

BCCPA Pre-Conference Policy Café

Date: May 29th, 2016

Location: Fairmont Chateau, Whistler, British Columbia

FUNDING AND REVENUE: TABLE 1

Theme 1: Identifying strategies to deal with funding challenges faced by care providers as well as exploring potential new revenue sources

- **Goal: Identify strategies for care operators and/or BCCPA to better deal with fiscal challenges facing the continuing sector, including dealing with health authorities and Ministry of Health.**
- **Goal: Identify any new potential revenue sources that care providers and/or BCCPA could advocate for such as long-term care insurance, chargeable extras, removing caps on resident co-payments, vouchers, etc.**

Theme 1 Questions

- 1. What strategies, including new funding approaches, would you recommend care operators and/or the BCCPA advocate for in order to deal with the fiscal challenges facing the sector?**
 - Three strategies were identified.
 - First, it was identified that there needs to be a transfer of dollars from acute care to residential and home care with more emphasis on prevention and early intervention.
 - Second, it was identified that there needs to be more choice/control provided to the individual receiving services. The dollars would flow with that individual to choose how best to access services across the sector.
 - Finally, it was identified that there is a need to advocate for equity within the system between health authorities and within health authorities, with respect to funding, expectations around direct care hours (number and composition) and other accountabilities (i.e. CCALA vs. Hospital Act).
- 2. Is there anything that care operators and/or BCCPA can do internally without health authorities and Ministry of Health to deal with the fiscal challenges facing the sector?**
 - Two strategies were identified.
 - First, it was identified that the Care Providers could potentially create partnerships within communities (or with industry) to expand services to the private sector (food services, laundry, housekeeping, or care services). Offer leased space for commercial/retail ventures which would benefit the residents and/or the broader community.

- Second, care providers should develop human resource strategies such as contracting out and/or maximizing the scope of practice for each of our employee groups.

3. Are there any new potential revenue sources that care providers and/or BCCPA should advocate or explore further for such as long-term care insurance, chargeable extras, removing caps on resident co-payments, vouchers, etc.

- It was identified that resident co-payment provides a potential opportunity for increasing revenue. For example, a means test (i.e. an asset test) could be employed to increase the resident contribution. This could potentially generate a significant amount of funds. However, this is a tricky political issue.
- It was identified that a tax credit system (taxable benefit) to support personal expenditures for care at home is an area that warrants further exploration and may support efforts at prevention and early intervention.
- Finally, chargeable extras were not considered a helpful option due to the huge disparity in residents' ability to cover additional costs.

FOR INFORMATION

NEW CARE MODELS / INNOVATIONS: TABLE 2

Theme 2: Identifying new care models / innovations to improve integration within the health system and enhance quality of seniors care

- **Goal: Identify new potential models of care or approaches to providing care that could be explored further in the BC context to improve seniors care.**
- **Goal: Identify new potential models of care or approaches to providing care that could be explored further in the BC context to improve the integration of care, while also reducing pressures in the broader system including fewer ER visits, ALC beds, etc.**
- **Goal: Identify ways to better incorporate use of technologies and innovations into the continuing care sector.**

Theme 2 Questions

- 1. What potential models of care and/or approaches to providing care should care operators and/or the BCCPA advocate or explore further in the BC context to improve seniors care?**
 - It was identified that the BCCPA should be exploring new, integrated models of care, such as the Continuing Care Hub Model or the Niverville Heritage Centre in Manitoba. These new care models should integrate sub-acute services, as well as palliative and end-of-life care. These care models should be better integrated into the community, offer services that make the care home a community rather than just a seniors care centre.
 - It was further identified that the BCCPA should be advocating for a voucher system which would give seniors more choice in selecting a care provider.
- 2. What new potential models of care and/or approaches to providing care should care operators and/or the BCCPA advocate or explore further in the BC context that could improve integration of care, while also reducing pressures in the broader system including fewer ER visits, ALC beds, etc.?**
 - It was identified by participants that the Care Hub model had the potential to improve the integration of care, as well as reducing pressures on the broader health care system.
 - It was identified that in rural areas existing care homes need to be utilized more efficiently, and to allow for more flexible uses and services to be offered (such as palliative and EOL care etc.).
 - It was identified that acute care teams and staff should be increasing working on site along with residential care staff, to allow for more virtual integration and strengthen digital records to flow between care home and ER.

3. How can care operators and/or BCCPA better incorporate use of technologies and innovations into the continuing care sector?

- It was identified that care home operators could provide more cohesive care if they had access to better electronic health records systems. If there were to be more flexibility in the privacy act, as long as both the resident and the care provider agreed to it, then you could allow digital access to health records via smart phone or through the cloud. As a result, roaming diagnostic tests could then be brought to the care home vs them having to access services off-site.
- It was also identified that home health monitoring should be increased through new and innovative technologies.

FOR INFORMATION

IMPROVING QUALITY OF SENIORS CARE: TABLE 3

Theme 3: Improving care for designated seniors populations (i.e. chronic diseases, frail elderly, dementia), including through health promotion and seniors safety initiatives

- **Goal: Identify ways in which care operators and/or BCCPA in collaboration with Ministry and Health Authorities can improve care for designated senior populations such as those with chronic diseases, frail elderly and/or dementia.**
- **Goal: Identify ways in which new innovations such as new technologies or funding approaches can possibly be better adapted and/or better utilized to improve care for designated senior populations.**
- **Goal: Identify what role care operators and/or BCCPA should undertake with respect to issues around health promotion, seniors safety as well as chronic disease management / prevention.**

Theme 3 Questions

1. **How can care operators and/or BCCPA working collaboratively with health authorities and Ministry (or separately) to improve care for designated senior populations such as those with chronic diseases, frail elderly and/or dementia?**
 - It was identified that there needs to be a common definition for 'Quality' itself. The consensus was that quality should be defined through the 'BC Health Quality Matrix', which provides a framework for quality of service and value of service defined as a cost/outcome.
 - It was identified that there first needs to be established a collaborative working relationship between care providers and government, as there is currently little or no collaboration, and everything is very 'top-down'.
 - Once this forum is established, key areas for improvement across the continuum of continuing care need to be identified and universally agreed upon (e.g. falls prevention, reducing transfers to acute care, anti-psychotic reduction etc.)
 - Once key areas are identified, there needs to be a collaborative process to determine the how of implementation; again this needs to be universally agreed upon rather than mandated.
 - Finally, measurements/outcomes need to be established in order to guide implementation and to demonstrate success.

2. How can care operators and/or BCCPA advocate for and/or foster use of new innovations such as technologies or funding approaches to improve care for designated seniors populations?

- While some promising innovations were discussed, the conversation focused primarily of the challenges around adoption and implementation. The group consensus was that there is plenty of information available regarding how to deliver quality, integrated, person-centred care - the challenge is changing the system, and the scale/spread of innovative ideas.
- It was identified that in order for innovative ideas/ strategies to spread effectively, they need to be supported at all levels throughout the system (including at the family/resident level, care provider, health authority, and ministry of health level).
- There was a general consensus that if innovative ideas are to spread effectively they must be provided with adequate resources (i.e. funding), but that providers are not keen on pilot projects due to difficulties with scaling up.
- The conclusion of the discussion was that this issue needs to be radically reconsidered, with less focus on radical new ideas, and greater emphasis on steady systems change supported by funding

3. What role should care operators and/or BCCPA undertake with respect to issues around health promotion, seniors safety as well as chronic disease management / prevention?

- Health promotion, seniors safety and chronic disease management and prevention were identified as central to operations, regardless of whether you worked in home care or in residential care
- Furthermore, it was identified that many care providers are currently delivering a range of services to promote seniors health, such as day programs, respite care, as well as assisted living, residential care and home care/support services in general
- It was identified that the BCCPA should be taking a key advocacy role with respect to the health and safety promotion of seniors, including facilitating the exchange of best and emerging practices, and advocating for the necessary resources and policy/legislative context for providers to be able to provide the best care possible

HEALTH HUMAN RESOURCES: TABLE 4

Theme 4: Identifying the Health Human Resource (HHR) challenges and barriers facing the continuing sector and how best to meet these challenges

- **Goal: Identify the main barriers and/or challenges with respect to health human resources (HHR) facing care operators.**
- **Goal: Identify how these barriers and challenges can be better met.**
- **Goal: Identify strategies care operators and/or BCCPA could undertake to better deal with HHR challenges facing the continuing care sector.**

Theme 4 Questions

1. What are the main barriers and/or challenges with respect to health human resources facing care operators and how can these be better met?

- The nature of the continuing care sector was identified as a barrier to recruiting and retaining health human resources, including the high acuity of clients/residents, long hours (i.e. 12 hour shifts), and the risk of experiencing violence or aggression.
- It was identified that there is a mismatch between the funding of continuing care and the acuity of the residents, and that this is a barrier to recruiting and retaining quality staff (i.e. their pay does not necessarily reflect the importance of their work).
- Job readiness was identified as a challenge, as most nurses (i.e. LPNs/ RNs) and care aides do not graduate from their respective programs ready to jump right into the workforce. Few have had geriatrics training, and they do not have the experience handling a full 'resident load'. This requires owners and operators to invest significant time and resources upgrading their skills and training.
- Similarly, it was identified that few physicians receive comprehensive geriatrics training, or complete their residencies in geriatric settings.
- Worker burnout was identified as a barrier to retaining quality skilled staff, as many work multiple jobs.
- Recruiting care staff to rural and remote regions was identified as a significant barrier, especially when the jobs that are offered to new workers are usually casual or at best part-time positions.
- It was identified that the continuing care sector has an image problem, as it is not seen as a 'sexy' industry (as opposed to hospitals for example). This was identified as a barrier recruiting staff, as it narrows the pool of applicants significantly.
- Further to this, it was identified that ageism in society is a significant barrier for our industry, as it leads to the devaluing of seniors, underfunding of seniors care, and

results in few health care workers wanting to specialize in this field (or even being aware that it is an option).

- It was identified that in a continuing care setting, nurses (RNs/LPNs) are expected to be leaders, but many lack adequate leadership training / mentoring. This results in supervisors/managers that are not truly equipped to handle the demands of their job. This was identified as a barrier to worker retention.
- It was identified that the current design of the care aide registry is a barrier.
- The Continuing Care Sector's high injury rates were identified as a barrier to care worker consistency, as this result in significant time loss claims.

2. What strategies would you recommend for care operators and/or BCCPA undertake to address the HHR challenges facing the sector including dealing with health authorities and Ministry of Health?

- It was identified that the BCCPA should work to advocate on behalf of the sector to close the gap between the true acuity of residents and what care home owners/operators are funded for.
- It was identified that there is a need to better quantify the health human resources shortages, including the type of health care workers, the numbers, and where. This was identified as a possible area of collaboration between the MOH/ HAs and the BCCPA.

3. Is there anything that care operators and/or BCCPA can do internally without health authorities and Ministry of Health to deal with HHR challenges facing the sector?

- The BCCPA should begin a dialogue with institutes of higher education, including the Ministry of Education, Regulatory Colleges, and Health Care Aide Programs, around the issue of ensuring that all health care workers receive geriatrics training, as well improving job readiness (specifically for nurses and care aides). This could include perhaps advocating for care aides to have to demonstrate core competencies.
- It was identified that care home operators need to invest in mentoring their nursing staff (RNs/LPNs) to become leaders.
- Combat Ageism through media campaigns.