CMAJ NEWS

## The costs of choice in senior care

lberta's plan to move to a patient-based funding model for senior care is alarming some health care and advocacy groups, who fear the province is planning to increase privatization of elder care.

The plan, outlined in a draft concept paper, establishes "high-level goals and key elements" for implementing a continuing care centre model to allow seniors the option to stay in the same place as they age without having to move when they require more care (pialberta .org/sites/default/files/Documents/CCC %20Concept%20Paper%20(June%2020 12)\_NoRestriction.pdf).

Although the paper's goals are laudable, the way they will be carried out points to increasing costs for seniors, says Bev Dick, the first vice-president of United Nurses of Alberta. When Alberta's conservative government refers to patient "choice," Dick says, "it frequently means you get to choose which pocket you pay out of. Your right-hand pocket will be your tax dollars that you pay — your left-hand pocket will be your own personal bank account."

The paper was initially shared only with some stakeholders, such as private nursing home operators. Then a member of Public Interest Alberta, an advocacy group, obtained and released it to reporters at a July 16 news conference.

The Alberta government wants to get out of the nursing home business, contends Noel Somerville, chair of Public Interest Alberta's Seniors Task Force. "They're trying to use privatization to offload government costs onto private operators and through them onto the people who require the care."

Currently, Alberta Health Services operates 73 of 173 long-term care facilities for seniors in the province. Private companies operate the remaining facilities.

According to the concept paper, existing policies and legislation erect barriers to people who want to stay in the same facility or be housed with



Alberta seniors can look forward to more options that will allow them to stay in the same place as they age without having to move when they require more care, states a government concept paper.

family and friends when they require more care. The new plan would coordinate better support and services from existing community organizations, the document states. It is unclear from the paper whether new continuing care centres would also be built.

Bart Johnson, press secretary for Health Minister Fred Horne, says the Ministry would not elaborate on any ideas or clarify details of the document. "It's a concept paper designed to stimulate discussion," he says. "I think we will let it speak for itself."

But Johnson did address concerns about the scale of private-sector involvement in providing services for seniors. "Our system has always involved a certain degree of private involvement and that is likely to continue."

Currently, roughly 1 in 10 Albertans are aged 65 or older, according to Alberta Health Services. By 2031, 1 in 5 Albertans will be seniors, the province projects.

Continuing care centres will "promote independence and offer choice through the provision of an array of health, personal care and accommodation services in one location (a single building or a cluster of buildings on the same site)," states the concept paper. The centres will also bring services to the client and adjust those services as a senior's needs change, instead of having the senior move to a new setting. A "robust" home care program will also be available to support the continuing care centres.

The plan's critics are upset about phrases in the document they view as code for a system moving toward privatization. For example, the document stresses that "Policies, programs and services aimed at meeting the needs and priorities of Alberta's aging population must be sustainable and affordable to taxpayers over the long term." It also states that the province "should strive to design and deliver programs

and services in ways that make efficient and effective use of resources."

Continuing care centres will also have "enhanced choice in living environments and the option to obtain additional amenities or services beyond those funded by the government."

That leaves advocates such as Somerville questioning who will decide which core services the government funds, and which ones a senior would have to pay to receive. The paper "proposes not only different levels of accommodation, but also different levels of care, all based on the patient's ability to pay, which we see as totally contrary to the principles of the Canada Health Act," says Somerville.

For example, in one scenario in the concept paper, a senior with multiple

sclerosis who requires personal care opts to purchase two additional baths per week. In another scenario, a senior living in a continuing care centre relies on volunteers to take him in his wheelchair to another unit every day to visit his wife, who has dementia.

Those services are part of basic health care and seniors should not have to pay extra for every bath, says Dick. "You and I probably get a shower or bath every day," she says, adding that this is basic hygiene.

Similarly, Dick is concerned that if the system relies on volunteers to meet basic needs, such as the fictitious man in Alberta Health's scenario who wants to see his wife every day, then the system is vulnerable to a decrease in volunteers.

There is nothing new in this concept

paper, since versions of the same model have been proposed for the last 25 years, says Carol Wodak, a seniors' advocate with The Continuing Care Watch. She calls the paper a "superficial" document that doesn't address existing problems or listen to solutions that those receiving care have already proposed.

"I have no faith that more of the same will fix problems created by a similar concept paper a quarter of a century ago," she says.

Public Interest Alberta expects to meet with the province's health minister and George VanderBurg, the associate minister of seniors, in September to discuss the continuing care model. — Laura Eggertson, Ottawa, Ont.

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