

European Healthcare: Consequences of Ageing Populations

Manfred Huber, Director a.i.,
Division of Information, Evidence, Research and Innovation

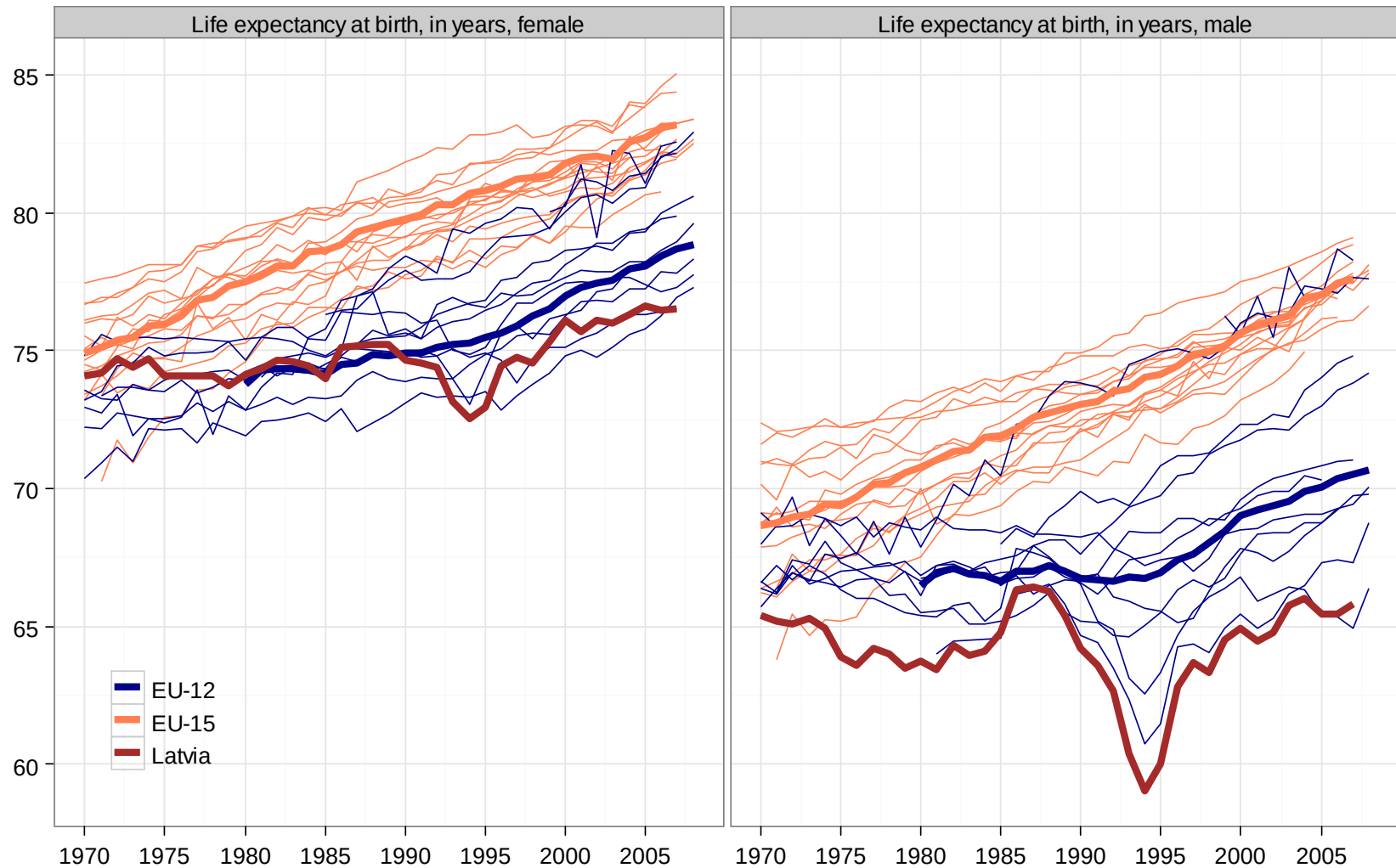
EGA event under the patronage of the Belgian Presidency,
European Parliament Brussels,

17 November 2010

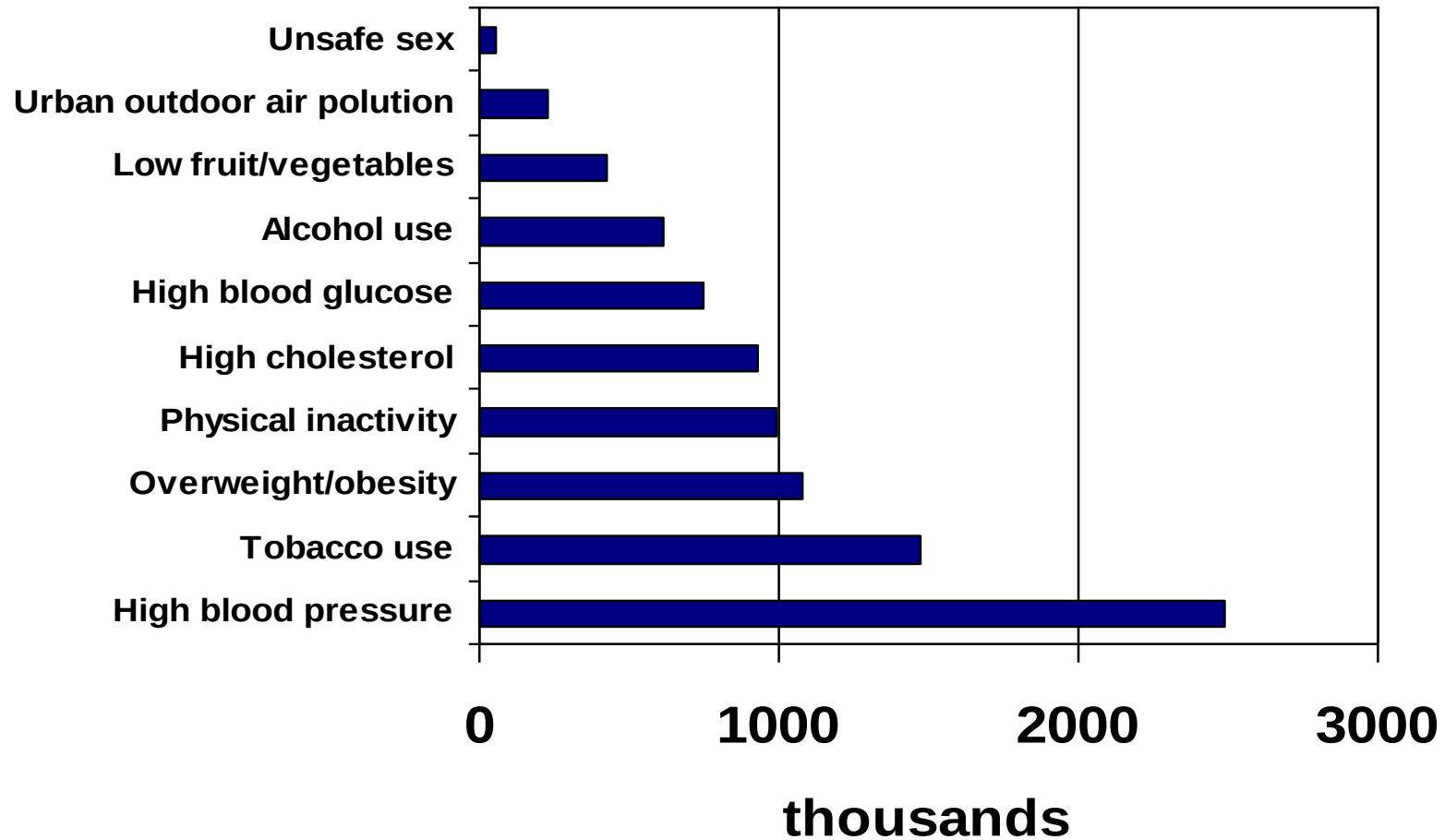
Context: demographic and health trends

- Increases in life expectancy – but unequal
- Health trends among the elderly are mixed: severe disability is declining in some countries but increasing in others,..
- ..while mild disability and chronic disease are generally increasing, in line with a general increase in the importance of non-communicable diseases

Large gaps in live expectancy in Europe



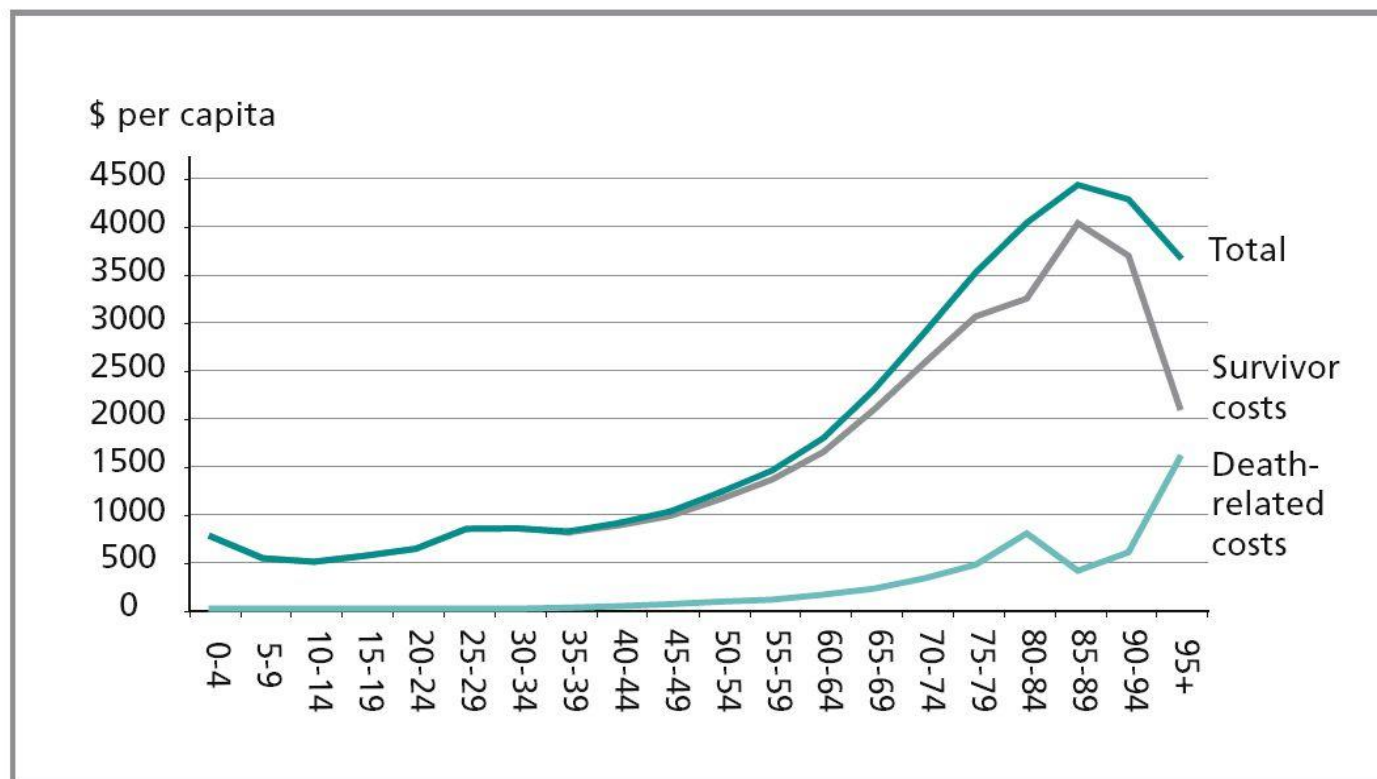
Estimated deaths in the WHO European Region due to selected risk factors in 2004



Context: implications for expenditure trends

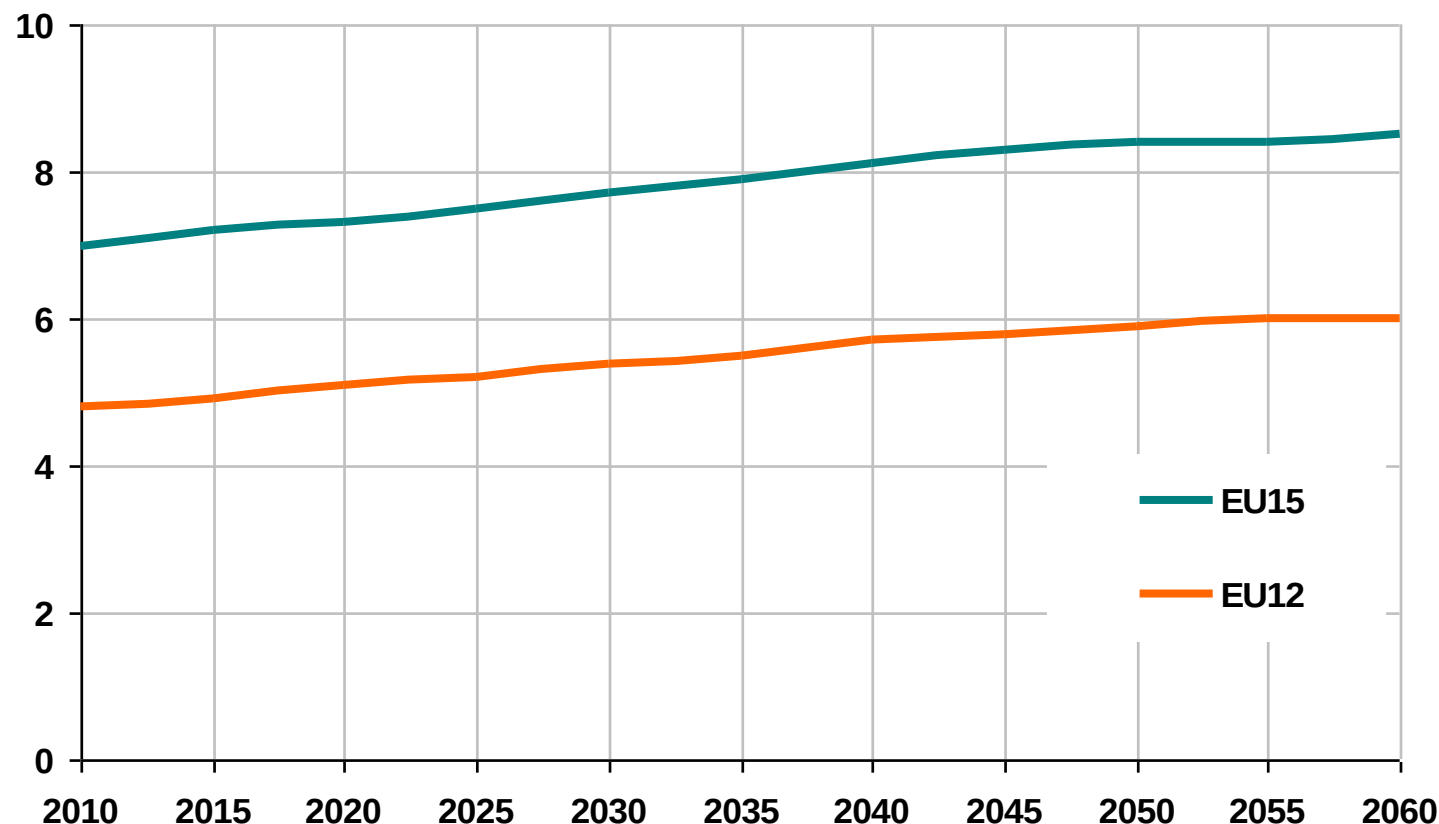
- Basic scenario: increased health care utilization and decreased revenues (declining workforce)
- This points to the need for dual policy response: healthy and active ageing
- Expenditure projections: a complex task
- Technological progress and rising expectations are important drivers of expenditure (more so than ageing per se)

Health care expenditure per capita in each age group in Finland, separating the costs of dying from overall health care costs



Source: Martins JO, Maisonneuve Cdl, Bjørnerud S. Projecting OECD health and long-term care expenditures : What are the main drivers? Paris, OECD, 2006

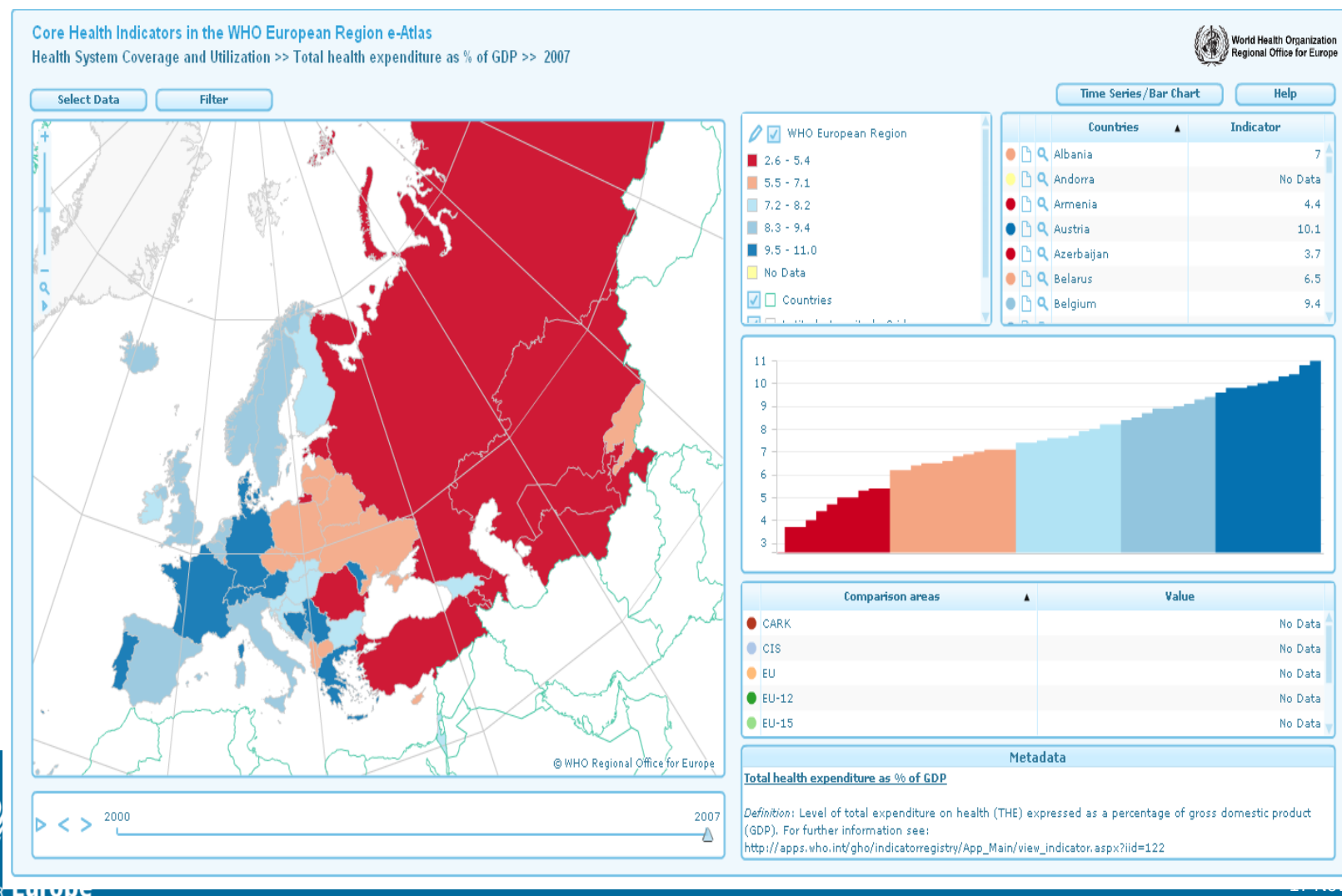
Projections of public expenditure on health care: AWG reference scenario (as % of GDP)



Source: ECFIN (2009) 2009 Ageing Report - Economic and budgetary projections for the EU-27 Member States (2008-2060)

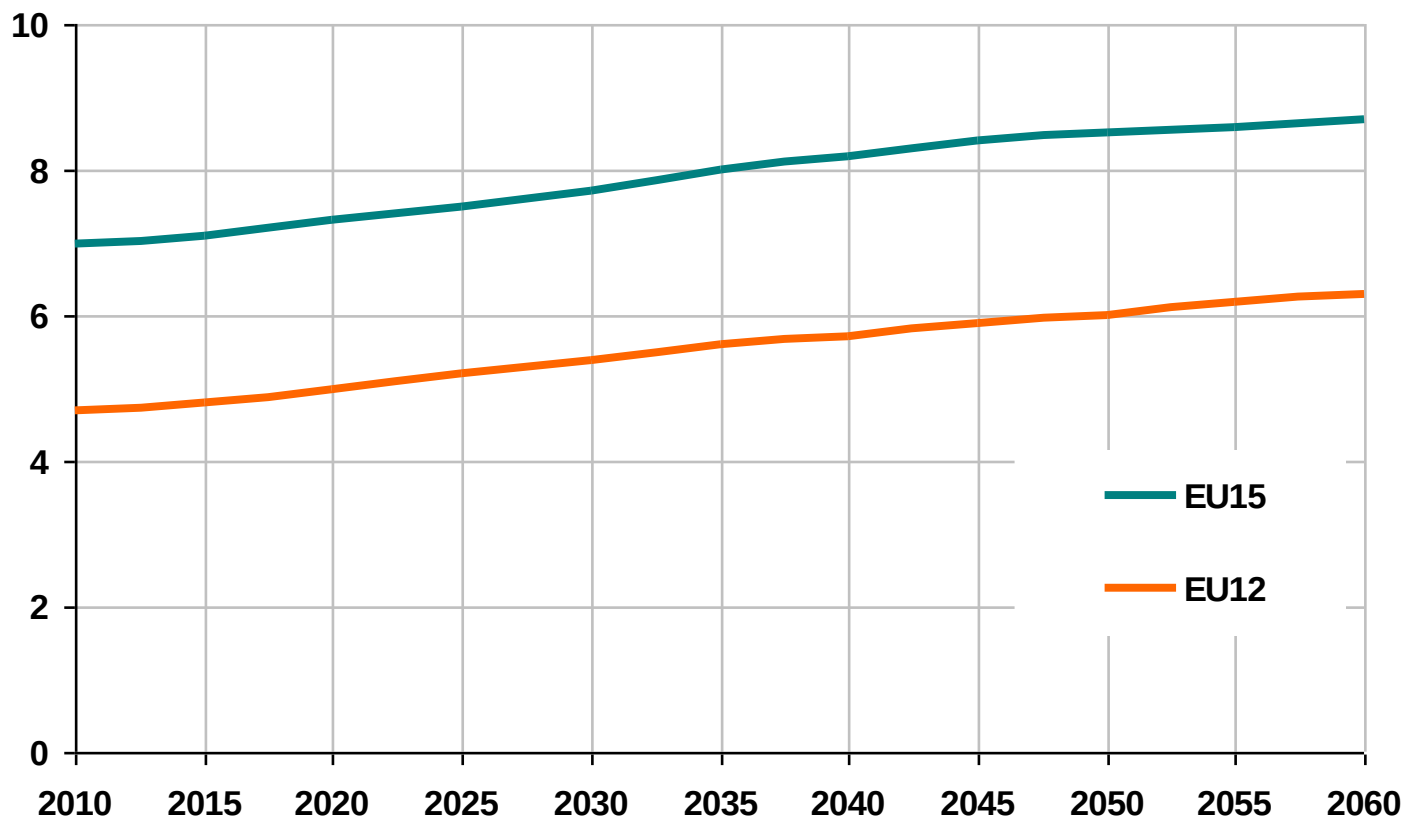
Disparities in health expenditure

HFA e-Atlas on core health indicators

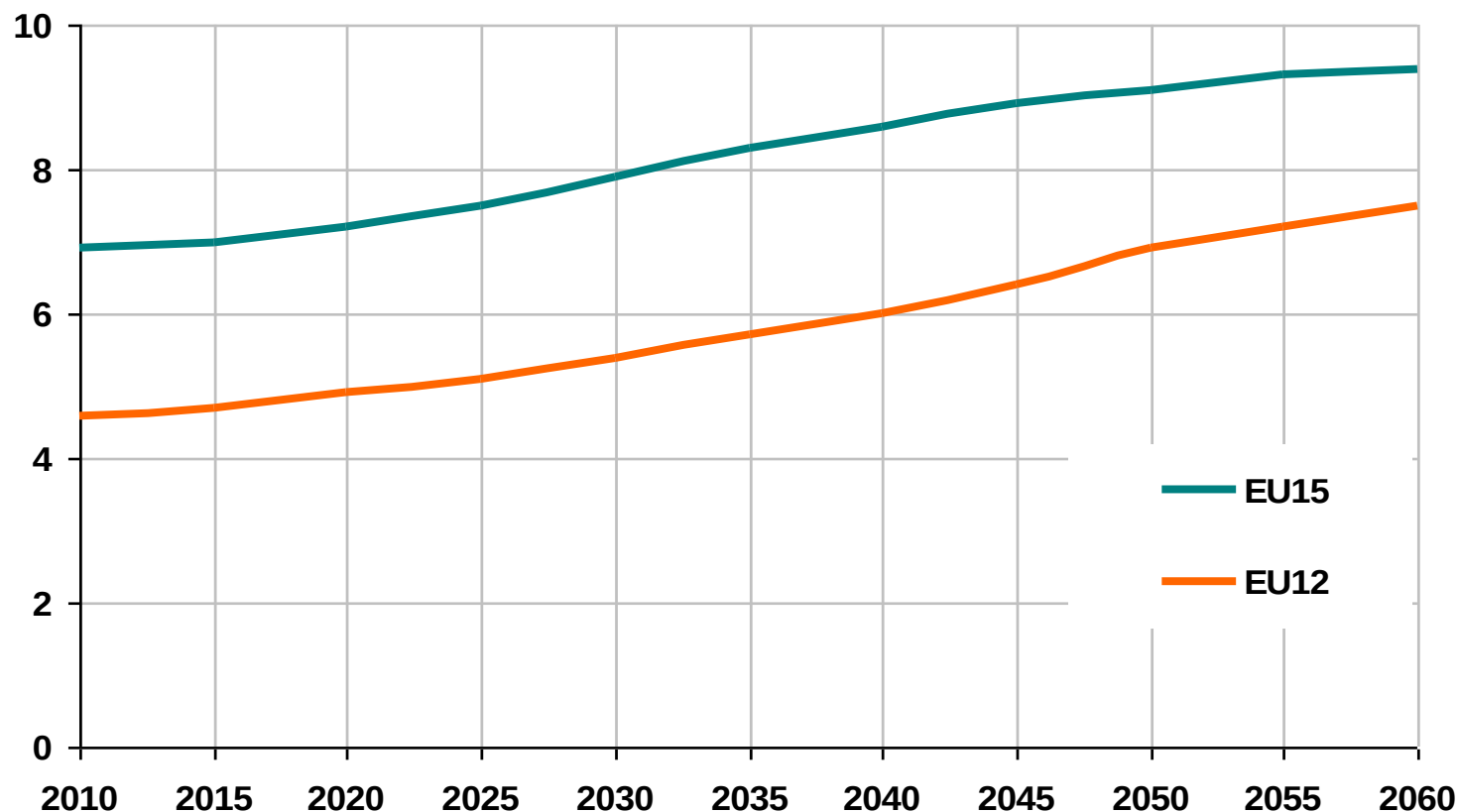


Projections of public expenditure on health care

Pure ageing scenario (as % of GDP)



Projections of public expenditure on health care Labour intensity scenario (as % of GDP)

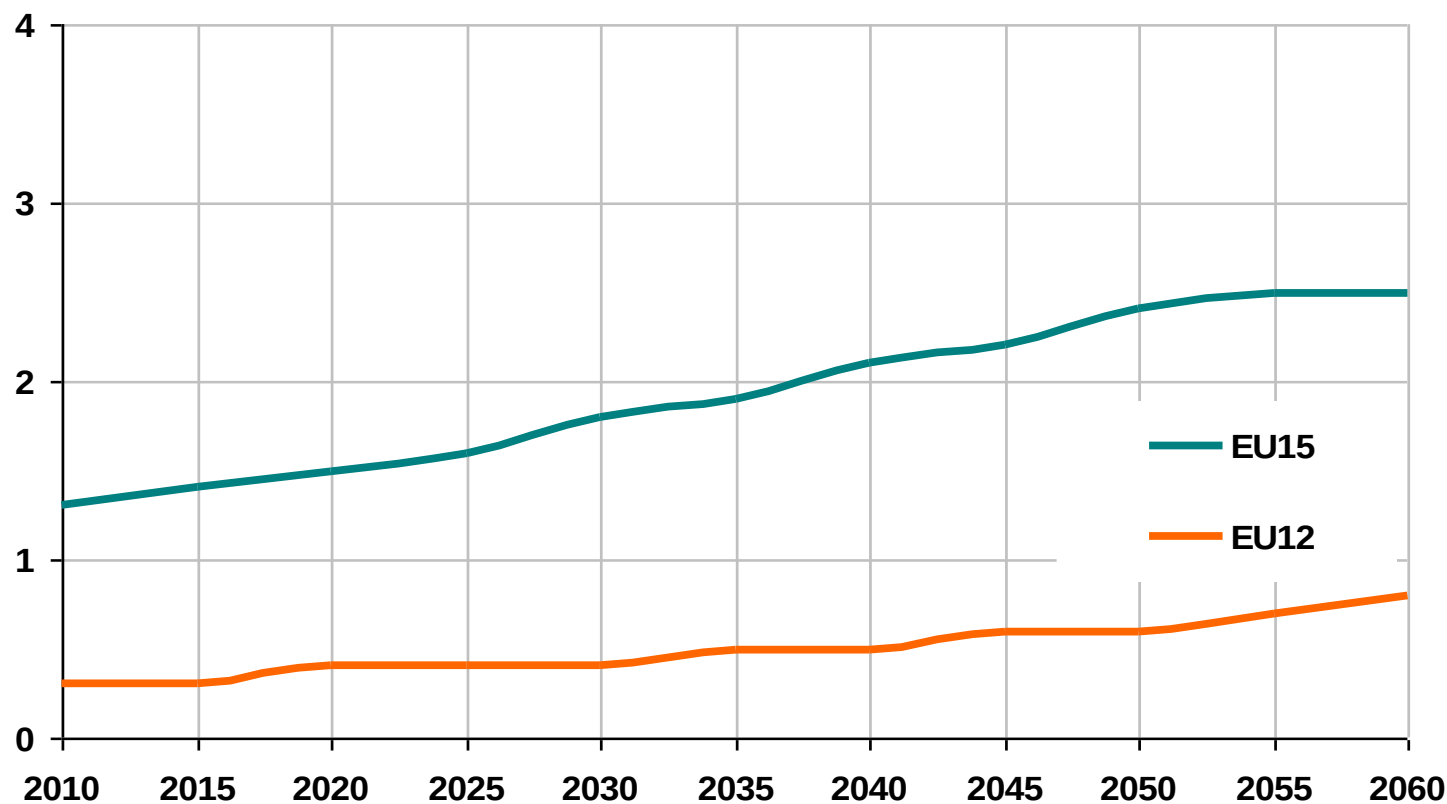


Source: ECFIN (2009) 2009 Ageing Report - Economic and budgetary projections for the EU-27 Member States (2008-2060)

Policy options: enhance prevention and health promotion

- Prevent or postpone disability through primary prevention
- Interventions to prevent, postpone and treat heart disease and stroke
- Control of hypertension, reduction of obesity: improving quality of life and saving cost
- Large potential of health promotion and prevention targeted more towards older people: injuries, smoking, alcohol, physical activity, diet, adequate medication (avoiding overconsumption & interactions)
- Housing and living environments (WHO network of “Age-friendly Cities”)

Long-term care expenditure projections – AWG reference scenario (as % of GDP)

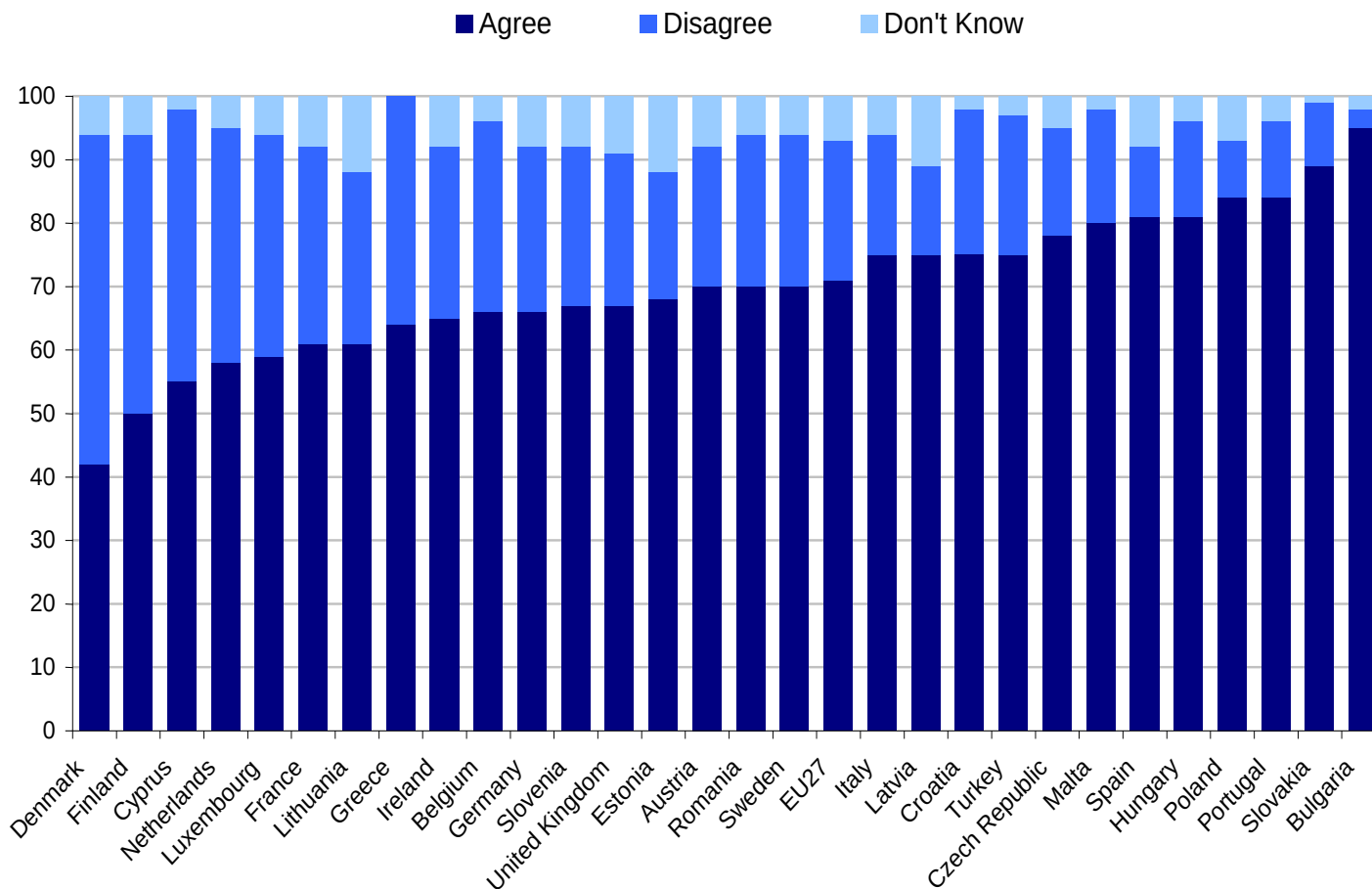


Source: ECFIN (2009) 2009 Ageing Report - Economic and budgetary projections for the EU-27 Member States (2008-2060)

Long-term care services: who will care for the elderly?

- Public spending on long-term care (LTC) as share of GDP is projected to grow steeply when the share of people aged 80 years and older will grow by over 50% in the EU within the next two decades (currently in the range of less than 0.3 to up to 3.9% of GDP)
- But in all countries, the majority of care hours is currently provided informally, by family and friends
- Family sizes are shrinking; ever more people live alone

Eurobarometer 2007 question: In your opinion, do dependent older people rely too much on their relatives?



Better integrated care for chronic care of ageing populations is possible

- Much of health expenditure is concentrated towards the end of life, and on care for chronic conditions for people aged 50+
- There is growing evidence that integrating and coordinating care for chronic conditions across providers can increase quality and value for money
- Very high cost of emergency admissions to the hospital for older people and their high risk exposure at hospitals (e.g. infections) call for better preventive strategies

Policy options for improving the interface between health & social care (1)

- There is costly “bed blocking” in hospitals (lack of LTC alternatives); in particular in Eastern countries
- LTC needs may result from inadequate hospital care (pressure sores) (observed for countries at all income levels in Europe)
- There is often limited access to rehabilitation services for older disabled people, e.g. after major injuries, in particular for people with any form or degree of Dementia (in most countries)

Policy options for improving the interface between health & social care (2)

- Too many hospital/emergency admissions are due to a lack of social support for vulnerable people
- In many countries there is poor or missing discharge management from hospitals for people with functional limitations who are in need of long-term care;
- Lack of communication with social services puts many older people at great risk and may increase follow-up cost for health systems
- Avoidable re-admissions to hospital care due to insufficient long-term care and social support can be costly, risky and reduce quality of life

Better palliative care for older people deserves more attention

- Evidence of underassessment and undertreatment:
 - Pain management
 - Home care choices; support to care givers
 - Access to specialized palliative care services
 - Palliative care in nursing homes
- The vast majority of people would prefer not to die in a hospital, but this is still where most people die



Conclusions on policy options

- Healthy ageing: improving prevention and health promotion key to success
- Improved coordination of care across health and social services, as well as across different levels of health care is possible and can be cost-effective
- The need for building adequate systems of long-term care: important to protect social services in fiscal crisis
- Better economic and social integration of older people
- WHO Europe has started to step up work on integrated work programme on “Healthy Ageing, Disability and Long-term Care”

Thank you

www.euro.who.int

Selected references

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