



SOARING HEALTH CARE COSTS DUE TO TECHNOLOGY, NOT AGING SOCIETY

Researchers say "don't blame the elderly"; offer options for health care savings

Grim predictions that our rapidly aging society will act like a 'grey tsunami' to overwhelm and bankrupt our health care system aren't accurate, according to the University of Victoria's Canada Research Chair in Social Gerontology Neena Chappell and Marcus Hollander, president of Hollander Analytical Services. In a groundbreaking new paper, the health policy researchers state that an aging population will have less of a negative cost impact than thought, and that the primary factors in increasing health care costs are technology and increased service provision to people of all ages.

The paper, "An Evidence-Based Policy Prescription for an Aging Population" recently published in *HealthcarePapers*, lays out a plan for a more cost-efficient healthcare system. Chappell and Hollander note that there are significant opportunities for cost savings while maintaining quality care for seniors, and that significant savings can be achieved through better organization and management of their health services.

"Increasing costs are not inevitable," says Chappell. "In a more integrated system of care delivery, it is possible to both save money and increase the quality of care at the same time."

Eleven commentaries were written by leading health policy experts across Canada to respond to the lead paper by Chappell and Hollander, who also wrote a response to the commentaries. Taken together, these 13 papers, and the guest editorial by the Canadian Health Services Research Foundation, provide a unique insight into the issues faced by federal and provincial governments as they try to hold the line on costs while ensuring that seniors receive appropriate health care.

"Rather than current systems where services such as home care and nursing homes may be in separate organizations, an integrated system of care delivery would provide lower cost, seamless care for seniors across a wide range of health and supportive services," says Chappell.

Hollander adds, "One system including community services such as meals on wheels, non-professional supportive services, professional home care services, supportive housing, long-term care facilities and specialized geriatric assessment and treatment units in hospitals would also have one overall budget. Professional case managers would coordinate care and

assess needs, develop customized care plans, and authorize access to any of the services in the integrated system. They would also coordinate care with other parts of the health system, such as hospitals."

The authors note that budgets for long-term supportive care that allow people to remain in their homes have been frozen or reduced, often resulting in deteriorating health and a more rapid move to more expensive hospital or nursing home care. While some seniors do need some professional care, say the authors, often their needs can be addressed primarily by non-professional supportive care such as feeding, bathing, and maintaining a clean living environment.

The paper also calls for reducing the debilitating effects of age discrimination; facilitating the development of healthy communities at the local level; evaluating promising preventive initiatives; and providing enhanced support to unpaid caregivers (family and friends) who actually provide most of the care for older persons.

The authors' paper, and the response to the commentaries, are available at www.longwoods.com/content/22246 and www.longwoods.com/content/22258.

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