# Current development of age-friendly primary health care

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# Background

- Primary health care is the first point of access to care

- Support older people to live independently in the community

- Play an important role in preventive health and health promotion

- Older people are the largest user of the health care system

- As people live longer, there is a huge burden on our health system to care for older people with complex needs
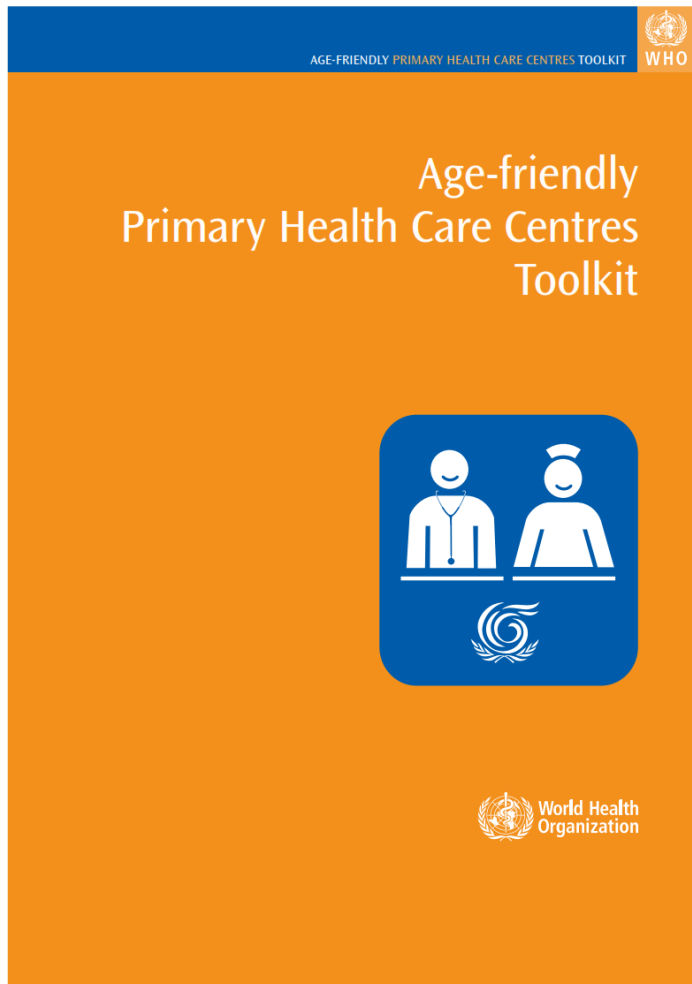
# Age-friendly Primary Health Care
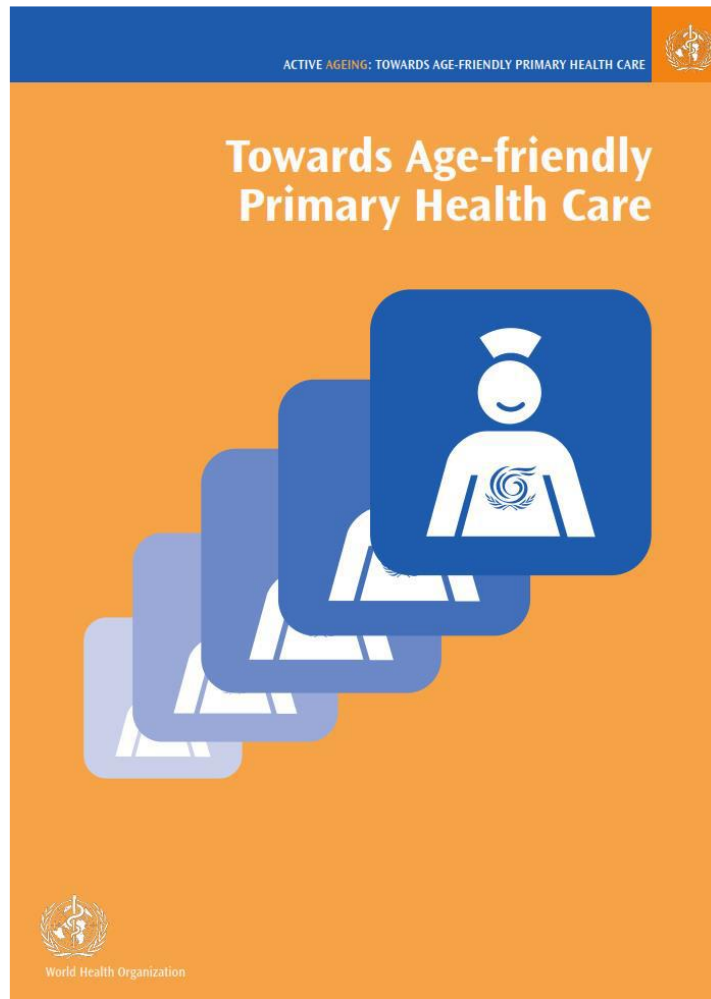
The Age-friendly Principles address three areas:

- Information, education, communication and training,
- Health care management systems, and
- The physical environment of the primary health care centre.

Source: WHO 2004

# Age-friendly primary health care centres toolkit



Addressing the growing epidemic of chronic diseases and the *four giants of geriatrics*:
- memory loss
- urinary incontinence
- depression
- falls/immobility

Source: WHO 2008

# Integrated review on access to PHC by the elderly (Lubenow et al 2016)

- Barriers to access include opening hours

- Lack of health workforce

- Excessive waiting time

- Home care or telehealth to facilitate access

- Lack of information on health problem and opportunity to discuss during consultation

- Communication issues between the elderly and health professionals

# Findings from Saudi Arabia (Alhamdan et al 2015)

- Good coverage of basic health assessments (ie blood pressure)

- <50% the PHCCs offered annual comprehensive screening for the common age-related conditions.

- No screening for cancer.

- Lifestyle counselling wass available but there was no standard protocol for counselling.

- Coverage of common vaccinations was poor.

- The layout of most PHCCs and their signage were good.

- Issue of accessibility ie lack of public transport, limited parking opportunities, the presence of steps, ramps, and internal stairs, and the lack of handrails.

# Common themes in Hongkong PHC (Woo et al 2013)

- Older people need some one to accompany them to clinics,

- Difficulty finding their way around if they have not attended a clinic before,

- Limited seats in some clinics

- Difficulty to identify different types of staff other than the doctor,

- Difficulty to make new or ad hoc appointments,

- Uncertainty whether dispensed medications are taken correctly,

- Lack of awareness of feedback mechanisms; and

- Older people are still sometimes not treated with respect.

# AGEING IN AUSTRALIA

**7 in 10**

people aged 65 and over living in households rated their health as good-excellent.

**2 in 5**

hospitalisations were for people aged 65 and over, who account for 13% of Australia's population.

**1 in 2**

of older Australians had a disability. Only 20% had a severe activity limitation

**3 in 10**

deaths in older Australians were due to coronary heart disease, cerebrovascular diseases (including stroke) or dementia and Alzheimer disease.
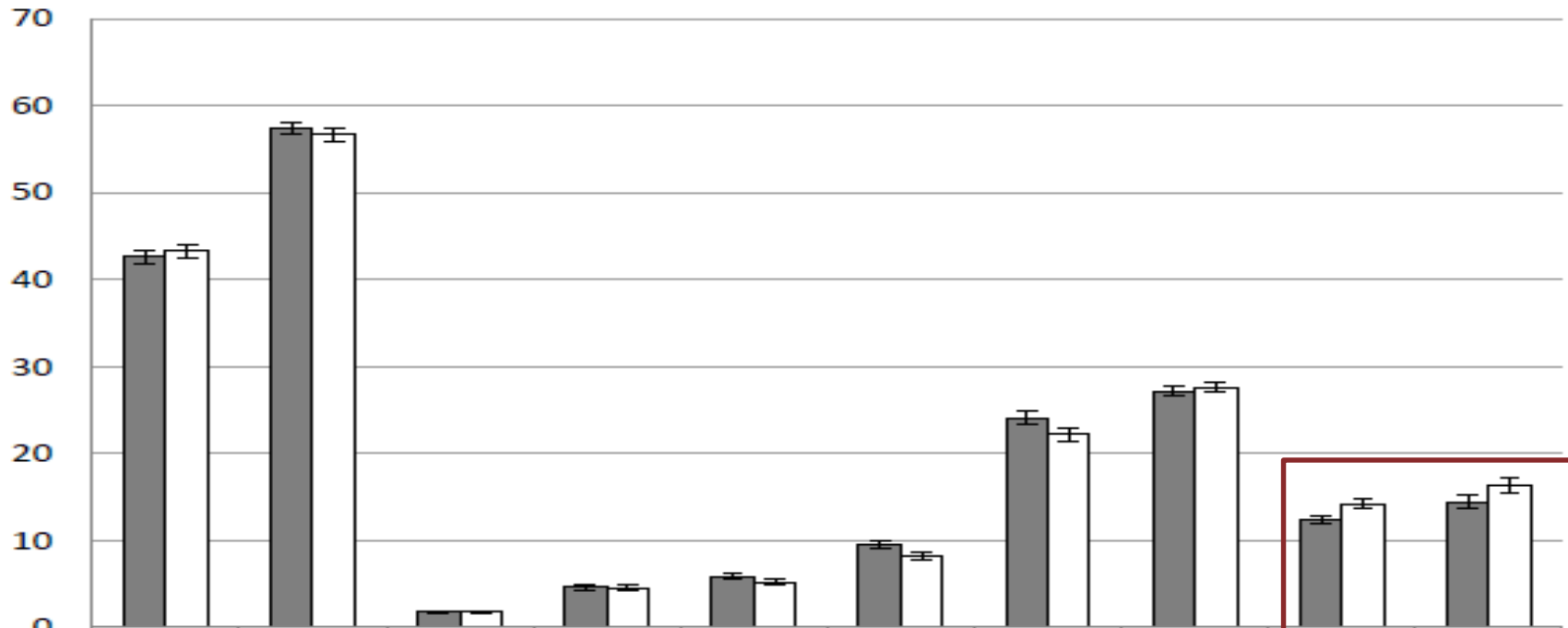
**4 in 10**

Australians aged 65 and over were born overseas incl 23% in non–English speaking countries

Source: AIHW

# General Practice encounters



Per cent of encounters

| | Male | Female | <1 year | 1–4 years | 5–14 years | 15–24 years | 25–44 years | 45–64 years | 65–74 years | 75+ years |
|---|---|---|---|---|---|---|---|---|---|---|
| ■ 2003–04 | 42.6 | 57.4 | 1.8 | 4.6 | 5.9 | 9.6 | 24.1 | 27.2 | 12.4 | 14.4 |
| □ 2012–03 | 43.3 | 56.7 | 1.8 | 4.5 | 5.2 | 8.2 | 22.2 | 27.6 | 14.2 | 16.3 |

**Patient characteristics**

*Note:* Missing data removed.

Figure 6.1: Age and sex distribution of patients at encounters, 2003–04 and 2012–13 (95% confidence interval)

Source: BEACH data, 2013

The role of general practice nurses
and funding available to promote

**HEALTHY
AGEING**

**IN GENERAL PRACTICE**

a learning module for nurses in general practice

australian
medicare local
alliance

Connecting health to meet local needs

**Blackberry I, Meyer C, Vrantsidis F, Williams S. Caring for older people: a learning module for nurses in general practice. Prepared for the Australian Medicare Local Alliance, Canberra, 2014.**

# Overview of the workbook

- Purpose is to enhance the knowledge, understanding and skills of general practice nurses to deliver quality primary care for older people aged 75 years and over
- Focus on the 75+ Health Assessment
- 8 modules, designed for self-directed learning
- Real-world case studies, activities, testimonials, practical checklists
- Each module takes approximately 1-1.5 hours to complete (8-10 hours overall)
- Claim APNA CPD points

**Module 1**: The role of general practice nurses and funding available to promote healthy ageing in general practice

**ROLE OF THE GENERAL PRACTICE NURSE**

**Patient Carer**
- Advocacy
- Triage
- Emergency management
- Holistic health assessment
- Therapeutic care and treatment – CDM, immunisation, wounds
- Case management and care coordination

**Educator**
- Prevention and health promotion
- Student-nursing, allied health, medical
- Registrars, GPs
- Administration staff
- Community

**Quality Controller**
- Accreditation
- Quality improvement
- Data cleaning
- WH&S
- Clinical governance

**Agent of Connectivity**
- Mentoring
- Partnerships
- Practice teams & relationships
- Networking with community agencies
- Liaison with hospitals and aged care

**Organiser**
- Polices, procedures, disease registers
- Nurse clinics
- Care coordination – CVC
- Monitoring & review of planned care
- Internal and external referrals

**Problem Solver**
- Reactive and strategic problem solving
- Triage
- Emergency care
- Community services
- Building practice capacity to adapt to change

Phillips CB, Pearce CM, Dwan KM, Hall S, Porritt J, Yates R, Kljakovic M, Sibbald B. Charting new roles for Australian general practice nurses: Abridged report of the Australian General Practice Nurses Study. Canberra: Australian Primary Health Care Institute, 2008.
Available from http://aphcri.anu.edu.au and www.amlalliance.com.au
This resource is funded by the Australian Government

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# Module 2: Myths and facts on ageing and understanding the general practice older population
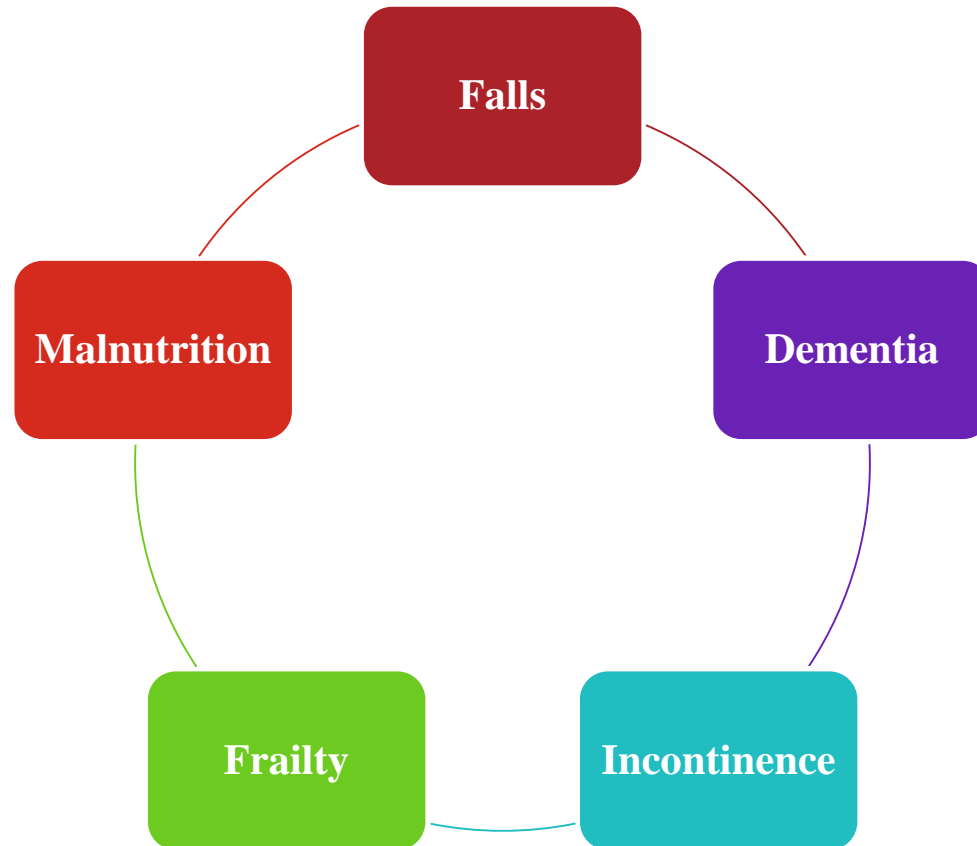


## MYTHS

- Burden to society and healthcare system

- Mature age workers are slower and less productive

- Disabilities and falls come with age

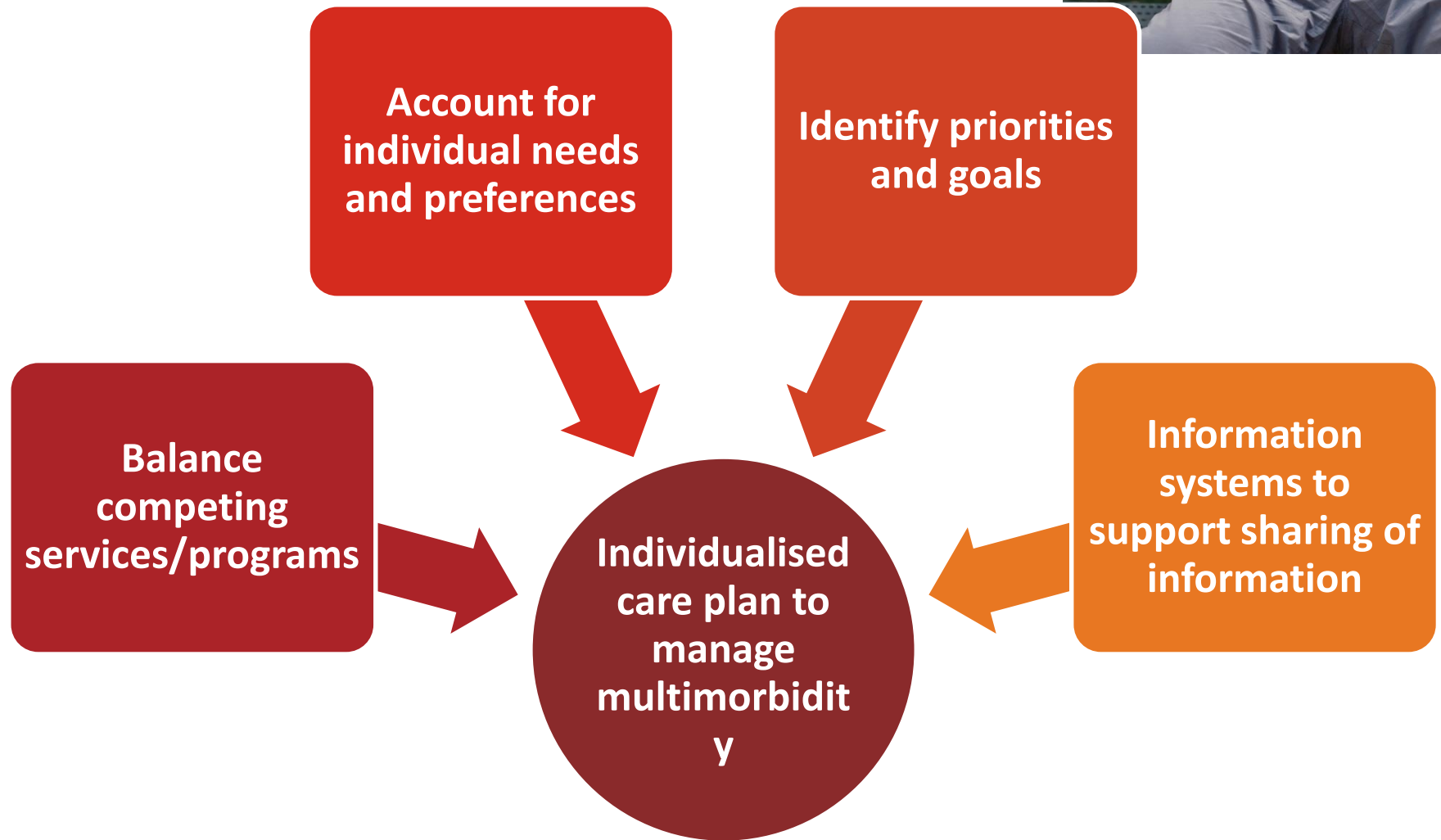- Memory loss and senility come with age

## FACTS

- Older people are healthier

- Contribute as carers, workers, volunteers

- Most redistribution of funds is from older to younger generations

- Majority live at home

# **Module 3**: Common geriatric syndromes



**Common findings ≠ normal ageing**

# **Module 4**: Multimorbidity

**Account for individual needs and preferences**

**Identify priorities and goals**

**Balance competing services/programs**

**Individualised care plan to manage multimorbidity**

**Information systems to support sharing of information**

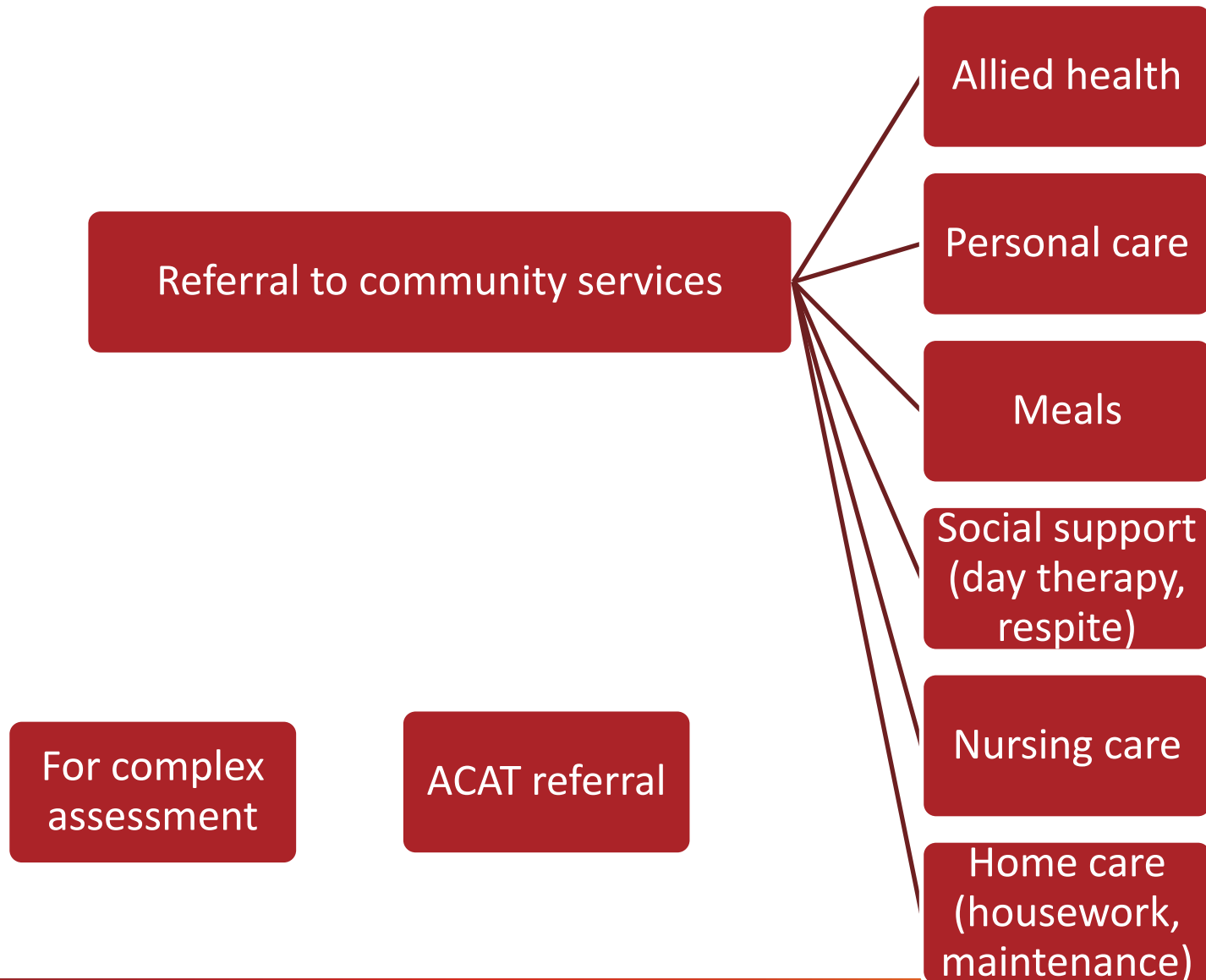# **Module 5**: Polypharmacy and medication safety

# Module 6: Health Screening and Assessment for older people

## 75+ Health assessment

'A health assessment of an older person is an in depth assessment of a person aged 75 years and older. It provides a structured way of identifying health issues and conditions that are potentially preventable or amenable to interventions in order to improve health and/or quality of life'.

Department of Health

# Module 7: Community referral options and processes



Referral to community services

- Allied health
- Personal care
- Meals
- Social support (day therapy, respite)
- Nursing care
- Home care (housework, maintenance)

For complex assessment

ACAT referral

# Module 8: Strategies to promote healthy ageing

# Conclusion and Discussion

- Primary health care is the first point of access to care

- Some areas of improvement reported using the PHC toolkit

- Need for audit and follow-up of new initiatives

- As people live longer, the needs of frail older people and their carers ought to be considered

- Flexible care ie home-based primary care  or telehealth for older adults with limited access to care

- Many health service providers and staff, have lack of understanding of management of, or little exposure to frail older patients

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