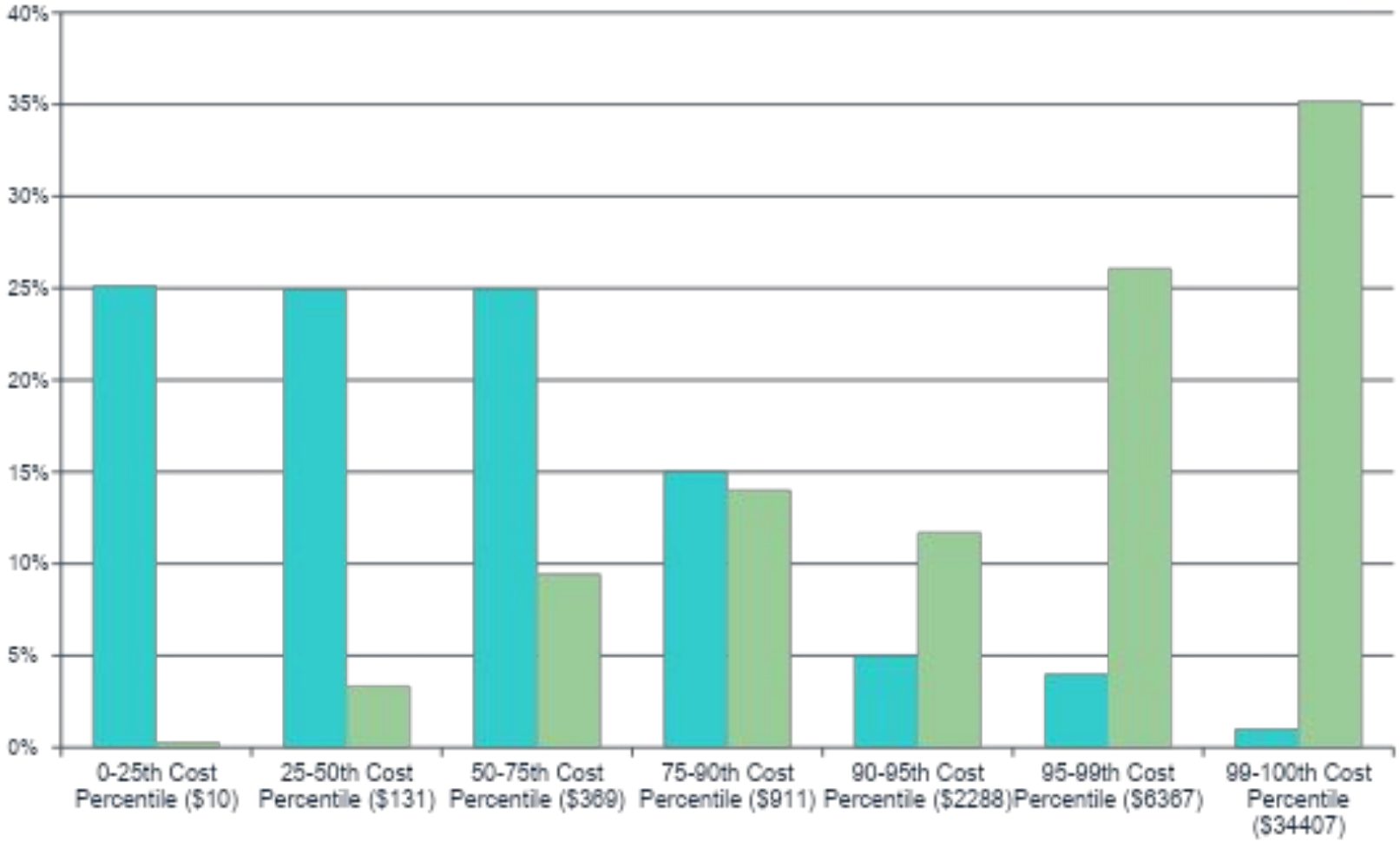
Supporting Family Caregivers as Alberta Moves to Integrated Care Closer to Home

"Helping Albertans be as healthy, well and independent as they can be in their homes and communities"

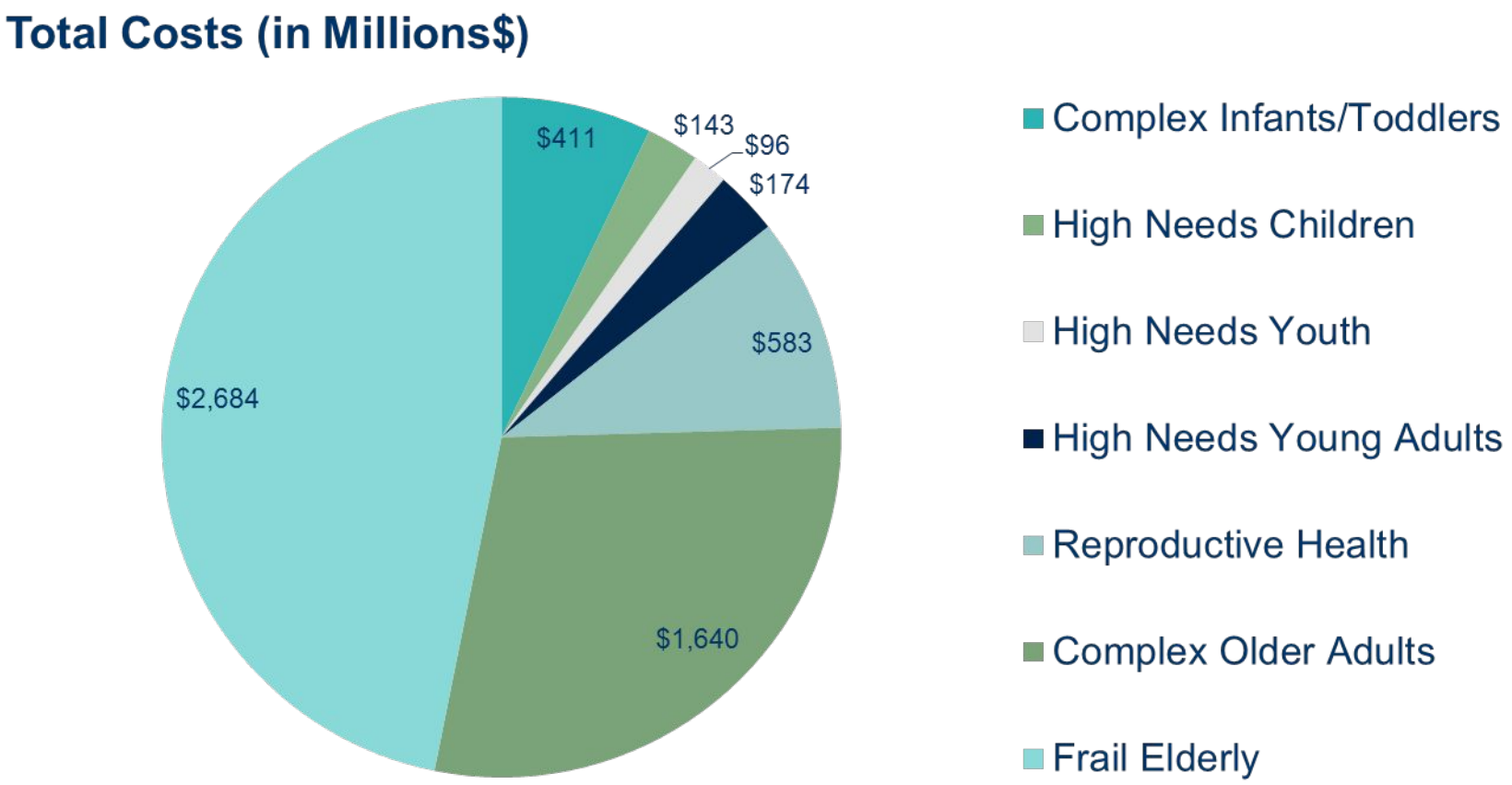
Richard Lewanczuk
Senior Medical Director
Health System Integration

Alberta Health Services

Alberta Population Proportions Versus Health Care Cost Proportions



Complex High Needs Patients - Financial Impact



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Why do people end up in hospital?

Alberta hospitalizations

		n	%
1	Giving birth	50,822	15.2
2	Respiratory disease (COPD)	7,995	2.4
3	Convalescence, typically following treatments/procedures	6,392	1.9
4	Heart attack	6,335	1.9
5	Pneumonia	5,738	1.7
6	Gonarthrosis (arthrosis of knee)	5,711	1.7
7	Heart failure	5,303	1.6
8	Other medical care (e.g., palliative care, chemotherapy)	4,563	1.4
9	Fracture of lower leg, including ankle	4,323	1.3
10	Acute appendicitis	4,194	1.3

Alberta Health Services

"Medically, this person didn't need to be in hospital but…

- I couldn't send them home…
- I knew they couldn't manage at home…
- I knew that if I sent them home they would be right back…"

Heard time and time again in physician interviews regarding hospitalization in Alberta

Who provides care?

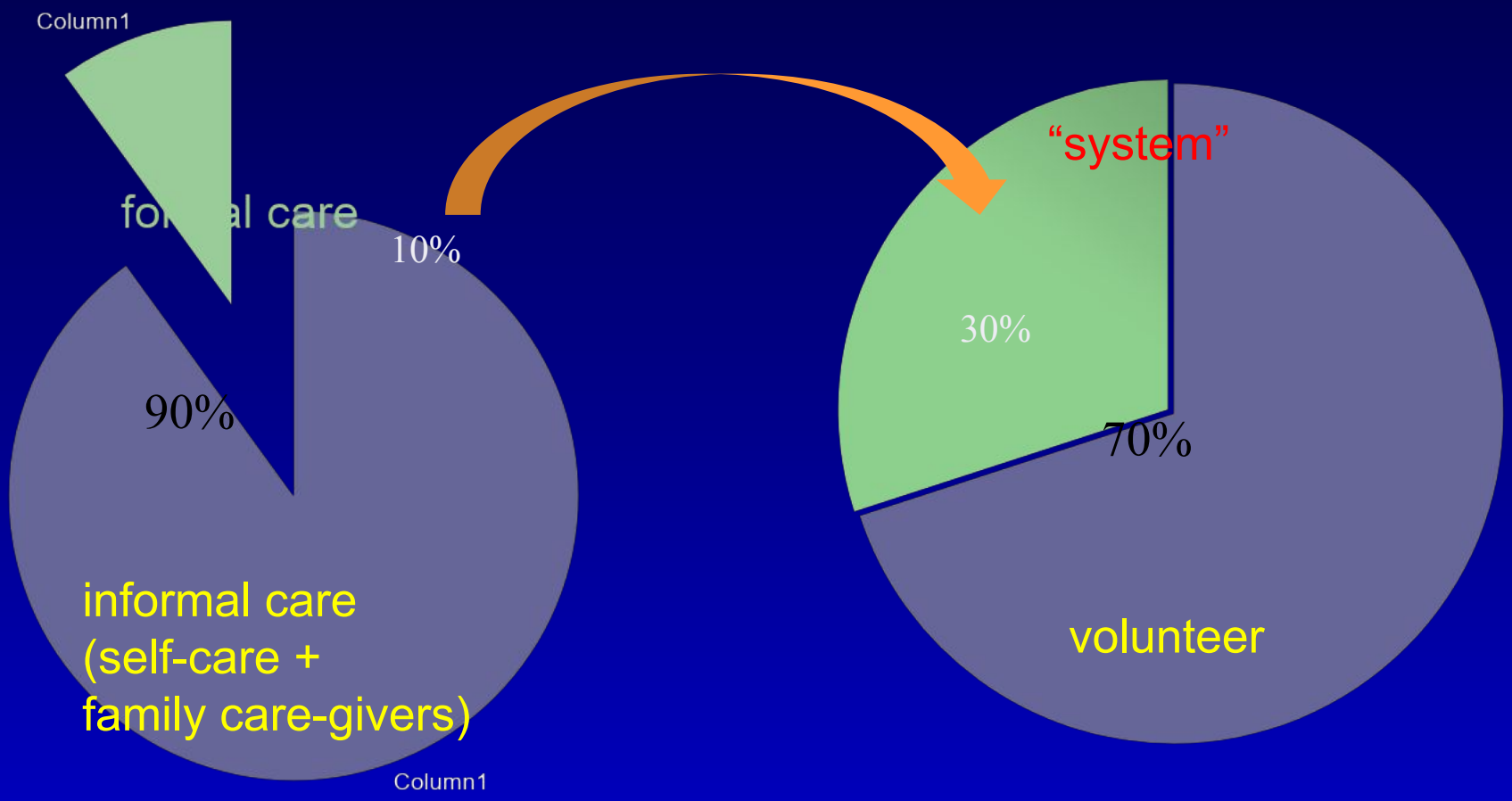
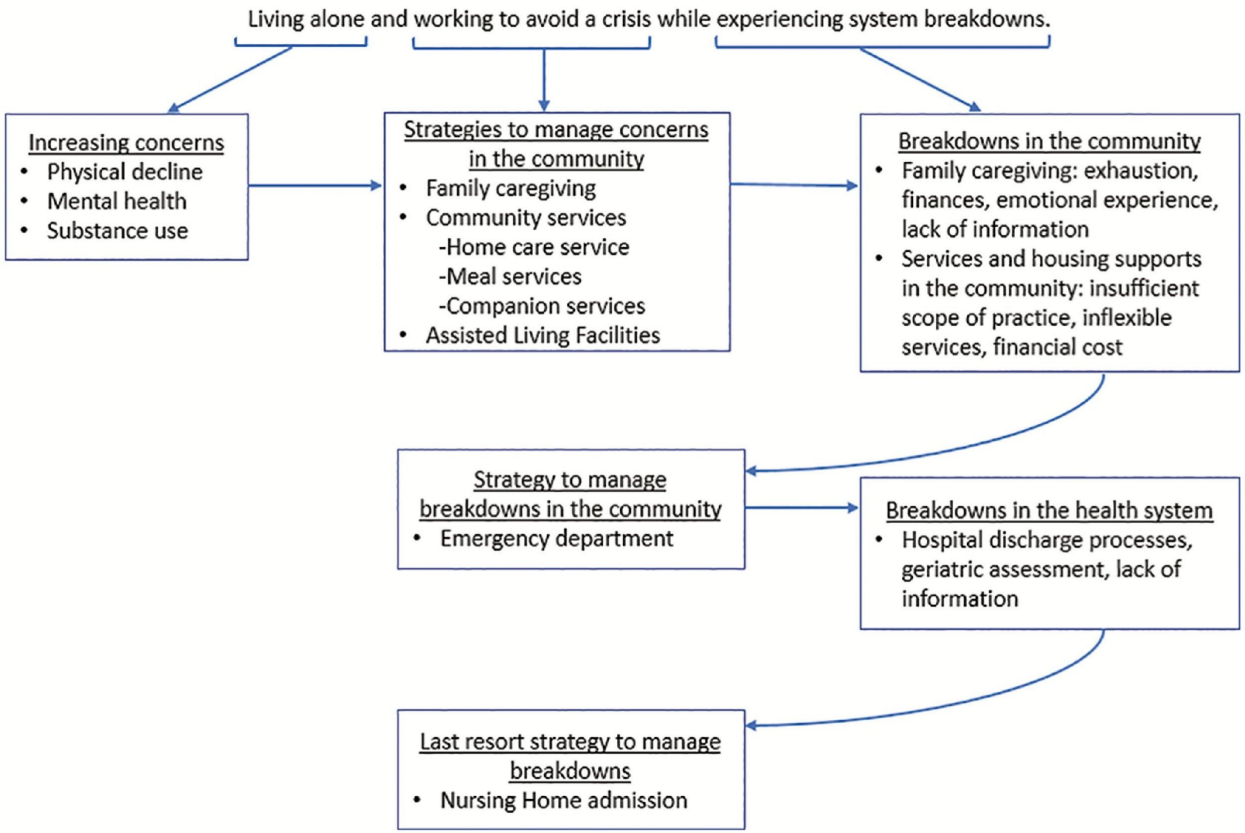


Figure 1. The main problem experienced by lower-care residents and their family members in the community.



Gerontologist, Volume 60, Issue 8, December 2020, Pages 1504–1514, https://doi.org/10.1093/geront/gnaa077

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Valuing Home and Community Care

November, 2010

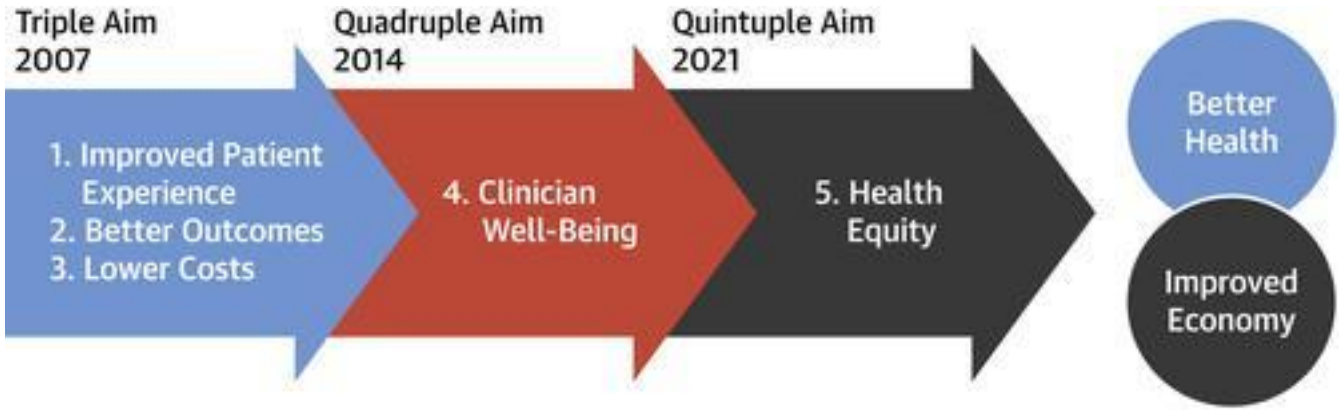
S. VanderBent & B. Kuchta
Community Providers Association Committee

Costs Avoided (per year)		Costs Incurred (per year)	
Hospital (Acute)Care	~ $ 6M	*Impact on 'family' caregiver productivity*	~ $ 5M
Long Term Care Homes	~ $42M	*Cost of Home & Community Care*	~ $48M
Assisted Living & Supportive Housing	~ $18M		
Total Costs AVOIDED	~ $66M	***Total Costs INCURRED***	~ $53M
~ $13 million in overall net savings for sample HNHB population *			

*
- Frail elderly 75 years and older
- Living at home
- Receiving Maintenance or Long Stay Supportive services from the CCAC, and possibly other community support services
- Had been assessed as having mild or moderate MAPLe scores

Alberta Health Services

So, from a health system perspective, if we support family caregivers, it will reduce health system utilization and costs…

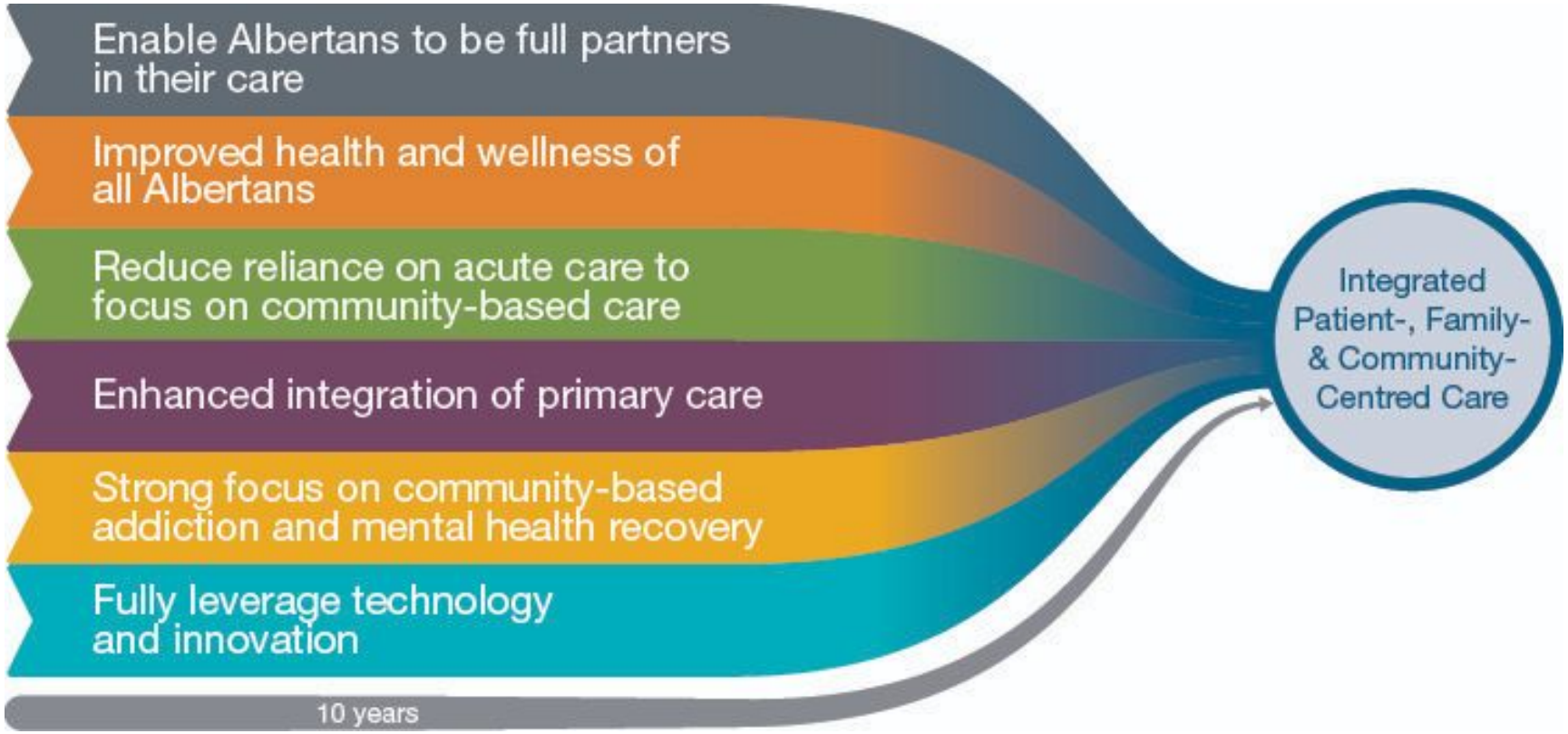


Dipti Itchhaporia et al. *J Am Coll Cardiol* 2021; 78:2262-2264.

2021 American College of Cardiology Foundation

JACC
JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY

AHS Planning and Performance



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In the last 2 years, based on a number of surveys:

91 – 100% of Canadians and Albertans want to live the entirety of their lives in their homes and communities

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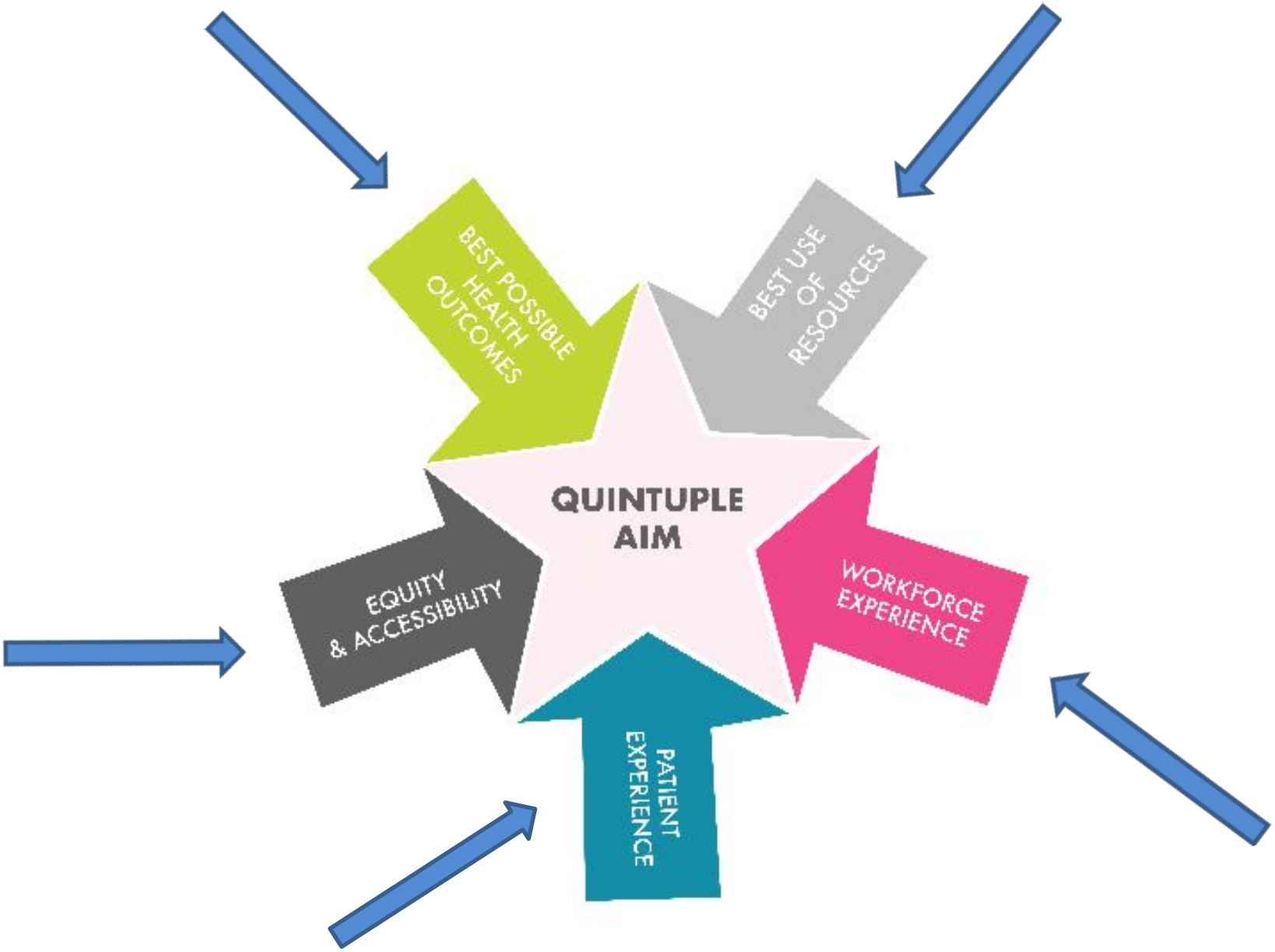
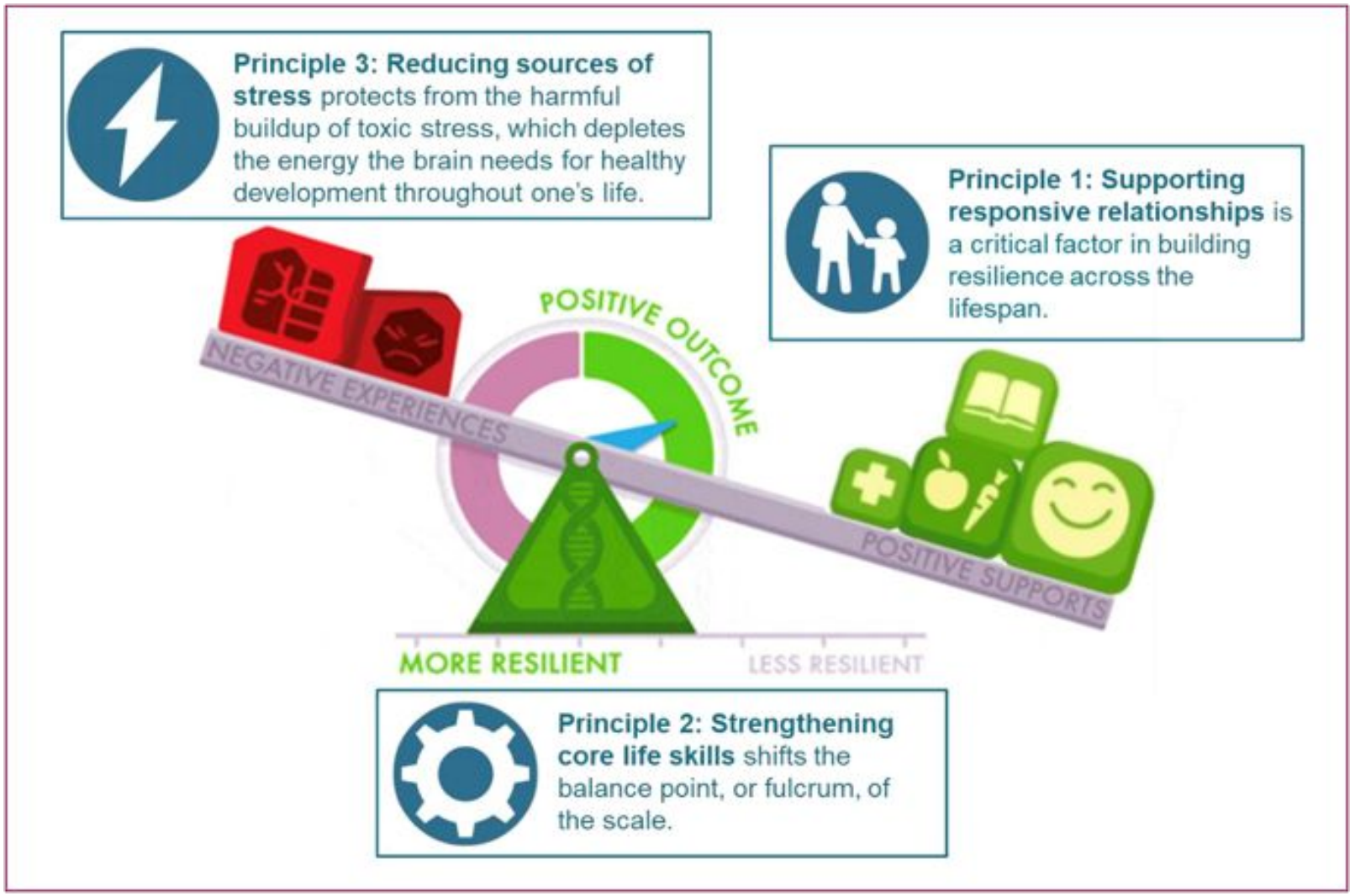
Most family caregivers would like to continue looking after a loved one in that individual's home and community

Unfortunately, when the carer is unable to cope, institutionalization often results


BEST POSSIBLE HEALTH OUTCOMES
BEST USE OF RESOURCES
QUINTUPLE AIM
EQUITY & ACCESSIBILITY
WORKFORCE EXPERIENCE
PATIENT EXPERIENCE

How do “we” help the family caregiver ?



Community

"A group of people that care about each other and feel they belong together"

Fabian Pfortmuller

Alberta Health Services

A health care system is just people looking after people

Can Mount Sinai be serious? The answer is a resounding yes. In fact, we couldn't be more serious.

Mount Sinai's number one mission is to keep people out of the hospital. We're focused on population health management, as opposed to the traditional fee-for-service medicine. So instead of receiving care that's isolated and intermittent, patients receive care that's continuous and coordinated, much of it outside of the traditional hospital setting.

Thus the tremendous emphasis on wellness programs designed to help people stop smoking, lose weight and battle obesity, lower their blood pressure and reduce the risk of a heart attack. By being as proactive as possible, patients can better maintain their health and avoid disease.

Our Mobile Acute Care Team will treat patients at home who would otherwise require a hospital admission for certain conditions. The core team involves physicians, nurse practitioners, registered nurses, social workers, community paramedics, care coaches, physical therapists, occupational therapists, speech therapists, and home health aides.

Meanwhile, Mount Sinai's Preventable Admissions Care Team provides transitional care services to patients at high risk for readmission. After a comprehensive bedside assessment, social workers partner with patients, family caregivers and healthcare providers to identify known risks such as problems with medication management and provide continuing support after discharge.

It's a sweeping change in the way that health care is delivered. And with the new system comes a new way to measure success. The number of empty beds.

1-800-MD-SINAI
mountsinaihealth.org

Mount Sinai

IF OUR BEDS

ARE FILLED,

IT MEANS WE'VE FAILED.

“To care for those who once cared for us is one of the highest honors.”
— Tia Walker
Parade