

EDITORIAL

HEALTH-CARE OF THE ELDERLY AND FAMILY PRACTICE INVOLVEMENT



The older population, those 65 and older, is projected to increase from the 12% of the Canadian population in 2000 to 23% in 2041. The increase in the proportion of the population aged 85 and over, ie. those with the greatest need for health-care and social support services, will be even greater.¹ Seniors often become frail from multiple chronic diseases which cause physical and functional limitations. Home care is the fastest growing sector of health-care in Canada, with reported annual growth of 11%.² Statistics confirm that the downsizing of the hospital sector has been dramatic and ongoing. Other factors driving growth of home care are consumer demand,³ government cost containment, changing attitudes towards institutionalization, advances in technology, less intrusive surgical techniques and new drugs. Patients are going home from hospital sicker and often in need of more complex medical care than in the past.² As a result, the complexity of care-needs has increased in the community. There have been major obstacles for primary care physicians in keeping these frail complex elderly in the community, e.g. increasing time commitment to manage them, decreasing remuneration, decreased communication with primary care physicians, lack of coordination of services, lack of continuity, and poor integration of team resources.²

As a result of the shift from hospital to home and the increasing aging population, there is a need for the Primary Family Physician to be involved in ongoing management of these patients. Another factor adding to an increasingly important role for primary care physicians in the care of the frail elderly is the small number of specialists in Geriatric Medicine, who often prefer urban academic settings which facilitate research. *The Care of the Elderly Fellowship* has been officially recognized by the College of Family Physicians of Canada (CFPC) since 1989. It represents elective supplementary training in care of the elderly of 6 or 12 months duration, available after the 2-year core Family Medicine Residency.⁴ The program is also available to primary care physicians who are already in practice. Graduates of the Care of the Elderly Program can develop a primary care geriatric practice, but they can also perform functions typically done by consultants. This consulting role for family physicians with appropriate training and/or experience will continue to exist in Canada because of the insufficient number of RCPSC-trained specialists in Geriatric Medicine. This is particularly true for rural areas, towns and smaller cities. These qualified family physicians have made sizable contributions to many university-based training programs across Canada. While this add-on training for family physi-

cians was initially greeted with some opposition, Family Physicians with additional training in care of older adults and RCPSC-trained Specialists in Geriatric Medicine are collaborating closely on both clinical and academic levels.⁵

There is a great need to develop new models of health-care delivery for seniors. Seniors need a system that is community-based, preventive, health promotion-oriented, continuous, seamless, flexible, accessible, client-oriented, caregiver-friendly, comprehensive, quality-based and cost-effective. Seniors and their families need a one-stop approach to their multiple complex medical and functional needs. This model should include primary, secondary and tertiary levels, and needs to work in both urban and rural settings. The Primary Care Physicians, Care of the Elderly Family Physicians, and Internal Medicine Geriatricians need to collaborate in advancing clinical, education and research in the care of the elderly; thus, there will be a larger voice to Government, Universities, and Funding Agencies to advance geriatric care.

GERIATRICS Today: JOURNAL OF THE CANADIAN GERIATRICS SOCIETY is a peer-reviewed Journal which encourages original geriatric research, evidence-based articles and clinical guidelines. The Editorial Board has representation from both Geriatric Medicine and Care of the Elderly Family Physicians and allied specialties. Due to the increasing multicultural population of Canada, an International representation adds to the quality of the Editorial Board. The aim of this important geriatrics journal is to foster geriatrics as a major field, to increase the number of practitioners who care for seniors and to have a voice for Canadians. The Journal is indexed in Excerpta Medica EMBASE. We encourage submissions of quality articles for the Journal.

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