

Why Not Now?

LTC Innovation Expert Panel Report

Whistler, British Columbia

Bill Dillane

February 6th, 2013

WNN Genesis

- June 2010- Ontario Long Term Care Association (OLTCA) commissioned the Conference Board of Canada (CBoC) to investigate the innovation potential of Ontario's 634 LTC homes
- In the CBoC report released in the Fall of 2010 it was recommended that the residential long term care sector develop a comprehensive innovation strategy to address growing demand, sector constraints and health system sustainability

Guiding Principles

Ontario's system of care for older adults should:

- Promote health and well-being
- Empower older Ontarians to make informed choices
- Be seamless and easy to navigate
- Provide access to high quality services that address hierarchy of needs and promote quality of life
- Be responsive to evolving consumer needs and preferences
- Support front-line and family caregivers
- Be affordable for consumers and taxpayers
- Be regulated in a manner that promotes innovation and continuous quality improvement

Vision for LTC

LTCHs of the near future will be:

- Hubs of elder care and geriatric research and education
- Clinical settings for those in need of long- and short-stay residential care as well as outreach and support programs
- Magnets for students researchers, caregivers and healthcare professionals
- Places where innovation thrives and 'next' practices in seniors care originate
- A preferred setting to work, live and receive care

LTC's Value Proposition

Access + Quality

Cost

Ontario's LTCHs are well positioned to improve flow and access to needed high quality care for frail seniors and older adults with chronic conditions while generating cost savings for the health care system

Untapped Potential

- Based on sustainable private/public funding model
- Significant presence: 78,000 beds in 634 communities across Ontario
- Homes embedded in local communities
- Mix of ownership types; healthy balance of collaboration and competition
- Limited number of providers enabling economies of scale and capacity for rapid roll out
- Many providers offer range of services beyond LTC creating untapped opportunities for innovation and system transformation

5 Year Sector Innovation Strategy

Three-Pronged Strategy:

1. Re-engineer LTC to meet needs of consumers & system partners
 - Improve LTC placement & flow
 - Develop new service, funding and business models
 - Rebrand to reflect new sector orientation
2. Build Capacity for Transformation
 - Strengthen the care team
 - Harness technology
 - Rebuild for the future
3. Enable User-Driven Innovation
 - Retool education and training
 - Invest in applied research
 - Remove policy and regulatory barriers

65+ Recommendations

- Simplify consumer choice and improve coordination and access to quality care
- Spur innovation in care organization and delivery
- Dramatically increase support for caregivers and access to services for those at highest need
- Strengthen the evidence-base in elder care
- Shift care and resources to the most appropriate and cost-effective setting
- Reduce wait times and free up hospital beds occupied by patients who do not need to be there
- Reduce the need for new long term care beds
- Increase productivity and cost-savings that could be reinvested elsewhere.
- Improve resident, caregiver and staff satisfaction

Key Recommendations: Access

- Explore service delivery models that **improve utilization of existing LTC bed capacity** and optimize lengths of stay using evidence-based care pathways
- Move to a **referral-based admissions process** from hospital to a post-acute or specialized short-stay program in long term care to improve system flow
- **Consider a wait time guarantee** for a 'place' in long term care that could include a long or short-stay bed or a space in a day, night or outreach program
- Support cost-effective care delivery in a wider range of **assisted living** settings
- Provide patients and families with access to a **consumer-friendly assessment tool** to help them determine the likelihood of long term care placement, assess options and plan ahead

Proposed New Service Delivery Models

Model	Focus	Relevance
Post-acute - Short stay (SS)	Short-term skilled nursing and intensive rehabilitation following hospital stay	Wings of larger homes; near/linked to hospital
Specialized Stream - Mix	Higher level of care for special needs populations (e.g., behaviours/dementia; younger populations)	Small SS units ; LS specialized homes
Hub Model - Mix	Centres for co-location & delivery of wide range of seniors care & services inc primary care	Small communities; rural areas
Integrated Care - Mix	Bundled managed care for enrolled populations; more flexible service delivery	Ethnic & faith-based homes; continuums
Designated Assisted Living - Aging in place	Publicly-funded hub care in private pay service-enriched housing (complements assisted living policy; supportive housing; +options in rural areas)	C & D Homes looking to redevelop; retirement villages
Culture Change - Long stay (LS)	Revitalizes traditional LTC home by rebalancing medical/social model; more emphasis on consumer/resident direction; regulatory variance	All, particularly assisted living; long-stay

Anticipated Outcomes by 2016: Access

- 36% increase in LTC capacity created through modest improvements in LTC occupancy and length of stay and a rebalancing of bed types
- 41,000 more older adults able to access residential short stay spaces, including post care convalescent care, specialized units and assess and restore programs
- A fourfold increase in respite care spaces to address the temporary, intermittent care or end of life care needs of over 19,000 community-dwelling frail older Ontarians and their families

Impact of LTC Bed Utilization Improvements & Move to Differentiated Capacity by 2016

Total Beds	Long Stay	Short Stay			Total
		Respite & End of Life	Post-Acute/ Convalescent	(Interim) New Specialized	
Current Bed Supply (Ratio)	97.7% 76,073	0.50% 404	0.68% 438	1.20% 948	100% 77,863
ALOS (days)	1144	25	54	96	
Occupancy	99%	70%	93.2%	96.3%	
Individuals Served (estimated)*	99,341	4,129	2,759	3,471	111,777
New Admissions Process	Community admissions; based on assessed need & choice		Referral-based admissions from hospital / other LTCH based on plan of care & consent to treat		
Bed Ratio	90%	2%	4%	4%	
Bed Supply	70,077	1,557	3,515	3,515	No Net New Beds
ALOS (days)	1144	25	45	65	
Occupancy	99%	85%	95.0%	96.3%	
Individuals Served (estimated)**	91,507	19,326	23,999	16,842	+36% 151,637

Key Recommendations: Quality

- Set targets for improvement in areas with potential to generate the greatest value
 - palliative/end of life care, prescription drug utilization, stroke and diabetes management, dementia care
 - 'Lean' process improvement
- Adopt a 'no home left behind' policy that will ensure performance is consistently high across providers
- Build advanced nursing capacity in every home and create a long term care medical specialty in recognition of the skills required to care for an aging population
- Create a comprehensive province-wide cooperative education initiative in aging care along with bridging programs and prior learning assessment to attract and retain staff and enable those already in the sector to upgrade their skills
- Ensure service-based funding considers optimal staffing mix for different groups of residents along with outcomes of care

Anticipated Outcomes by 2016: Quality

- 5 million hours redirected from nonproductive activities such as duplicative documentation to front-line care
- A high performing system of care for older Ontarians with complex health needs that is the best in Canada
- An integrated consumer-focused long term care system with outcomes in palliative care, dementia care and transitional care that are among the best in the world

Productivity Matters

- Brampton home used Lean techniques to improve its admission process
 - able to redirect 436 nursing hours annually to resident care
- Government funds 2.9 direct care hours per resident per day. Based on CAN-STRIVE study, staff spend an average of 75 minutes pprd on direct care and care coordination. Remaining time spent on non-resident-specific tasks such as reporting

The Expert Panel recommended launch of a **Release 5 Million Hours to Care Campaign**

- If implemented it would free up 11 minutes prpd of direct care staff time; the equivalent of adding 2,564 PSW FTEs to the sector at a cost of \$103 million annually

Key Recommendations: Cost

- Expand range of non-financial incentives, including earned autonomy for those that consistently exceed benchmarks
- Develop alternate LTC physician and nurse practitioner reimbursement models to provide incentives for mentoring LTC staff and students and achieving key care outcomes (e.g. transfers)
- Develop capital financing models that enable greater choice in accommodation and amenities while preserving provider viability
- Undertake costing study and develop performance targets and incentives for new short stay programs in collaboration with sector
- Retain a flow-through system of accounts for nursing and personal care so the public is assured there is no profit from direct care in LTC

Anticipated Outcomes by 2016:

Cost

- \$1.15 billion in **avoided capital costs** to build estimated 9,465 new LTC beds required by 2016 and an estimated \$454 million annually thereafter in **avoided operating costs**
- Cost savings as a result of efficiencies and quality improvements in care delivery, prescription drug utilization and reduced ED transfers and readmissions
- Targeted investments to strengthen community and residential care capacity to deliver better care closer to home

Key Recommendations: Innovation

- Move to outcomes based performance and accountability framework that allows providers more discretion to determine how care is provided while holding them accountable for reporting on and meeting agreed upon results
- Foster creation of aging care and services innovation cluster to accelerate development, validation and adoption of needed technologies for Ontario and global marketplace
- Establish a central clearinghouse for technology in aging care at MaRS to assist consumers and providers to share information and post-market research
- Fast-track plan to upgrade the sector's clinical information infrastructure in collaboration with Canada Health Infoway and e-Health Ontario
- Add innovation to Health Quality Ontario quality framework for public reporting

Anticipated Outcomes by 2016: Innovation

- The foundation for an effective and sustainable system of care for older adults
- A thriving elder care innovation cluster producing products and services for the **\$55 billion global aging care market** and generating high-value jobs and economic prosperity for Ontarians.

Recommendations for Implementation

- LTC Transformation Task Force to guide strategy implementation
 - Sector, LHINs, Government, Sector Partners
- Progress on quality, cost, access, innovation tracked through HQO annual report

Ontario Reports

Date	Report
June 2011	Walker Report
Fall 2011	Drummond Report
Jan 2012	Ontario's Action Plan for Health Care
March 2012	Why Not Now?
May 2012	LTC Task Force on Resident Care and Safety
November 2012	Health System Transformation
February 2013	Seniors Strategy



Bill Dillane
President
Responsive Management Group

bill.dillane@responsivegroup.ca