

# Transforming Continuing Care

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Evan Romanow

ADM, Health Service Delivery

Ministry of Health

April 6, 2022



# Continuing Care in Alberta

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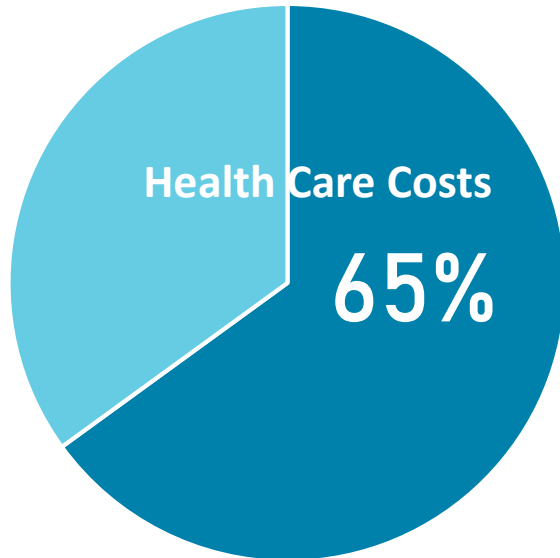
Home and Community Care	Supportive Living Accommodations	Continuing Care Homes*	PEOLC
<p>Independent living</p> <p>Supports from family or Home and Community Care Program</p>	<p>Congregate Settings (lodges, group homes, seniors residences, etc.)</p> <p>Combines accommodation and support services</p>	<p>Designated supportive living and long-term care (nursing homes and auxiliary hospitals)</p> <p>Combines accommodation and health and personal care services</p>	<p>Provides symptom management, comfort and family/caregiver support.</p> <p>May be provided in various settings (e.g. home, hospice, hospital)</p>
<p>~118,100 Home &amp; Community Care Clients<sup>1</sup></p> <p>\$11,400/year per person (long-term home care only)</p>	<p>~21,300 Non-DSL<sup>2</sup></p> <p>Publicly funded health care provided through home and community care</p>	<p>11,916 DSL Spaces &amp; 15,800 LTC Spaces<sup>3</sup></p> <p>\$26,842 - \$68,135/year per space<sup>4</sup></p>	<p>257 Community Designated Palliative Spaces<sup>3</sup></p> <p>\$188,705/year per space<sup>4</sup></p>

<sup>1</sup>FY2020-21 (includes some people who live in supportive living, DSL and LTC). <sup>2</sup>Accommodation Standards Tracking and Licensing System as of March 31, 2021. <sup>3</sup>As of March 31, 2021. <sup>4</sup> For Fiscal Year 2020-21, does not include internal AHS operating cost. Note: the average length of stay in community palliative care spaces is 90 days.

<sup>3</sup> \*Continuing Care Homes refers to what may be called facility-based continuing care.  
 Classification: Protected A

# System Challenges

In 24 years, the number of Albertans 65+ will double.



65% of health care costs are attributable to 5% of the population (so-called “5/65”)

# System Challenges (Continued)



Complex system



Limited workforce

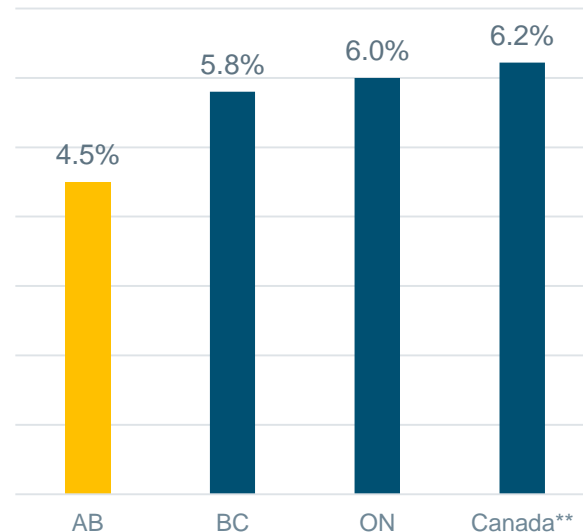


Funding sustainability



Aging population

Proportion of Total Health Care Spending on Home Care\*

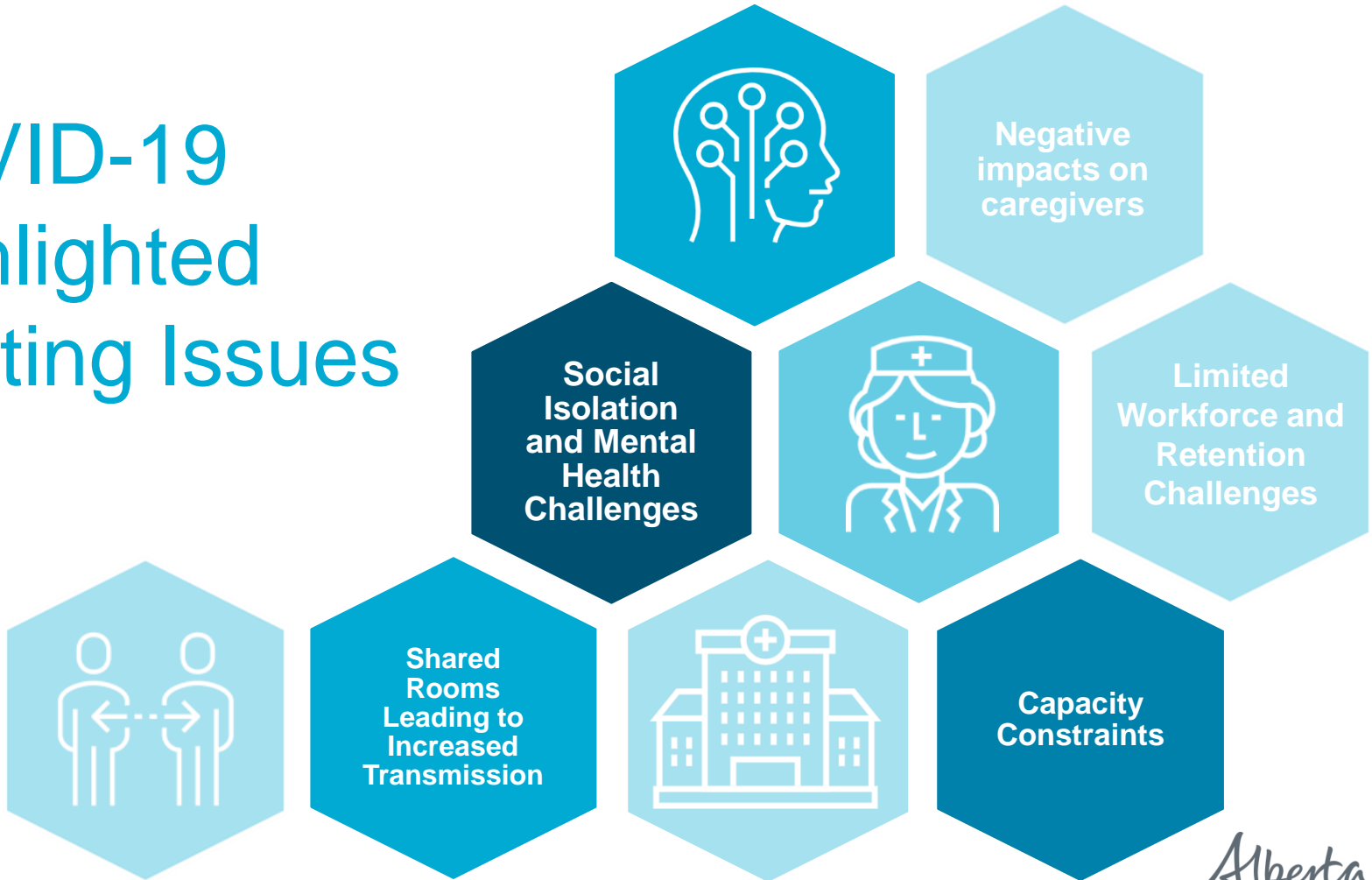


\*CIHI National Health Expenditure Trends, 2021:  
Data Tables – Open Data

\*\* Canadian average excludes territories



# COVID-19 Highlighted Existing Issues



# What Alberta is Doing Well

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Similar  
outcomes  
across all  
operator  
ownership  
types



High seniors  
benefit  
programs



Consistent  
standards  
across  
ownership  
type



Lowest use of  
antipsychotics  
in LTC in  
Canada



No more  
admissions  
to ward  
rooms



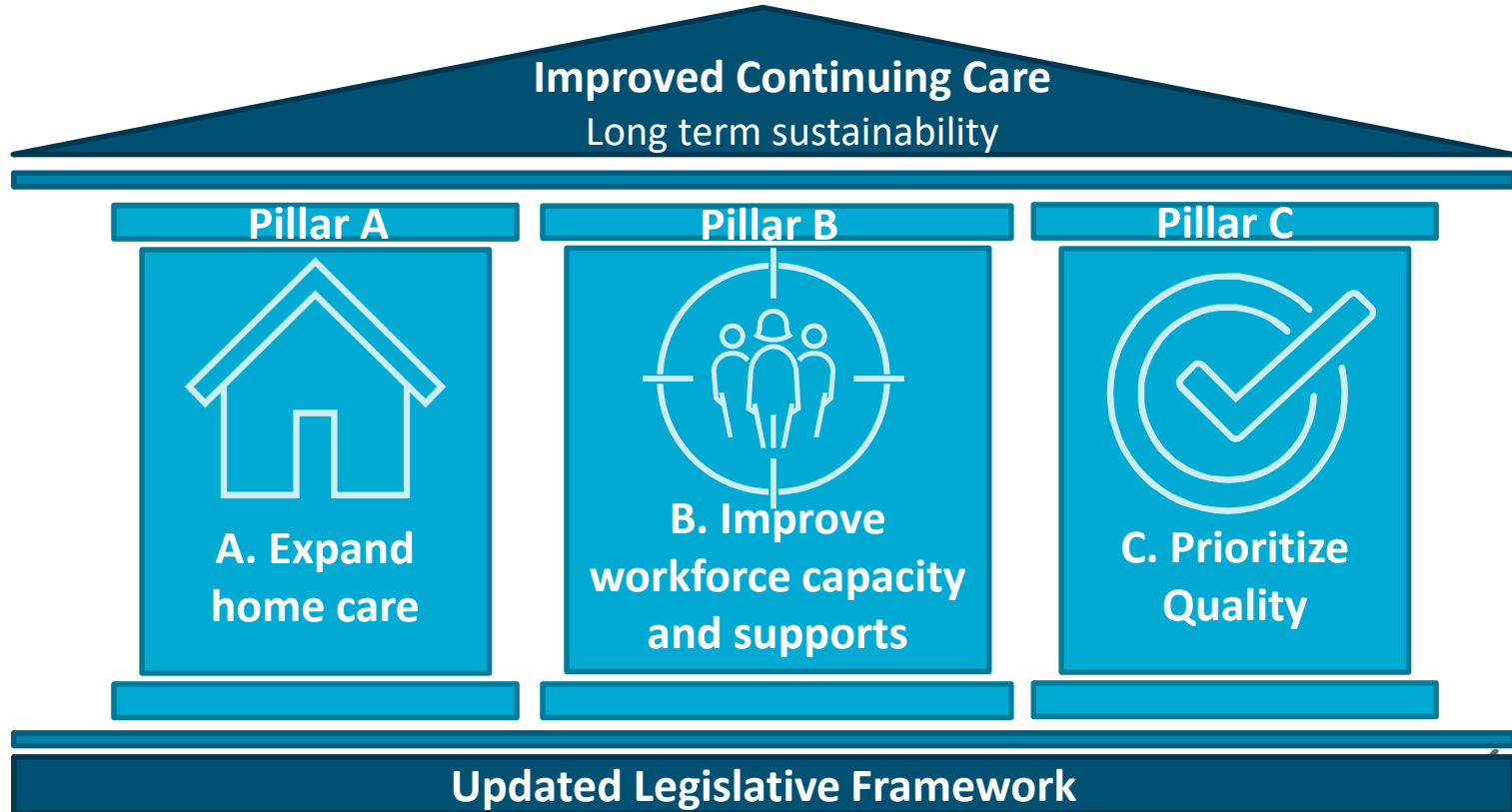
Partnerships  
with Gov't,  
Industry, and  
AHS

# Continuing Care Transformation

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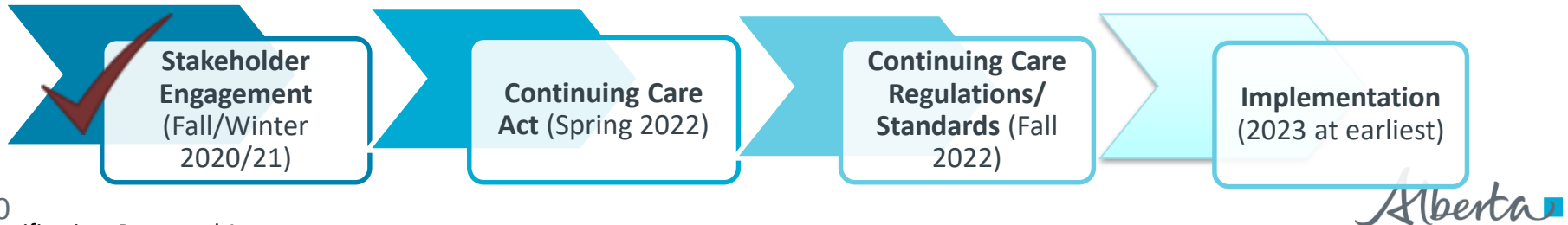
# Continuing Care Transformation



# Continuing Care Legislative Framework

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- First step: Introduce overarching **“framework” legislation** for the continuing care system.
- The Continuing Care Act will be introduced first to establish the legislative authority and eliminate existing barriers for implementing other continuing care initiatives.
- The Act integrates all levels of continuing care under one piece of legislation.



# Continuing Care Legislative Framework

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- Intended outcomes of the legislative framework:
  - Eliminate barriers
  - Enable a person-centred and flexible system
  - Improve transparency and accountability;
  - Align services and requirements; and,
  - Reduce red tape

# Achievements Over the Past 2 Years

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**Elimination  
of co-  
payments  
under  
Palliative  
Coverage  
Program**



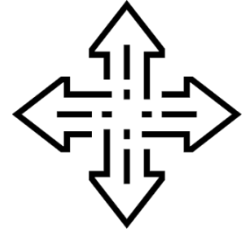
**New Design  
Guidelines**



**Increased  
Public  
Reporting**



**Capital  
Program for  
Indigenous  
Continuing  
Care**



**Expansion  
of  
Continuing  
Care  
Facility  
Directory**

# Supports to Community Partners

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# Capacity Building

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- \$204 million in capital funding committed over three years to:
  - modernize existing continuing care homes
  - create additional continuing care spaces for priority communities
- Grant stream for Indigenous communities opened in fall 2021, additional intakes planned
- Grants for modernization and priority communities expected to open in 2022/23
- A new priority for continuing care capacity development will be small homes (i.e. home for 14 or fewer individuals)

# Advancing Palliative and End-of-Life Care

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- Alberta is spending \$20M over four years to improve access to palliative and end-of-life care (PEOLC).
- In 2020/21, the government engaged with key stakeholders and Albertans on gaps in PEOLC and how to allocate funding. Findings are captured in the “[Advancing Palliative and End-of-Life Care in Alberta Final Report](#)”.
- A public call for grant proposals occurred from November 18, 2021 to January 7, 2022; announcements are expected soon
- Priority focuses for the grants include:
  - Research and innovation
  - Community support and services
  - Education and training
  - Earlier access

# Increasing Supply of Health Care Aides

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Funding of \$12.8M for bursaries to support HCA education for return of service in continuing care sector



# Expanding Access to Home care

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- **Client-Directed Care Options:**
  - Expand access to client-directed care options across the province so clients have more flexibility and choice regarding service delivery
  - Starting in Edmonton on April 1<sup>st</sup>
  - Expanding to the rest of the province in 22/23.
- **Updated Home Care Vendor Procurement:**
  - Design and launch an updated home care vendor procurement approach (spring 2022)
  - Address expiring contracts
  - Identify opportunities for innovation
  - Expand the ability of home care to support aging at home for an increasing proportion of clients

# Questions?

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