Making Our Health and Care Systems Fit for an Ageing Population: Considerations for Mexico.

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The challenge

• By 2030, one in six people in Mexico will be aged over 60.

• That we are living longer is a cause for celebration, but it already presents major challenges to our health and care system.

• We could do better coordinating care around old people needs and focusing on keeping people well and out of hospital and Long Term Care.
KEY ISSUES

• People are living longer, many with one or more long-term medical conditions, and for a significant number, advancing age brings frailty.

• The complexity of this problem has been recognized; policies and guidance for the care of older people are being developed.

• The challenge is to turn the rhetoric of personalized geriatric care into the reality of everyday care.

• Actions can be taken at different levels of the system to deal with this issue, but the responsibility for quality of care and outcomes is located at the level of the team.

• Decisions and actions taken at any level of the system should enable frontline staff to do their work.
Introduction

• A report from the UK proposes a range of interventions to make care better for older adults, especially those who are frail.

• We discuss the proposed shift from the acute care hospital to other models of care in the Mexican context.

• The key concept is a fundamental shift to care that addresses the full range of individual needs rather than specific illnesses.

• Strategies are needed to keep people out of hospital but still give them needed care.
Whole-system changes are needed to deliver the right care at the right time, and in the right place, to meet older people’s health needs, care preferences and goals.
Age well and stay well

- Major **inequalities in life expectancy** and healthy life expectancy at birth in different settings in Mexico.
- **Loneliness** (30% of elderly people households are unipersonal)
- 70% of the population is **obese** or overweight
- Uptake of influenza and pneumococcal **vaccinations** is 58%, slightly below the levels set by international targets (60%)
What we know can work

- Life course approaches to health and wellbeing that address the social and economic determinants of health.
- Preventing social isolation
- Promoting healthy lifestyles
- Vaccination
- Screening programs
- Frailty prevention
The impact of social protection on determinants of dependence and vulnerability in Mexico

Interventions
- Universal social pension 65 +
- Constitutional right to access health
- Seguro Popular

Determinants
- Life course vulnerabilities
- Legal norms and rights
- Social norms and values

Outcomes
- Adequate income
- Access to services
- Political and social participation
Live well with simple or stable long term conditions

• Most people over 60 in Mexico live with long term conditions (Diabetes 24%, Hypertension 40%, Osteoporosis and Sarcopenia over 30%, major cognitive impairment over 8%)

• Older people receive poorer levels of care and are less likely to receive optimal therapy (lower rates of HT and DM control)

• General medical conditions are treated more effectively than common geriatric conditions (which often remain unrecognized)
What we know can work

- **Universal coverage** (over 85% in Mexico today)
- Introducing population **risk stratification**
- **Educating** family and care workers
- Improving **care** and treatment for common geriatric conditions
- **Empowering** and involving older people and their families in planning and coordinating
- **Case management** delivered through locally based teams (liaison geriatric medicine)
- Providing **continuity** and care coordination
Multimorbidity

• Health services and care for older people with complex co-morbidities, including frailty and dementia to remain as well and independent as possible and to avoid undue deterioration and complications.
Current situation

- **Frailty** is common and usually neglected (>25% of elders in Mexico)
- More than 1 in three people 60 and older **fall** each year (35%)
- There is considerable under diagnosis of **dementia** (800,000 cases in Mexico, Incidence rate 25/1000 per year)
What we know can work

• Recognizing the importance of frailty
• Using frailty risk assessment and case finding
• Using proactive comprehensive geriatric assessment and follow up for frail people
• Falls prevention
• Providing good care for people with dementia
• Reducing inappropriate polypharmacy
Accessible effective support in crisis

- When health or independence rapidly deteriorates, access to **urgent care** including effective alternatives to acute hospital care.
Current situation

• Older people **tend to remain at home** without care, longer than they should

• When led to the hospital they attend **overcrowded emergency wards** where functional impairment aggravates

• They are often discharged without a clear solution to their condition and **no care plan**

• The **main entry port** to the hospital is the emergency ward (70% of admissions)
What we know that can work

- Promoting **continuity** of primary care
- **Rapid Access** ambulatory care clinics
- Providing urgent, coordinated **social care**
- Using home care **prevention** services
- Community and **liaison geriatrics**:  
  - Tele-care for people at risk  
  - Providing urgent access to primary care  
  - Developing virtual or community wards  
  - Develop “discharge to assess” programs
Person centered acute care

- Acute hospital care must meet the needs of older patients with frailty, complex comorbidities and dementia
- Services should provide adequate access to specialist input, minimize harms and provide compassionate and person centered care
Current situation

- People aged 60 and over account for >20 percent of hospital admissions.
- Consistent failures to provide even basic assessment or treatment plans for most common harms of hospitalization (only decubiti prevention is addressed systematically).
- Older people suffer more commonly adverse effects of hospital care (falls, infection, undue functional impairment).
- Older people with complex needs including long-term conditions and frailty are at high risk of readmission.
- Older people frequently lack support on discharge.
What can work

• **Focusing on frailty**, early risk stratification and immediate discharge planning from admission
• **Minimizing harms** of hospitalization
• Targeted comprehensive geriatric assessment
• Involving **carers** and older people in discharge plans
• Focusing on **person centered dignified care**
• Specialized geriatric care units
• **Liaison** and in reach services for other wards
• Maximizing **continuity** of care (ability to discharge 7 days a week)
• Developing **post discharge remote assessment** and support
• Assuring **communication** for continuity of care
Person centered dignified long term care

• Though some make a positive choice to enter long-term care, older people should only move into when treatment, rehabilitation and other alternatives have been exhausted

• Residents should consistently receive high quality care that is person-centered and dignified, and have the same access to care as other people living at home
Current Situation

• There is an estimated of 1,000,000 dependent older people in Mexico
• Less than 100,000 living in care homes, more than 90% remain at home
• Families are investing time and money in excess of their capabilities
• Levels of dependency are rising, so that the population will endure a significant growth in care expenditure
• People living in such conditions face wide variation in their access to all necessary health services
What we know can work

• Developing community based LTC services
• Conducting systematic global geriatric assessments in LTC settings
• Providing training and support for care staff
• Using evidence based frameworks for assessment of quality of life and improvement of relationship-centered care
Support control and choice at the end of life

• Older people nearing the end of life should receive **timely help** if they want or need it, to discuss and plan the end of life.

• End of life care services should provide high quality care, support, choice and control, and should **avoid over-medicalizing** what is a natural phase of the life course.
Current situation

• Older people receive poorer quality care towards the end of life and are often discharged without support because of “maximal benefit attained” of hospital care

• They are rarely involved in discussions about their options, less likely to die where they choose, and less likely to receive specialized end of life care
What we know can work

- Learning to identify people in their last year of life
- Providing workforce training and support
- Disseminate knowledge about advance directives
- Ensuring effective assessment and advance care planning
- Ensuring provision of specialist end of life and palliative care services
- Support people at care home and home to die in their settings rather than in the hospital
Making it happen: integration

• Must happen at the **local level** in each of the 9 components

• We need to **drive whole system changes towards integrated, person centered care at the community level** which is coordinated around people’s needs and goals
Health and Aging in Mexico Policy Timeline

1999
- Creation of the National Committee on Aging and Health
- PAHO SABE Survey

2000
- First Specific Action Plan on Ageing

2001
- Law on the Rights of Older Adults

2002
- First Universal Social Pension Program in Mexico City (became a right in 2003)
- Mexican Health & Aging Study

2003
- Fiscal Reform to Finance It All

2004
- Constituional Reform on Rights to Access to Health Care

2007
- Creation of Seguro Popular

2008
- First Evidence Based Action Plan on Ageing Proposal

2010
- Research Network on Ageing
- New Geriatric Specialty Program

2011
- Nam Position Statement on Health and Aging

2012
- National Universal Social Pension 65 and +

2013
- An Agenda for Research on Ageing
1. Adequate health services to the emerging needs of the aging population

2. Train the necessary health workforce to satisfy the emerging needs

3. Generate information in order to develop and monitor programs and interventions

4. Generate a medico/social coordination instrument

5. Position the health and aging policy issues in the National agenda
Roadmap

• Map out elements of good practice already provided and where the gaps are
• Identify early priorities for change and quick wins
• Agree some key performance standards that all actors can aspire to achieve
• Walk the journey from healthy aging to end of life care recognizing dependency
Our team
Thank you for your time and attention, Questions?
Our logo represents Huehuetotl’s (the old god) symbol: Nahui Ollin, harboring the four corners of the universe and the centre where he dwells.