Cuidados de largo plazo en las Américas

Visión estratégica de OPS para la Región

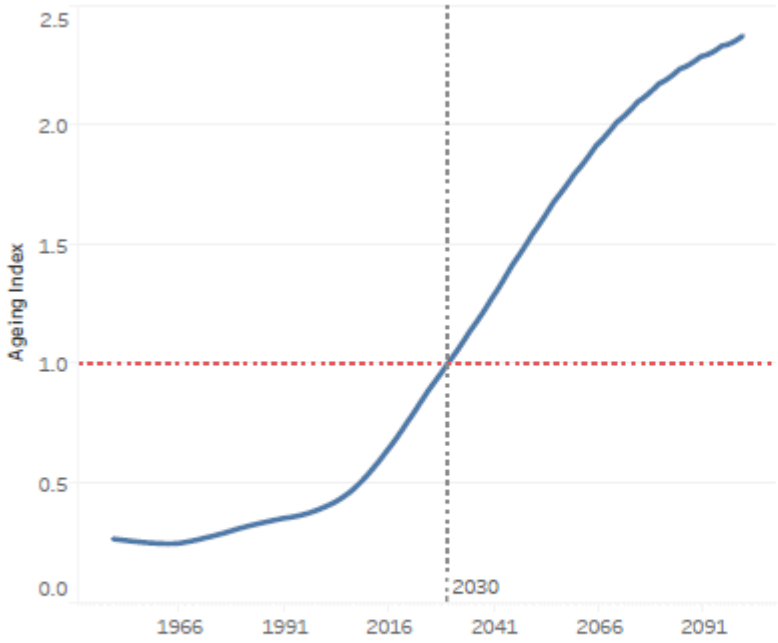
Desarrollo de Capacidades para Cuidados de Largo Plazo de Base Comunitaria

Pan American Health Organization
World Health Organization
Americas

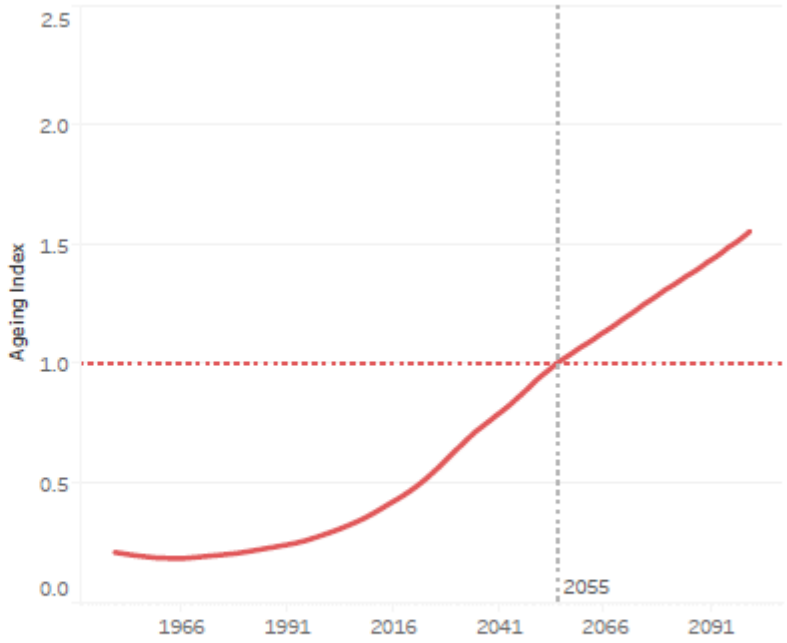
PAHO

UN NUEVO ESCENARIO
INDICE DE ENVEJECIMIENTO

Region de las Américas



Global



Organización Panamericana de la Salud
Organización Mundial de la Salud
Oficina Regional para las Américas

UN NUEVO ESCENARIO

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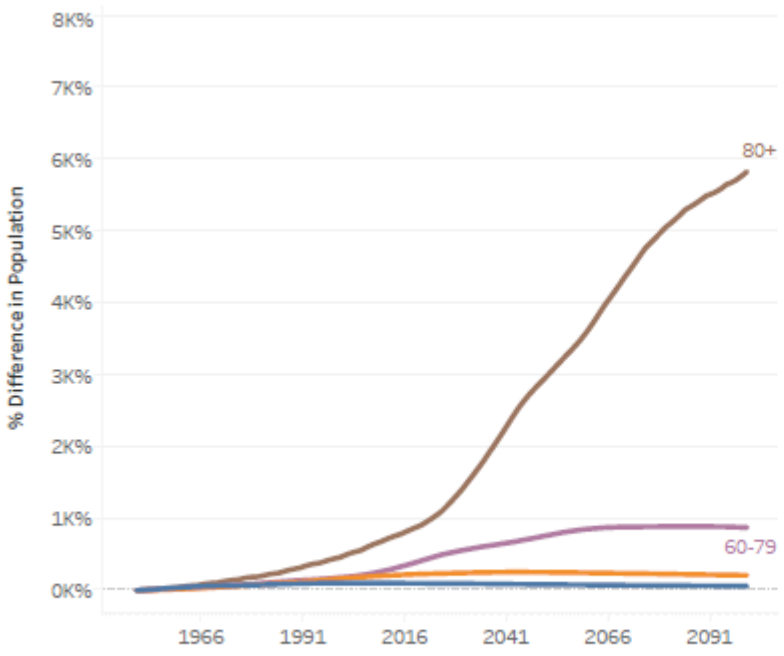
Americas



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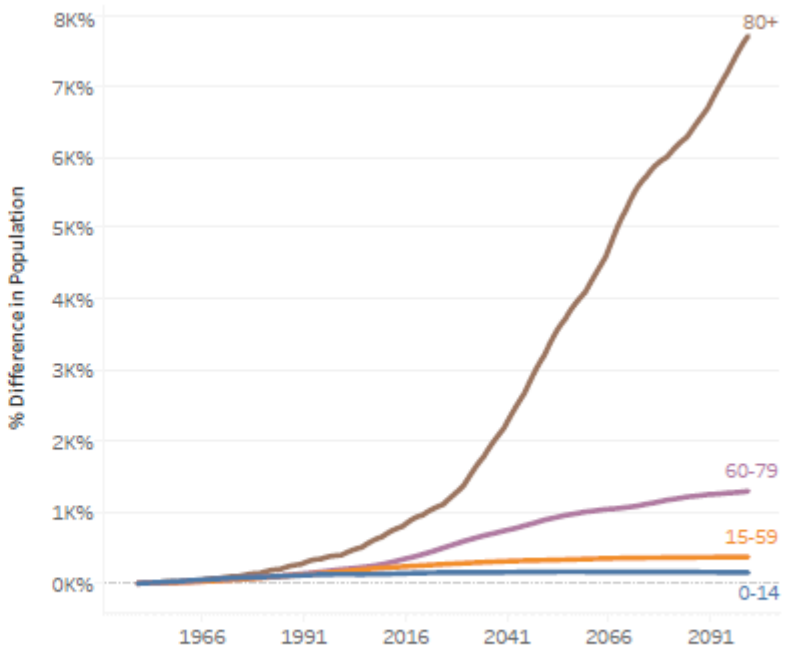


RELATIVE CHANGE TO 1950

Organización Panamericana de la Salud
Organización Mundial de la Salud
OFICINA REGIONAL PARA LAS Américas

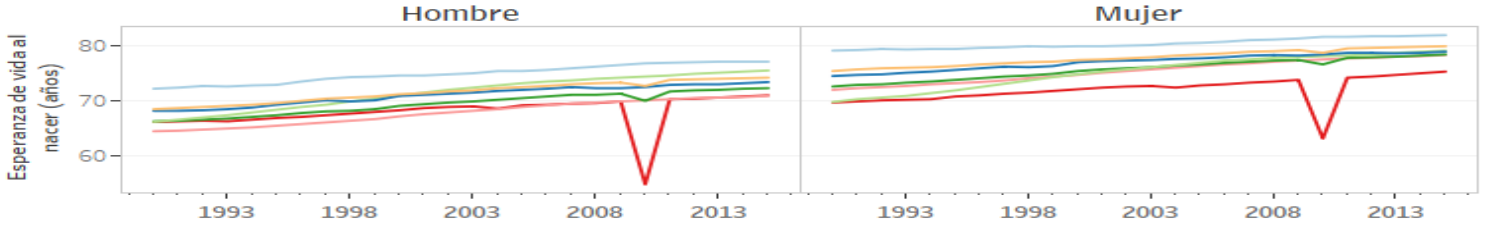
LA ESPERANZA DE VIDA AUMENTA A TODAS LAS EDADES

Esperanza de Vida: un conductor clave del envejecimiento, Américas 1990-2015

Región de las Américas, Subregiones: (clic en la subregión para resaltarla)

- Región de las Américas
- América Central
- América Latina y el Caribe
- Caribe
- América del Norte
- Área Andina
- América Latina Tropical

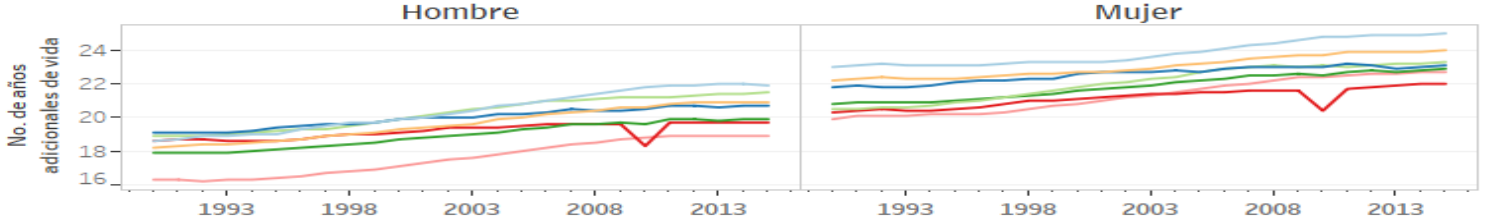
Esperanza de vida al nacer
Número de años de vida



Región de las Américas, 1990-2015

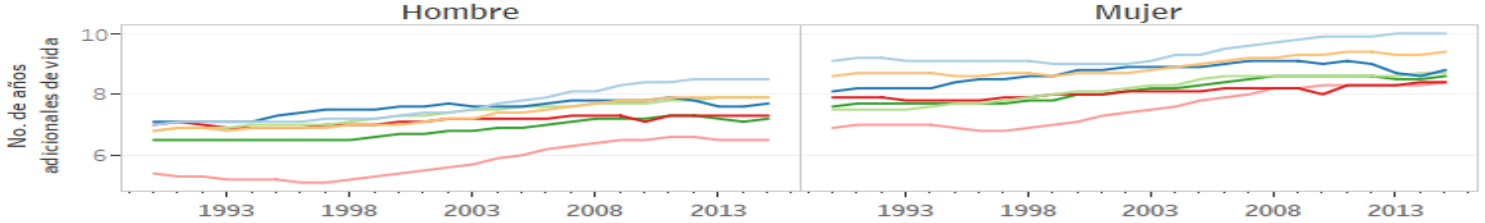
La esperanza de vida al nacer incrementó:
6 años en hombres, de 68.4 años en 1990 a 74.1 años en 2015, y,
4 años en mujeres, de 75.3.4 años en 1990 a 79.8 años en 2015.

Esperanza de vida a los 60 años de edad
Número de años adicionales de vida



La **esperanza de vida a los 60 años** incrementó:
2.7 años en los hombres, de 18.2 años en 1990 a 20.9 años en 2015, y,
1.8 años en las mujeres, de 22.2 años en 1990 a 24 años en 2015.

Esperanza de vida a los 80 años de edad
Número de años adicionales de vida



La **esperanza de vida a los 80 años** incrementó:
1.1 años en los hombres, de 6.8 años en 1990 a 7.9 años en 2015, y,..

Fuente: Global Burden of Disease Study 2015. Global Burden of Disease Study 2015 (GBD 2015) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2016. Available from http://ghdx.healthdata.org/gbd-results-tool

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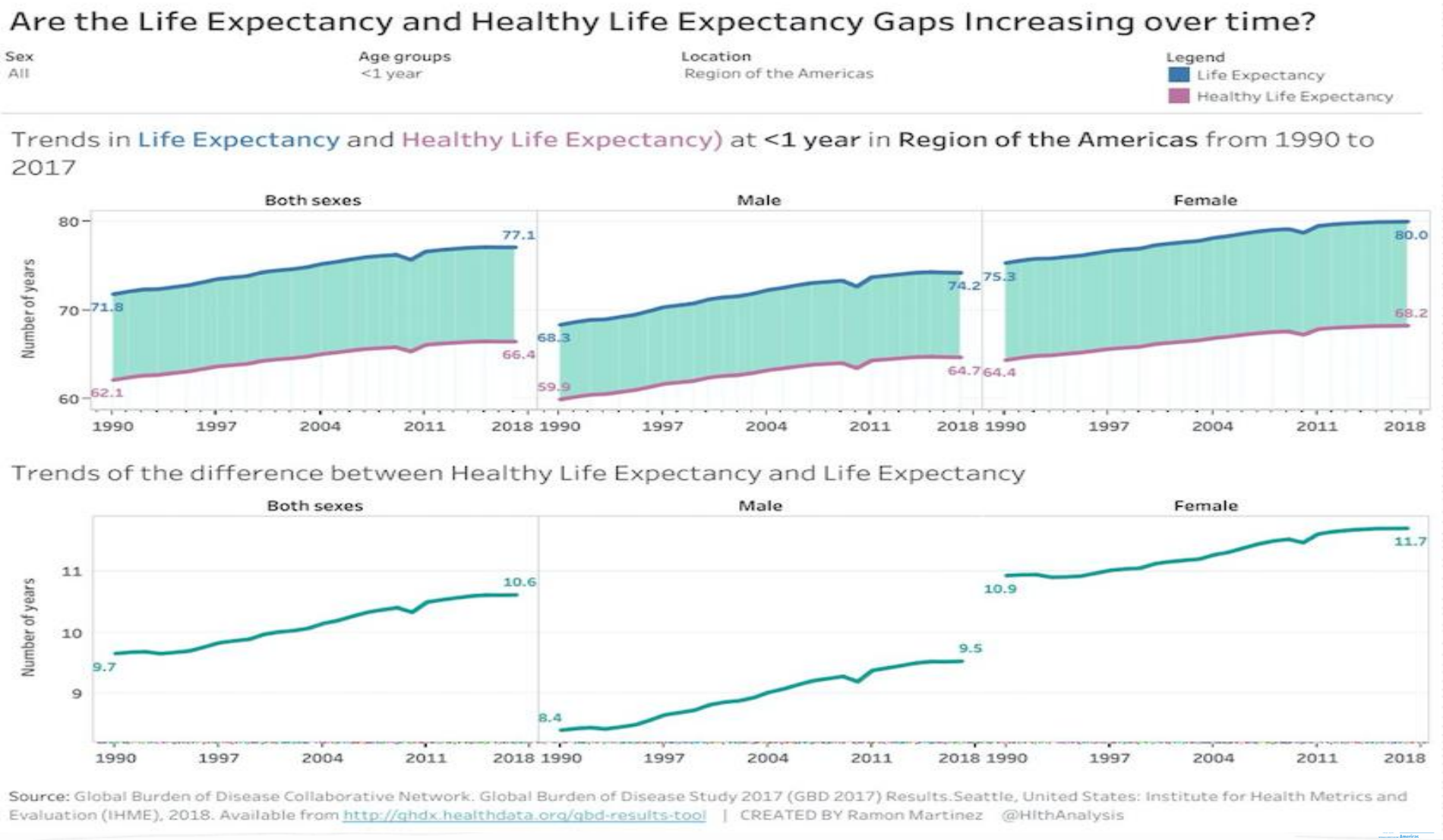
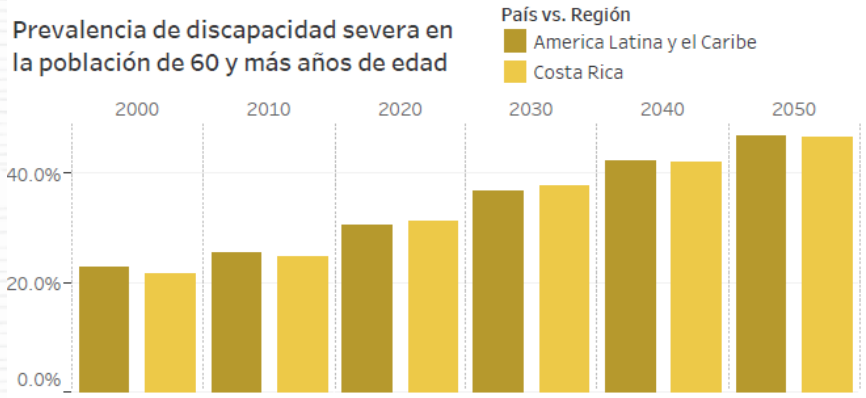
AUMENTA BRECHA ENTRE ESPERANZA DE VIDA Y ESPERANZA DE VIDA SALUDABLE

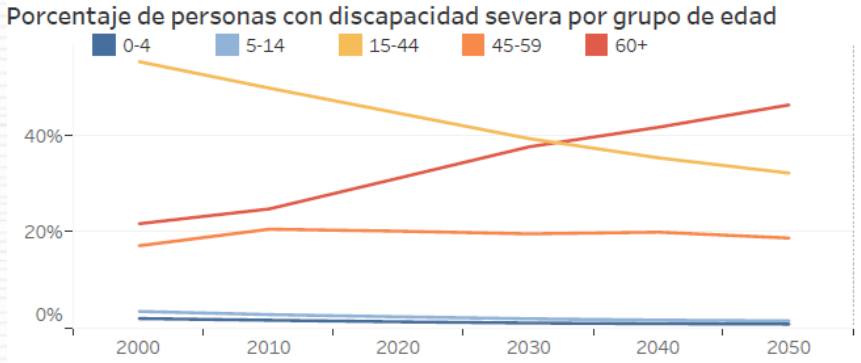


PAHO

SALUD Y ENVEJECIMIENTO
CCOSTA RICA PERFIL DE PAIS 2017

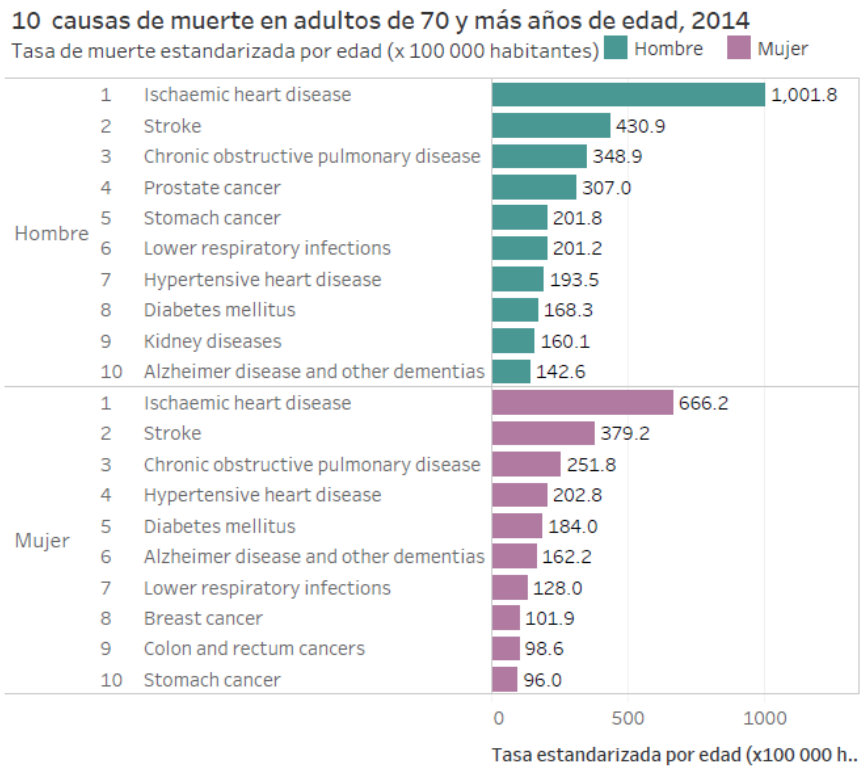
DISCAPACIDAD





Fuente: Estimados de discapacidad severa, 2000-2050. OMS.

MORTALIDAD

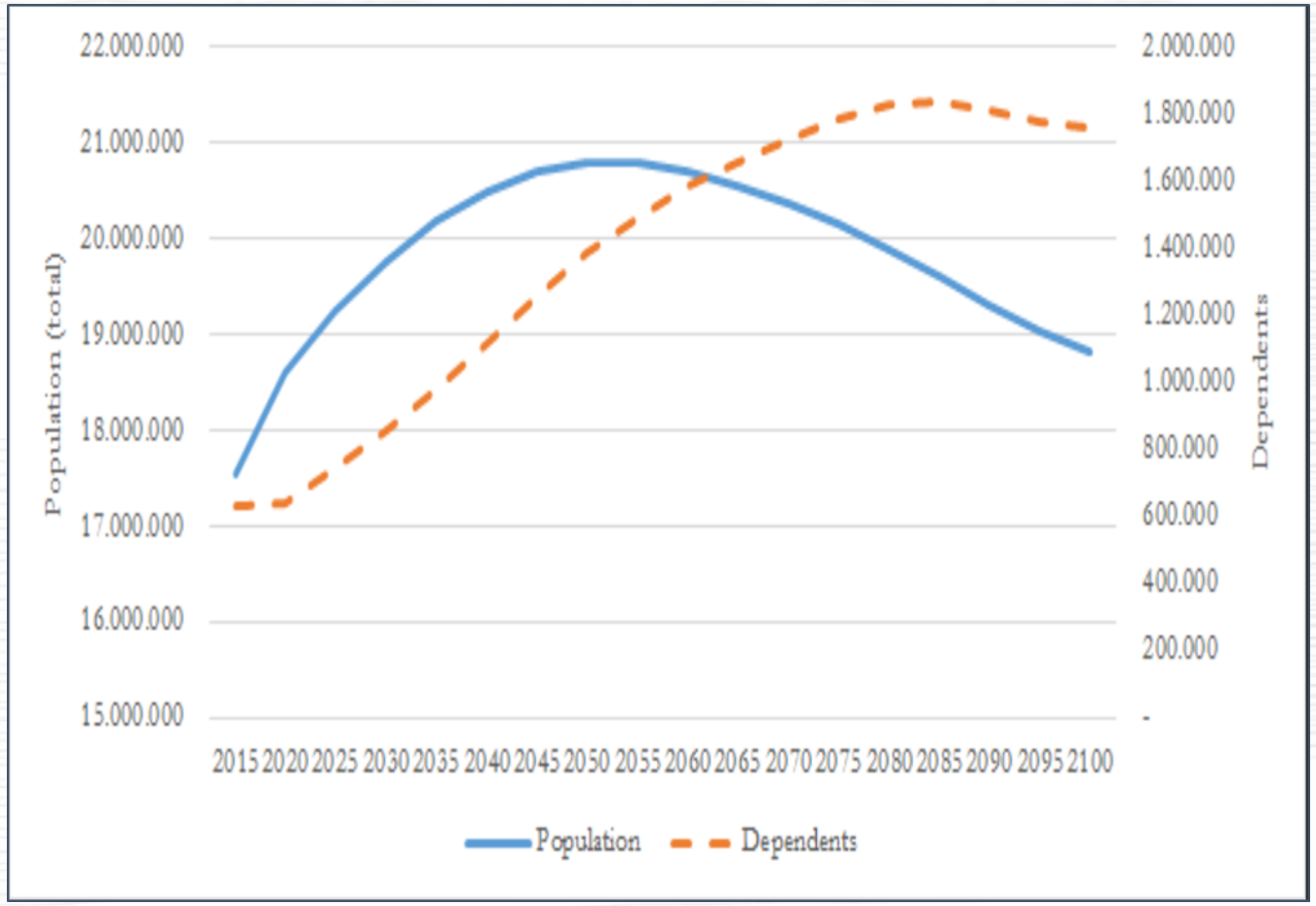


Fuente: Estimaciones de mortalidad, 2000-2015, OPS 2017.

Perfil Nacional de Salud y Envejecimiento. Unidad de Ciclo de Vida. Organización Panamericana de la Salud (OPS), 2018

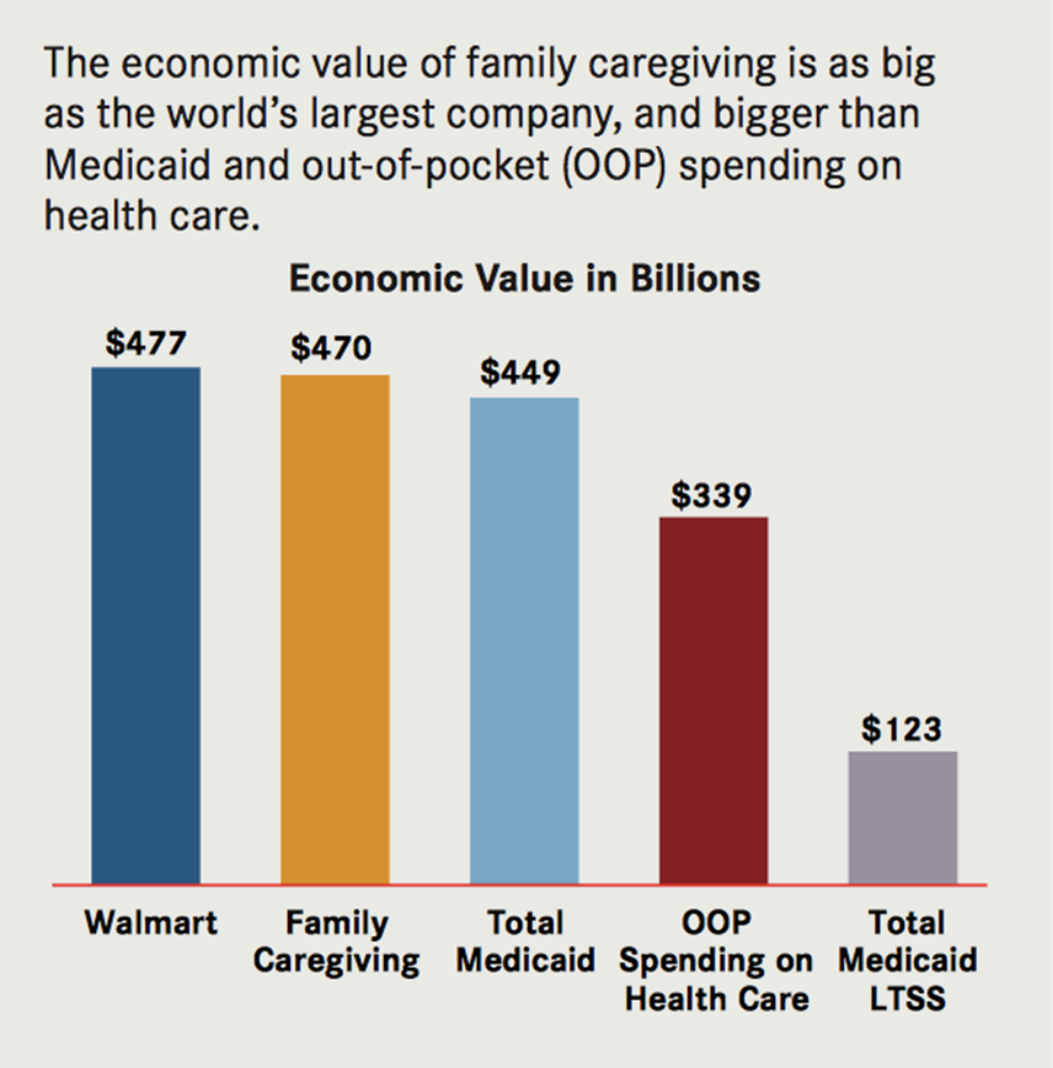
Organización Panamericana de la Salud
Organización Mundial de la Salud
Américas

INCREMENTO EN NECESIDADES DE CLP



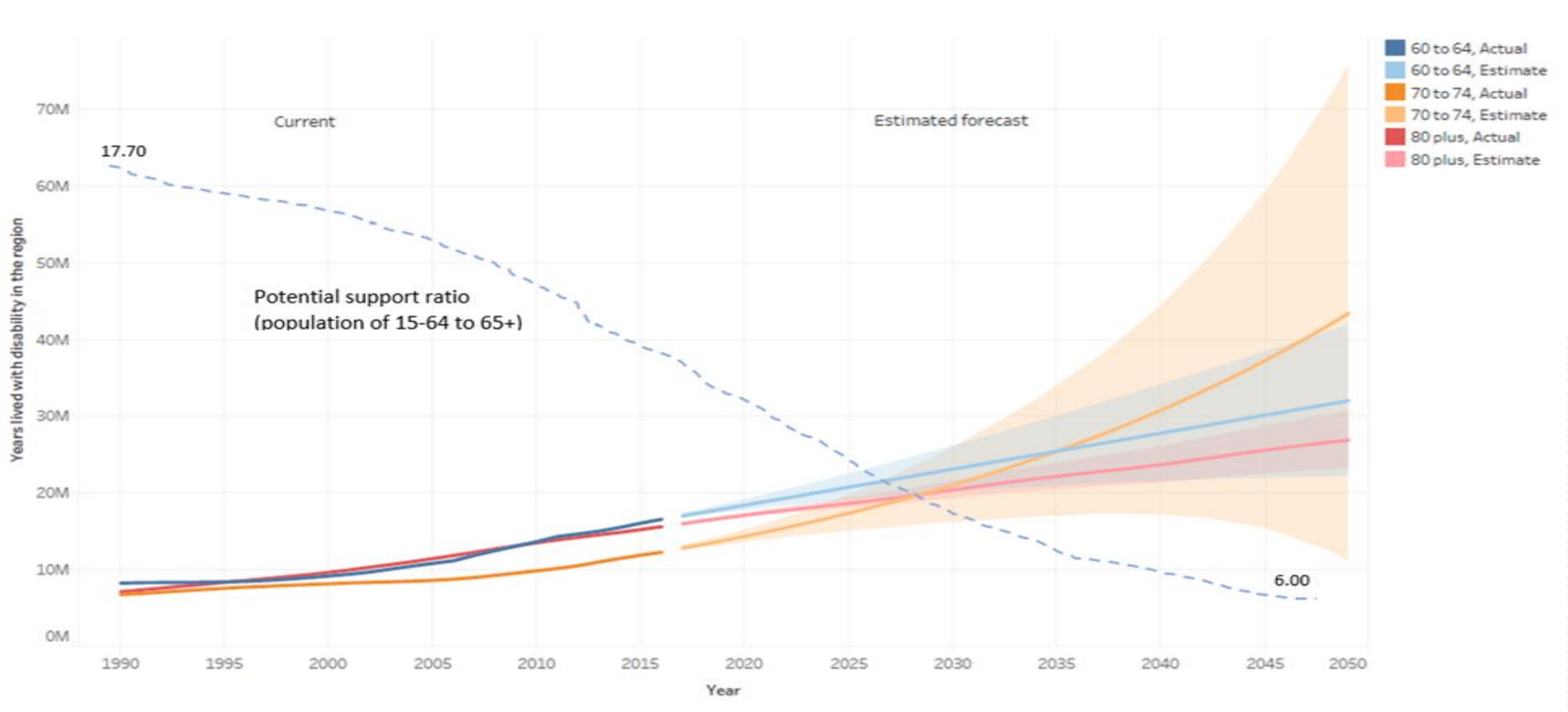
- Población de dependientes se duplicará entre 2010-2050 desde 349 millones hasta 613 millones
- Personas mayores dependientes se aumentarán considerablemente: desde 101 millones a 227 millones
- Crecimiento será particularmente pronunciado en países en desarrollo

LOS PILARES DEL SISTEMA SIGUEN SIENDO INVISIBLES, PERO ¿RESISTIRÁN?



- El tamaño del sector informal supera al del sector formal.
- Los cuidados informales generan una importante inequidad de género.

No sólo incremento de necesidades: contracción de oferta de servicios "tradicionales"



Source: Years lived with disability – Global Data Health Exchange 2017, Potential support ratio – United Nations World Population prospects 2017

CUIDADOS DE LARGO PLAZO EN LAS AMÉRICAS

Algunos desafíos:

- ¿Cómo hacer el caso?
- ¿Cómo hacer reconocer la urgencia?
- ¿Como empezar a hacer?
- ¿Cómo avanzar en una estrategia regional que considere la heterogeneidad de los países?
- ¿Cómo demostrar la necesidad de un Sistema?

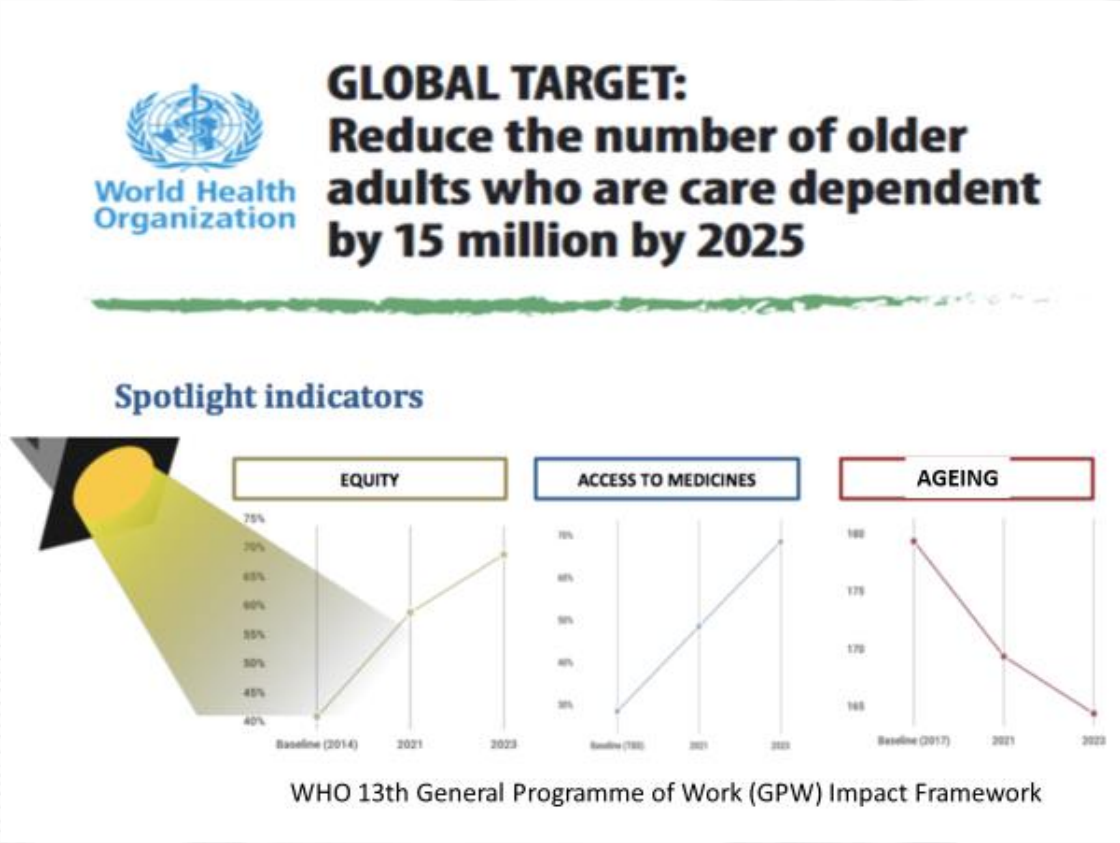
Align health systems to the needs of older populations

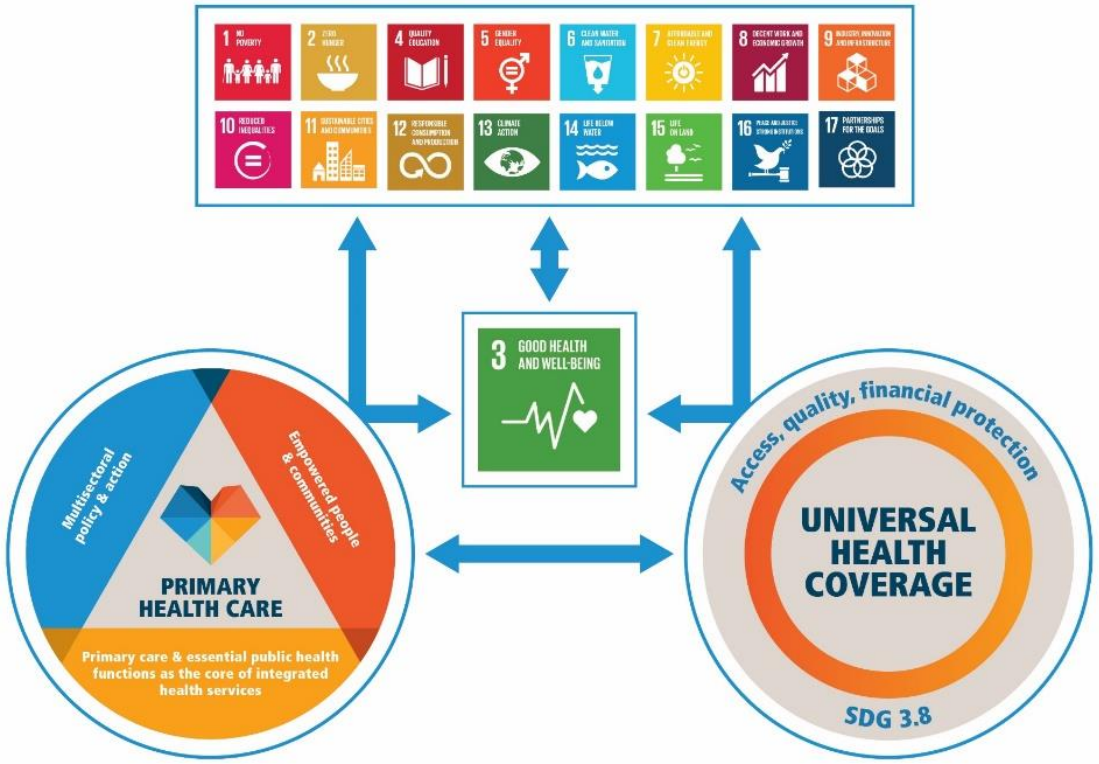
As people age, their health needs tend to become more chronic and complex. A transformation is needed in the way that health systems are designed to ensure affordable access to integrated services that are centred on the needs and rights of older people. In most care contexts, this will require fundamental changes in the clinical focus of care for older people, as well as in the way care is organized, funded, and delivered across health and social sectors.

Key actions include:

1. Orienting health systems around intrinsic capacity and functional ability
2. Developing and ensuring affordable access to quality older person-centred and integrated clinical care
3. Ensuring a sustainable and appropriately trained, deployed, and managed health workforce

COBERTURA UNIVERSAL EN SALUD Y LOS OBJETIVOS DE DESARROLLO SOSTENIBLE



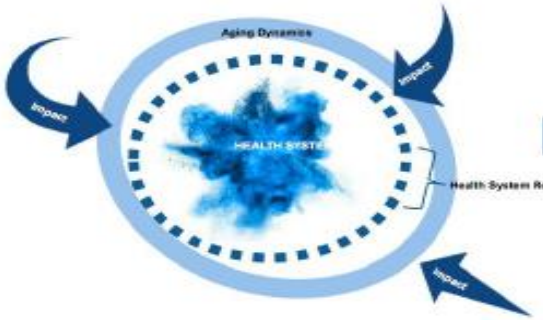


The Health System's Performance Regarding the Needs of Older Persons

Vega E., Del Riego A., Cuchi P., Uribe J., González E., Hommes C., Cid C., and Fábregas R.

Pan American Health Organization
World Health Organization
Regional Office for the Americas

The Theory : The Aging Impact on the Health System



Framework 1: Aligning Health Systems to the Needs of Older Populations

A transformation is needed in the way that health systems are designed to ensure affordable access to integrated services that are centered on the needs and rights of older people

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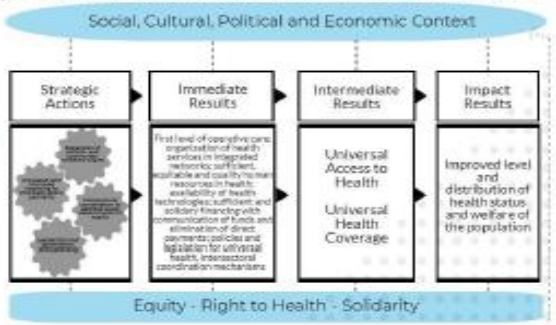
Framework 2: Universal Health Monitoring Framework (Coverture and Access)



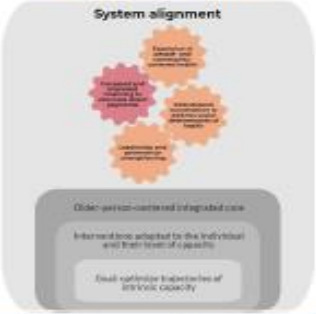
Integrating Frameworks: The Health System's Performance Regarding the Needs of Older Persons

Step1—Integration of a comprehensive pool of indicators and subsequent selection of a few [core indicators] using criteria reached by consensus

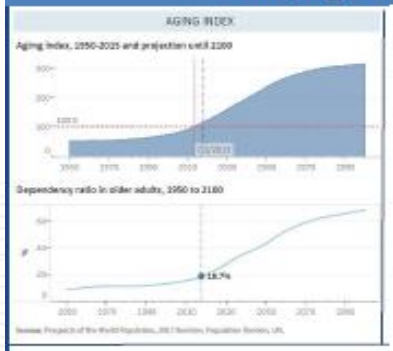
Step 2—Definition of the objectives and scope of the tool under construction

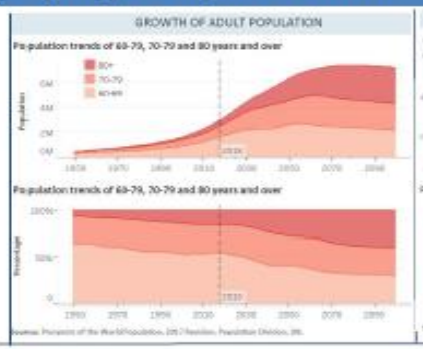
Step 3—Design of the conceptual basis of the tool using the four strategic actions of PAHO's Monitoring Framework for Universal Health and matching the indicators under each strategic action

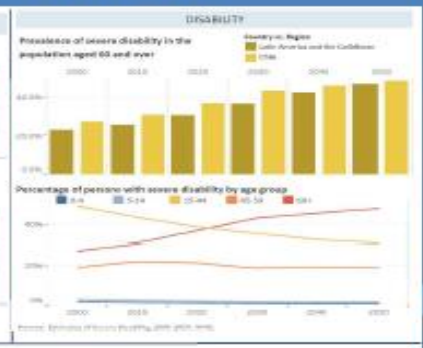
Step 4—Piloting the tool with data on the Chilean health system



Developing a Case Study: Chilean Health System's Capacity To Respond To The Needs of Older Adults







Chilean Health System's Readiness

Expansion of people- and community-centered health

- 9 out 10 older persons who sought medical care received it
- 42 % is the National Coverage of Preventive Medicine Examination (function included)
- National Coverage for the inflenza vaccine decreased from 98% (2010) to 54% (2016)
- 1 in 3 fragile adults aged 80 years and + did not receive a geriatric consultation
- 1 geriatrician for every 48,000 older persons
- 20% of medical schools teach geriatrics in undergraduate; 12% teach in postgraduate

Inter-sectoral coordination to address social determinants of health

- The absence of a LTC system imposes an extra USD $81 million-dollar annual cost on the health system
- 93% of informal caregivers do not have a job
- Chile has the highest level of education in adults 60+ in the Region, with 48.2% of people who have attended high school or higher
- 83% of adults over 65 are covered by the solidarity pension system
- Adults 50+: 65% are satisfied with Chile's transport system. 50% feel safe walking alone at night in their city of residence

Increased and improved financing to eliminate direct payments

- On average, 7.4% of home resources where at least one older adult resides are allocated to health payments
- Out-of-pocket spending has decreased from 42.5% to 32.2% from 2005 to 2015
- In homes where at least one older adult resides experience expenses (greater than 30% from their income) 3 times greater than non-older-adult-households
- 2 of the 10 leading causes of disease in adults 70 and + are covered by AUGE-GES, exclusive for older persons. Dementia is not covered

Leadership and governance strengthening

- 85% of adults 60+ are covered in the public health system.
- 65% of older adults consider their health needs to be adequately met
- 40% of older adults who live in high poverty households face problems in obtaining medical attention, twice as much than those in non-poor households

Who Needs Long-Term Care In Chile?

- Chile does not have a Long-Term Care System.
- In 2015, 16.7% found themselves in a situation of disability
- 19% of the population 60+ reported having difficulty in their AVD. 28% reported having problems with AIVD
- Increased difficulty in daily life activities increases with age. 7% of the population between 15-19 years reported a problem related to public transportation - it rose to 36% for the population of 75+ years
- 2/3 of the dependent population (64%) are adults 65+

Health Systems Capacity Assessment

The System-Metric Tool was derived to enable the preparation of countries' health systems in the face of an increasing aging population.

- It allows for a descriptive diagnosis of the health system's capacities for informing public policy on health and aging
- The tool uses the four strategic actions of the MFUH using assigned indicators to each action

Methods

- Once the available indicators were matched with each strategic action, a Likert-type score was assigned to each based on the expected capacity of the health system
- The average score for the indicators for each action gives the color to each action's gear

- Green (3 points): Full to reach in the short term if current actions are sustained. capacity, or estimated
- Yellow (2 points): Medium capacity, or improvement can be reach with non-complex actions and allocations of a feasible amount or resources in the short term.
- Red (1 point): Little to no capacity, improvements could be reached in the long term and require complex actions and /or significant allocation or resources

Next Steps

- Improve and expand the analytic process with already-engaged countries such as: Argentina, Brazil, Costa Rica, Cuba, Jamaica, Barbados Mexico & Uruguay.

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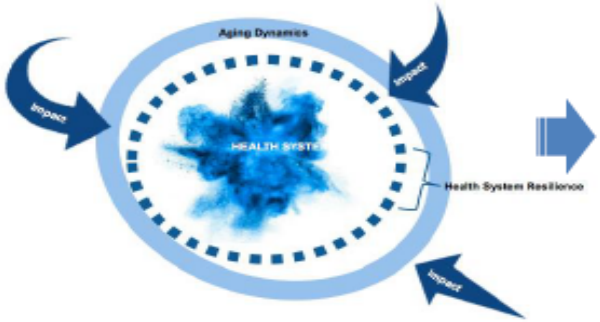
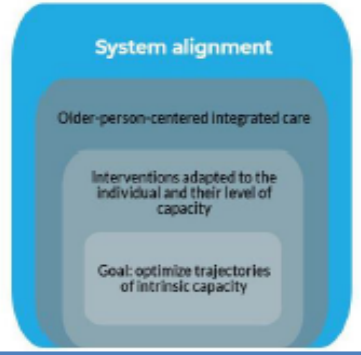
Barbadian Health System's Performance Regarding the Needs of Older Persons

Pan American Health Organization
World Health Organization
Regional Office for the Americas

The Theory : The Aging Impact on the Health System



Framework 1: Aligning Health Systems to the Needs of Older Populations



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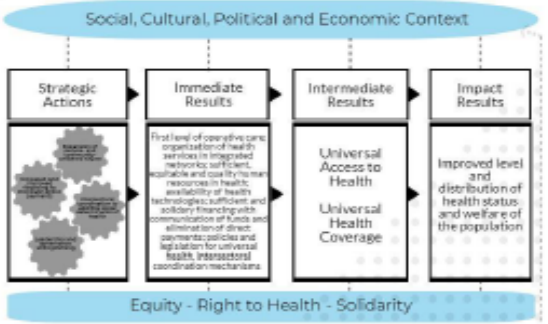

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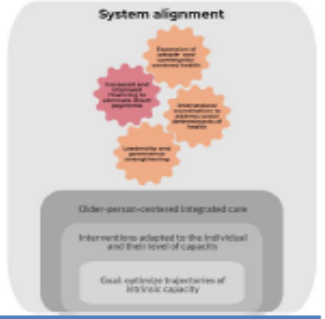
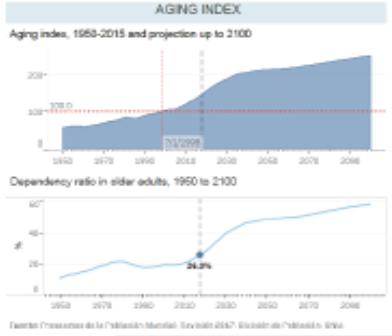
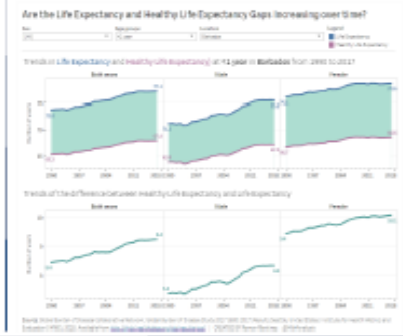
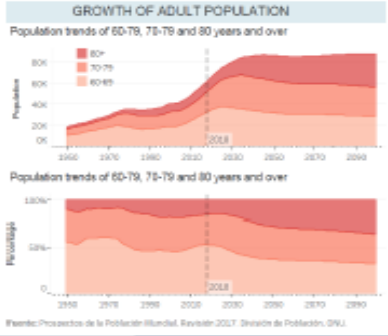
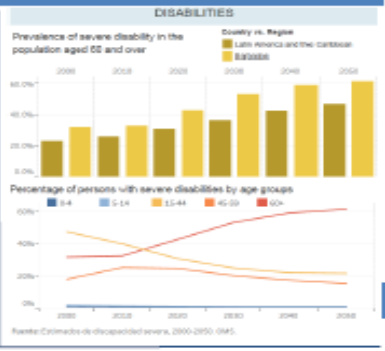


Developing a Case Study: Barbadian Health System's Capacity To Respond To The Needs of Older Persons









Barbadian Health System's Readiness

Expansion of people- and community-centered health

- 2.64% of the older adults found barriers to access to health services. Older adults sought medical care at a private provider twice more often than a public one.
- The average number of medicines per prescription was 3 in 2011, **with no published strategies to avoid inappropriate polypharmacy.**
- Standard treatment guidelines are available at 55% of public health facilities, with **0% updating since 2009.**
- Sub-optimal glycaemic control is 70% lower in a diabetic aged 65+ than in one aged 45-64, but sub-optimal blood pressure control is 1.5 times more frequent in 65+ that ages 45-64.
- Coverage of influenza vaccination in adults 60+ was 100% in 2014.
- **71% of people aged 65+ was physically inactive. This is 40% higher compared to people aged 45-64.**

Increased and improved financing to eliminate direct payments

- **44.1% of the total health expenditure came from out of the pocket of household members.** (sub regional average= 28.8%)
- **Out-of-pocket expenses are twice higher** in households with one or more older adult: compared to households without any older adults, with **expenses increasing 1 BD$ per every year augmented** in the average age of the household.
- **20% of the household's out of pocket health** spending was allocated to **purchasing drugs and medical devices in the private sector.**
- **Less than 5% of the government funding for health is allocated for prevention,** as opposed to 67% to curative care.

Leadership and governance strengthening

- Density of health workforce is 24.9 physicians per 10,000 pop.
- **20% of the deaths were registered using inappropriate codes.**
- **1 out of 7 academic programmes explicitly include Geriatrics** or Gerontology in their curricula.
- **0% availability of clinical guidelines for geriatric syndromes,** but more than 50% of the patients discharged aged 65+.
- Users aged 65+ expressed dissatisfaction with the health attention 1.5 times less frequently than younger adults.
- The coverage of a yearly general medical check-up is 30% higher in older adults than in younger people.

Intersectoral coordination to address the social determinants of health

- **33% of the older adults reported a monthly income at 175 USD or lower,** including pension and retirement benefits (falls below the poverty line).
- 32% of adults 65+ lack a pension either a contributory or a non-contributory one.
- 67% of the population aged 55-64 are employed.
- 78.4% % of population aged 60+ attended secondary or higher education.

Who Needs Long-Term Care In Barbados?

- 1800 older adults need long-term care. The current offer via the Geriatric hospital and other district hospitals is of 500 beds, with an average monthly discharge of 2 older adults. (16)
- 28% of the severely disabled older adults are offered long term care services.
- The prevalence of severe disability in people aged 60+ is projected to reach 7.53% in 2020.

Health Systems Capacity Assessment

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- The tool uses the four strategic actions of the MFUH using assigned indicators to each action

Methods

- Once the available indicators were matched with each strategic action, a Likert-type score was assigned to each based on the expected capacity of the health system
- The average score for the indicators for each action gives the color to each action's gear

- Green (3 points): Full capacity, or estimated to reach in the short term if current actions are sustained.
- Yellow (2 points): Medium capacity, or improvement can be reach with non-complex actions and allocations of a feasible amount or resources in the short term.
- Red (1 point): Little to no capacity, improvements could be reached in the long term and require complex actions and /or significant allocation or resources

Next Steps

- Improve and expand the analytic process with already-engaged countries such as: Argentina, Brazil, Costa Rica, Cuba, Jamaica & Uruguay.

References

- For a complete list of references see the full report.
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- WHO/WHO. Basic Indicators. PLISA.
- Barbados Drug Service. Barbados Drug Service. GIS (2017).
- Planning and Research Unit & Ministry of Health. Chief Medical Officer's Report 2010-2012. (2015).
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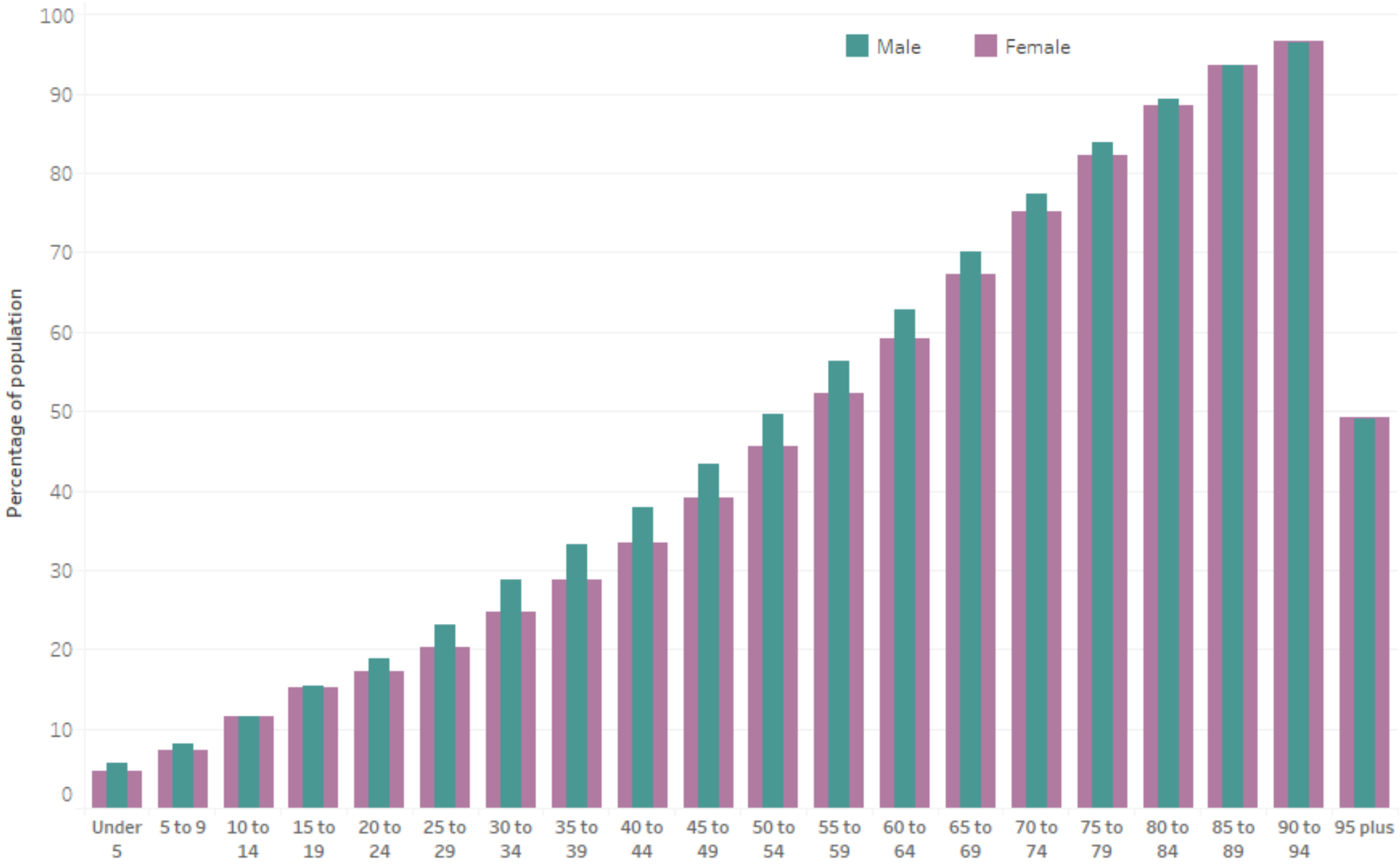
- Ministry of Health. Barbados 2012-14 Health Accounts Report. (2014).

Prevalence (% of population) of rehabiliattion need by age and sex in the Region of the Americas, 2017



Evaluación centrada en la persona y vías en atención primaria

1 PESQUIZAJE DE LA CAPACIDAD INTRINSECA (CI) EN LA COMUNIDAD/PRIMER NIVEL DE ATENCION

Sin disminución CI → INTERVENCIONES BASADAS EN EVIDENCIAS PARA MANTENER CAPACIDAD INTRINSECA

Con disminución CI ↓

2 EVALUACIÓN CENTRADA EN LA PERSONA ATENCIÓN PRIMARIA:

- Evaluar a profundidad la pérdida en la CI
- Entender necesidades y preferencias
- Evaluación enfermedades asociadas
- Evaluación entorno fisico y social

Sin disminución CI

2B

Con disminución CI ↓

3 ESTABLECIMIENTO DE METAS Y DESARROLLO DE UN PLAN DE ATENCIÓN CENTRADA EN LAS PERSONAS

Sin repercusión funcional → Intervenciones ICOPE para gestionar la disminución en la CI - INTERVENCIONES BASADAS EN EVIDENCIAS PARA MANTENER CAPACIDAD INTRINSECA

Con repercusión funcional ↓

- Intervenciones ICOPE para gestionar la disminución en la CI
- Enlace a la atención especializada (Manejo integrado de enfermedades crónicas. Rehabilitación)
- Eliminar las barreras para la participación social.
- Adaptación ambiental- Ayudas tecnicas

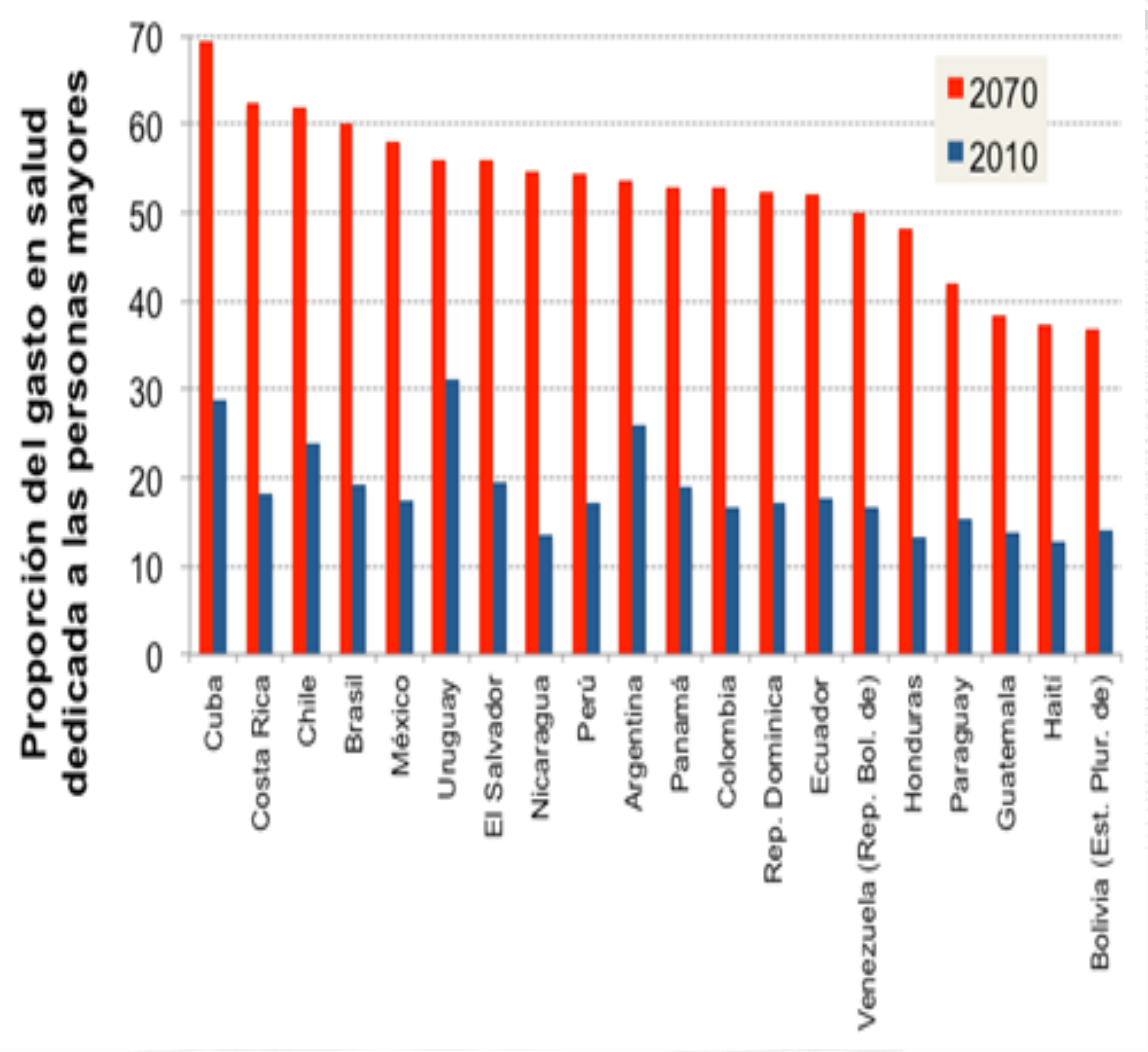
Con dependencia de cuidados ↓

4 ESTABLECIMIENTO DE PLAN DE CUIDADOS A LARGO PLAZO DE BASE COMUNITARIA

- Servicios socio-sanitarios de cuidados
- Dispositivos de ayuda
- Cuidados paliativos y cuidados al final de la vida

World Health Organization

EL BUMERANG DE LOS CLP SOBRE LOS SISTEMAS DE SALUD



- Personas mayores frágiles en UK generan 2 millones de admisiones a camas de urgencia no planificadas por año
- Camas socio-sanitarias en Chile podrían costar hasta $400 millones por año al sistema de salud
- En Japón el número de personas hospitalizadas se multiplicó por 10 entre 1963 y 1993: la mitad de las camas eran ocupadas por personas mayores. Más de un tercio terminaba viviendo en el hospital por más de un año.

Strengthen long-term care

Worldwide, the number of older people requiring care and support is increasing. Every country needs to have an integrated system of long-term care. Each system should help older people maintain the best possible level of functional ability to allow older people to live with dignity and enjoy their basic human rights and fundamental freedoms.

Key actions include:

1. Establishing and continually improving a sustainable and equitable long-term-care system
2. Building the long-term care workforce and supporting informal caregivers
3. Ensuring the quality of person-centred and integrated long-term care

Pan American Health Organization
World Health Organization
PAHO

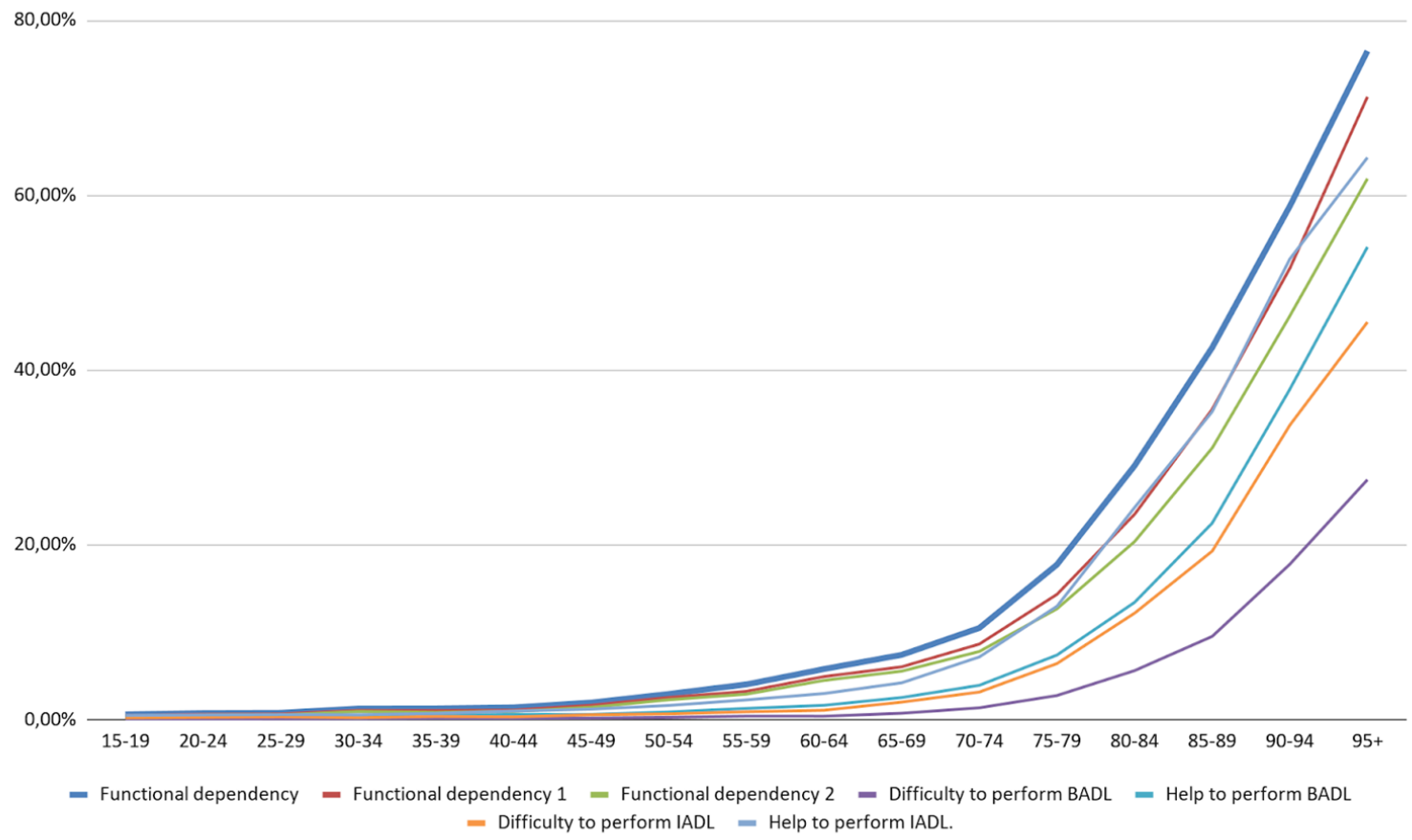
IMPLEMENTAR RESPUESTAS A LOS CLP

- No se esta partiendo de de cero!
- DAR PRIMEROS PASOS
- Dependencia de cuidados no es igual a pobreza
- Es necesario pensar y tomar decisiones sobre:
  - Beneficiarios
  - Beneficios
  - Proveedores
  - Financiamiento

Definición y medición de la dependencia

- México
  - 31 documentos con estimaciones de dependencia (la mayoría usa Estudio Nacional de Salud y Envejecimiento en México, ENASEM)
  - Rango prevalencia: 2% - 75%
  - "Dependientes": 2.76 - 10.35 millones

Definición y medición de la dependencia



- Chile
  - Distintas definiciones usando encuesta CASEN 2017
  - Rango prevalencia (15+): 0,8%-4,7%
  - Rango prevalencia (65+): 3,3%-17,5%
  - "Dependientes“ (15+): 111.165 - 672.006
  - “Dependientes” (65+): 81.954 - 431.602

CUIDADOS DE LARGO PLAZO EN LAS AMÉRICAS

Componentes

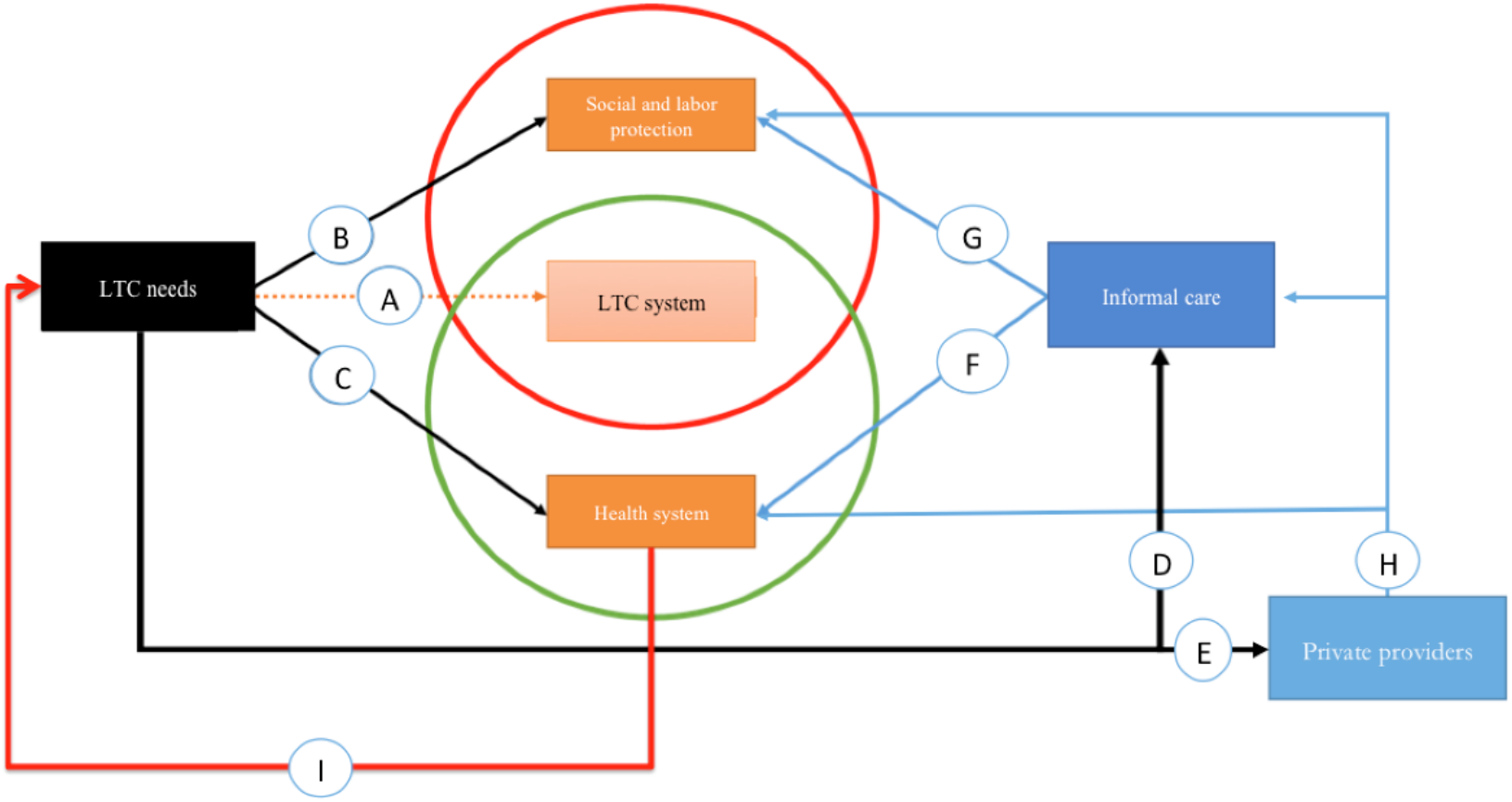
- Entender el problema
- Pensar en soluciones
- Construir apoyo y consenso

Tiempo

- Corto/ mediano plazo
- Largo plazo

Meta	Corto/ mediano plazo	Largo plazo
Definir y medir necesidades de CLP	Adoptar/ revisar una definición nacional Sistematizar información sobre dependencia y cuidados Estudios en poblaciones específicas (para tener una estimación de prevalencia)	Evaluar la relevancia de la definición (actualización) Encuestas/ estudios nacionales para medir dependencia Registros administrativos
Implementar respuestas a las necesidades de CLP	Listado de iniciativas actuales relacionadas a CLP	Diseñar un sistema de CLP Implementar un sistema de CLP
Construir apoyo y consenso	Revisión de experiencias internacionales Sistematizar información sobre dependencia y cuidados, incluyendo su impacto económico Estudios en poblaciones específicas (para tener una estimación de prevalencia)	Abogacía con hacedores de política y representantes de la sociedad

EL SISTEMA DE SEGURIDAD SOCIAL TIENE UNA PIEZA FALTANTE: CLP COMO INVERSIÓN



Source: Villalobos Dintrans (2018)

CONSTRUIR CONSENSO Y APOYO PARA SISTEMAS DE CLP

Decade Of Healthy Ageing
2020-2030

Strengthen long-term care

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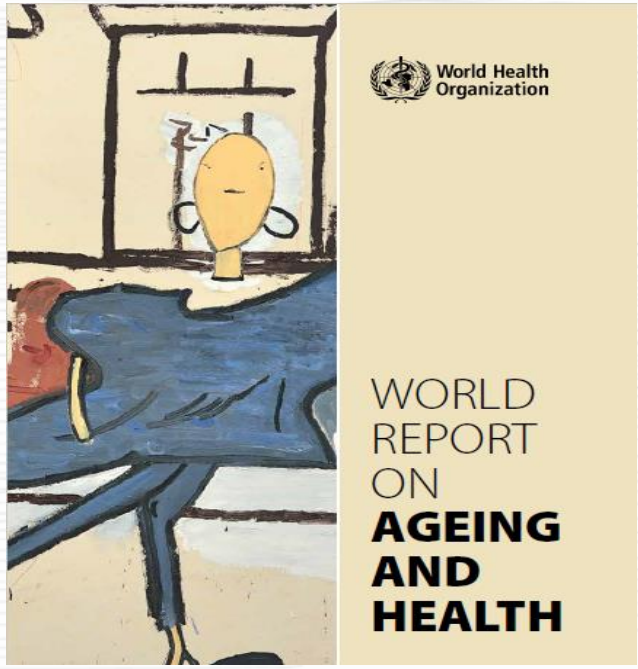

Global strategy and action plan on ageing and health (2016-2020)

A framework for coordinated global action by the World Health Organization, Member States, and Partners across the Sustainable Development Goals

The *Global strategy* therefore calls on every country to start to build a system of long-term care.

PAHO

It is easy to stress the usual answers –
"Intentional ignorance dates from the first few days ...”
-Noam Chomsky

“Es fácil recitar las respuestas usuales —
La ignorancia intencional data de los primeros días ...”
-Noam Chomsky