

Request for Decision City Council



Type of Decision									
Meeting Date	October 24, 2007				Report Date	October 15, 2007			
Decision Requested	X	Yes		No	Priority	X	High		Low
	Direction Only				Type of Meeting		Open		Closed


Report Title
Specialized Geriatric Services and a Future Regional Geriatric Program

Budget Impact / Policy Implication		Recommendation	
X	This report has been reviewed by the Finance Division and the funding source has been identified.		
		<p>Whereas since 1990 the former Regional Municipality of Sudbury recognized the need to develop geriatric services, and</p> <p>Whereas the former Regional Municipality of Sudbury and the now City of Greater Sudbury has been trying to recruit a geriatrician for the past 20 years, and</p> <p>Whereas the population 65 and over in the City of Greater Sudbury, in the past five years has increased by 9.2%, and</p> <p>Whereas this demographic indicator is significantly higher than the national and provincial level, and</p> <p>Whereas the Northeast Local Health Integration Network anticipates a 5.8% growth in seniors between 2007 and 2010, and</p> <p>Whereas, Northern Ontario has access to only one specialized Geriatrician and occasional visiting geriatricians, and</p>	
	Background Attached	X	Recommendation Continued

Recommended by the Department
 Catherine Matheson General Manager, Community Development

Recommender by the C.A.O.
 Mark Mieto Chief Administrative Officer

Date:

Report Prepared By	Division Review
 Kim Rossi Coordinator of Seniors' & Health Development	Name Title

Whereas there are only two geriatricians in training in the Province of Ontario, and

Whereas there is now an opportunity to recruit one of those graduating Geriatricians, Dr. Jo-Anne Clarke, who would service Northeastern Ontario through outreach programs and the use of videoconferencing, and

Whereas the Minister of Health and Long Term Care has recognized the need for improved geriatric services and in August 2007 announced an "Aging at Home" strategy that will see Northeastern Ontario access nearly \$34 million in funding to increase the delivery of services that will allow seniors to remain in their homes longer, and

Whereas there are currently 5 established Regional Geriatric Programs in the Province of Ontario, and

Whereas, Dr. Michael Borrie Director of the London RGP program has volunteered to champion a Northeastern Ontario initiative and work alongside Dr. Jo-Anne Clarke to implement specialized geriatric services, and

Whereas there are multi partners and stakeholders across Northern Ontario who share the need to join forces toward specialized geriatric services and eventually a Regional Geriatric Program for Northern Ontario, and

THEREFORE BE IT RESOLVED THAT the Seniors' Campus steering committee be reinstated as the Specialized Geriatric Services Network for Northeastern Ontario; and

THAT the Specialized Geriatric Services Network engage stakeholders across Northern Ontario in this important initiative; and

THAT city staff work with Drs' Borrie, Clarke and Bon to determine the parameters around the network, the Specialized Geriatric Services phase I and the Regional Geriatric Program for Northern Ontario phase 2.

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Background

In 1990 the former Regional Municipality of Sudbury in their foresight and community planning recognized the need to implement programs and services that would meet the demands of a rapidly aging population via a master plan and specifically details around a Seniors' Campus. In 1994 the Ministry of Health and Long Term Care announced funding that would require Long Term care facilities to upgrade their facilities. This opportunity meant the redevelopment of 188 long term beds at Pioneer Manor to meet long term care standards through an investment of the City and the MoHLTC (\$22 million). It also enabled an opportunity to use space that would be vacated and that could be redeveloped by community partners who provided programs and services to seniors. A steering committee was developed, that included members from the Northeast, who together, envisioned this "hub" as a centre of geriatric excellence for Northeastern Ontario.

The Seniors' Campus steering committee recognized that even though many communities did deliver a number of programs and services to seniors that there remained a number of "gaps". One of the more conspicuous disparities was the need to provide early diagnosis and treatment to those seniors experiencing memory loss. With this being said the most significant gap in the delivery of this service was accessing the skills of a specialized geriatrician who could provide a comprehensive assessment. Another gap was the ability to provide a service to seniors that would mean easy access and the least disruption to their lives. Telemedicine was identified as the most progressive and innovative means of making this happen. However the next step was to secure a geriatrician. Unfortunately geriatric medicine is not seen as a speciality of choice amongst many new physicians, therefore making the task of recruitment difficult. The steering committee was successful at accessing the skills of Dr. Trevor Bon, Geriatrician, from Thunder Bay Ontario, who since 2003 has assessed over 100 patients who have accessed the Northeastern Ontario Dementia Assessment and Consultation(NODAC) service.

Progress and investment into the Seniors' Campus- \$25.3 million

- redevelopment of 188 long term care beds, \$22 million investment
- 2003 NODAC (via telemedicine) has assessed over 100 patients for dementia
And over 1100 patients have accessed other medical specialist.
- 2006, Societe Alzheimers Society Sudbury Manitoulin renovated 10,000 sq. ft of space and can now accommodate close to 20 clients for their day program - \$2.1 million
- 2005, announcement of the Family Health Team that will utilize over 7,500 sq.ft- \$1.2 million
- Northeastern Ontario Psychogeriatric Resource Consultant

Moving towards a more comprehensive model in Geriatric Care

Recent census indicated that the increase in the seniors' population in the Northeast is advancing at a rapid pace and that the increase is above the provincial and national levels. Seniors (65+) in the Northeast make up 15% of the total population. As well the Northeast Local Health Integration Network Integrated Health Service Plan has identified both the Alternative Level of Care and Chronic Disease Prevention and Management as priority areas. Geriatricians can provide a comprehensive geriatric assessment (CGA)(that can take 1.5 to 2 hrs to complete) and is recognized as one of the key components of this disease management and medical optimization and health prevention. According to literature CGA's have increased the odds of living at home and

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can be linked to improved survival and functions in older individuals.

There is a strong need to move forward in the delivery of Geriatric Care. Population demographics only red flag the urgency in ensuring that communities implement a short and long term plan to meet the ever growing needs of an aging population. The Seniors Campus located on the grounds of Pioneer Manor has recognized the need to include in it's long term strategic plan the key objectives in preparation of this "boom".

In 2005 Dr. Ray Pong, with the Centre of Rural and Northern Health Research (CraNHR) encouraged the Seniors' Campus partners to move forward and research further the Regional Geriatric Programs. In May 2005 the City of Greater Sudbury invited Dr. Michael Borrie, Director of Regional Geriatric Program and Chair of the Geriatric Medicine with the University of Waterloo, and Mr. Cal Martell, Clinical Director of Ottawa Hospital and Chair of the RGP's of Ontario Network. At a meeting held at the Northern Ontario School of Medicine together they provided a detailed overview of the benefits of a Regional Geriatric Program for Northern Ontario. This meeting included from the west campus: Dr. Trevor Bon, Dr. Dan Hunt (NOSM), east campus: Dr. Roger Strasser, Dr. Chris McKibbin, Ms. Palkovits/St. Joseph's Health Centre, Dr. Brian Aiken/LU, and a representative from the City of Greater Sudbury. As well, during this visit there were meetings held with other organizations and individuals who were recognized as being very instrumental in the development of a Regional Geriatric Program for the North.

Background of the Regional Geriatric Programs:

With the announcement of the Northern Ontario School of Medicine came a great opportunity to facilitate the way to enhance on the delivery of geriatric programs and services for all of Northern Ontario. In 1987, mandated by the then Ministry of Health, came the creation of 5 Regional Geriatric Programs that to this date remain established within existing Ontario Medical Schools and Academic Health Sciences Centres:

- Toronto
- London
- Kingston
- Ottawa
- Hamilton

The mandates of the RGP's were:

- clinical services: assessment/diagnosis, evaluation of rehabilitation and post-discharge follow-up
- teaching/education: institutional and community health care professionals, volunteers, the elderly and families
- clinical research/evaluation
- consultation: to physicians, hospitals, healthcare and community agencies

Regional Geriatric Program offers a team of health care professionals with a specialty in geriatric medicine. Their primary goal is to provide seniors with a service that will allow them appropriate and timely services and the ability to access expert medical, functional and psychosocial assessments that will enhance on their quality of life and allow them to remain in their "homes" longer. Core services of the Regional Geriatric Program include:

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- General geriatric or specialty outpatient clinics
 - Outreach services within the city - home visits and long term care consultation
 - Outreach visits/clinics within the region
 - Day hospital(s)
 - Geriatric rehabilitation units
 - Acute care hospital consultation/liaison team(s)
 - Geriatric Assessment unit(s)

Regional Geriatric Program innovations include:

- Geriatric emergency management (GEM) nurses
- Acute Care for the Elderly (ACE) unit/team
- Networks of local county teams that link to the central Specialized Geriatric Services for consultation on complex patients and for continuing education
- Specialty outpatient clinics:
 - ◇ memory disorders/dementia & mild cognitive impairment
 - ◇ continence
 - ◇ falls
 - ◇ movement disorders

Critical Success Factors

Critical to the sustainability of providing comprehensive geriatric care is the recruitment of a Geriatrician. The second critical factor is to ensure systems are in place that position the Northeast to attract a geriatrician. Currently in the Northeast there are no full time specialist in geriatric medicine. Dr. Trevor Bon is a Geriatrician in Thunder Bay, and he along with other geriatricians have serviced the City of Greater Sudbury and other Northern communities either by the use of telemedicine or by occasionally commuting to those communities in need of specialized geriatric services. In 1992 Ontario specialist in geriatric medicine published a Delphi consensus survey of health experts and the results indicated that based on population that there was a need for a full time geriatric specialist per 10,000 people over the age of 65. Therefore based on the findings of the Northeast Local Health Integration Network that reports that 15% of the total Northeast population is over 65 + that there is a need for 8.7 full time geriatricians for the Northeast alone.

Setting the Stage

In 2003, while attending the Ministry of Health and Long Term Care's Professional Association of Internes and Residents of Ontario underserved area tour, recruitment specialist from the hospital and city of Greater Sudbury staff met with Dr. Jo-Anne Clarke, who is a resident of Lively that is a community located west of Greater Sudbury. At that time Dr. Clarke knew that she wanted to return to the Northeast to practice medicine but was also very interested in making a difference in her community and recognized that there was a critical need for a specialist in geriatric medicine. Over the years Dr. Clarke has witnessed and contributed to the successes of an established Specialized Geriatric Services through the University of Waterloo's Regional Geriatric Program. Her experience will certainly be a valuable contributor to the establishment of instituting specialized geriatric services to the Northeast that would eventually develop into a sixth Regional Geriatric Program for Northern Ontario. There are currently only

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two geriatricians in training in the province of Ontario and 9 throughout Canada. Dr. Clarke is currently in her last year in a subspecialty in geriatric medicine at the University of Waterloo. She has received national media coverage because of her interest and passion for geriatric medicine, hence, opening the door for many opportunities. However, Dr. Clarke wants to return to Northern Ontario to practice in a field of medicine that is seen by many as very complex and time consuming. But this is not the case for Dr. Clarke, who engages with her patients with a commitment to ensuring that they receive the care and options that will provide them with a better quality of life.

Defining the opportunities for linkages

With the leadership of Dr. Michael Borrie a proposal has been drafted and distributed to all members of Council, that outlines the key strategies in establishing the systems that will help in the recruitment of Dr. Jo-Anne Clarke as well as implement Specialized Geriatric Services for Northeastern Ontario with the later development of a Regional Geriatric Program for Northern Ontario.

In August 2007, Drs' Michael Borrie, and Jo-Anne Clarke, along with Maureen Vickers (Director of the Specialized Geriatric Services/London RGP) met with numerous senior service providers in Greater Sudbury to identify the current systems that are in place and how they could become effective in linking these services together.

Opportunities for linkages include:

- ✓ Northeastern Ontario Dementia Assessment and Consultation(NODAC) service
 - provides geriatric assessment (onset on memory loss) through the use of video conferencing - and is accessible via the Northeast.
- ✓ Societe Alzheimer Society Sudbury/Manitoulin
 - offers range of programs and support for patients with dementia and their families.
- ✓ Sudbury and District Health Unit
 - commitment to seniors' health in particular falls prevention
- ✓ Research and Evaluation
 - Public Health Research, Education and Development program through the Sudbury and District Health Unit and is one of five in the province
- ✓ Psychogeriatric Resource Consultants (PRC's)
 - there are three PRC's in Northeastern Ontario, their mandate includes to provide education, consultation and network building to long term care facilities, CCAC and other Ministry of Health and Long Term Care funded agencies.
- ✓ Seniors' Mental Health Outreach Program of the Hopital Regional Sudbury Regional Hospital
 - offers a comprehensive assessment by a multidiscipline team that also includes a psychiatrist.
- ✓ North East Community Care Access Centre
 - access point for home health services, school health services and information and referral to community support services for all of Northeastern Ontario.
- ✓ Northern Ontario School of Medicine
 - joint initiative with Laurentian and Lakehead universities, includes a number of teaching and research sites throughout Northern Ontario
- ✓ Long Term Care Provider Group/Family Physicians

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- nine family medicine practitioners provide care for over 1300 long term care residents in Greater Sudbury.
- ✓ City of Lakes Family Health Team
 - comprehensive primary health care is delivered through an interdisciplinary team with an emphasis on health promotion

Phase I - Specialized Geriatric Services for Northeastern Ontario....the Plan

One geriatrician can support several highly specialized interdisciplinary teams, that include nurse practitioners, occupational and physiotherapist, social worker and support staff, and for the purpose of this proposal the following is recommended:

- A) Ambulatory setting
 - General Geriatric medicine clinics
 - Specialized outpatient clinics: ie memory, falls, osteoporosis
- B) Outreach
 - given the geographical challenges of the Northeast the use of telemedicine, either via tele or video conferencing, will become an important tool in delivering health care to a more complex seniors population located in remote rural areas.
- C) Acute Care
 - Consultation Liaison Team, lead by a Nurse Practitioner, provides consultation to the medical and surgical team in the hospital, that will include a comprehensive geriatric assessment (CGA)
- D) Research and Program Evaluation
 - Integral to the delivery of evidence-based care and the accountability of the program

To effectively support this model there will also need to be in place a Program Director who will:

- establish the partnerships, evaluate the integration of the specialized geriatric services.
- establish the central intake system, implement health records, referral process, budget, operational needs etc.
- establish the steering committee for the Northeast
- participate in future planning that encompasses the North West for the proposed Northern Regional Geriatric Program

Phase II -Regional Geriatric Program for Northern Ontario

To develop a comprehensive RGP for Northern Ontario will require planning and representation from:

- Northeast and Northwest LHIN's
- Specialized Geriatric Services program director
- Geriatrician from the NE & NW, long-term care physicians, and geriatric psychiatrist
- Northern Ontario School of Medicine
- Regional Hospitals
- CCAC's

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- Alzheimer Societies (Northern Ontario)
- organizations of geriatric services
- input from consumer and focus groups

Funding for the Specialized Geriatric Services and Northern Regional Geriatric Program

In order to sustain the above mentioned programs and services there is a need to pursue funding for the physicians and allied health care team.

Physicians are remunerated either under a fee for service model or through an alternative funding model. Fee for service is based on the number of patients assessed by a physicians and this model does not allow for an appropriate extended comprehensive geriatric assessment which can take up to 2 hours to complete. In August, the Ministry of Health and Long Term Care announced an "Aging at Home" strategy. In Northeastern Ontario \$34 million will be allocated to fund this initiative. This has allowed the opportunity to pursue the Local Health Integration Network for funding the allied health care professionals of the specialized geriatric services.

Conclusion

The main priority pertaining to this initiative is to recruit a Geriatrician and to pursue the LHIN's and the Ontario Medical Association for sustainable funding.

Next Steps:

- creation of a Northeastern Ontario Seniors' Campus steering committee
- renovating 4,000 sq.ft. of space on the grounds of the Seniors' Campus
- recruitment of a geriatrician
- hiring a program director for April 2008 - (request via the NELHIN's) who over the next year would work alongside Dr. Clarke in establishing the Specialized Geriatric Services for Northeastern Ontario.
- submit the Phase One of the proposal to the North East Local Health Integration Network
- working with the steering committee and members of the Northwest medical community and partners establish phase II of the proposal and that being a Northern Regional Geriatric Program