safety assessment, the role of allied healthcare professionals, the responsibilities of long-term care homes to their residents (role for post-hospital stay assessments, responsibility of post-discharge transfer, etc.).
	+ Supporting caregivers of seniors in the community, long-term care, palliative care units, and end-of-life services.
* Provide medical students the opportunity to engage in home visits, either in rural or urban communities during their clerkship rotations should they desire.

**Appendix: Description of National Seniors Strategy Pillars and Expanded Resolution**

**National Seniors Strategy Pillars**

The “Independent, Productive and Engaged Citizens” pillar addresses social supports for seniors to allow them to live and thrive independently in the community. Its recommendations advocate for providing income security, ensuring affordable housing, creating age-friendly spaces and addressing seniors’ safety (including elder abuse, ageism and social isolation).

The “Healthy Active Lives” pillar centres on preventive medicine and overall healthy aging for seniors. Topics described within this pillar include falls prevention, affordable medication access, deprescribing, and advanced care planning. Recommendations involve raising awareness amongst the public on preventive health, government policy changes to address medication costs, and training healthcare providers to discuss advance care planning, amongst others.

The “Care Closer to Home” pillar discusses the provision of quality home and community care. Its recommendations involve improving access to various community care options (such as home care, long-term care and end-of-life services), ensuring adequate availability of aging specialists, and developing standards and metrics to track progress in seniors’ healthcare.

The “Support for Caregivers” pillar discusses measures to support caregivers, who often take time off work, forgo professional advancement and pay significant out-of-pocket expenses to help their loved ones live in the community. The NSS recommends developing supports for caregivers, such as encouraging employers to increase flexibility for leave, and creating and promoting government caregiver benefits. Supporting caregivers is with the ultimate goal of enabling their dependent seniors to live at home longer, and to simultaneously promote wellness of the caregivers themselves.

**Recommendations**

1. **Advocate for further Caregiver support**
* Facilitate and support the creation of flexible models for leave by businesses and workplaces, to allow for caregivers to balance work with caregiving duties.
* Increase public awareness around existing government supports for caregivers.
* Increase awareness about what constitutes a caregiver and recognize some of the challenges they face.

The National Seniors’ Strategy describes “growing evidence demonstrating that financial support for caregivers can reduce the probability that their dependents will be admitted to a nursing home by 56%” (2). Unpaid work leads to significant costs for caregivers, including time off work, missed opportunities for career advancement, and substantial out-of-pocket expenses. Existing government support for caregivers include the Family Caregiver Tax Credit, the Caregiver Tax Credit and the Compassionate Care Benefit (9). However, restrictions on eligibility and reduced awareness may lead to the underutilization of these supports. Although immediate family members make up the majority of caregivers, close friends and neighbours are increasing in numbers. Therefore, changes to policies need to reflect these growing trends to include extended family members, friends, and neighbours, ensuring that all caregivers have access to social and financial supports (3).

1. **Equitable provision of and access to seniors’ health resources**
* Provide equitable access to home and community care, long-term care, end-of-life care and aging specialists for all Canadians, regardless of geography or socioeconomic status
* Ensure adequate resource provision to enable seniors to age safely in the community, such as long-term care beds, home care services and social programming.

There are ongoing limitations in community supports and resources available to seniors. Examples include long wait times for long-term care, shortage of home care services (4), and social isolation for seniors (5). Another limitation is that existing resources are not provided equitably across the country. For example, access to aging specialists differs across geographic regions, with rural areas being disproportionately affected (4). As such, infrastructural changes addressing both resource provision and equitable access will be needed to allow all Canadian seniors to age safely in the community.

1. **Incorporate greater access to  community-based care**
* Ensure services are placed in communities close to seniors home, and provide incentive for home-based medicine in the form of community nursing, physician home visits, and at home dying to provide maximum convenience and comfort for those who choose it.

There are 2.2 million Canadians receiving care at home, 15% of which still have unmet needs (1). According to the National Seniors Strategy, avoiding unnecessary hospitalization and keeping seniors at home longer can save an estimated $2.3 billion to use elsewhere in the healthcare system. Ensuring there are services close to home that allow individuals to stay at home longer ensures not only comfort for the patient but also increases the number of beds available for  acute care situations. Furthermore, community-based care helps to decrease the need to travel for seniors who may not have the ability, time, or resources to do so, and decreases stress on caregivers to fulfill transportation roles.

1. **Advocate for the Creation of  ‘Age-Friendly’ spaces**
* Provide infrastructure support to ensure availability of healthcare access as well as age friendly housing, resources to meet the demographic need of seniors, and financial relief to those on fixed income.

A recent WHO report suggested that healthcare authorities create age-friendly spaces for seniors to utilize, and improve existing infrastructure for comfortable aging (10). It has been suggested that making financial and structural resources more available and accessible will increase use and ease the burden on those with fixed-income. At home, the Canadian government has taken several steps to address seniors’ needs. Since 2016, the age of eligibility for the Guaranteed Income Supplement (GIS) and Old Age Security (OAS) was restored from 67 to 65 (1), and the value of the GIS was increased by up to $947 (6). Canada’s Budget 2018 also includes the first-ever National Housing Strategy and an expansion on the Community Volunteer Income Tax Program (CVITP), which are both targeted at populations in need, including seniors (6).

1. **Develop Standards and Metrics for Measuring Progress:**
* Prioritize the development of national standards, guidelines and metrics to assess the progress of healthcare systems in their delivery of seniors’ care

The National Seniors’ Strategy identifies a dearth of standardized metrics and indicators to assess the current state of seniors’ health across different provinces and healthcare systems (1). This prevents us from establishing targets for healthcare systems and to track improvement over time, which diminishes incentive to perform. The Wait Time Alliance’s 2015 report identifies several examples, such as the lack of data on wait times for specialist seniors’ care and the challenges in tracking alternate level-of-care (ALC) rates as there is no pan-Canadian definition of ALC at present (4).

1. **Incorporate more Seniors Health Curriculum in Medical Education**
* Ensure medical students learn and are assessed on the following in pre-clerkship and/or clerkship medical school curricula: the structure of, the pros and cons of, when referral is indicated for: home/community care, long-term care, palliative care units and end-of-life services.
* Ensure the following aspects of discharge planning are explicitly covered in pre-clerkship and/or clerkship medical school curricula: Home safety assessment, the role of allied healthcare professionals, the responsibilities of long-term care homes to their residents (role for post-hospital stay assessments, responsibility of post-discharge transfer, etc.), and supporting caregivers of seniors in the community, long-term care, palliative care units, and end-of-life services.
* Provide medical students the opportunity to engage in home visits, either in rural or urban communities during their clerkship rotations should they desire.

A renewed interest in medical education is needed to empower health professionals with the skills to care for an aging population. Seniors' care is currently not covered consistently by health professions programs, with a 2014 assessment finding that only half the programs surveyed included a required course in the field (7). A study done in the US of six medical schools surveyed 252 students with only 22% of respondents reporting themselves to be prepared for end of life themes. “Students attending medical schools with a formal end-of-life curriculum were more likely to feel prepared than students with no formal curriculum to address psychosocial issues…” (8). The benefits of early exposure to this population are two-fold: 1) it raises awareness around this field and enables students to consider elderly care as a career path, and 2) it provides all students, regardless of career choice, with the foundational knowledge and skills to care for this population.

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