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Winter 2011

Newsletter of the
Canadian
National Case
Management

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WAKE ME UP FOR THE TSUNAMI!

Canadian Case Managers Navigate Tricky Waters of Ageing and Ageism

In an insightful talk on ageing and ageism in healthcare to delegates at the National Case Management Network of Canada's 2011 Fifth Annual Conference, Dr. Brian Goldman, MD, MCFP (EM), FACEP recognized that Case Managers have become the template for the new world of healthcare, swept by the silver tsunami of an ageing population. "Case Managers are set to play an increasingly important role in health care given an aging population plus the increasingly complex care they require, coupled with an emphasis on home care."

Senior citizens represent the fastest growing segment in Canada and by 2050 will form one quarter of its population. In Canada today, five million of its citizens are without family doctors, created in part by cutbacks in medical school enrollment in the 90s in combination with doctors choosing urban over rural life. Dr. Goldman says that something no one ever talks about is money, and how it influences every aspect of medical practice.

...cont'd on page 2

NCMN REPRESENTS CANADA AT NATIONAL TRANSITIONS OF CARE COALITION MEETING IN WASHINGTON



(L) Case Management Society of America President Mary Beth Newman, MSN, RN-BC, CMAC, CCP, CCM, and NCMN President Joan Park, RN, MHSc at the National Transitions of Care Coalition meeting in Washington, DC in October, 2011. NCMN is a founding member of NTOCC.

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WAKE ME UP FOR THE TSUNAMI!

He says family physicians in Canada must see 57-67 patients per week just to keep the lights on, and with remuneration by government at \$ 30-35 per patient, they will commonly seeing 5-6 patients an hour.

While patients complain about doctors always being late, who do doctors blame? You, the patient! Physicians say problematic, are the 'shopping lists' patients bring with up to 17 items to discuss, as well as the 'emotional' patient who needs extra time and helps create the longer than normal appointment. Physicians are susceptible to burnout and risk leaving seniors behind, and those who do have a family physician receive mostly crisis care.

"We treat frail seniors as old adults, but the new thinking is that a frail senior is a completely different species of human being and most MDs don't know this," says Dr. Goldman. Frail seniors handle meds differently and are at much more at risk of developing toxic delirium, and "I need look no further than the experiences of my own father.

"We as doctors don't get it yet, and need to teach everyone about this new physiology of frail seniors," he insisted as numerically, frail seniors are becoming much more important. There are currently 238 geriatricians in Canada but it is estimated that 500 more are needed, and there are not enough long term care beds, nor enough hospital beds, and stretchers in the ER corridors. 'Corridor medicine' turns hallways into semi-permanent wards unto themselves.

"Hospital infections are a rising cause of morbidity, and we need look no further than the corridor where there is only one bathroom when it is recommended one bathroom for each patient. Well, that's hopeless," says Dr. Goldman. A rising fear is that patients can die while waiting in the corridor to be seen by a doctor, and that frail seniors deteriorate more rapidly. "The result is that patients are often in worse shape following discharge and even more likely to need long term care," he says.

"90% of Canadians will reach a stage where they could benefit from palliative care but 70% will not receive it."

~ Senator Sharon Carstairs

"Then there's the attitude towards seniors – anger and understanding," he said, with fewer nurses caring for more patients, plus today's hospitalized patients are sicker. The families are nuclear and they are being relied upon more and more, so there's stress and a significant amount of it is reflected in attitudes towards hospitalized seniors. As a generation not one to complain, they're afraid if they do, it will lead to reduced quality of care. "There is not strong enough advocacy for this group," explained Dr. Goldman.

Case Managers are set to play an increasingly important role in health care given an ageing population...

"Health care workers are not allowed to express distress. If we don't treat ourselves well, how can we treat patients well? It's no accident burnout rates for nurses are higher than for MDs and most distressing, amongst the youngest nurses." There are also high rates of burnout for home care workers, and most likely Case Managers. "You really learn how things work when you're a patient or have a loved one go through the system," he opined.

Cardiologist David Alter's study on sexism in acute cardiac care found something else - age discrimination. Geriatrician Dr. Janice Lessard says with rampant discrimination against seniors in the healthcare system, it is assumed seniors can't be fixed. It's false to assume seniors do any worse than younger patients in surgical and other treatments. "Seniors are easy to fix," she says.

Dr. Goldman says a new challenge is medical futility, which basically means offering life prolonging treatment without hope of success. Dr. John Ross says that for every patient with this kind of dilemma today, there will be 5-10 in the years ahead. In June 2010, Senator Sharon Carstairs published her final report on the future of palliative care in Canada which stated that 90% of Canadians will reach a stage where they could benefit from palliative care but 70% will not receive it.

Wake me up for the Tsunami!

"That's a sobering thought, as you move into your advanced years and you're worried about what can happen," said Senator Carstairs as she reflects on what needs to change in our society.

"We celebrate with great joy the birth of a child, but we don't celebrate the passing of someone's life and that is a tragedy in terms of the care we provide. The families rejoice in shared memories but in terms of the care we provide it's woefully inadequate... many are dying in intractable pain. The issues of pain management are still very high on the agenda, and of greatest concern to families are dignity and pain," she said.

Dr. Goldman says Canadians, mostly Quebecers, don't believe palliative care will be there when they need it, one reason why they are the most interested group in euthanasia, "a debate I'm going through in my own heart and soul."

He says there are some solutions to help family physicians become more efficient: group medical visits for patients with like-minded diseases where Case Managers can play an important role. The second is teams of health care providers including Case Managers. "I've become a big advocate of nurse practitioner clinics," he said.

In future, Case Managers will play an important role in helping family physicians become more efficient

Roberta Heale and Marilyn Butcher opened the first Nurse Practitioner led primary care clinic in North America and have been so successful that, the government wants to open 25 more. "It's too bad if doctors feel threatened by that," he said.

Dr. Goldman suggested another solution to improve MD efficiency is physician assistants, and while 70,000 are employed extensively throughout the USA as physician extenders, there are only 200 in Canada. And with numbers growing, they can help double the numbers of hip and knee replacements as surgical assistants, says Dr. Goldman.

Millions of Canadians know Dr. Goldman as host of CBC's *White Coat, Black Art*, where he serves up medical information and advice in biting, original and provocative shows targeted at demystifying the medical world. A practicing ER physician at Toronto's Mount Sinai Hospital, Dr. Goldman is author of *The Night Shift: Real Life in the Heart of the ER*, a compelling insider's hour by hour account of what happens during a typical night in the ER. He utilizes his own medical mistakes to uncover the roots of a doctor's difficulty in discussing medical error. ©

NCMN Member Chosen a Canadian *Unsung Hero of Healthcare* by CBC Radio

We are proud to acknowledge NCMN member *Elisabeth Antifeau* on her recent selection by CBC Radio's *White Coat, Black Art* as one of Canada's Unsung Heroes of Healthcare.



Elisabeth Antifeau with Dr. Brian Goldman

Elisabeth was interviewed by host and medical journalist Dr. Brian Goldman at the 2011 NCMN conference in Toronto for the segment, broadcast Nov. 19, 2011. Elisabeth is a trained nurse who made a mid-career switch to become a Case Manager and now leads a team of CMs who look after seniors and others with special needs in BC's interior communities. Bravo, Elisabeth!

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