BC Continuing Care Collaborative

September 20, 2016

Collaboration

Coming together is a beginning
Keeping together is progress
Working together is success

Henry Ford

My Story

Policy Work - examples

CCALA – Bill 16

Dementia Strategy (2012) and Refresh (2016)

1. Increase public awareness and early recognition of cognitive changes;
2. Support people with dementia to live safely at home for as long as possible and support caregivers;
3. Improve quality of dementia care in residential care including palliative and end-of-life care; and
4. Increase system supports and adoption of best practices in dementia care.

Policy Work -

End of Life Care

- After Hours Palliative Nurse – over 77% able to stay at home

- Doubling of hospice spaces

- Improving capacity to provide quality palliative and end of life care in res care and other housing/care settings

- Improving access to BC Palliative Care Benefits

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Branded/Understandable System of Primary and Community Care

TARGET COMMUNITY SERVICE OPERATING MODEL
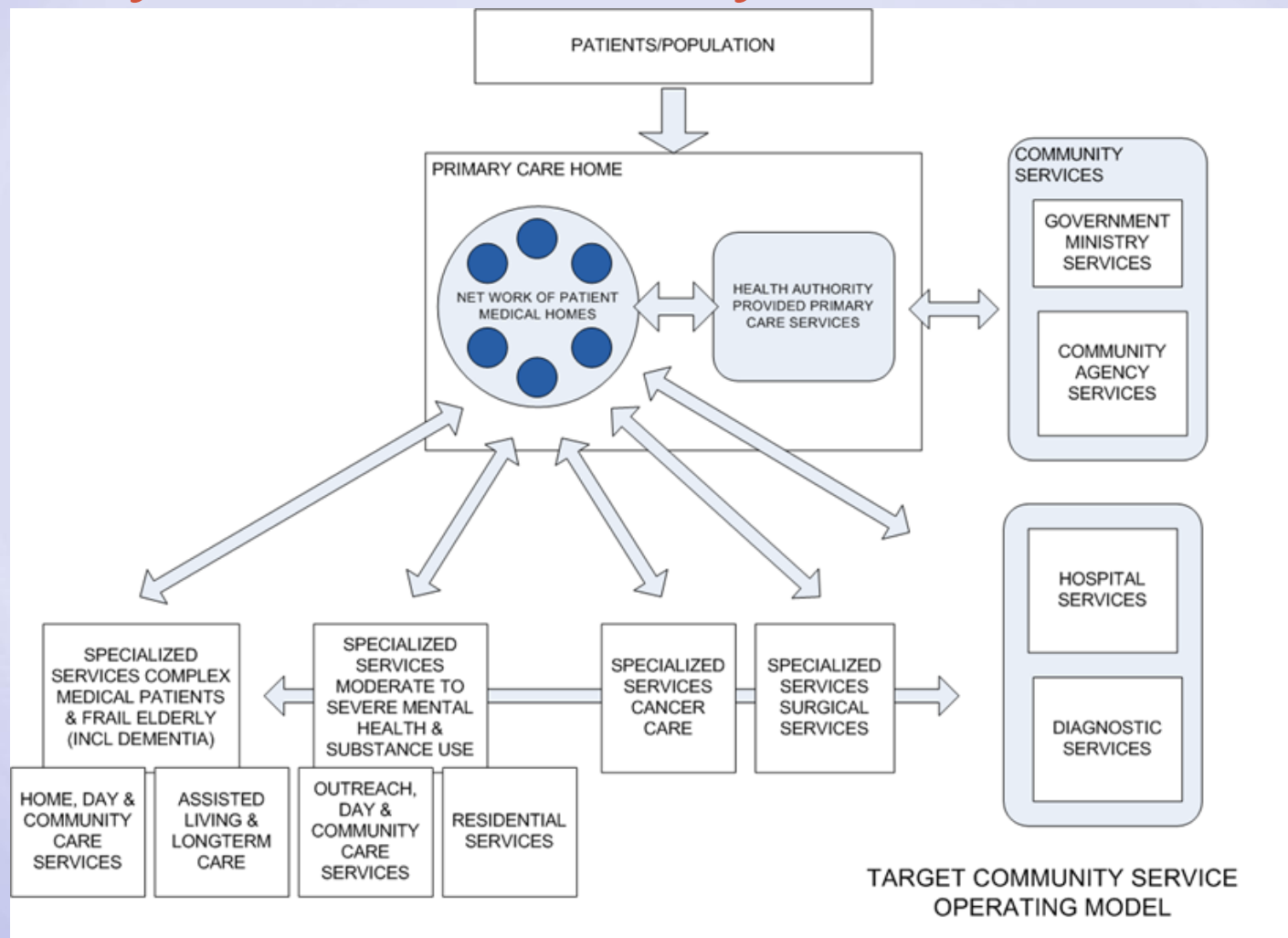
Why Are We Doing This?

- Over the past decade we have taken important strides together to position full service family practice as the corner stone of our health system

- Notwithstanding significant efforts and learning we still face key challenges to better:
  - Meet the needs of patients
  - Work with a changing workforce; and
  - Demonstrate value for money for the taxpayer

What Are We Going to Do?

- Networks of Full Service Family Practices (Patient Medical Homes) linked with HA Primary Care Services and linked to government and community agency services (to make a "Primary Care Home")
- Four Specialized Programs for:
  - Moderate/complex medical patients and/or frail elderly (including dementia, palliative care, and end of life care)
  - Services for patients with moderate to severe mental health; substance use, or comorbidity
  - Cancer care services
  - Surgical services

- Core health organization functions & services in the design of Specialized Care Programs (SCPs):
    - Case finding patients needing service
    - Intake and assessment services
    - Case management and coordination services
    - Self management services
    - Referral to facility based patient care

- Built on effective, evidence-based services linked to specific patient need