

Care to Chat: Fiscally Frail

How Will We Meet The Health Needs Of An Aging Society In An Era Of Limited Budgets?

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△ 57 VOTES	For 2014/15, FHA rolled out 0.4% funding lift to sites across the HA. CPI as of Oct was 2.4% & overall inflation outstrips CPI. Does this result in an unsustainable funding model/is there a fix?	Answered
△ 35 VOTES	In FHA, some residential care sites are funded for 2.5 Direct Care hours and others are funded for 3.25 hours. How can sites provide equivalent levels of care with this disparity in resources?	Answered
△ 30 VOTES	With the aging population and increasing levels of acuity how does the Health Authority and Ministry see the role of operators given limited increases in funding for operational costs?	Answered
△ 28 VOTES	Would gov't and health authorities support a standardized, open & transparent funding model that factors rises in operating costs like wages, inflation & increasing levels of acuity among residents?	Answered
△ 21 VOTES	What do the panelists see as being the top priorities going forward in meeting the needs of an aging society with a current home and community care budget of \$2.7 billion?	Answered
△ 20 VOTES	Outbreaks result in added costs due to care/clean-up, that aren't fixed operating costs of facilities. Should incremental costs that maintain resident safety/hygiene be covered by other funding?	Answered
△ 18 VOTES	Where do panelists stand on issue of public-private partnerships in leveraging capital and such for new beds and infrastructure?	Answered
△ 17 VOTES	As the LTC sector faces an aging infrastructure and lack of capital funding, there may not be enough support to provide appropriate care with loss of crucial beds. How would you address this concern?	Answered
△ 16 VOTES	In the UK, "community circles" have been used to keep people in their communities and out of institutions. Have you thought about putting resources into keeping people in their own communities?	
△ 16 VOTES	Other jurisdictions such as the UK have or are looking at the issue of asset testing to determine eligibility and costs for long-term care support. Where do you stand on this issue?	Answered
△ 15 VOTES	Number of adult day care services is pretty limited. Is there a vision in that direction ?	
△ 13 VOTES	There are currently significant differences in the number of care hours facilities in different health authorities are required to have per funded dollar. Are there any plans to standardize this?	Answered
△ 13 VOTES	Alberta is allocating money to care operators by distributing funds on a formula that calculates needs of patient and gives a funding amount to the care provider. Should BC support such a model?	Answered
△ 11 VOTES	Is there any plan of action in supporting new organizations providing home care ?	
△ 11 VOTES	BCCPA's Seniors Care for A Change states gov't can be more accountable to taxpayers/residents by separating bodies that regulate care homes from operating facilities. Would gov't be open to this?	

△ 9 VOTES	What do you see as the major cost or fiscal pressures facing the continuing care sector over the next 5 to 20 years? As well what potential solutions do you see to addressing these areas?
△ 9 VOTES	Other jurisdictions such as those in Europe have adopted the use of vouchers which go directly to patients to purchase long term care services? Where do the panelists stand on such an approach? Answered
△ 7 VOTES	The FHA vacancy funding (VF) for AL beds is usually 90 days, but reduces to zero days if residents pass away/ leave voluntarily. Why is VF zero in such cases? Shouldn't VF be at least 90 days?
△ 6 VOTES	Do you see the role of not for profit providers, some of them relatively small, changing in future and why?
△ 5 VOTES	How are we to manage the cost of home care for patients? At what point do we need a funding cap that patients can access for home care through public system and then fund difference privately?
△ 5 VOTES	What do you see as the potential role for federal government in areas such as infrastructure funding for continuing care or other areas?
△ 4 VOTES	We are seeing attempts to shift to community with focusing on discharge home (home first) from AC. How do we shift this quickly developing culture now before we get too far from prevention?
△ 4 VOTES	Why do different Health Authorities provide different annual % increases? IHA has provided 0% while FHA provided 0.4%. Shouldn't the base lift be the same across all HA's.?
△ 3 VOTES	How would the panel go about educating the general public in understanding that hospital care is not the gold standard for the frail elderly?
△ 3 VOTES	Are the "other special populations" (example is your people with brain injury) find their way to residential care (often very inappropriately) on the radar to find alternate more relevant option?
△ 3 VOTES	Is there a willingness to share cost data by facility department and associated health outcomes data publicly (web) allowing comparisons so that staff and families can make informed decisions?
△ 3 VOTES	How Will we have seniors involved in the strategic plan that the deputy minister mentioned?
△ 3 VOTES	Why is the health care system perpetuating institutionalization of the senior population which is extremely costing, stigmatizing and denigrates peoples' quality of life by removing independence? — Ellen Powell
△ 3 VOTES	How can we address the need for gerontology caring physicians to provide ongoing care to RC clients? NP seem to be a solution but the funding and physician support are lacking.
△ 3 VOTES	Hey These ? are common perspectives but where is the resident in this process. Why is it my family and I (generic) know so little about what is going on? how can an informed decision come from this!!
△ 3 VOTES	Do you anticipate increased funding to reflect the effect of the weakened Canadian dollar.
△ 3 VOTES	How can we speak about the demographic realities of the aging population while not perpetuating negative stereotypes regarding older adults?
△ 2 VOTES	With a stay of 18 months and 12 mos later palliative care increasingly evident. The clinician is challenged to provide necessary pharmaceutical resources with Plan B funding. Is this our future?
△	Are the health authorities and ministry interested in working with our sector to

△ 2 VOTES	Are the health authorities and ministry interested in working with our sector to identify red tape and cumbersome processes that add substantial cost while providing little value
△ 2 VOTES	How can we support tthe HAs to take the risks that Stephen spoke about.
△ 2 VOTES	Is there a funding model we can look at to push equipment and home care costs to patients? Interest free loans against homes they own to fund their care? The public system can't afford universal care
△ 2 VOTES	Solutions???? Facilitate through community org., health facilities,newspapers, newsletters and social media A common question regarding the last 18months of life. Question to both young and old?
△ 2 VOTES	Home Care 2.0 has a vision to leverage technology and virtual care delivery models, where remotely working nurses can care for more people in their homes with less cost. How do we get there?
△ 2 VOTES	Have we usurped our care professionals by home care bullies who rage through acute care, FHA IS AN ABSOLUTE DISASTER, in this area. We then see our elders placed for predictable failure? Too sad..
△ 1 VOTE	Should we be expanding the capacity of Assisted Living to keep residents longer?
△ 1 VOTE	As long as we continue to fund health care through a fee for service model, how can anybody provide needed and desired care to individual patients and their families?
△ 1 VOTE	The ethnic diversity in Surrey had added stress to the acute care because of culture expectations to do everything to keep their loved ones alive, even when palliative.
△ 1 VOTE	Is there receptivity by govt and health authority for increased privately vs publicly funded care in the community?
△ 0 VOTES	Is there an opportunity for the Provincial Divisions of Family Practice to step forward liasing with Residential Care, the HA, and others to develop a continuity of physician support onsite.
△ 0 VOTES	The consensus of the panel is to improve residential care in order to decant from costly acute care, if so, why are there soo many available residential care beds waiting for seniors?

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