Coordinated approaches needed for health care for older and younger adults

As for most wealthy countries globally, an increasing number of Australians are surviving to an older age and now the number of people aged 75 years or more is 6.9% of the Australian population. Many of these older individuals have multiple health conditions, which require more health care, especially in hospital settings. Understanding these demographic shifts and health requirements is important in health care — and health workforce — planning. In this issue, Reid and colleagues analyse hospital utilisation between 1993 and 2020, with a specific focus on people aged 75 years or more (doi: 10.5694/mja2.52026). They find that "The annual number of hospital separations [episodes of care] increased from 4.61 million to 11.33 million (146% increase); the annual hospital separation rate increased from 261 to 435 per 1000 people (66% increase), most markedly for people aged 75 years or more (from 745 to 1441 per 1000 people; 94% increase)". Interestingly, however, they also find that "the mean hospital length of stay for multiple day admissions declined from 6.6 days to 5.4 days; for people aged 75 years or more it declined from 12.2 to 7.1 days". Combined with this was the finding that "the proportion of beds occupied by people aged 75 years or more increased". In their linked editorial, Visvanathan and Campbell reinforce Reid and colleagues' finding that a decline in the length of stay is not necessarily positive since the decline "was minimal in recent years, suggesting that the potential for efficiency gains from this source is now close to exhausted" (doi: 10.5694/mja2.52026). Highlighting that "Integrated care for older people is a World Health Organization priority for the United Nations Decade of Healthy Ageing (2021–2030)", they conclude that "We must re-imagine our existing health care system to future-proof it".

At the other end of the adult lifespan, clinically significant sleep disorders are now increasingly important causes of morbidity in young adults. In their study of individuals in the Raine Birth Cohort in Western Australia, Reynolds and colleagues find that sleep disorders were identified in 120 participants — 21.7% of those studied — and most of these were previously undiagnosed (doi: 10.5694/mja2.52014). Furthermore, they find that "total workplace productivity loss was 40% greater for participants with sleep disorders" with an "estimated population total productivity loss [of] 28 644 hours per 1000 young workers per year". Although insomnia makes up the majority of the disorders identified, sleep apnoea, often associated with older groups, was identified in 25% of the participants with a sleep disorder. The authors suggest that many sleep disorders are currently unidentified and therefore untreated. In a linked editorial, Young and O'Driscoll note that the study by Reynolds and colleagues "adds to the large body of evidence that sleep disorders — in their study, particularly insomnia in young adults — are often underdiagnosed, undertreated, and have significant health consequences for society" (doi: 10.5694/mja2.52025). They highlight an Australian federal parliamentary enquiry that "clearly identified that public

education and education programs for primary care practitioners are needed to improve the detection and management of sleep disorders". In the current economic climate this is timely, given a recent report they highlight that shows that sleep disorders "cost the Australian economy an estimated $11 billion per year in lost work productivity, comprising both absenteeism (absence from work) and presenteeism (people present at work but not fully functional)".

The articles also highlight how COVID-19 has increased the complexity of addressing these issues. Reid and colleagues note that "The ongoing health impact of COVID-19, including persistent impairment of exercise capacity, chronic fatigue, and damage to body systems and organs, may also contribute to chronic health conditions, causing even greater pressure on hospital systems". Young and O'Driscoll observe "The recent COVID-19 pandemic has shed light on the fact that adequate leave provision may not be available to some workers, causing people to attend work for financial reasons when not well". These articles provide yet more evidence for the need for coordinated health system approaches to address complex health and social issues.

The *MJA* is also pleased to publish a supplement that tackles the issue of building a rural and remote health workforce. In her editorial, Ruth Stewart, the National Rural Health Commissioner, outlines the importance of this workforce, given that 28% of the Australian population live in rural and remote areas (doi: 10.5694/mja2.52033). She notes that "rural and remote populations have a higher burden of disease … when compared with metropolitan populations", yet "For all registered health professions in Australia, the number of employed full-time equivalent clinicians decreases with increasing remoteness … In short, where the health need is greatest, there is the lowest supply of health professionals". ■

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