

EXECUTIVE SUMMARY

The Case for Integrated Home Care in Alberta



Prior to the COVID-19 pandemic, governments across Canada were struggling to improve service delivery across the acute, residential, and community-based healthcare sectors. At the same time, patient needs and preferences have continued to shift towards options that are more flexible, accessible and closer to home.

Within that context, the pandemic has further amplified the pressures facing Alberta's healthcare system, particularly in the care for seniors and the frail elderly. Relative to Ontario and British Columbia, Alberta currently hospitalizes more patients who could be cared for more appropriately in other settings¹. The pandemic has also created a unique opportunity to re-evaluate the role of Home Care and accelerate progress towards a more integrated system.

To meet these challenges, CBI Health, Canada's leading communitybased healthcare provider, has comissioned Deloitte to make the case for an evolution towards an Integrated Home Care model in Alberta. The report, "**The Case for Integrated Home Care In Alberta**", builds on the recent Alberta Health Services (AHS) Performance Review conducted by Ernst and Young and goes deeper into how the pandemic created new imperatives for change, and how the path towards transformation will require a thoughtful, coordinated effort.

This thought leadership report draws on leading practice from around the world and makes a case for a more client-centered/outcomesbased approach to home healthcare service delivery, as opposed to a traditional transactional/volume-based one.

Current State of Home Care in Alberta

Home Care embodies a range of services that are delivered in the community, either in private homes or independent living settings such as retirement residences. Home Care services range from delivering skilled nursing interventions, chemotherapy administration, chronic disease management, rehabilitation, palliative and end of life care, to medication management, assistance with personal hygiene, dressing, toileting and incontinence management, mobilization and transferring, assistance with dining and oral care in the home to individuals of all ages. It can be short-term, like for individuals recovering from surgery or an acute care episode, or longer-term care that provides supports to allow people of all ages to continue to live independently in their community.

¹McKinnon Report': Report and Recommendations of the Blue Ribbon Panel on Alberta's Finances | August 2019



Five Reasons Why Alberta's Home Care Sector Requires Modernization

1. Poorly Accessible, Transaction-based Approach: Home Care is currently structured to have a single point of entry from the acute care system, at a time when most care planning and provision is shifting to the community. When accessed, the service provided is task-oriented instead of being focused on achieving health outcomes for clients.

2. Funding Constraints: Alberta currently spends less than five percent (\$717 million) of its total health budget on providing Home Care services to more than 132,000 people. However, the demand for Home Care has increased at an annual rate of six percent over the past three years and is expected to continue to grow.

3. Minimal Service Integration: A significant number of patients waiting in hospital could be supported at home. Each stream of the continuing care system in Alberta is governed by its own legislation, and there is limited alignment and coordination between clients.

4. Operational Inconsistencies: The current contracting process is not based on quality or outcomes achieved. This creates service gaps and shortages for Home Care across the province.

5. Lack of Innovation: Client perceptions towards technology have been altered because of the pandemic. The opportunity for new models of care that leverage technology is now larger than ever.

The Opportunity

The pandemic has exposed the fragility of home care in Alberta. Home care and senior services in the province need to be re-imagined.

Workforce: The Home Care workforce represents a flexible network of healthcare providers that can be deployed to facilitate other forms of healthcare delivery, such as supporting patients waiting at home for surgery.

Funding: The pandemic has also hastened the move towards a more self-directed funding model by empowering individuals to make decisions about their own health care.

Technology: Similarly, the opportunity to utilize technology and virtual care solutions is bigger than ever by allowing patients to receive care where they want to be, most often at home.

The opportunity to create a sustainable Home Care system is compelling. At the same time, the scale of cost-savings for the healthcare system is significant. There is a substantial difference between the average daily cost of a patient in acute care compared to Home Care (\$1,118 vs \$249). In fact, the estimated annual cost across the province of having acute care patients waiting for Home Care is \$120 million.

Home Care Reform Around the Globe

Jurisdictions around the world are also moving from a traditional model of Home Care to a more integrated one. The systems in Australia, the Netherlands, Denmark and the United Kingdom were studied and have clear similarities which Alberta can learn from.

In all of the models of Integrated Home Care examined from around the globe, there were four clear themes that would apply to the Alberta context: the emphasis on the patient and the importance of accessing care, achievement of cost savings, redesign and repurposing of existing infrastructure, and the adoption of innovation and technology.

Similarly, Alberta's adoption of an Integrated Home Care model would mean patients could be served across the continuum of care, with a focus on prevention. The model would be accessible to clients across multiple points of entry, and through a range of different options, with clear roles for both the traditional health system and new service providers.



Integrated Home Care - A New "North Star" for Alberta's Home Care System

An Integrated Home Care model can serve as a new "North Star" to help guide the Alberta Government forward and fill the gaps in care exposed by the pandemic, as well as support longer-term health care reform.

The traditional and Integrated Home Care models share a few characteristics, but there are also major differences:



For instance, both have standardized assessments to determine a patient's care needs, and both have care delivered though regulated care providers, like nurses, and other healthcare professionals.

In a traditional model, however, patients access a defined basket of home care services largely through a single point of entry - the acute care system. Patients are assessed based on the hours of care, not their actual level of care or their function ability, thereby preventing patients and their families from becoming the focal point of care.

An Integrated Home Care Model is centered around the patient, with service delivery tailored to the client's needs. There is flexibility around the type of care, frequency of support, and patients role to address their unique needs. By definition, the Integrated Model is collaborative in nature through the coordination of medical practitioners, support workers, community organizations, and other key stakeholders to ensure the patients' needs are met.



The Path Forward

Moving forward, there are a series of significant long-term opportunities for Alberta to evaluate how to better utilize Home Care and accelerate reforms across the healthcare system.

Collaboration on a new Seniors' Strategy: An over-arching vision needs to be co-designed by Alberta Health, AHS, and the Home Care sector, with input from Alberta Housing as well as Community and Social Services. This strategy should align with work currently ongoing, such as the Facility Based Care Review, and create a blueprint for transformation across the province.

New targeted service delivery pilot projects: Pilot projects could be designed to prove the concept of a new provincial Integrated Home Care Model, involving new ways to partner with service providers.

Scale models with new provincial governance: A refreshed governance model should be considered, which sets out the practical responsibilities for Alberta Health, AHS, and service providers. This could be underpinned by a new model of self-directed care, in which clients can access a broader range of service providers using funds allocated to them based on a level-of-care approach.

Self-directed funding: The key for a new Integrated Home Care Model in Alberta will be a shift in the levels of care from the acute and residential systems to the individual's home and community. This can be enabled through funding and policy reform, an advanced model of self-directed funding and a broad network of providers, including utilizing the traditional health system to offer innovative and patient-centric solutions across the continuum of care.

A Call to Action for Alberta

Before the pandemic, Alberta's healthcare system faced significant challenges. In Home Care, there was a "crisis before the crisis" marked by inequities in care, disjointed experiences, inadequate staffing models, and disconnected pathways across the acute, residential and community sectors. Healthcare authorities across the globe are using the unique opportunity presented by the pandemic to initiate a transformation of care delivery.

Alberta must also respond and shift toward options that are flexible, patient-centric, closer to home, and enabled by more innovative approaches to funding and accountability. A new Integrated Home Care Model can serve as a "North Star" to help guide the Alberta Government in filling the gaps in care exposed by the pandemic and facilitating longer-term health care reform. More than an incremental approach is needed to improve this part of the system.

The Home Care sector is ready to engage to undertake a meaningful redesign of home care. We encourage Alberta Health and Alberta Health Services to work with stakeholders like CBI Health and other providers to imagine a transformed home care sector.

If you would like to access the complete version of this report, or would like to receive future updates from CBI Health **click here**.

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