PRIORITYES FOR THE HEALTH CARE OF THE ELDERLY

The Role of the Family Physician

The Health Care of the Elderly Committee of The College of Family Physicians of Canada (CFPC) encourages and supports a high standard of education and training for students, residents and practicing physicians who provide and will be providing care to older people. The committee promotes:

- The dissemination of information that pertains to the care of older people
- Collaboration between The College of Family Physicians of Canada and other organizations involved in the care of older people
- The involvement of family physicians in the care of older people in all settings
- Innovation in the care of older people
- Family medicine research related to older people

The Health Care of the Elderly Committee serves in an advisory and advocacy role reporting to the Board of Directors of the CFPC and reconvened with new members in 2005. The present committee received a Discussion Paper, now approved by the Alberta College of Family Physicians: In the Era of Primary Care Renewal: Empowering Family Physicians to Meet the Challenge of Caring for the Elderly. This paper was used as a reference point in that it addresses both the needs of education and service delivery. Solutions were given to empower family physicians to meet these needs. These solutions are the basis of the recommendations that follow.

These recommendations are national initiatives for the care of the elderly. They are areas for advocacy and action to be shared with members of The College of Family Physicians of Canada, government bodies and other agencies. They recognize the key roles of family physicians in the care of the elderly.

EDUCATION

The education and training of family physicians in the care of the older adult begins in the medical school curriculum and continues through postgraduate programs into the continuing medical education of practicing physicians. Undergraduate medical education and family medicine residency training should provide exposure to care of the elderly. An understanding of frailty and frailty prevention is pivotal to this training.

The College of Family Physicians of Canada accredits postgraduate enhanced skills training programs for Care of the Elderly (CoE). The Royal College of Physicians and Surgeon of Canada also certifies specialists in geriatric medicine. Currently there are approximately 130 family physicians with CoE certification. Graduates of CoE Programs can develop a primary geriatric practice and often undertake work similar to that performed by RCPSC-certified geriatricians. Although there are 211 geriatricians in Canada (2007), they fulfill a variety of roles and many do not provide full-time clinical care. Another stream of more highly specialized care for elderly patients is geriatric psychiatry. This is not an official sub-specialty of the Royal College. The Canadian Academy of Geriatric Psychiatry has approximately 200 members providing care in homes, long-term care facilities and hospitals.
Many aspects of CoE are commonly found in family practice. One half of the family physicians / general practitioners who completed the 2004 National Physician Survey indicated that care of the elderly or geriatric medicine was part of their practice. One quarter indicated that a nursing home or home for the aged was one of their practice settings. On a bright note, 62% of second-year family medicine residents reported that they planned to include care of elderly as part of their future practices.

Family physician CoE teachers and preceptors are role models for knowledge, skills and attitudes, affecting the future practice patterns of new and experienced family physicians. Medical students and family practice residents need to witness the management of complicated frail elderly in the community, and the management of patients in long term care facilities. Physicians with special training in CoE play significant roles in the education of residents in family medicine programs. However, given the relatively small number of family physicians with this distinction, it is important to ensure that physicians with experience in caring for older adults in a variety of settings are involved in teaching medical students and residents in university Departments of Family Medicine. This may involve formal teaching or supervision in clinics, long term care facilities and hospitals.

Thirteen of the seventeen medical schools in Canada have Care of the Elderly Programs with dedicated Program Directors. However, a variety of funding arrangements exist for Directors and there is also a variety of relationships that CoE Program Directors have within Departments of Family Medicine with cross-appointments to Divisions of Geriatrics or Departments of Internal Medicine.

The Care of the Elderly Program is an enhanced skill program offered by most Canadian University Departments of Family Medicine. Established in 1989, these programs provide supplementary training and expertise. The six or twelve month programs are available (1) after the two-year core Family Medicine Residency Program or (2) to re-entry practicing physicians. The Care of the Elderly Programs provide in-depth training for family physicians who:

- Wish to improve their knowledge of the special needs of the frail elderly and their skills in managing this population
- Will be acting as resources in the care of elderly in their communities, urban and rural
- Will take on leadership roles, including program development and clinical care in a variety of settings
- May develop clinical and educational roles in specialized geriatric services

The “Standards for Accreditation of Residency Training Programs” states that family practice residents in Care of the Elderly Programs must:

- Learn special skills, knowledge and attitudes related to the care of the elderly
- Do comprehensive and clinical assessment of the frail elderly, including assessment of mental function
- Be familiar with the atypical presentation of illness and the management of common geriatric and psychogeriatric problems
- Learn to be effective team members by participating in multi-disciplinary teams.

Care of the Elderly certification awards additional training in Care of the Elderly. Ongoing support is needed for these programs. The incentives, and disincentives for re-entry candidates vary widely across the country. Yet the enhanced skills of these physicians meet the growing needs for geriatric care in many communities across Canada.

Recommendations for training family physicians

1. The Canadian medical curriculum should emphasize issues related to the care of the elderly. Teachers from the Department of Family Medicine should be involved in care of the elderly curriculum development and teaching in the undergraduate and postgraduate programs.
2. Medical training should specifically develop skills to treat the elderly in the framework of interdisciplinary care. This framework emphasizes disease prevention and health promotion.

3. Resources, financial and human, should be available for university departments, hospitals and family physician teachers involved in training family physicians in the care of the elderly.

4. University Departments of Family Medicine should recruit family physicians with recognized expertise or certification in care of the elderly for faculty positions. These physicians are teachers and role models for medical students and residents in the care of the elderly.

5. Family medicine core residency programs must expose residents to care of the elderly in the community, including the home, retirement homes and long term care facilities.

6. Directors for the Care of the Elderly Programs in Family Medicine need support for administration, protected time and educational budgets.

7. Incentives should be available for practicing physicians re-entering Care of the Elderly Programs. Disincentives such as return of service agreements should be minimized or removed.

SERVIC DELIVERY

It is well recognized that there is a shortage of family physicians in Canada. This shortage comes at a time when Canadians have one of the highest life expectancies in the world. By 2015, Canada will have more people 65 years of age and older than young people under the age of 15 years. By 2056, one out of every 10 Canadians will be over 80 years of age (Institute of Aging Strategic Plan). Older Canadians perceive themselves as healthy. But when they do not have a family physician they are forced to receive episodic care for complex health issues in walk-in clinics or emergency departments. They often cannot access services provided by home care agencies or by specialized geriatric teams. They also do not have the assistance of a family physician to coordinate their care and to steer it through the complex health care system. The shortage has highlighted the important roles that family physicians play in care of the elderly.

The majority of older persons are independent and self-sufficient whereas the frail elderly have multiple, interactive problems that affect function or cognition. Family physicians strive to promote health and wellness to prevent frailty. With greater age and increasing co-morbidity patients lose functional reserve and have greater vulnerability to lose function with even minor illness and to present with atypical presentations of illnesses. When functional and cognitive decline is unavoidable, the family physician gives quality care and provides dignity to frail, older patients in a variety of community and institutional settings. Although the complexity of care of frail patients has not changed, there are larger numbers for family physicians to manage and many of the resources and strategies used in the past are under strain.

Family physicians provide broad-based, long term, medical and psychiatric care to their elderly patients. A comprehensive approach to care gives understanding to how individual patients function in the family, the home and the community. The care of elderly patients by family physicians complements consultant care provided by geriatricians and geriatric psychiatrists. The care of older patients should be evidence-based whenever possible, reflecting the most acceptable practice and following agreed-upon clinical practice guidelines.
The family physician assists the older person to have a home that is safe, affordable and free of abuse. Family physicians support community services to meet the health and social needs of their patients. Community services should be equitable, integrated and coordinated.

Remuneration is often an obstacle to physicians assuming leadership roles in the care of the elderly. There is a wide variety of compensation methods between and within provinces. For example, the position of medical director in long-term care facilities, usually filled by a family physician, is inconsistently funded.

Interdisciplinary care is integral to care of the elderly. The division of roles on the discipline-specific team is usually needs-based and often directed by the family physician. Care is not simply shared but is collaborative and coordinated. Team members are often involved in problem-solving beyond their scopes of practice and therefore rely on the special skills and knowledge of each individual care provider on the team.

Recommendations for service delivery

1. The family physician has an important and valued role as a member of the interdisciplinary team in the care of the elderly.

2. Financial incentives and flexible remuneration should be offered for the comprehensive care of elderly patients. The various and complex services provided by family physicians include preventative, emergency, in-hospital, end-of-life, long term and nursing home care, as well as house calls. Family physicians should be valued and remunerated adequately for providing care to the elderly and special needs populations in all settings and communities, including urban, rural and remote. Family physicians caring for the elderly should be rewarded by the payment mechanism that best responds to their practice and patient needs—e.g. sessional, salaried or blended.

3. Integrated models for the delivery of services to the elderly in the community—urban and rural—require development. Primary health care models should ensure that teams of health professionals are working together to meet the needs of the elderly.

4. The right of the elderly to remain in their own home should be preserved and respected by family physicians.

5. All medically necessary services to seniors should be publicly funded. Governments, professional colleges and associations should be assured that monitoring and accreditation processes are being followed to ensure that all organizations and facilities, whether privately or publicly funded, meet the same high standards of care.

6. Access to a full range of community services should be available to the elderly through an equitable, integrated and coordinated process. National standards should be established for long term care facilities and family physicians providing care in these facilities should have the appropriate knowledge and skills.

7. Public, private and voluntary sectors are encouraged to expand their range of support for the elderly.

8. Supportive housing alternatives reduce the pressure on acute and continuing care facilities. Non-institutional options need to be available for the elderly with convalescent, chronic or end-of-life needs.

9. The elderly should be given a choice of services. Bring services to the elderly rather than requiring them to move into facilities or travel to where the services are provided. “Unbundle” services such as personal care, food services and housing arrangements.
10. Discharge planning from hospitals needs to be effective and timely for transferring elderly patients with necessary supports to the community.

CONCLUSIONS

This Discussion Paper raises many priorities for family physicians providing care to the elderly. Communication is needed for continuing improvement and change. From this document an ongoing discussion with the College, its members and affiliates will advance training in care of the elderly and support family physicians in providing service to this population.

The Health Care of the Elderly Committee sees at least three directions for the recommendations in this Paper. Some recommendations will be used by the committee to set its future goals and objectives. The Section of Teachers will use these recommendations to identify standards for accreditation of residency programs. Finally, the Board of the College of Family Physicians of Canada hopefully will approve these recommendations to affirm the central and changing role of the family physician in the care of the elderly.

References:

1. In the Era of Primary Care Renewal: Empowering Family Physicians to Meet the Challenge of Caring for the Elderly,

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