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Ontario Health Teams and Older Adults Living with Frailty

Purpose:

This toolkit provides planning resources, reference articles and information specific to the needs of older people living with complex health conditions such as mental health and addictions concerns, dementia and multiple, interacting medical conditions (sometimes called frailty). See Canadian Frailty Network for a definition of frailty.

Considerations:

- The needs of older people living with frailty may not be adequately reflected in administrative data sets
- The clinical picture and personal experience of frailty (e.g. specific needs of people at different stages of a dementia journey) adds context and informs planning
- Health challenges associated with frailty are complex problems and demand suitable approaches to problem identification and solution finding. See Complicated and Complex Systems

Resources:

Planning Resources

Central East Seniors Specific Planning Information
2018 Central East Dementia Capacity Planning Current State Report
Current State Reports detailing the supply and utilization of specialized geriatric services in Ontario
Attribution and the Frail Senior - Considerations
Age Friendly Community Planning Guide

Support for Clinical Service Design

Seniors Care System Program Logic Model identifying core health and social service programs and services, and their functions that can support older adults to remain living at home
Position Statement on the Need for Expert Clinical Geriatric Care in Ontario Health Teams
Senior Friendly Care – Supports for OHTs (RGPs of Ontario)
Senior Friendly Philosophy, Values, Principles and Practices (Central East)
RGPs of Ontario Older Adult Experience Survey
ICHOM Older Persons Standards Set including suggested outcome measures
Geriatric Emergency Department Guidelines
Silver Book - Quality Care for Older People with Urgent and Emergency Care Needs (UK)
Program Example - Geriatric Assessment and Intervention Network (GAIN)

Helpful Background Information

Supporting those newer to health service design

Measurement Primer
Driver Diagram Primer
Seniors Care Network Citizen Engagement Strategic Framework
Canadian Index of Wellbeing Report

Additional Resources

Curated reference list

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Curated References: Planning and Design for Older Adult Care

Title/Synopsis	Link
Clinical coordination in accountable care organizations: A qualitative study. Aim of the study was to understand ACOs' efforts to change clinical care during the first 18 months of ACO contracts.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5461217/
Designing a High-Performing Health Care System for Patients with Complex Needs Ten Recommendations for Policymakers Outlines the prerequisites of a high-performing health care system for "high-need, high-cost" patients and to identify promising international innovations in health care delivery for meeting needs of these patients.	https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_fund_report_2017_aug_roland_10_recommendations_for_complex_patients_revisedexpanded.pdf
Integrated Care Models – an Overview (WHO) Provides conceptual clarity and consolidates the current understanding of integrated care models	http://www.euro.who.int/__data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf
When complexity science meets implementation science: a theoretical and empirical analysis of systems change Discusses what implementation science can learn from complexity science, and teases out some of the properties of healthcare systems that enable or constrain the goals we have for better, more effective, more evidence-based care.	https://bmcmedicine.biomedcentral.com/track/pdf/10.1186/s12916-018-1057-z
A scoping review and thematic classification of patient complexity: offering a unifying framework A scoping review of the literature for definitions and descriptions of complexity and development of a Complexity Framework from these findings to guide understanding patient of complexity.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5556402/
Performance Measurement for People with Multimorbidity and Complex Health Needs Author recommends performance measurement for this population should be motivated by the Complexity Framework and organized by the Triple Aim.	https://www.longwoods.com/content/24698
Community Care for People with Complex Care Needs: Bridging the Gap between Health and Social Care Discusses how best to meet complex care needs in the community and ii) the barriers to delivering care to this population.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5624113/pdf/ijic-17-4-2944.pdf
The mismeasurement of complexity: provider narratives of patients with complex needs in primary care settings Investigates how primary care providers define, encounter, and manage complex patients, especially those with chronic pain	https://equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-019-1010-6
The case of value-based healthcare for people living with complex long-term conditions Discusses the value-based approach and its implications for patients with long-term complex conditions.	https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-016-1957-6
Coordinating Care for Adults With Complex Care Needs in the Patient Centered Medical Home: Challenges and Solutions Explores the US landscape of PCMH services for patients with complex needs, details five programs that have addressed the challenges of caring for these patients, and offers programmatic and policy changes that can help smaller practices better deliver	https://pcmh.ahrq.gov/sites/default/files/attachments/coordinating-care-for-adults-with-complex-care-needs-white-paper.pdf

services to all patients, including those with the most complex health needs.	
Accountable Care Organizations: Success Factors, Provider Perspectives and an Appraisal of the Evidence- A Rapid Review The study identifies the key factors and mechanisms (e.g. shifting care to Outpatient providers, inter-disciplinary team-based approaches etc.) associated with high-performing ACOs.	https://ihpme.utoronto.ca/wp-content/uploads/2019/03/NAO-Rapid-Review-12_EN_1.pdf
Bundling Care and Payment: Evidence from Early-Adopters The study outlines the range of options for bundling care and payment, describes what early adopters have done and achieved, and highlights lessons to be learned from them. Reviewed programs include, *Program for All-Inclusive Care for the Elderly* (PACE).	https://ihpme.utoronto.ca/wp-content/uploads/2016/03/Walter-W2434_OHA_Bundling_Care_Payment_Policy_paper.pdf