Canadian Home Care Association
2018 Home Care Summits
Calgary Rural In Home Funding Program

Bev Berg
Director Palliative and End of Life Care
Calgary Zone, Alberta Health Services

October 23, 2018

Alberta Health Services

Calgary Rural Palliative In-Home Funding Program (CRPHF)

crphf@ahs.ca

Alberta Health Services

Learning Objectives

After attending this presentation, learners will be able to:

1. Outline the components and principles of an innovative rural funding model to augment in-home palliative care services.
2. Explain processes required for successful program development, implementation, and evaluation.
3. Describe early program outcomes.
4. Identify barriers and opportunities within their own care settings with regard to adoption of presented program components and processes.

Why?

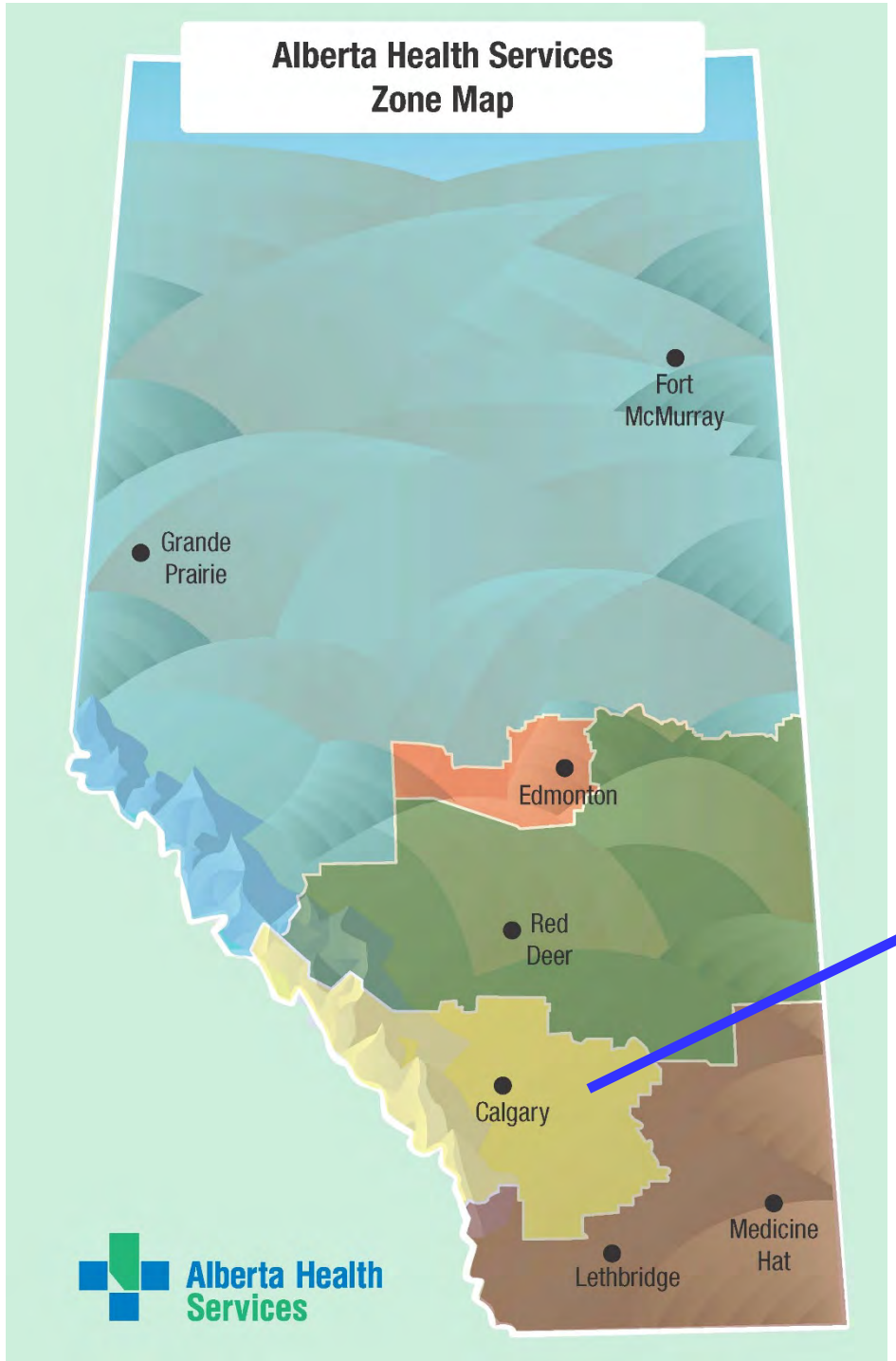
1. Limited AHS Home Care services in rural areas
2. Other augmentation models don't fit - Self-Managed Care, Vendor Contracts, Casual staff
3. Rural Primary Care Network in-home funding discontinued

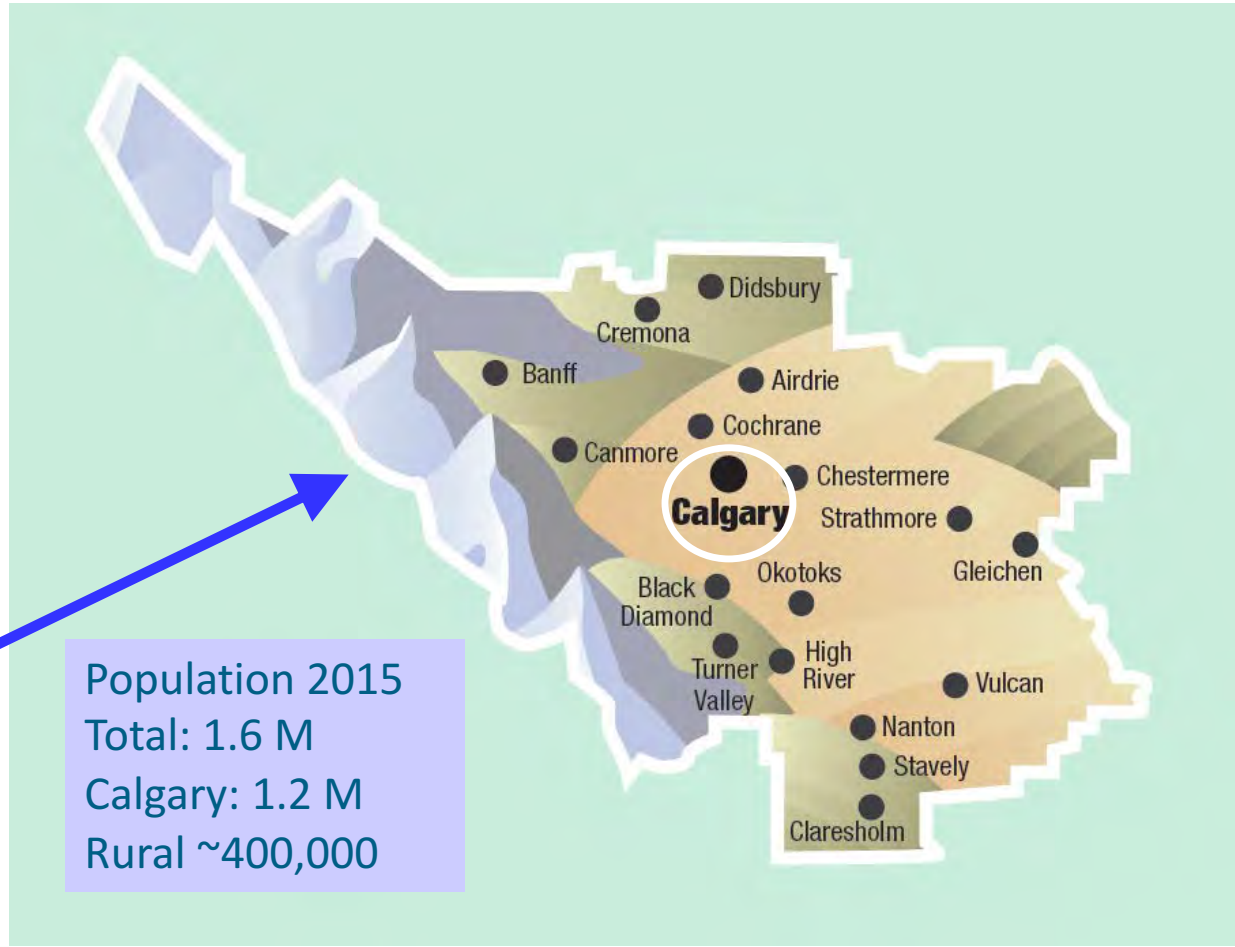
→ New AHS strategy needed to support rural palliative clients to remain at home when desired

Who?

- Funder – AHS Calgary Zone (CZ) Palliative and End of Life Care (PEOLC)
  - AHS Enhancing Care in the Community initiative
- Recipient – any client with a progressive, life-limiting illness living in rural Calgary Zone

Where?





Population 2015
Total: 1.6 M
Calgary: 1.2 M
Rural ~400,000

What?

- Additional in-home direct client care services
  - Personal care, respite, nursing care
  - HCA, LPN, RN, Other (e.g. friend, relative) contracted care providers
  - up to $10,000 maximum per client

When?

- Unmet care needs
- Existing resources exhausted
- Desire to stay home and more care needed to do so
- End of life phase of illness
- Launched : October 1, 2017

How?
Program Development

Working Group

- Home Care, Palliative Care, Business leaders
- Local / Rural, Zone, Provincial representation
- Legal consultation
- Rural Centric focus
- Collaborative, flexible, creative approach

Program Development

Constraints – Concessions

- Only AHS funding for direct care
  - no funding for equipment, medication, transportation, etc
- AHS unable to pay care providers directly
  - client / family must assume responsibility for payment processes

Keys to Success

- Inclusive, collaborative program development process
- Honoring of rural values and culture
- Robust, accessible program data
- Flexible approach, openness to unique circumstances, responsive administration

Innovations – Wins

Principle	Innovation
Clients / Families: • Are not employers	Contractual relationship
• Do not pay for care out of pocket	Expedited AP processes
• Can find care providers easily	Legal endorsement of care provider list and rates brochure
• Can be cared for by those they know and trust	Flexibility in contracting with local individuals and relatives
• Can access funding for EOL care regardless of eligibility for AHS Home Care	Inclusion of First Nations and new Alberta residents

How?
Program Implementation

PEOLC Office

Rural Home Care / Palliative Consultant

Client / Family

Care Provider

Payee

Rural Home Care / Palliative Consult team

- Identifies unmet care needs
- Confirms existing resources exhausted
- Explains CRPHF & care plan to client/family
- Authorizes amount / level of care needed
- Adjusts authorized care as needs change

Client / family

- Signs Funding Agreement
- Identifies Payee to manage funding
- Recruits, contracts, directs, and monitors Care Provider
- Verifies Care Provider invoices

Payee

- Sets up payment method with AHS Accounts Payable (AP)
- Receives verified invoices from Care Provider
- Totals Care Provider invoices on Payee Invoice
- Submits Payee Invoice to PEOLC → AP
- Receives funds from AP
- Pays Care Provider and obtains proof of payment

Care Provider

- Signs Funding Agreement
- Provides care as directed by client / family
- Provides invoices to and is paid by Payee
- Provides proof of payment to Payee

Office of Palliative and End Of Life Care (PEOLC) Director

- Oversees funding processes
- Approves payment of funds
- Maintains funding database
- Evaluates outcomes / impact of program

How?
Program Evaluation

Program Utilization – Tableau Dashboard

User Feedback – Online surveys

- Client/Family and AHS Home Care
    - *What worked well?*
    - *What didn't work well?*
    - *Suggestions for improvement*

Outcomes
Oct 1, 2017 – Sep 18, 2018

Program Utilization

Authorized	Accessed
65 Clients	43 Clients
53 Deaths	37 Deaths
43 Survival Days (Median)	23 Survival Days (Median)

43 Clients Accessed

Days Supported

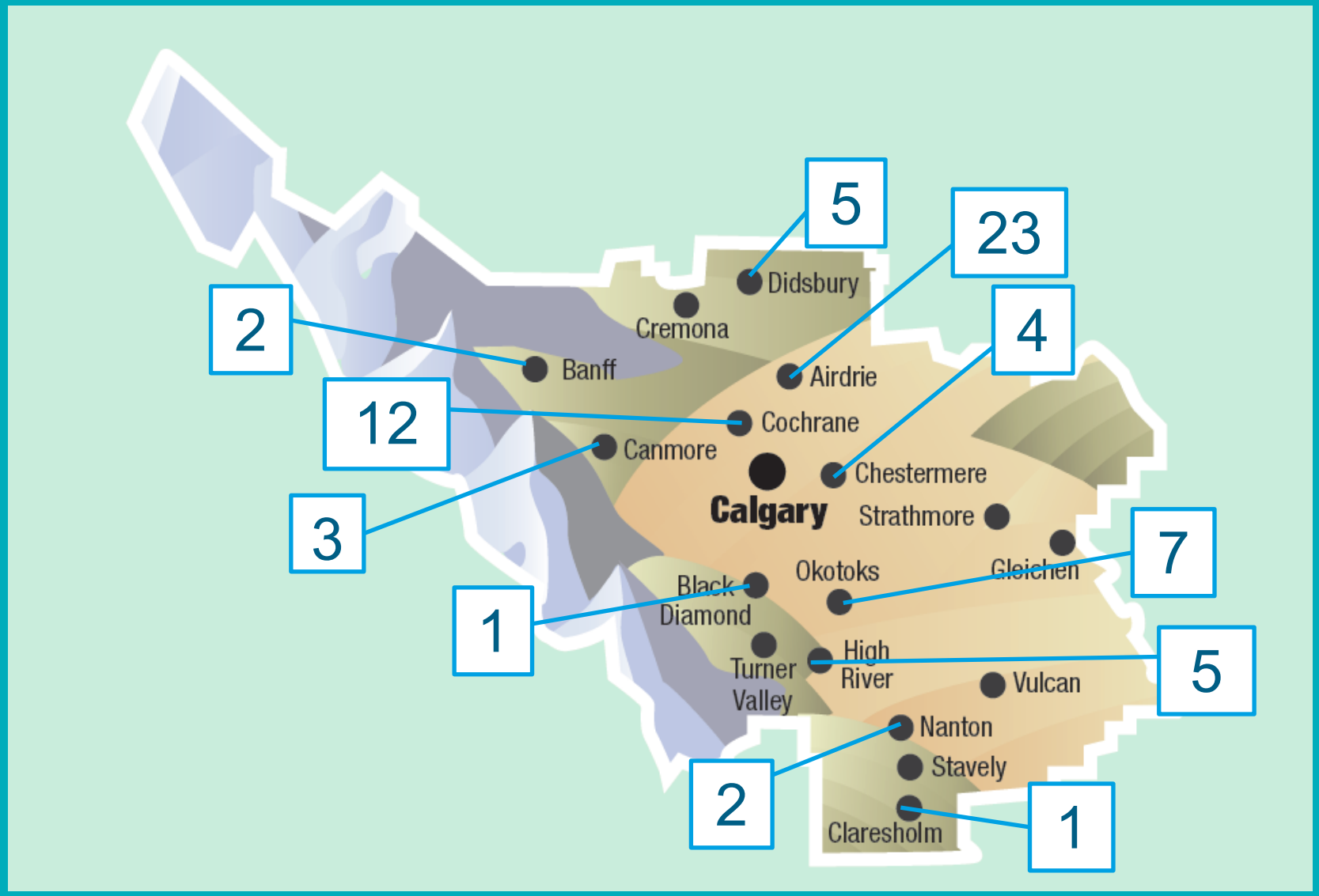
- 271 Total
- 6 Average
- 3 Median

Spend per Client

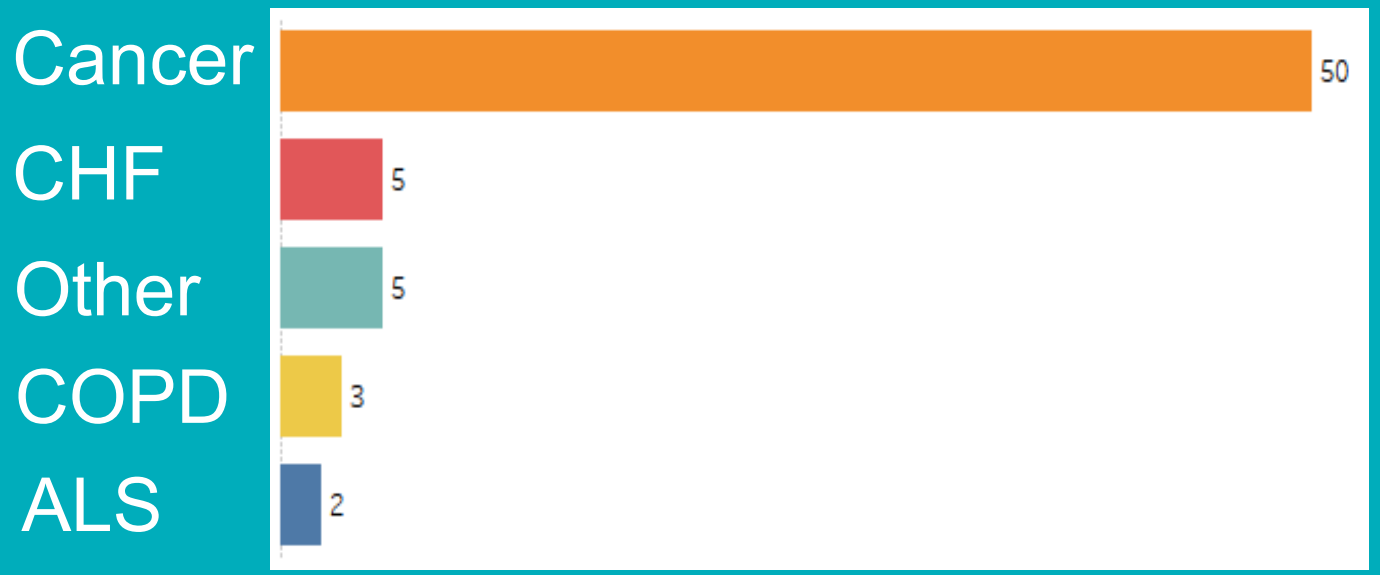
- $167-$10,000 Range
- $3803 Average
- $2727 Median

Calgary Zone Rural Palliative Care In-Home Funding

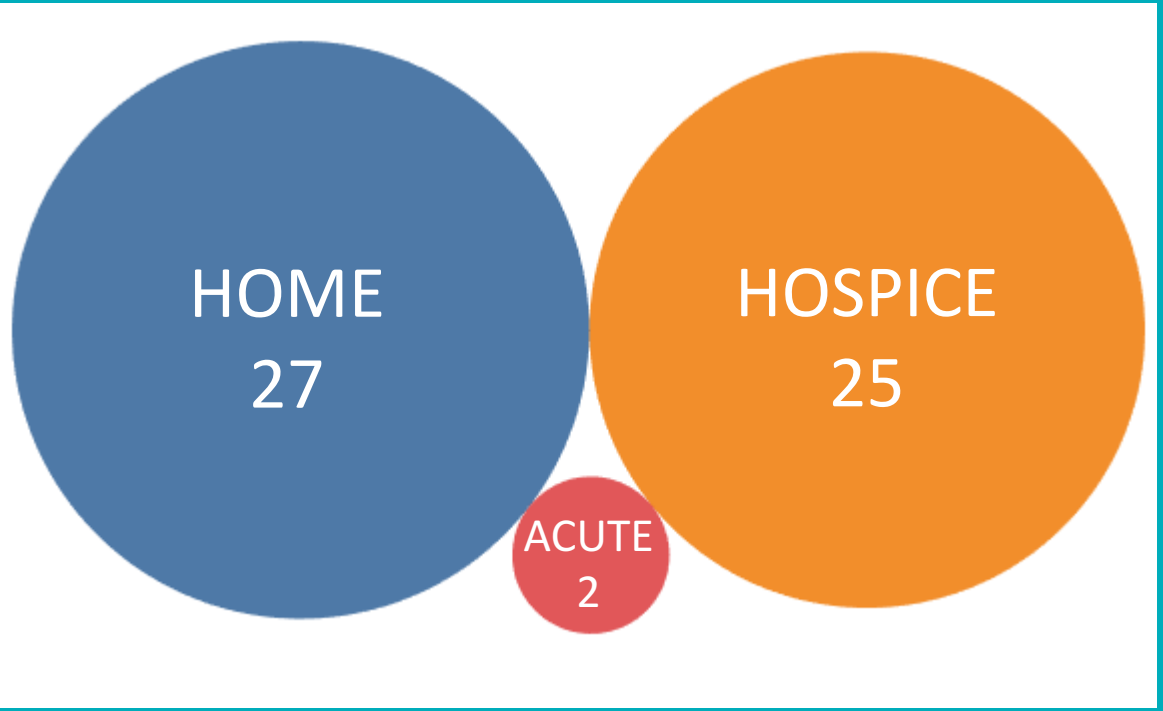
Clients **Authorized** For CRPHF by Home Care Office



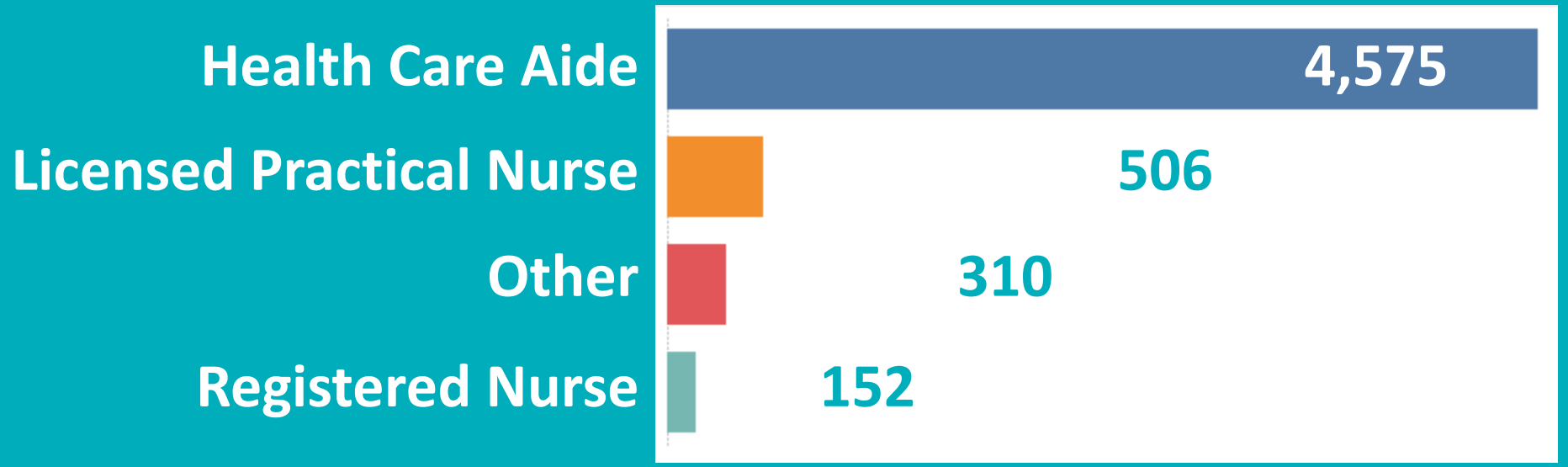
Diagnoses - Authorized Clients



Place of Death - Authorized Clients

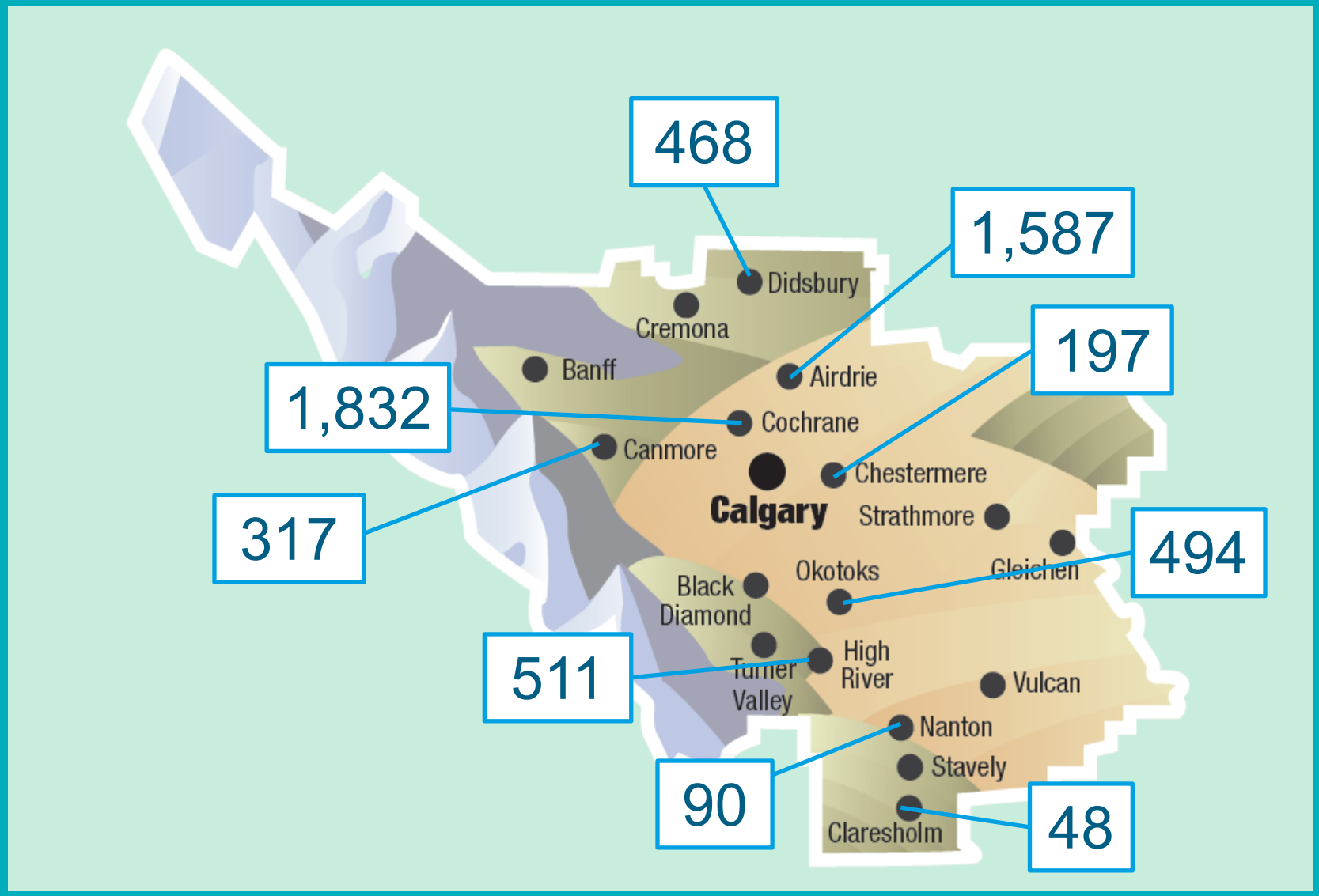


Care Provider Hours by Type



Calgary Zone Rural Palliative Care In-Home Funding

Care Provider **Hours** by Home Care Office



User Feedback

What worked well? – Home Care

- *Good information package to give to family and hired caregiver.*
- *The program is working well and really assist in the end of life care for client in the Rural to keep them at home as long as possible.*

User Feedback

What worked well? - Family

- *We were walked through the process thoroughly.*
- *24-hour availability!!!!*
- *Consistency of the HCAs to provide the 24-hour personal care was so important to easing our uncle's distress.*

User Feedback

What worked well? - Family

- *This program is extraordinary. It is SUCH a gift for people who are terminally ill to be able to spend as much time as they can at home. I felt that my dad, being from a rural area, has often been shortchanged by the health care system - despite his poor health, he's expected to show up to city emergency rooms to get help and had to spend more time than necessary away from his home. However, working within the palliative program, our experience has been the opposite of that - help, at his house, at our convenience and at no cost. Absolutely wonderful.*

User Feedback

What didn't work well? – Family

- *The main challenge I find with the program is the paperwork required is often confusing. While I appreciate that AHS trusts us to solicit and hire our own help at our own price point, I found the different forms to be filled out and faxed rather unwieldy.*
- *We almost did not find care even though we were approved for it. We were advised that we had to to search out our own LPN or HCA and were provided a list with contact info - this was good. …It took us 4 hours, after contacting 4 agencies, to schedule the shifts needed to help with his care.*

User Feedback

What didn't work well? – Home Care

- *Most of my clients/families were overwhelmed by the paperwork involved and either opted to hold off on the funding or were placed in hospice before we could utilize the money in home.*

User Feedback

Suggestions for improvement - Family

- *Two items that I think should be standard for in-home palliative care is the…provision of an adjustable bed (adjustable height and dual-end elevation) and a wheelchair that can be situated over a commode. We had a night-from-hell…*
- *More clarity.*

User Feedback

Suggestions for improvement – Family

- *Given that many of the people taking advantage of this program are likely elderly, I wonder if it's possible to have a liaison that can either take care of the paper work or simply walk people through the process of hiring someone and getting reimbursed by the province? This would ensure a smoother process for everyone and - let's be honest - the money AHS saves by allowing patients to stay at home rather than wait in hospital beds would be enough to hire someone to take on that role.*

User Feedback

Suggestions for improvement – Home Care

- *Simplifying the package, better definitions/explanations.*
- *Some considerations should be made to assist with equipment cost and ambulance cost for client.*
- *Increase the amount of money allocated per client as client could remains at home longer. 10,000.00 dollars is great but doesn't go a long way.*
- *Payment via caregiver and AHS not the family (as PCN was previously).*

Expansion to a Provincial Model

GOAL

1. Support rural PEOLC patients to stay at home when desired and when they require additional care beyond existing services.

2. Encourage collaboration between patients and families, rural palliative and home care teams, and vendors to address the unique needs of rural communities

- Leveraging the Calgary Zone program - Development and implementation of a Provincial In-Home Funding Program Model to be expanded to the rest of the zones in Alberta

- Will work with Indigenous Health (Home Care) representative(s) to ensure the Provincial Model can be accessed by and efficient for indigenous communities

Expansion to a Provincial Model

NEXT STEPS:

- A Working Group will be struck with representatives from all zones within Alberta and indigenous health
- A current state analysis will be done to determine if there are similar programs in other zones
- Will incorporate the Lessons Learned from the Calgary Zone Rural Palliative Care In-Home Funding Program
- The Provincial model will be based on core components with flexibly within each zone to address their unique geographical and resource needs
- Will identify evaluation measures and key indicators to measure outcomes and guide future Quality Improvement initiatives
- Will incorporate any relevant recommendations from the Alberta Heath Technology report that was completed in 2018

Inquiries

crphf@ahs.ca or

Bev.Berg@ahs.ca