

Province Failing its Seniors; Changes in long-term care 'scary' for seniors The Edmonton Journal June 06, 2007

Vital medical and personal services are being de-insured and privatized as province moves from nursing homes to 'aging-in-place' care

NOEL SOMERVILLE

In April, a senior policy adviser with Alberta Health and Wellness made a presentation at a symposium in Japan. Entitled Alberta's Continuing-Care System, this presentation by Vivien Lai outlined with scary candour the changes Alberta has been making and plans to make in light of an anticipated increase in the percentage of our provinces' population aged 65 or older (from 10 per cent in 2006 to 21 per cent in 2030).

The first victim is the long-term care facility (nursing home) that the government sees as a needlessly expensive way of caring for seniors.

A few years ago, nursing homes provided full nursing, medication, personal care, rehabilitation and physiotherapy to disabled adults and "frail seniors" -- those who require help getting out of bed, toileting, getting dressed, getting to and from the dining room, feeding, administering medication, etc. - - all covered under medicare.

'UNBUNDLING' SERVICES

The first step in dismantling this system is called "unbundling" and separates the costs of health and housing services. The presentation states: "Individuals are responsible for paying fully their room and board costs in long-term care facilities. Since 2003, accommodation charges in nursing homes have been increased to reflect the actual costs of room and board so that those who can afford it have to pay the full cost."

LIMITED NUMBER OF BEDS

The second step has been to limit the number of available long-term care beds. The presentation stated that we will need an additional 14,000 long-term care beds to meet the expected increase in the seniors' population (a doubling of the current number of beds), but the government policy is to not expand to meet the growing demand. In fact, several locations in Alberta have converted long-term care facilities to "assisted living," in which even the medical care, beyond the restricted amount that regional health authorities provide as homecare, is a billed "extra." Operators of long-term care facilities have actually been paid to downgrade these facilities, thereby dispensing with the need for a staff of trained nurses.

This is all part of a so-called "aging-in- place strategy" specifically designed to lower the demand for long-term care beds, which are considered too expensive in operating and capital cost. Supposedly, this strategy "enables individuals with high health needs to receive services at home." These "aging-in-place" strategies are largely private, for-profit operations catering to clients with the financial resources to fully absorb the cost of their own accommodation and health-care needs.

For those not able to afford such costs, the proposed alternative to long-term care facilities is called the CHOICE program.

This is described as "a community based day program aimed at reducing the use of long-term care beds and acute care hospital beds.

The program is a day program, providing physician, nursing therapy and medication management services. Buses usually pick up clients from their homes to go to the programs which are located in long-term care facilities."

THE THIRD WAY

If any of this sounds familiar, perhaps you are remembering what Premier Klein called the third way, the key elements of which were:

- Sell off, demolish, or downgrade existing public health-care facilities;
- De-list or ration some of the services previously covered under the national health care plan;
- Privatize the delivery of such discontinued services and the construction of new facilities;
- And open the market for private insurance companies to underwrite the costs of services no longer covered under medicare.

While Alberta has abandoned the third way for delivery of health care, all of these same elements are now appearing in continuing care for seniors.

'ASSISTED LIVING' CENTRES

Long-term care facilities are being converted to assisted living. The medical and personal care that a frail senior requires has largely become a delisted service under medicare, even though proper feeding, personal hygiene and administration of medication are medically necessary for frail seniors to live. Most of the new seniors facilities are built and operated privately so that the operator recovers both operating and capital costs from the end user. Finally, numerous insurers offer long-term care insurance. As the presentation states, "Alberta has hired a consulting firm to develop different scenarios for funding of health-care services. This includes insurance programs for long-term care, drugs and non-urgent acute care cases."

The presentation on Alberta's continuing-care system may not be of much concern to baby boomers who are healthy and wealthy. However, the prospects for those who experience a slow, steady decline in physical and mental capabilities are terrifying.

Nor is the future very bright for the children of those baby boomers who will look after them and who will be required to pay more and more for the care of their loved ones once the expected inheritance has been spent. (It costs about \$5,000 per month for most families in the U.S. who have a parent in a seniors care facility.)

The fact that you paid health-care premiums and taxes all of your working lives so that you would be taken care of in your declining years doesn't seem to square with government policy. They think you will be satisfied with unaffordable insurance for unavailable or unsatisfactory services.

Noel Somerville is chair of the seniors task force for Public Interest Alberta

Follow-up:

Hansard June 6, 2007 (reference to Noel Somerville's column in Edmonton Journal)

Long-term and Continuing Care

Mrs. Jablonski: Thank you. Mr. Speaker, concerns are being raised about the future of continuing care in Alberta. Some seniors are seeing long-term care spaces in their communities replaced with supportive living. They are wondering what this means for the level of care offered to residents. My constituents are also wondering if this is just the government's way of saving a few dollars. My question is to the Minister of Seniors and Community Supports. Why is the government moving towards providing more supportive living and less long-term care?

Mr. Melchin: Mr. Speaker, one of the great things that is happening is that seniors are not just growing in numbers but are living longer, healthier, and are more active. It's changing the way we need to respond to the services we provide for seniors. We shouldn't just provide a one-model, hospitalized type of nursing care facility.

We're responding to what seniors are asking for. How can they, first and foremost, live in their own homes? How can we provide the services to where they are, not just build them a different place where they'd rather not be? In respect to assistive living, not everybody wants to be in an institutional hospital setting. They can provide different levels of care in a different facility without it having to be called long-term care.

Mrs. Jablonski: To the Minister of Health and Wellness: what is the government doing to ensure that long-term care will remain locally available to those seniors who have high health care needs?

The Speaker: The hon. minister.

Mr. Hancock: Well, thank you, Mr. Speaker. It should be said that the article that I think the hon. member is referring to was written by a member of Public Interest Alberta. I really appreciate people who want to engage the public interest in discussion of necessary issues, but they should get the facts right, and they did not in that particular article.

Let me be clear. There's no move to change the structure of funding of continuing care services. Albertans who require continuing care services will get the services that they need in the most appropriate setting. This includes long-term care where necessary.

As the minister of seniors said, there is a spectrum of continuing care which goes to supporting seniors in their own home if that's their choice and, if that's appropriate, in lodges, assistive living, and yes, long-term care.

The Speaker: The hon. member.

Mrs. Jablonski: Thank you. My last question again is to the Minister of Seniors and Community Supports. Are there plans in place to privatize Alberta's continuing care system?

Mr. Melchin: Mr. Speaker, this isn't about a change in direction: privatizing or not. We do support what seniors really do want: to own their own private home, to stay in their own private home, support

services in their own private home. When it comes to other facilities, we've always supported a mix of public and private facilities. Since 1999 we've supplied funding that built over 4,200 additional units of supportive living. It's because of both the public and the private sectors that we're able to supply the spaces for the seniors when they need it.

Noel Somerville refers to a presentation in Japan in April by Vivian Lai, a senior policy adviser with Alberta Health and Wellness.

Lai's presentation was made at a conference sponsored by Sun-Life Social and Welfare Organization and the U.S. Foundation for International Economic Policy, whose goal is the development of business and economic opportunities in Japan. The conference notes from the foundation's website (<http://us-foundation.org>) affirm the need for "international collaboration on the emerging aging society," and include a quote from the U.S. secretary of state concerning "the importance of integrate (sic) the issues of aging into our foreign policy."

For researchers of the Alberta government's long-term health-care policy, there wasn't much new in Lai's presentation. The problem is that the policies and consequences have, for years, been disguised for the public here in the concept of "aging in place" and "offering choice to seniors."

Somerville is right; the real effect is that responsibility and the cost for the care of the chronically ill and disabled seniors have been downloaded to them and their families.

Lai's presentation asserted that Alberta's system is a success, based on her claim that: "Our forecasting model shows that this 'aging-in-place strategy' will save 22.5-per-cent operating cost in the system." The system has been operating for a decade now; surely an evaluation can be based on more than "forecasting models."

The shift to a "community-based continuing-care system" has been a social experiment in off-loading public responsibility for the health care of seniors unfortunate enough to be chronically ill and seriously impaired. And apparently the only criterion of success of this experiment is an alleged savings in public health-care funding.

But Alberta's auditor general has been unable to track any health-care funding for a decade -- the reported categories of spending are ambiguous -- and there never has been an evaluation of the health outcomes of continuing care, before or during this experiment.

If the government were truly committed to seniors' quality of life, it would not reduce the care of our aging parents to simple dollars and cents.

Carol Wodak, Sherwood Park

Gov't giving seniors what they 'need and want'

Re: "Changes in long-term care 'scary' for seniors: Vital medical and personal services are being de-insured and privatized as province moves from nursing homes to 'aging-in-place' care," by Noel Somerville, Ideas, June 6.

The article by Noel Somerville regarding the future of Alberta's continuing care system was highly inaccurate and creates needless fear among Alberta's seniors and their families.

Seniors can be assured that the government of Alberta will continue to provide a continuum of services including home care, supportive living and long term care.

We will also continue to ensure that these options remain affordable and accessible to all Albertans. Albertans have told us clearly that they want to live as independently as possible and to remain in their communities as long as they can.

This is better for their health and is the focus of the province's "aging-in-place" strategy.

Increasing supportive living spaces reflects what Albertans have told us is most important to them.

Supportive living is an excellent option for the growing number of seniors who need some help, but do not have the high medical needs that require them to live in an institutional setting. Residents in supportive living have access to a more home-like or residential setting.

Somerville's article implies that supportive living is always inferior to long term, or nursing-home, care. Continuing care clients are placed in the most appropriate setting based on their assessed needs. We will continue to plan so that sufficient long-term care spaces are available for those who need them, while also allowing seniors to remain in the community as long as possible.

While the number of supportive living spaces in Alberta is increasing, there is no intention to reduce the number of long-term care beds to a level below what is needed to serve the population of Albertans who require that higher level of care.

Alberta uses a demographic forecasting model to predict the level of need for continuing care services in future years. Our government uses that information to influence our ongoing capital plan to meet the needs of continuing-care clients now, and into the future.

Alberta's continuing-care system includes a mix of public, private and not-for-profit facilities. All three sectors play an important role in providing seniors with a full range of options. Government will continue to offer affordable supportive living and long-term care across the province.

Since 1999, we have provided funding to help develop 4,256 affordable supportive living spaces. An additional 700 units are currently under construction. There are also 14,000 long-term care units available across the province, with more under development.

Somerville's article failed to reflect the reality of Alberta's continuing-care system. There is certainly nothing "scary" about continuing to provide Albertans with the broad spectrum of care they both need and want.

Dave Hancock, Minister of Health and Wellness, and
Greg Melchin, Minister of Seniors and Community Supports

Hinton's experience

Re: "Gov't giving seniors what they 'need and want'," by Dave Hancock and Greg Melchin, Letters, June 10.

Hancock and Melchin write, "Somerville's article failed to reflect the reality of Alberta's continuing-care system."

This is the reality: Hinton raised funds and lobbied this government since the late 1980s to get a much needed long term care facility built. In December 2000, it was announced Hinton would be getting 40 long-term care beds and 25 supportive living units.

In the end, we got funding for 25 long term care beds and 27 supportive living units. The Mountain View Centre opened in October 2002 and Hinton was able to bring back the long-term-care residents who had been shipped out to other communities in the region because Hinton didn't have a facility to house them at the time.

On Feb. 1, 2005, Mountain View Centre was downgraded to a 52-bed designated assisted-living facility with the help of \$500,000 in provincial funding.

Hinton lost all its long-term-care beds, beds that had taken more than 10 years to get. Overnight, long-term care residents became designated assisted living residents.

The ministers' letter also states, "Continuing-care clients are placed in the most appropriate setting based on their assessed needs."

How can these two ministers justify making these assisted-living residents, who for years were long-term care residents, pay for medical services that previously had been covered?

Jasper will also lose its 16 auxiliary beds to designated assisted living beds early next year.

Melchin and Hancock write, "Seniors can be assured that the government of Alberta will continue to provide a continuum of services including home care, supportive living and long-term care."

Hinton and Jasper want this continuum of care, so residents can stay in their own communities. There is no reason why all these new supportive-living facilities being built throughout Alberta cannot house the communities' long term care residents.

Hinton now has two supportive-living facilities. Where is this continuum of care these two ministers are speaking of?

Lynda Jonson, Hinton