

# Ageing: What have we learned? What is still unclear? And how can intern'l organizations help?

**Prof. Dr. med. Reinhard Busse MPH FFPH**  
**Department of Health Care Management,**  
**Berlin University of Technology (WHO Collaborating Centre**  
**for Health Systems Research and Management)**  
**&**  
**European Observatory on Health Systems and Policies**

POLICY BRIEF 10

# How can health systems respond to population ageing?

Bernd Rechel, Yvonne Doyle, Emily Grundy, Martin McKee



Increasing health aspirations is about people of all ages not writing off their quality of life because of engrained attitudes towards illness and age

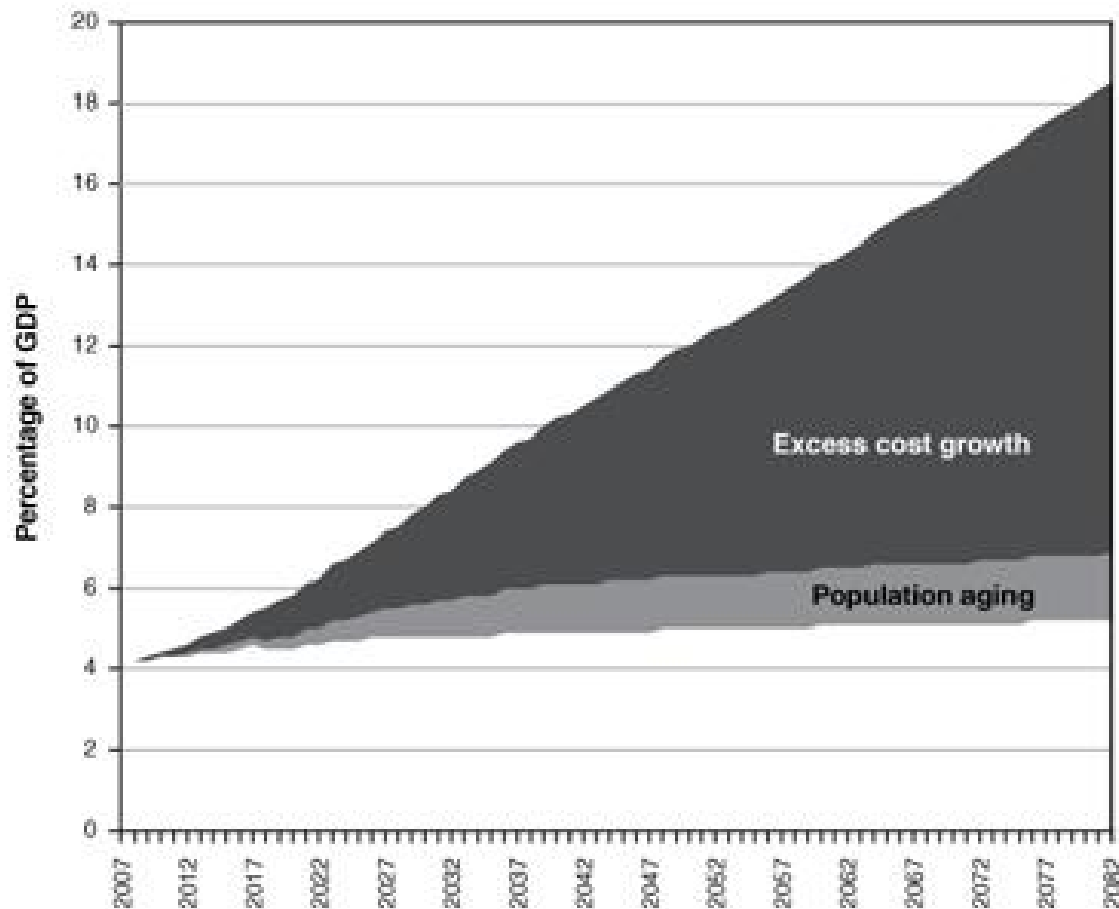
## HEALTH ASPIRATION

With more and more people living longer, the health service and its partners must address some communities' low expectations on quality of life, says Claire Laurent

# OLD IS NOT ILL

FIGURE 1

CONTRIBUTIONS OF POPULATION AGING AND EXCESS HEALTH CARE COST GROWTH TO MEDICARE AND MEDICAID COSTS

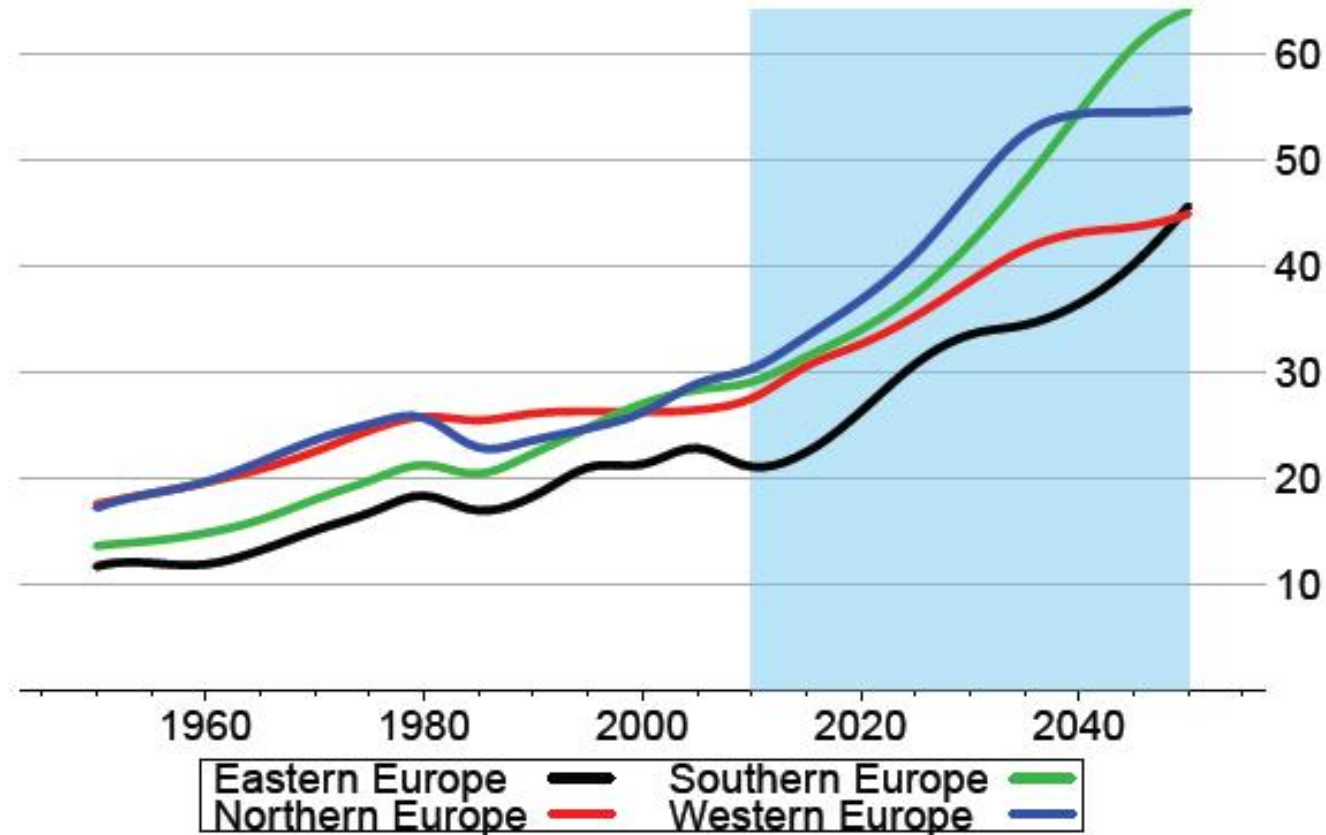


SOURCE: Congressional Budget Office (CBO), *The Long-Term Outlook for Health Care Spending* (Washington, DC: CBO, November 2007), available at [www.cbo.gov/ftpdocs/17xx/doc8758/11-13-LT-Health.pdf](http://www.cbo.gov/ftpdocs/17xx/doc8758/11-13-LT-Health.pdf) (accessed July 30, 2008).

Costs will rise – but not „by themselves“ due to ageing, but mainly due to factors (new technologies, utilization rates, unit costs/ prices) which health policy can influence!

Do we all agree?

# Old age dependency ratio 65 & over to 20–64 (%) – do we agree on data on concepts?



## Possible consequences of population ageing – do we have a common understanding?

- Ageing related to health and use of health care, so effects on population health and use of services
- Ageing related to work, consumption, mobility so effects on all of these
- Ageing related to risk of death so more deaths per 1,000 population in an older than a younger population.
- Ageing associated with household structures, older populations in Europe will have lower average household size
- Ageing populations are populations which are growing slowly or not at all, so fewer pressures from population growth
- Labour force costs of ageing could be reduced by weakening links between seniority and pay
- Increased longevity means more inputs from grandparents (and parents) to youth/young adults
- Older age structures may be associated with greater social stability
- However, not just age structure – generational links

# Policy options – do we have consensus?

## Strengthen data collection and comparability

- Much of the research on the impacts of ageing on health care expenditure is based on data from the United States
- More extensive European research into these questions is needed, making sure that data are collected consistently and uniformly and are comparable across countries

# Policy options – do we have consensus?

## Supporting healthy ageing (decrease need for health care)

- Helping people stay healthy into old age is the best way of reducing the potential impact of ageing populations
- This can include:
  - health promotion programmes
  - fall prevention programmes
  - improving safety and transport

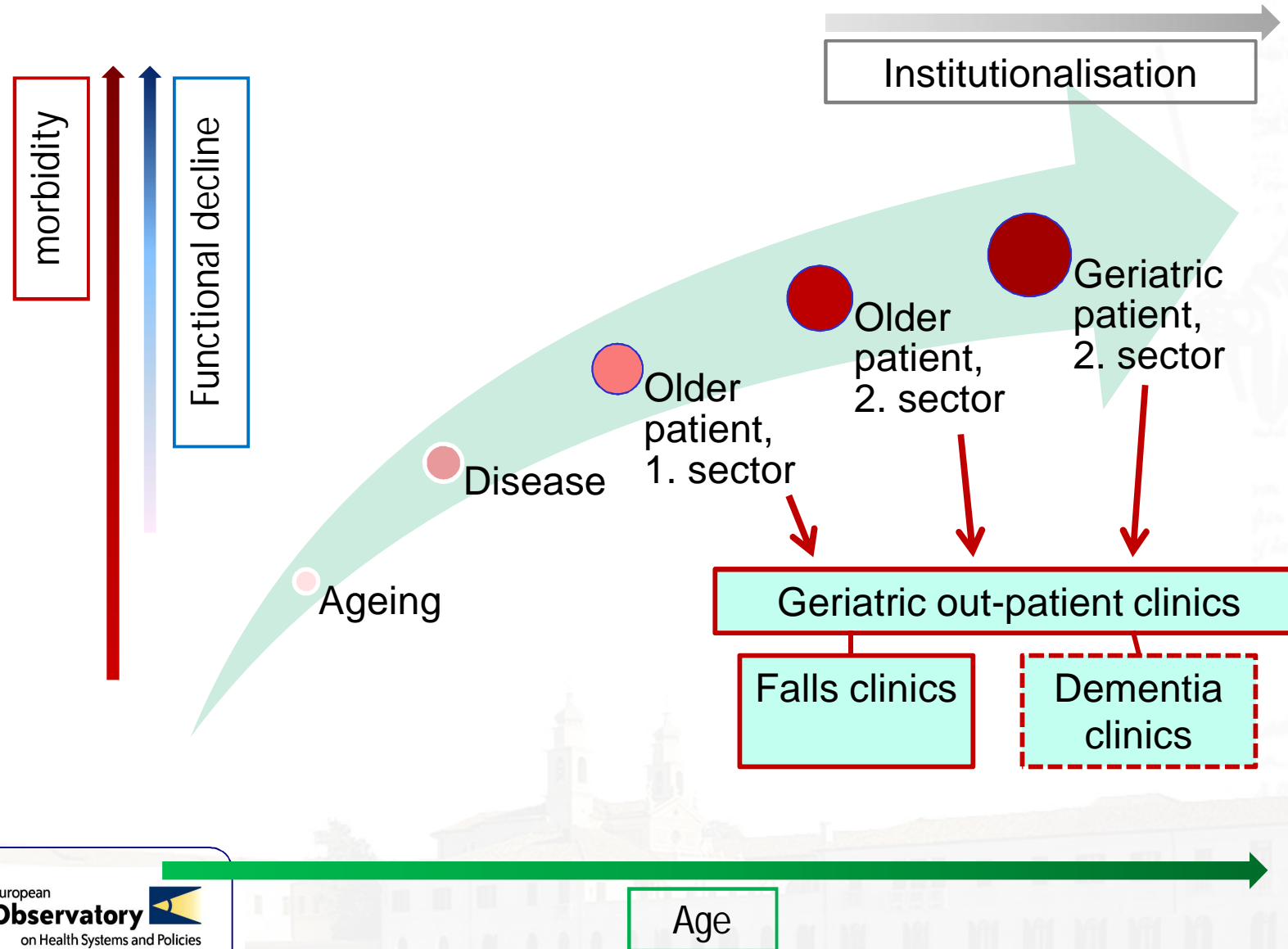
# Policy options – do we have consensus?

## Manage existing technologies and their utilization better

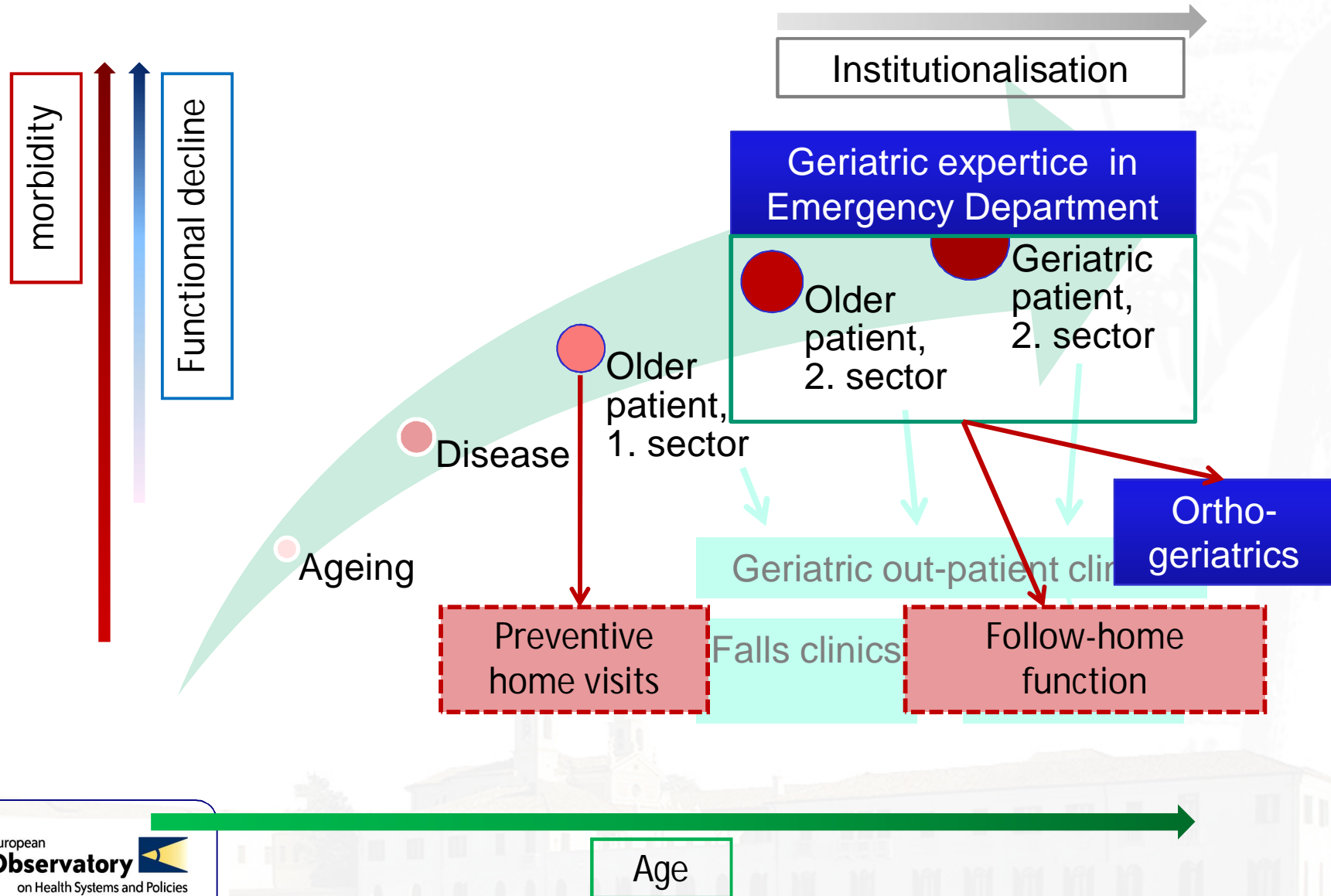
- Make better use of self-care
- Disease management & integrated care
- Strengthen coordinating primary care
- Improve hospital admission and discharge management
- Ensure that health care is effective, appropriate and efficient (Health Technology Assessment etc.)



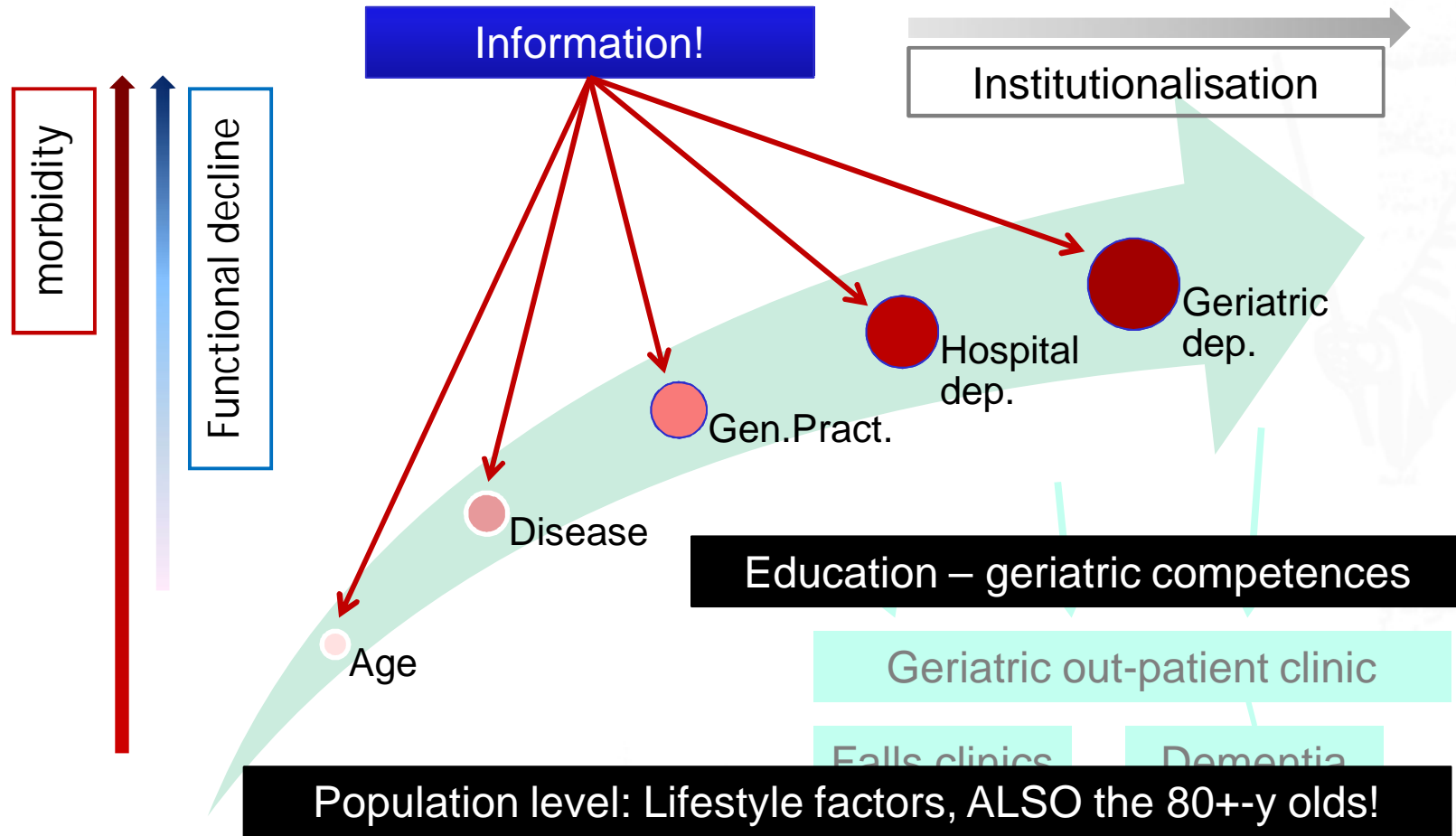
# The older patient and geriatrics



# The older patient and geriatrics



# Geriatrics and Public Health



# Policy options – do we have consensus?

**Create an environment that new technologies for elderly are developed and introduced**

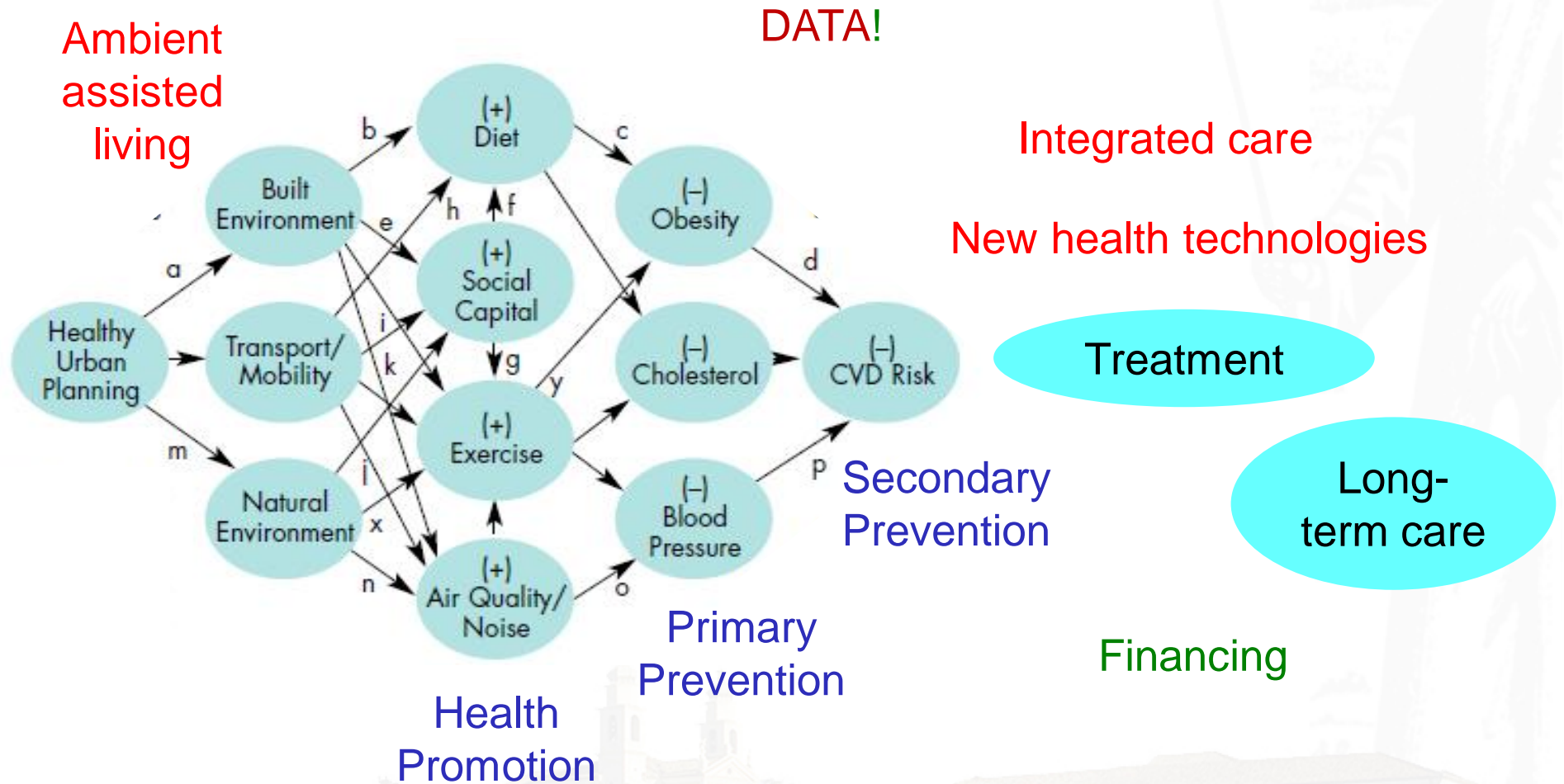
- Technologies to enable people to stay at home longer
- Technologies to save (make better use of) health professionals
- Telemedicine

# Policy options – do we have consensus?

## Enabling older people who wish so (or mandate everybody) to work longer

- In line with increases in healthy life expectancy and the preferences of older employees, people should be allowed (or forced) to work longer

# A model to work on?



## But who is responsible?

# Coordination, competition – or simply duplication of work?

