Improving Integration of Home Care and Primary Health Care: The Nova Scotia Approach

Canadian Home Care Association 2017 Home Care Summits

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Outline

- Background and Context;
- The Current landscape;
- The Vision;
- The Foundation;
- The Enablers; and
- The Progress.

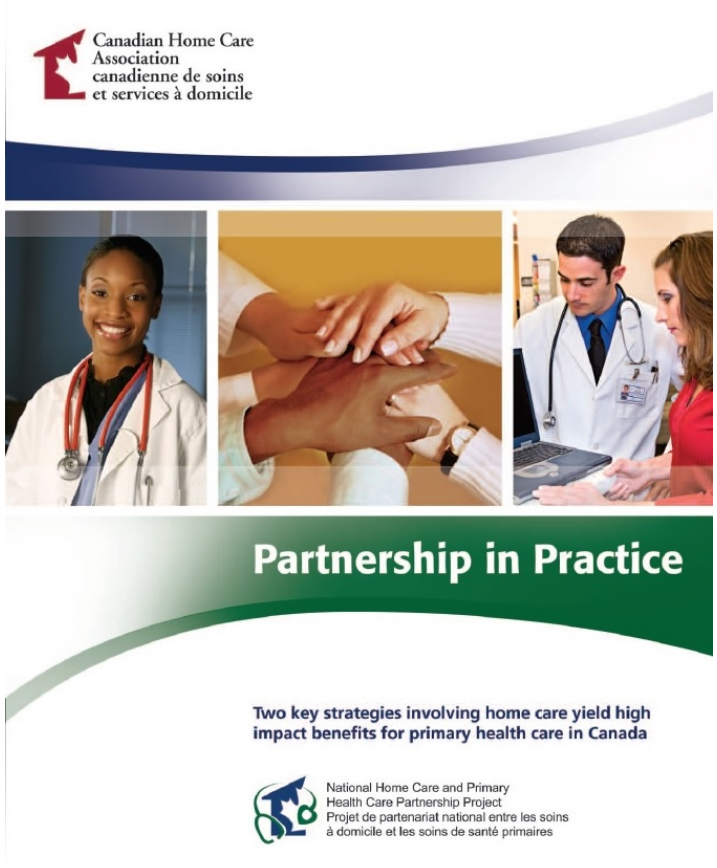
Background and Context

Integrated Care (from the Harmonized Principles for Home Care): Patients' needs are met through coordinated clinical and service-level planning and delivery involving multiple health care providers and organizations. The goal is to:

- Build strong foundational partnerships between home care and primary care;
- Optimize system resources and seamless navigation through care coordination;
- Facilitate joint planning, decision-making, and open communication; and
- Engage health and social care sectors with a focus on continuity for the client.

Why Integrated Home and Primary Health Care?

- Maintain health;
- Prevent and/or delay illness;
- Prevent adverse events;
- Support individuals to improve their management of chronic conditions;
- Reduce unnecessary ED usage;
- Reduce unnecessary hospital utilization;
- Reduce unnecessary or premature nursing home admission; and
- Provide palliative care at home.



Two key strategies for change

- Aligning home care case managers with family physicians through formalized and structured partnership, thereby creating health teams uniquely equipped to provide optimal patient/client care.
- Expanding the role of home care in chronic disease management to serve a broader scope of patients who would benefit from earlier interventions in order to improve their self-management.

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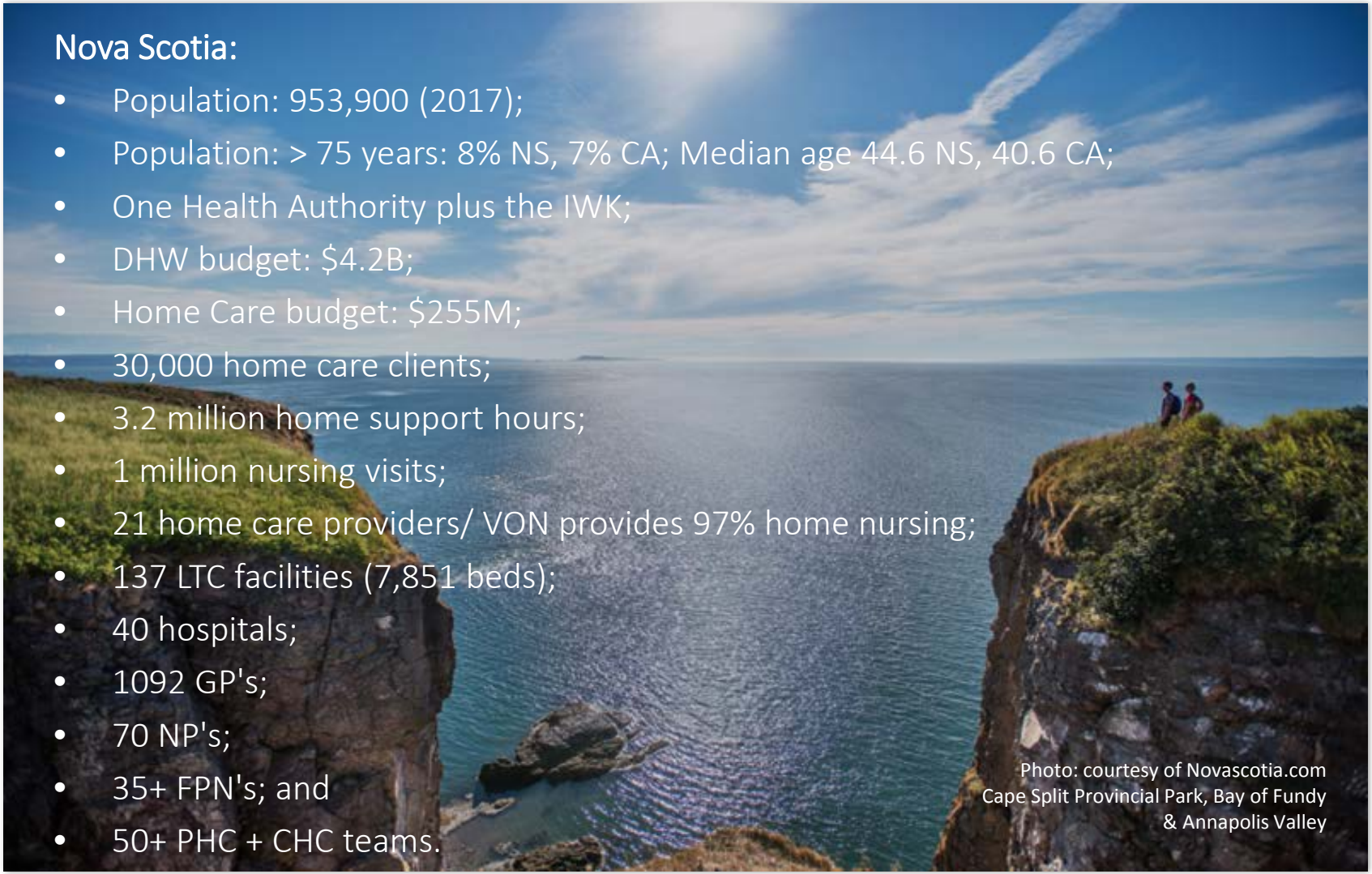
Current Landscape



Nova Scotia:

- Population: 953,900 (2017);
- Population: > 75 years: 8% NS, 7% CA; Median age 44.6 NS, 40.6 CA;
- One Health Authority plus the IWK;
- DHW budget: $4.2B;
- Home Care budget: $255M;
- 30,000 home care clients;
- 3.2 million home support hours;
- 1 million nursing visits;
- 21 home care providers/ VON provides 97% home nursing;
- 137 LTC facilities (7,851 beds);
- 40 hospitals;
- 1092 GP's;
- 70 NP's;
- 35+ FPN's; and
- 50+ PHC + CHC teams.

Photo: courtesy of Novascotia.com
Cape Split Provincial Park, Bay of Fundy
& Annapolis Valley

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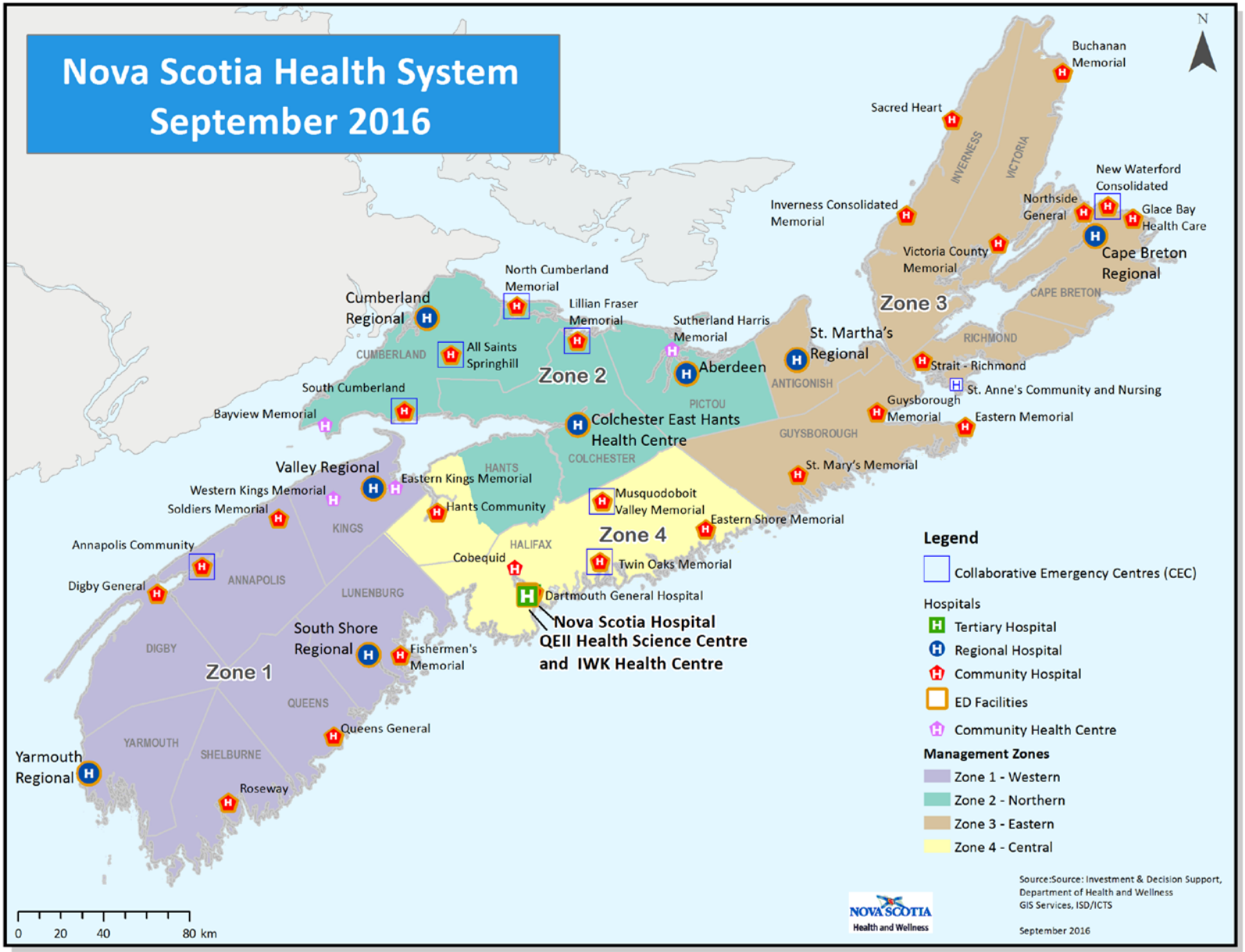
Nova Scotia Health System
September 2016
N
Buchanan Memorial
Sacred Heart
INVERNESS
VICTORIA
New Waterford Consolidated
Northside General
Glace Bay Health Care
Inverness Consolidated Memorial
Victoria County Memorial
Cape Breton Regional
CAPE BRETON
Zone 3
RICHMOND
North Cumberland Memorial
Cumberland Regional
Lillian Fraser Memorial
Sutherland Harris Memorial
St. Martha's Regional
CUMBERLAND
All Saints Springhill
Zone 2
Aberdeen
Strait - Richmond
ANTIGONISH
St. Anne's Community and Nursing
South Cumberland
PICTOU
Guysborough Memorial
Eastern Memorial
Bayview Memorial
Colchester East Hants Health Centre
GUYSBOROUGH
COLCHESTER
St. Mary's Memorial
Valley Regional
HANTS
Eastern Kings Memorial
Western Kings Memorial
Musquodoboit Valley Memorial
Hants Community
Soldiers Memorial
KINGS
Eastern Shore Memorial
Zone 4
Annapolis Community
HALIFAX
Cobequid
Twin Oaks Memorial
ANNAPOLIS
Digby General
LUNENBURG
Dartmouth General Hospital
Nova Scotia Hospital
QEII Health Science Centre
and IWK Health Centre
South Shore Regional
DIGBY
Fishermen's Memorial
Zone 1
QUEENS
Queens General
YARMOUTH
SHELBURNE
Yarmouth Regional
Roseway
0 20 40 80 km
Legend
Collaborative Emergency Centres (CEC)
Hospitals
Tertiary Hospital
Regional Hospital
Community Hospital
ED Facilities
Community Health Centre
Management Zones
Zone 1 - Western
Zone 2 - Northern
Zone 3 - Eastern
Zone 4 - Central
Source:Source: Investment & Decision Support, Department of Health and Wellness
GIS Services, ISD/ICTS
September 2016
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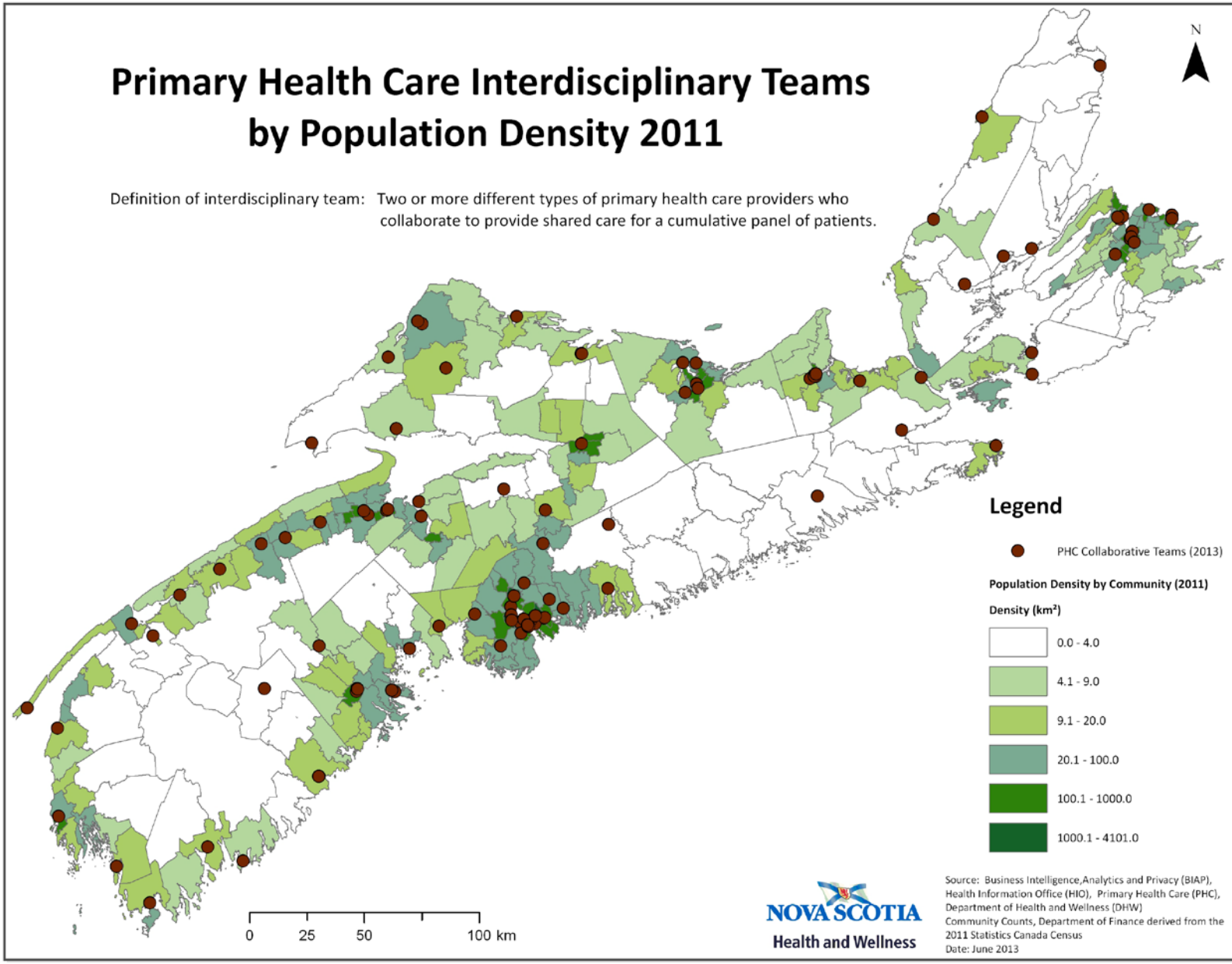
Primary Health Care Interdisciplinary Teams by Population Density 2011

Definition of interdisciplinary team: Two or more different types of primary health care providers who collaborate to provide shared care for a cumulative panel of patients.



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Access to Physicians

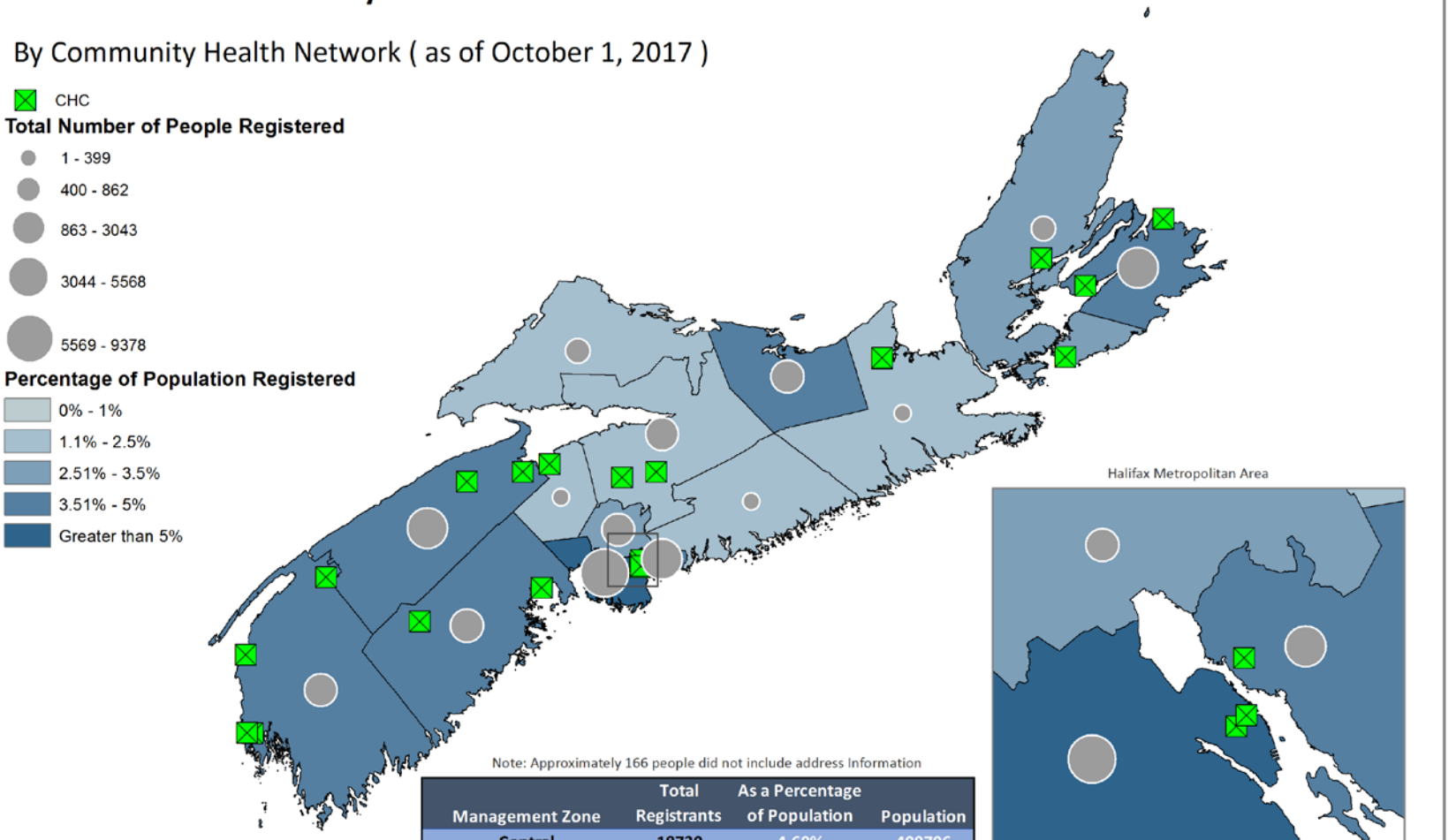
- NS has the highest # of physicians per population of all provinces in Canada and has held that position for most of the past twenty years;
- The % of Nova Scotians who have a regular healthcare provider is statistically higher than the national average;
- Despite the relatively high number of physicians, a growing number of residents are unable to find a family physician;

# of Nova Scotians without a primary care provider?

- Stats Canada 2016 = 97,850 (10.3% compared to 15.8% nationally); and
- Needs a Family Practice Registry, Oct. 1/17 = 37,339.00.

Locations of People Who Have Signed up on the Need a Family Practice? Website

By Community Health Network (as of October 1, 2017)



Note: Approximately 166 people did not include address Information

Management Zone	Total Registrants	As a Percentage of Population	Population
Central	18730	4.60%	409706
Eastern	4926	3.00%	163450
Northern	4458	3.00%	150409
Western	9059	4.60%	196284
Total Patients on Registry	37339	4.10%	919849

Source: Investment & Decision Support, Department of Health and Wellness
Geographic Information Services, ICT Services, Department of Internal Services
Need a Family Practice Registry Data (October 1, 2017) - Nova Scotia Health Authority
Population data - Statistics Canada. 2011 Census

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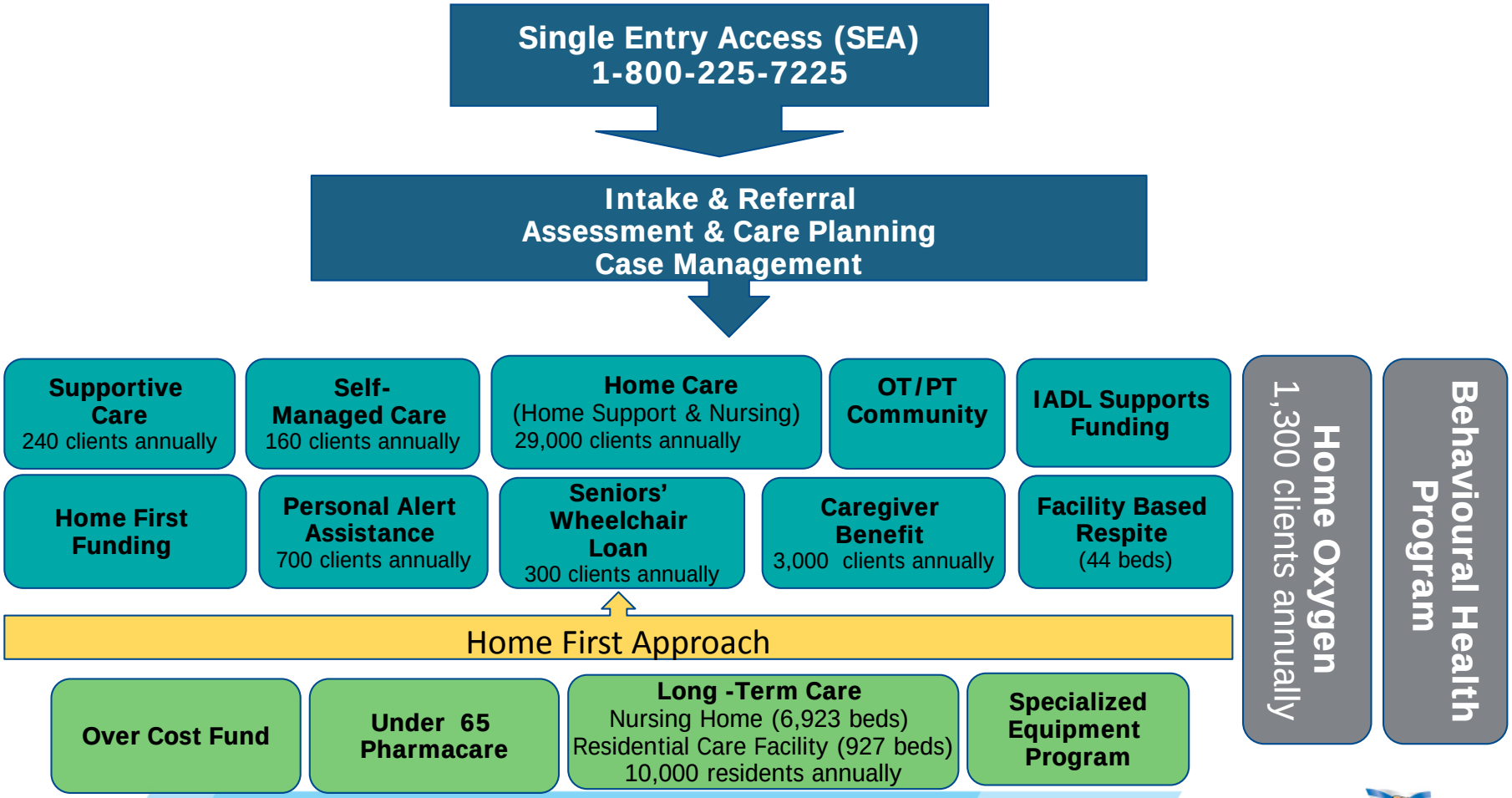
Continuing Care Programs and Services



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The Vision

Nova Scotians and their communities are served by collaborative primary health care teams delivery comprehensive care to individuals, families, and communities.

The team will provide:

- Comprehensive care;
- Accessible care;
- Coordinated care;
- Continuity of care;
- Integrated care;
- Community oriented care; and
- Population health focus.

The Foundation

- One Health Authority (2015);
- Government Commitment & Minister's Mandate (2017);
- DHW focus (2016);
- Doctor's NS support;
- Other professionals support (nursing, pharmacists, paramedics, etc.);
- Provincial 811 (2009; 2016); and 911 (1997)
- Provincial Home Nursing system (VON does 97%);
- Electronic Records (>80% GPs using EMR; MyHealthNS; OPOR; provincial data warehouse);
- InterRAI;
- Legislation and Regulation;
- Physician Resource Plan (2012);
- SHIFT Strategy;
- Dementia Strategy; and
- Geographic framework (zone, community health network, community cluster geographic levels.

The Enablers

- Governance & Leadership;
- Economic Conditions;
- Workforce;
- Engagement platform;
- Quality, safety & Risk;
- Infrastructure;
- Accountability; and
- Culture.

The Progress

- Continue building the foundation;
- 50+ collaborative teams;
- 4 year PHC investment commitment ($78M)
- Reduction of home care and LTC waitlists;
- 10 year HC investment commitment ($125M);
- 4,331 patients placed with a provider or practice;
- Multi year implementation plan;
- Home Care nursing lined with primary care;
- Primary Health Care networks (home care coordinators, caseloads aligned with networks and embedded in primary care practices);
- Palliative Home Care program;
- Paramedics providing palliative care at home program;
- Home Care performance based contracts; and
- Extended Care paramedicine in LTC.

Questions and Advice

Photo: courtesy of Destination Halifax
Dartmouth Waterfront, looking towards Halifax

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