CHRISTIAN
HEALTH ASSOCIATION
OF ALBERTA

Moving to a Just and Inclusive Approach to Assuring Quality Seniors Care in Alberta

Christian Health Association of Alberta
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The Christian Health Association of Alberta

The Christian Health Association of Alberta (CHAA) is a provincial association of health care and housing organizations which have their genesis in various faith communities. Many of these organizations are part of Alberta's early history, and many began providing health care and social services to settlers prior to Alberta becoming a province.

There is a long and rich tradition of missionaries, congregations of Sisters, and other religious people coming to Alberta to initiate health care programs and build hospitals and other care facilities. Over the years, faith-based organizations evolved to fill specific gaps in care and services for Albertans, founded by churches and lay people who joined together to meet the needs of their communities.

The CHAA is currently comprised of member organizations that trace their roots to Catholic, Anglican, Presbyterian, Methodist, United, Lutheran, Baptist, Pentecostal and Evangelical Christian communities. Our member organizations provide a range of health and social services that span the continuum of care, in communities large and small throughout Alberta. Our collective services include acute care, continuing care and long term care, supportive living, home care, and affordable housing for seniors and disabled adults.

Evident throughout all our members' work is a commitment to provide care and support to people in need – particularly for many of the most vulnerable in our province. Our shared mission, vision, and values reflect our underlying principles of faith, compassion and love for all.

Mission Statement:
We bear witness to and deliver Jesus' healing ministry, by answering a call to service and providing support and leadership to our community, most particularly to vulnerable populations.

Vision Statement:
CHAA will be a leader in positively shaping and influencing the health of Albertans through service, advocacy, and education.

CHRISTIAN HEALTH ASSOCIATION OF ALBERTA

The Need for a Just and Inclusive Approach to Assuring Quality Seniors Care

As a network of long-standing health care providers with deep experience in seniors care, we understand first-hand how policy decisions made at the provincial level impact quality at the point of care. In recent years we have studied and made collective recommendations to Alberta Health and Alberta Health Services on the Patient Care Based Funding model, as outlined in our 2013 report *Impacts, Challenges, and Changes*.

This document is an expression of our continued commitment to work as partners with the Government of Alberta, Alberta Health Services, and our communities to ensure a just and inclusive approach to assuring quality seniors care in Alberta. It contains an articulation of key priorities we believe require action at the policy level to support quality care on the front lines. It also outlines the partnership role we are committed to playing in effecting meaningful, sustainable change at the provincial and community levels.

Our priorities for action were identified by CHAA members in the context of our collective experiences interacting with seniors and their families, working side-by-side with our staff, and regularly partnering with community and provincial organizations to continuously improve care approaches. These experiences have yielded countless lessons learned about the effectiveness of current policies, and the need for changes in the way our health care system works for seniors and their families.

Furthermore, these priorities were identified as our recommendations to provincial policy makers, carrying on the legacy of faith-based care providers in context of our vision for a just and inclusive approach for seniors care across Alberta. If implemented, we are confident these actions will move us forward as a province, toward the following aspirations:

- A highly effective and coherent health care system founded on the principles of social justice and inclusion;
- A society in which the last years of life are seen as a time of rich blessings, rather than increased suffering; and in which participation in society does not need to cease or erode in quality as a person ages and requires increased supports from the health care system;
- High quality of life for seniors, including preservation of individual dignity, autonomy, and choice – such as choice of care environment; and
- Person-centered care environments that support body, mind, and spirit.

CHAA Priorities

The need for a shared approach

As Alberta's population rapidly ages, it will be critical for the system of health and social supports seniors and their families rely on to act nimbly, effectively, and collectively to adapt care approaches that sustain and enhance quality, while increasing value for spending and overall system sustainability.

Significant and ongoing effort has been invested in enhancing the quality of seniors care in recent decades, from the policy level to the point of care. These efforts, combined with emerging practices and data, have yielded lessons learned and evidence to guide further improvements in our system.

By 2031, when the last of the baby boomers reach 65 years of age, it is projected that one in five Albertans will be a senior.

The priorities outlined below reflect our understanding of what is needed to move forward in an increasingly complex system of seniors supports, consisting of policy makers, program mangers, and operators that span the care continuum and include provincial, regional, and local players. While informed by our experiences at the front lines of seniors care, these are not operational priorities: rather, they are areas in which shared discussion, understanding, and action are needed to ensure an aligned and effective approach to seniors care for the whole system.

Priority 1: A coordinated approach to person-centred service

Currently, varied understandings and assumptions regarding what it means to be "person-centred" at all levels of the health system create regular challenges with design and implementation of appropriate funding and care models, and – ultimately – in ensuring person-centred interactions at the point of care.

As the shift to person-centred care models continues, a clear and shared philosophy, articulated through a set of guiding principles, is needed to define what it means to deliver person-centred care in the context of seniors care (and potentially more broadly). These principles should then be used to ensure an aligned, person-centred approach from the strategic policy level to the front lines – including broad policy direction, legislation, funding formulas, operational procedures, and patient interactions.

Priority 2: Optimization of the care continuum and enhancement of community care options

Albertans want, and deserve, to remain in their homes and communities as long as possible. However, the current system – structured around the care models of the past – remains over-reliant on costly acute care, with significant barriers preventing transitions to and among other levels of care. In 2014, one CHAA member reported seniors made up 82 percent of 444,299 alternate level of care bed days, where patients continued to occupy a hospital care bed although they were ready to transfer to another level of care.

Not only does this situation create a significant opportunity for cost avoidance through improved use of less costly, non-hospital care options; it presents a significant opportunity to improve care quality and value, while facilitating the shift to holistic, person-centred care approaches.

As an association of faith-based care providers, the CHAA defines person-centered care as care that:

- *Is holistic, meeting the needs of the whole person, including body, mind, and spirit;*
- *Focuses not only on quality of care, but on quality of life;*
- *Is flexible, optimizing personal choice and autonomy; and*
- *Respects the unique journey and preferences of each individual, regardless of care needs, cultural background, or beliefs.*

Coordinated action is needed at all levels of the system to develop and make better use of appropriate, community-based care environments – such as community care, primary care, home care, rehabilitation centres, and continuing care. This must involve focused capacity building across the system to facilitate smoother transitions from one level of care to another, including modernization of the care needs assessment process to ensure timely placement in the most appropriate care setting to optimize quality of life.

Priority 3: A shift in the culture of seniors care to ensure inclusion and social justice

Seniors and their caregivers too frequently bear the costs – financial, social, and personal – of a system that undervalues the immense contributions they make to our families, communities, economy, and the social systems. It is well understood that our social and health care systems would collapse without largely uncelebrated work of volunteers and family members – the latter providing some $25 billion in unpaid care nationally, and comprising 25 per cent and 20 per cent of middle-aged women and men, respectively.

Concerted investment in wayfinding, education and training opportunities, and respite care is required to provide unpaid caregivers with the information, skills, and support they need to sustain their immensely valuable contribution to our province's seniors care systems.

In addition, as an association of care providers dedicated to serving our society's most vulnerable members, we see first-hand the need for a truly inclusive system of care that recognizes and meets the diverse needs of all seniors – regardless of race, religion, ethnicity, income, or care needs. Furthermore, care approaches must take into account, and adapt in light of, the realities of serving seniors with complex needs – such as those too frequently branded as "difficult to serve." As we move to an authentically person-centred seniors care system, one-size-fits-all solutions must give way to flexible and personalized care options that foster and preserve choice and dignity – especially for those who are not well served by the mainstream system.

Priority 4: An outcomes-based performance measurement and funding model

The current approaches for seniors care funding and performance reporting have led to significant and avoidable unintended consequences at the point of care, shifting focus away from quality and person-centred approaches. A detailed overview of the CHAA's concerns with the Patient Care Based Funding model are delineated in our 2013 report, *Impacts, Challenges, and Change*s.

Further to the 2013 CHAA report, and numerous related studies – such as a 2013 AHS-commissioned review – the current funding model creates serious challenges in providing appropriate care to seniors by proscribing the number of hours of care per resident, the type of care provider authorized to provide care under the model, and the specific number of minutes permitted for specific tasks, based on patient type. This one-size-fits-all approach removes critical discretion from care managers in determining the most effective and efficient approach to delivering quality care, and frequently results in poor use of resources as well as inadequate interactions at the point of service.

Moreover, the current funding approach does not recognize the value of and need for holistic care, focusing exclusively on tasks related to physical bodies; and it underestimates the time needed to deliver quality care in a seniors care context – in which tasks often require more time than similar tasks for other populations.

Meanwhile, current reporting requirements focus on incidents rather than quality or other important care outcomes.

An approach to resource allocation and reporting that values, measures, and funds what truly matters – social outcomes and care quality – is needed. Renewed funding and reporting models would, in concert, put in place the proper incentives for care quality from the front lines up, ensure resources are allocated based on needs rather than generic formulas, and provide line of sight from what we fund at point of care to the social benefits we contribute to at the community and system level.

Furthermore, previously conducted studies, such as those mentioned above as well as others carried out in various jurisdictions, should inform continuous improvement of the funding model to ensure lessons learned, leading practice, and evidence inform the approach going forward – particularly if the patient care based funding model is to be continued or expanded.

Priority 5: A clear and well-managed approach for developing, evaluating and improving seniors care policy over time

Current seniors care policies, acts, regulations, standards, operational directives, and regulatory bodies emerged piecemeal over decades – often in response to one-time incidents rather than trends. The resulting policy system is incredibly complex, lacks overarching coherence and alignment, and is cumbersome to implement and maintain. Current policies do not reflect evidence regarding best practices, and are not clearly linked to desired outcomes. In some cases, policies actually inhibit the implementation of best practices, and regularly create barriers to quality, person-centred care at the point of service.

Particularly as the baby boomers age, the system of seniors care must be ready to adapt nimbly in response to rapidly changing needs and expectations. Going forward, a clear and predictable approach for policy development – coordinated through Alberta Health as the overall system manager – is needed to guide design of new policies, and refinement or timely retirement of existing policies.

This approach should ensure proactive policy evaluation processes, avoiding ad hoc reviews (such as the ongoing Nursing Home Act and Home Care Act review); clarify the roles of various partners at all levels of the health care system in developing, implementing, and evaluating policy; and better align roles in the areas of policy development and implementation. It should also ensure accountability for development of policy that is authentically evidence-based, rather than risk-based and reactive in the aftermath of incidents – particularly in the area of safety and security.

Our Commitment to Partnership

The Current Imperative and Opportunity

In the 2016 Budget, the Government of Alberta shared a bold vision for "a future in which we all participate as full citizens and equal partners." Recognizing that health equality is an essential civic right, the Government emphasized that public health care is a sacred trust shared by every Albertan.

As such, the Government of Alberta pledged to "ensure that the Albertans who built this province get the care and support they deserve," committing $365 million to expand continuing care.

As it leads the province through challenging fiscal times, the Government of Alberta knows that social justice and inclusion must not fall by the wayside, and it cannot, as Minister Ceci put it in his 2016 Budget Speech, "turn the clock back on Albertans."

What We Can Contribute

As policy makers work to instill the principles of social justice and inclusion in Alberta's health care system, the CHAA and its members are eager to be part of the process. We share the Government's vision of a fairer society, and look forward to offering our expertise, our perspectives, and our reputation for inclusivity, integrity, collaboration, respect, diversity, and innovation.

The CHAA is uniquely positioned to work as a partner in transforming seniors care in Alberta. We are an association of values-driven care providers with generations of experience serving the most vulnerable members of our society, and a wealth of relationships in the health care system and our communities. We have a nuanced understanding of how policy decisions get translated into front-line actions, and how different reporting approaches affect providers' incentives. And, we are recognized leaders in financial stewardship, having brought to bear ingenuity and resourcefulness to sustain our century-old legacy of providing person-centred, holistic care – even in the face of continued funding pressures.

While we are service providers, we are also learning-focused organizations with a track record of continuous quality improvement and innovation. Among other recognitions, our members have pioneered best practices in dementia care and palliative care, earned acclaim for service excellence at accreditation, supported staff who have won physician innovator and youth leadership awards, and founded the Network of Excellence in Seniors' Health and Wellness – which in 2014 provided innovation funds for 13 projects across Alberta. Our members also lead and contribute actively to a range of local and provincial initiatives and partnerships focused on healthy aging.

The CHAA's members are unique among other health care organizations in providing services all along the continuum of care. We know how to follow and support patients and their families as they transition from one level of care to another. We know how different funding models affect continuity of care, and we understand the urgent need to educate Albertans about the system and their choices within it. We understand the history and the unique dynamics of the continuing care space, and have successfully contributed to efforts to reform it.

Lastly, the CHAA members are at the forefront of supporting caregivers. For instance, in 2015, one CHAA member partnered with the University of Alberta to create the evidence-based "Discovery Toolkit for Supporting Family Caregivers of Seniors." Moreover, our members' focus on holistic care means we have a special ethical obligation to support those who sustain our patients and residents emotionally and spiritually, and a unique understanding of their needs.

Getting Started: Our Recommendations

Building on the five priorities outlined above, the following two actions are recommended to guide next steps.

Recommendation 1:

We recommend undertaking a review of current seniors care funding and reporting mechanisms, leading to the establishment of an outcomes-focused approach to funding and performance measurement going forward. The review would leverage findings from available analyses, such as the CHAA's 2013 review, the 2013 analysis carried out by the UBC Centre for Health Services and Policy Research, and documented analyses carried out in comparable jurisdictions.

For more information, see our 2013 publication: *Impacts, Challenges, and Changes*

Recommendation 2:

We recommend bringing together a wide range of partners to collectively develop a renewed policy framework for seniors care in Alberta. This framework would:

- Clarify the policy development approach for seniors care, including the approach going forward for designing evidence-based policy, and policy evaluation;
- Clarify the roles of the wide range of partners – including seniors and their families – that must work collectively to nimbly and effectively enhance quality care for seniors as Albertans age;
- Create a platform for renewed, action-oriented partnership and collaboration across the system of seniors care and service; and
- Identify a shared philosophy and principles to guide coordinated action at all levels of the health care system – from strategic policy to the point of service – in key areas of identified need, including:
    - The shift to person-centred care;
    - Optimization of the full care continuum; and
    - Shifting the culture of seniors care to ensure inclusion and social justice.