

Primary care for the elderly: why do doctors find it hard?

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With acknowledgement of input from Prof Niek de Wit

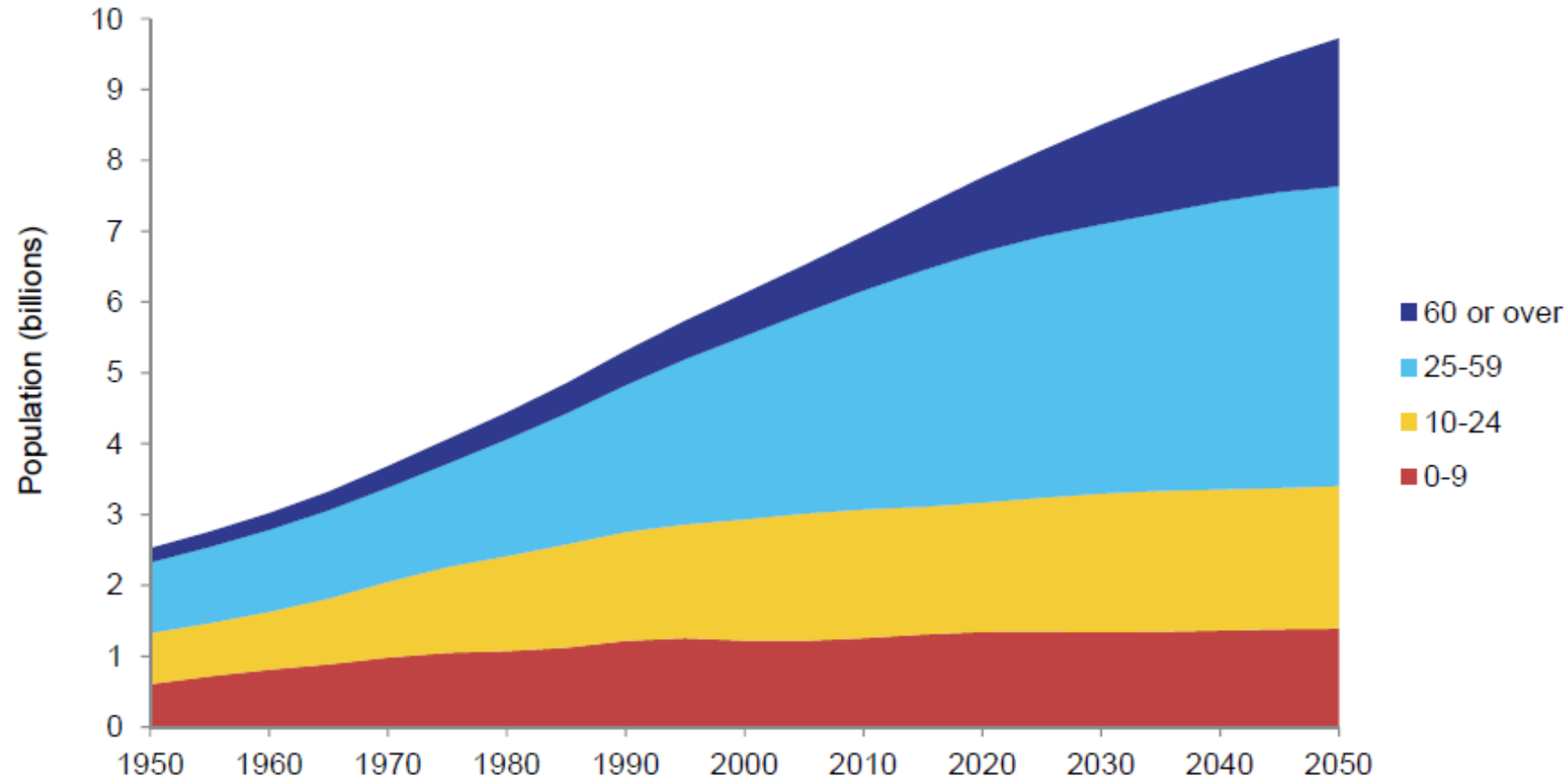
*Julius Center for Health Sciences and Primary Care, University
Medical Center, Utrecht*

Two stories, two systems



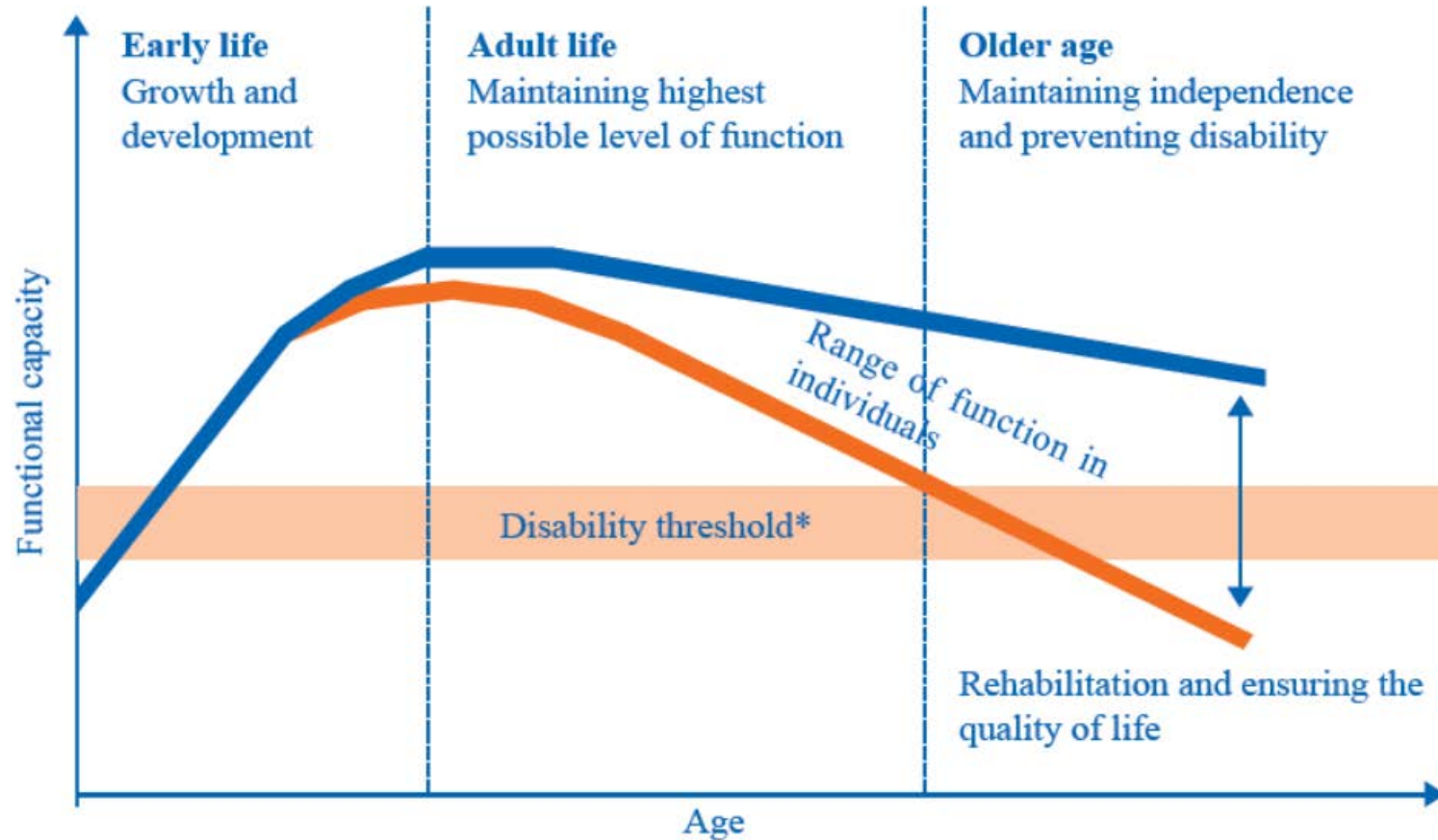
The demography of ageing

Global population by broad age group, 1950-2050



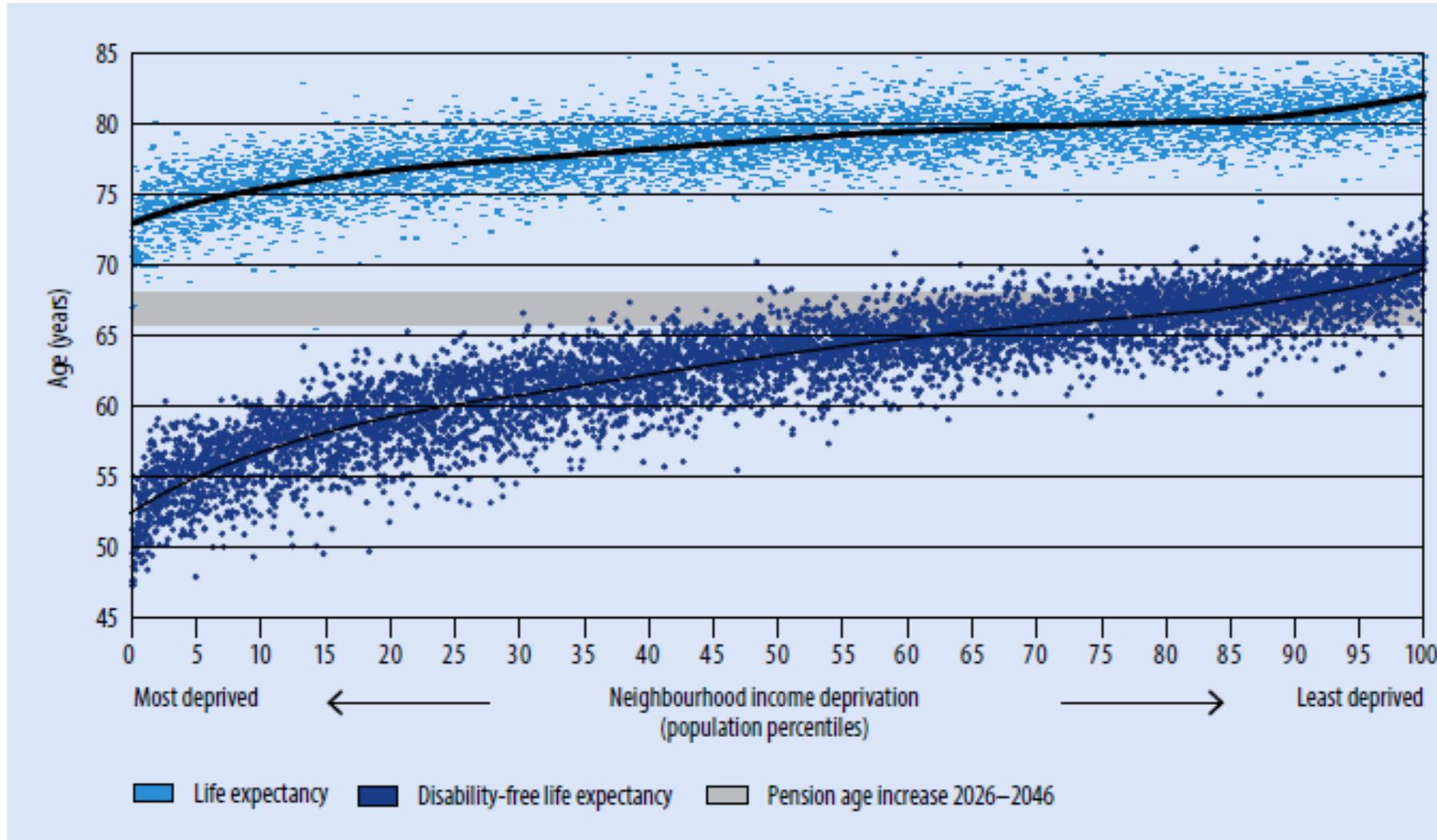
Data source: United Nations (2015). *World Population Prospects: The 2015 Revision*.

Functional Capacity over the Life Course



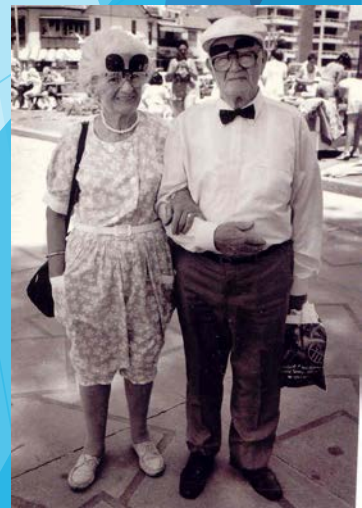
Source: Active Ageing : A Policy Framework, WHO, 2002

Impact of societal inequity on ageing; *UK*



Factors affecting elder care

- ▶ Patient related
- ▶ Doctor related
- ▶ System related
 - ▶ Scope of care package
 - ▶ Mode of payment
 - ▶ Accessibility
 - ▶ Continuity over time
 - ▶ Integration round needs
- ▶ Individual
- ▶ Clinical setting
- ▶ Societal context
 - ▶ Availability of family and community support
 - ▶ Formal support for care of elders
 - ▶ 'Age friendly' conditions (roads, transport, venues)



Medical complexity and ageing



- ▶ Multiple care providers in primary and secondary care settings - family doctor, nurses, physiotherapy, pharmacist
- ▶ Different hospital specialities
- ▶ Multiple medications - polypharmacy
- ▶ Risk of 'too much medicine'?

Barriers - travel time, financial costs,
services available, attitudes and expectations



Factors affecting doctor experiences

Objective / external factors

- ▶ Training and experience
- ▶ Time available
- ▶ Team skills and support
- ▶ Diagnostics
- ▶ Patient cooperation and ability to attend for care
- ▶ Added complexity - communication, cognition, frailty, other...

Subjective / internal

- ▶ ATTITUDES - to older people and their needs
- ▶ Burnout
- ▶ Ageism and stigma
- ▶ Fear of ageing and death

- ▶ *Importance of insight, professionalism, and compassion*

Focus on frail older people



- Multimorbidity in several domains
- Loss of functional capacity
- Poor quality of life
- High mortality risk

- High professional and caregiver burden

Proactive elderly care in primary care

1. Frailty Assessment

- through GP's assessment
- by ICT selection in routine care data
- based on key indicators of frailty



2. Comprehensive Geriatric Assessment

- at home, f.i. by nursing staff

3. Tailor-made care plan: care coordination, monitoring follow-up

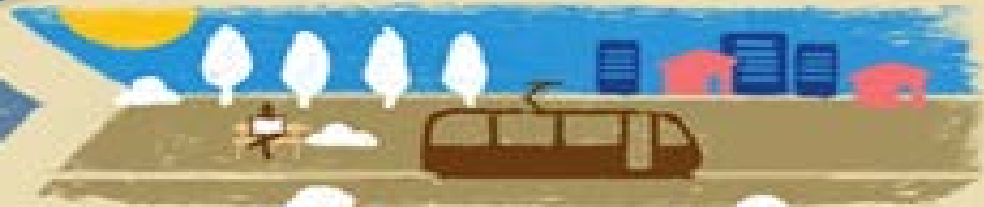


▶ WHAT IS NEEDED FOR HEALTHY AGEING

A change in the way we think about ageing and older people



Creation of age-friendly environments



Alignment of health systems to the needs of older people



Development of systems for long-term care



Healthy Ageing...being able to do the things we value for a long as possible
#yearsahead



Actions to support healthy ageing

Period	High and stable capacity	Declining capacity	Significant loss of capacity
Risks and challenges	Risk behaviours, emerging NCDs	Falling mobility, sarcopaenia, frailty, cognitive impairment or dementia, sensory impairments	Difficulty performing basic tasks, pain and suffering caused by advanced chronic conditions
Goals	<p>Build and maintain capacity and resilience</p> <p>Reverse, stop or slow the loss of capacity</p> <p>Compensate for loss of capacity</p>		
Responses	<p>Reduce risk factors and encourage healthy behaviours</p> <p>Early detection and management of chronic diseases</p> <p>Build resilience through capacity-enhancing behaviours, strengthening personal skills and building relationships</p>	<p>Implement multicomponent programmes delivered at primary health-care level</p> <p>Treat the underlining causes of declines in capacity</p> <p>Maintain muscle mass and bone density through exercise and nutrition</p>	<p>Interventions to recover and maintain intrinsic capacity</p> <p>Care and support to compensate for losses in capacity and ensure dignity</p> <p>Rapid access to acute care</p> <p>Palliative and end-of-life care</p>

The aims of the WONCA Special Interest Group (SIG) on Elderly Care

The SIG in elderly care aims to improve elderly care in primary care in all countries by :

- developing new primary care models for the elderly;
- advocating the implementation of undergraduate and postgraduate family physician training in elderly care;
- promoting research in elderly care in family practice;
- integrating care of elderly in primary health care services.

<http://www.globalfamilydoctor.com/groups/SpecialInterestGroups/ElderlyCare.aspx>

Only recently becoming active again but has a host of new interested experts

One of the WONCA Keynotes at 2018 conference is the WHO Ageing and Lifecycle lead

'Crown jewels' of family medicine

- ▶ Personalised, integrated care
- ▶ Continuous, longitudinal relationship
- ▶ All complaints, all disease, in all stages
- ▶ Valuing the person for themselves



Key values for supporting healthy ageing!



Wonca