From: Rosalie Wyonch and Don Drummond
To: Healthcare Policy Planners
Date: March 10, 2020
Re: CARING FOR THE ELDERLY: A HEALTH HUMAN RESOURCE PROBLEM

Canada’s population is aging and there is a shortage of specialists trained to provide healthcare to elderly patients. One in six Canadians are over 65 years of age and these older individuals have higher need and utilization of healthcare services.

While most physicians gain some experience with the complex and interrelated healthcare needs of seniors, there are only 304 geriatric specialists to provide care for Canada’s more than 6.1 million seniors. To ensure that seniors can access the care they need as they age, and their needs become more frequent and/or complex, the shortage of professionals with the needed skills and knowledge to deliver it needs to be addressed.

Provincial and territorial governments spend an average of about $17,000 per person on healthcare for individuals 75 years of age or older – more than triple the individual costs for those aged 50 to 74. As the population ages, the need for healthcare services will grow and the increasing demand will continue to put upward pressure on healthcare spending.

The elderly have higher and more complex healthcare needs, and are more likely to suffer from multiple chronic conditions, comorbidity, as well as more severe complications and side effects from treatment.

Geriatrics is a medical specialty that deals with the prevention, diagnosis, treatment, remedial and social aspects of illness in older people, mainly those 75 and older. There are 11.7 licensed geriatricians per 100,000 Canadians over 75. For comparison, there are 2,887 pediatricians in Canada, or 48.8 per 100,000 Canadians under 15.

To ensure seniors have access to high-quality healthcare when they need it, more professionals will be needed to manage and provide such care. The imbalance and general lack of elderly medicine specialists will not be solved quickly or without intervention.

In 2019, there were only 10 applicants to “family medicine and integrated care of the elderly” in the entire country. It takes 10 years of training to become a medical specialist (four years of medical school, four years to become qualified in general internal medicine and two years to specialize). Canada’s senior population is projected to grow by about 50 percent in the time it would take to train new geriatrics specialists. Given the lack of popularity of geriatrics among medical students, and the time it takes to train specialists, more geriatricians is not the solution to the current and growing shortage of healthcare professionals able to provide care for elderly patients.

More than two-thirds of Canada’s geriatricians work in academic health sciences centres, which makes them well-placed to educate medical students and other physicians about elderly care clinical practices.

If the scope of primary care could be broadened to embrace at least the first phase of geriatric care, it would reduce the number of elderly patients that need referral to geriatric and other specialists. It would also free some geriatricians’ time to focus on the patients with the highest need.

Expanding the scope of primary care to early geriatrics is no small task and will require enhanced competency requirements for family physicians and nurse practitioners. It will also require easy access to clinical guidelines and the ability to consult with the relevant experts and specialists when necessary for primary care providers.

Elderly care specialists will continue to have an important role in treating the most complex-needs patients.

The current need for more elderly care providers, however, will not be solved by more specialists alone. Most physicians gain experience with elderly care during their training. Enhancing that training and broadening the scope of primary care is one way to ensure continuing access to high quality care for Canadians as they age.

Rosalie Wyonch is a Policy Analyst at the C.D. Howe Institute and Don Drummond is Adjunct Professor at the School of Policy Studies at Queen’s University and a Senior Fellow at the C.D. Howe Institute.

To send a comment or leave feedback, email us at blog@cdhowe.org.

The views expressed here are those of the authors. The C.D. Howe Institute does not take corporate positions on policy matters.

Trusted Policy Intelligence / Conseils de politiques dignes de confiance