

Continuing Care
STRATEGY
AGING IN THE RIGHT PLACE



Alberta

table of contents

Introduction.....	2
Providing Albertans options to “age in the right place”	3
STRATEGY 1: Investing in community supports	5
Initiative 1 – Increase home-care funding.....	5
Initiative 2 – Health system navigation.....	6
Initiative 3 – Transitions back to community.....	7
Initiative 4 – Emergency department support	8
Initiative 5 – Caregiver support and enhanced respite.....	9
Initiative 6 – Community initiatives.....	10
Initiative 7 – Dedicated health technology funding	10
STRATEGY 2: Build infrastructure that meets “aging in the right place” vision.....	12
STRATEGY 3: Change the way long-term care accommodations are paid	14
STRATEGY 4: Funding individuals based on needs and/or funding providers.....	16
STRATEGY 5: Providing equitable drug coverage for people wherever they live	17
Continuing care service and where it can be accessed	18
Conclusion	20

introduction

The strategy is intended to provide new ways of **delivering services, offering more choice to Albertans in their homes and communities.**

Alberta's population is growing and aging.

And, while Albertans are living longer, often healthier lives, chronic illnesses and disabilities will still need to be addressed through health and personal care services.

We know from consulting with Albertans that most seniors and patients with chronic illnesses or disabilities would prefer to receive health care and personal care services in their own homes, or in community-based, home-like settings. They prefer choices that permit them to preserve their independence, quality of life and personal dignity. Long-term care in a nursing home, while still an important service option for the most fragile, dependent and ill Albertans, is seldom the first choice of Albertans or their families.

The new Continuing Care Strategy is our approach to accelerate the growth and modernization of health and personal care services. The strategy is intended to provide new ways of delivering services, offering more choice to Albertans in their homes and communities.

In 2008, 14,500 seniors and persons with disabilities live in Alberta long-term care facilities at any one time. Many more reside in hospital beds awaiting long-term care beds. Without more alternatives, Alberta would need an additional 15,000 long-term care beds over the next 20 years. That's 750 beds annually or more than four new facilities per year.

A new model for continuing care will give people the choice to age where they want, with the resources they need to live safely where they choose. The new model will mean long-term care beds are available, accommodating the changing health needs of Albertans.

Home-care services, a variety of supportive living or assisted living options, and freedom to make health and personal care choices are all important parts of our strategy to meet the desires and needs of aging Albertans, giving them more opportunities to age on their own terms, and in the right place.

Providing Albertans the options to “age in the right place”

Alberta is moving toward a more client-focused continuing care system that puts health and personal care needs first and promotes increased choice of where to receive these services.

From international research we know that encouraging seniors and those with disabilities to “age in place” can improve their quality of life and life expectancy. But we want to go one step further so that Albertans can “age in the right place.”

The government is improving assessment methods so that the right level of service is provided in the right setting, supporting Albertans’ preference to choose their own accommodations.

Today’s seniors are more independent and healthier. **They want alternatives to enable them to stay in their communities.**

The principles and vision that have guided the strategic directions of ***Aging in the Right Place*** are:

Aging in the 21st century in Alberta is in a society where all Albertans:

- are treated with respect and dignity;
- have access to information which allows them to make responsible choices regarding their health and well-being; and
- can achieve quality living, supported by relatives, friends and community networks and by responsive services and settings.

Many more home-care services, support programs and innovative new health practices are being developed to provide viable alternatives to facility-based care, and in some cases, allowing people who live in nursing homes the choice to return home.

With the realization that many families take on the responsibility for their loved one's care, improvements are being made to our support and respite programs.

These programs are specifically targeted to support family and community caregivers with what is, at times, an overwhelming responsibility. Additional training and education will help them feel more capable of giving care knowing that their loved one's needs are being safely met in a high-quality environment, closer to family and friends.

Seniors and persons with disabilities enrich our families and communities, and every effort will be made to keep them within our communities.

Investing in **community supports**



Health and personal care services can be tailored by an individual in the self-managed care program. Clients are given their assessed funding from which they choose their own service providers.

Fulfilling Albertans' wishes to age in their homes and communities depends on the investment in a wide range of home and community-based services.

More diverse needs can be accommodated within the spectrum of home-care services, supporting the continued shift to the province's "aging in the right place" vision.

These seven core initiatives, delivered by knowledgeable health professionals, support workers and community agencies will support the choice of Albertans to remain in their homes and communities.

Initiative 1 – Increase home-care funding

With even a few more weekly care hours, some seniors and persons with disabilities could continue living in their homes or in supportive living.

More services and funding will be made available to:

- Redesign the model for home-care service assessment to improve access, efficiency and effectiveness;
- Expand the currently available range of personal care and home support services, based on assessed need;

- Increase daily personal care hours by 25 per cent for high needs individuals in supportive living; and
- Enhance home care’s self-managed care program to make self-directed care more widely available.

2009-2012 • Additional funding for home care will be provided to Alberta Health Services.

Initiative 2 – Health system navigation

Supporting seniors, persons with disabilities and their families with making appropriate, informed care and living arrangements depends on knowing their choices and understanding their limitations.

Although most Albertans navigate their way through the continuing care system without assistance, some with complex health and social needs require the help of a patient navigator.

Patient navigators are qualified, trained, patient-care managers who provide a single point of contact to assist Albertans with matching their needs to the services provided by physicians, health-care providers and volunteer-based organizations such as the Multiple Sclerosis and Alzheimer societies.



Success of these community initiatives depends upon the contributions of Alberta’s many health professionals who contribute to the comfort and quality of life of their clients.

Navigators make the management of services seamless for the individual by ensuring care is provided at the right place, at the right time and by the right health professional.

- 2009-2012** • Health system patient navigation system will be implemented province-wide in 2012.
- 2012** • Evaluation and continuous improvement of system.

Initiative 3 – Transitions back to the community

Opportunity and funding will provide some people with the option to move out of their nursing homes and acute care hospitals and back into their homes and communities.

This choice will be available to individuals who have stable medical conditions, who no longer require long-term care services, and who are capable and willing to make decisions about their personal care and health care.

The transition program will evaluate the individual's needs and develop a strategy to transfer continuing care services to their new home with the assistance of patient navigators and transition funding.

2009-2012 • Funding for the transition program will be provided to Alberta Health Services.

Initiative 4 – Emergency department support

Seniors or persons with disabilities who live in homes or community settings may experience health issues that indicate an emergency situation. They may be admitted to hospitals through emergency departments when there is concern that they cannot be safely cared for at home.

While their situation may not require emergency care, sometimes hospital admission occurs because of the lack of choice in living options or support at home.

Recognizing these unique circumstances, seniors' assessment and support teams, comprised of health professionals, will evaluate the individual's needs and then identify resources and care providers, provide short-term intervention, broker support, negotiate or mediate interim care, and make recommendations for longer-term options.

These seniors' assessment and support teams have already been successfully implemented in British Columbia, Saskatchewan and New Brunswick where they have provided individuals with appropriate care solutions and have reduced admissions to acute care hospitals.





In Calgary, The BowMont Seniors Assistance Association connects its members with people in the community who help them with snow shoveling, lawn maintenance, minor home repairs and even social visits.

- 2009 • Two hospital teams will be in place.
- 2012 • Six hospital teams will be in place.

Initiative 5 – Caregiver support and enhanced respite

Through the efforts of family and community caregivers, many seniors and persons with disabilities are able to remain in their homes. In some cases, these informal caregivers provide around 80 per cent of the required care.

Support and respite services will help family and community caregivers avoid burn-out, enabling them to continue caring for their loved ones.

This new program will provide counselling and skill training, a broader array of respite care services, and funding to reimburse for out-of-pocket expenses such as supplies and transportation costs.

- 2009 • Provincial caregiver education and counselling programs will be in place.
- Mechanism to pay caregivers for out-of-pocket expenses and respite care will be in place.

Initiative 6 – Community initiatives

Communities play an important role in supporting citizens to live independent and active lives.

The Community Initiatives Program will provide seed money for volunteer organizations to implement programs providing social supports that emphasize wellness and interaction.

Funding for programs such as “Neighbors Helping Neighbors” will be made available to assist with meals, transportation, companionship, monitoring and social activities.

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| 2009 | • Partnership with two selected communities. |
| 2010-2012 | • Partnership with four selected communities. |

Initiative 7 – Dedicated health technology funding

Proven and innovative technologies could allow seniors and those with disabilities more freedom and independence.

Alberta is pilot-testing home technology for monitoring chronic health conditions such as diabetes, emphysema and heart conditions, reducing health risks and doctor visits.



Using the technologies we have today, physicians and other medical professionals will be able to monitor health conditions and advise their patients remotely.

But the technologies aren't limited to medical needs. They will play a big role in safety, social and informational needs.

Smart sensors can be used to monitor safety issues, such as open doors and windows, falls in the home, and use of medication. For example, messages can be sent to seniors and other individuals to remind them when to take medications.

Dedicated funding will also be available for a broader application of the technologies that will provide instant connection between seniors and persons with disabilities and their health professionals, caregivers, and family members.

- 2009**
 - Health technology roadmap for continuing care will be developed.
 - Three health technology pilot projects will be underway.
- 2010-2012**
 - Province-wide expansion of selected continuing care technologies.

Build infrastructure that meets “aging in the right place” vision

With improvements to community support programs, Albertans will have more alternatives for where they receive health and personal care services.

The goal is to offer seniors and persons with disabilities more options for quality accommodations that suit their lifestyles and service needs.

By improving choice and availability in where Albertans receive services, more capacity will be opened up for acute care patients waiting for long-term care beds.

We are proposing incentives to encourage outside partnership on the construction of nursing homes and supportive living accommodations so Albertans in those service settings also have more choice.

With this in mind, the number of long-term care beds would remain at the current number of 14,500 for the next several years. At the same time, resources will be spent on renovations to the province’s older facilities making them suitable for our changing health needs and improving the comfort of residents.

These capital funding models will be designed to ensure that many of the units are affordable for low and moderate income levels.



With the province's new continuing care strategy, the following infrastructure investments will be made:

- Replacement and refurbishment of existing long-term care beds;
- Encourage non-profit and private investment in the development and operation of long-term care facilities;
- Implement a capital funding model that will encourage non-profit and private organizations to enter into arrangements with government for the development of new capital accommodations projects. The funding model will be similar to that of the Affordable Supportive Living Initiative (ASLI) cost-sharing formula; and
- Support the development of additional supportive living spaces (Alberta Seniors and Community Supports).

- | | |
|-------------|---|
| 2009 | • Implement a new capital funding model for long-term care. |
| 2011 | • An additional 1,225 approved affordable supportive-living spaces (based on budget targets). |
| 2015 | • Half of all current long-term care beds (7,000) either refurbished or replaced. |

Change the way **long-term care accommodations** are paid

A small proportion of Alberta seniors and persons with disabilities require the services of a 24-hour long-term care facility. Today, however, because of current capacity issues and how waiting lists are managed, residents in need of placement have limited choice in where they will reside.

Alberta's current approach of regulating residents' accommodation fees is believed to discourage the development of new beds which minimizes the variety of accommodation options available.

Adjusting the framework for setting fees is expected to encourage more investment by the non-profit or private sector and increase the number of beds. As a result, individuals will have more choice to select a facility that meets location wishes, health service needs and personal preferences. This will allow operators to provide residents with the option to purchase increased services.

Albertans have said they want more choice. And, that they want the ability to choose additional services and amenities.

Future continuing care clients are expected to be less reliant on government sources of income, to have more disposable income, and have increased expectations for choice in their living accommodations.

While many want increased options, government will remain committed to assist seniors most in need.



According to a 2007 Ipsos-Reid poll, Canadians approaching retirement have said they will be dependent on their own sources of income:

- 55 per cent say their primary source of retirement income will be from employer pension plans and investment income.
- 17 per cent say their largest source of income will be a government pension.

Source: 18th Annual RBC RRSP Poll, conducted by Ipsos-Reid, Oct. 23-Nov. 5, 2007.

Affordable long-term care beds will continue to be a priority, to ensure that seniors and Albertans who are most in need continue to receive assistance.

- 2009-2011** • A variable accommodation fee structure will be in place for some planned new long-term care facilities that offer additional services and amenities.

STRATEGY 4:

Funding individuals based on needs and/or funding providers

Providing choice within the continuing care system depends on a number of things, but it can be restricted by how funding is allocated.

Currently, continuing care clients are assessed and funding is allocated for them according to their needs. For those requiring facility care, their allocated funding is provided to operators. This creates a system where the person must reside in that facility in order to receive funding for health needs and accommodations.

According to the individual's care plan and the subsequent funding allocated, seniors and persons with disabilities could opt for the new funding model which will allow them to shop for their own health providers and make choices on where they receive services. The client's care and accommodations allocation would be appropriate to their care needs.

This will be a voluntary system, available to those who choose to receive service in this new method. Operational funding for facilities will continue for clients who don't choose this option.



- 2009** • Basic and enhanced core health services will be defined, eligibility criteria and service costing will be completed.
- 2010-2012** • Individualized health services funding alternative will be in place.

STRATEGY 5:

Providing equitable drug coverage for people **wherever they live**



Modern day pharmaceuticals are essential for the management of acute and chronic disease, greatly improving health outcomes and quality of life.

Alberta has introduced a more effective pharmaceutical program that will co-ordinate coverage more consistently province-wide.

Effective January 2010, the new drug coverage will be more widely-available and affordable for the majority of seniors. Lower-income individuals will still qualify for no-cost medications.

Under the new pharmaceutical strategy, all residents in non-designated hospital facilities will qualify for the same income-based deductible system for drug coverage as would seniors in community-based settings.

Providing equitable drug coverage for people wherever they live will give further incentive for seniors and persons with disabilities to choose home and supportive living over facility care.

- 2010** • Drug coverage policy will be implemented.

Continuing care service and **where it can be accessed**

There are three scenarios and many options for how seniors and persons with disabilities receive continuing care services.

HOME LIVING

Independent living
(e.g. house, apartment, condominium)

SUPPORTIVE LIVING

Level One: Residential living
Level Two: Lodge living
Level Three: Assisted living
Level Four: Enhanced assisted living (Includes Designated Assisted Living)

FACILITY

Long-term care facility
(e.g. nursing homes and auxiliary hospitals)

Home living – self-owned or rented single family dwelling, condo or townhouse

Home living accounts for 90 per cent of continuing care services and is the preferred choice of Alberta seniors and persons with disabilities. Within a home setting, an individual can receive professional health and personal care services according to their assessments. These assessments will be evaluated every three months or if there is a significant change in health status, to ensure the level of care



Alberta was the first province to incorporate “aging in place” strategies into our continuing care system. Now, Albertans will have even more support so they can “age in the right place.”



is commensurate with the level of need. Those with chronic illnesses, disabilities and even terminal illnesses often wish to stay at home. Nursing, therapy, homemaking and even palliative care services can all be provided within home settings.

Supportive living – seniors’ apartments, retirement communities, designated assisted living

This category offers the most options for continuing care clients, providing a bridge between home living and facility living. Needs can be as simple as those offered in home settings, right up to full-service care with the exception of highly complex and serious health care needs. Supportive living can accommodate a wide range of needs even for those who need assistance with nearly all of their daily tasks. Accommodation fees or rent is set by the developer or residential operator depending on services, activities and amenities.

Long-term care facilities - nursing homes, auxiliary hospitals

Reserved for those with unpredictable and complex health needs who require 24-hour nursing care. Residents of long-term care facilities usually have multiple chronic and/or unstable medical conditions. Specialized services such as respite, palliative care, as well as services for advanced Alzheimer’s and dementia are available at these facilities. Personal care and life-enrichment activities are also provided.

conclusion

These directions and programs will help Albertans “age in the right place.” They are:

1. Investing in community supports;
2. Building infrastructure to support the “aging in the right place” vision;
3. Changing the way long-term care accommodations are paid for;
4. Options to fund individuals based on needs and/or funding providers; and
5. Providing equitable drug coverage for people, wherever they live.

The Continuing Care Strategy, *Aging in the Right Place* identifies five strategic directions and several programs designed to create a system that is fair and accountable, where care is accessible, integrated and of high quality, while at the same time meeting the public’s expectation for choice.

These directions and programs will provide options for Albertans so that they can “age in the right place.” They are:

1. Investing in community supports;
2. Building infrastructure to support the “aging in the right place” vision;
3. Changing the way long-term accommodations are paid for;
4. Options to fund individuals based on needs and/or funding providers; and
5. Providing equitable drug coverage for people, wherever they live.

Implementation is scheduled to take place over the next three years.

Alberta Health and Wellness and Alberta Seniors and Community Supports will work collaboratively with the newly created Alberta Health Services and the providers of health and accommodation services to ensure implementation milestones are met and programs proceed as planned.

Aging in the Right Place is an ambitious strategy aimed at transforming the current continuing care system to better meet the future needs of Albertans.

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