Overview of the Activities of Seniors Health Strategic Clinical Network

2012-2014

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What are Strategic Clinical Networks (SCNs)?

- Collaborative clinical teams (with a strategic mandate)
- Led by clinicians and driven by clinical needs
- Seniors Health SCN comprised of:
  - Front-line physicians and clinicians from all professions (including primary care and community-based providers)
  - Zone leaders
  - Primary & Community Care
  - Researchers
  - Public/patients
  - AH & other external partners
Health of a Population

Experience of Care
- Safe
- Effective
- Patient centered
- Efficient
- Timely
- Equitable

Per Capita Cost

The IHI Triple Aim

Better care for individuals, better health for populations, lower per capita costs
Seniors Health SCN

- Launched June 2012
- Vice President: Lynne Mansell
- Senior Medical Director: Duncan Robertson
- Assistant Scientific Director: Heather Hanson
- Scientific Director: Jayna Holroyd Leduc
- Manager: Mollie Cole
- Executive Director: Dennis Cleaver
- Core Committee (40 members)
- 4 Working Groups
- 200+ Community of Practice/Interest Members
- 60+ Researcher Network
Alberta Population Change
1987, 2012, and 2037

Age Groups

Population (000s)

2012 Female 2012 Male
1987 Male 1987 Female
2037 Male 2037 Female

Baby Boomers!
Total Expenditure per Capita by Age Group in 2009 - Canada

Expenditure per Capita

Average: $3,526
**Mission:** To make improvements to health care services and practices that enable Alberta’s seniors to optimize their health, well-being, and independence.

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Seniors Health SCN Platforms

1. Healthy Aging and Seniors Care

Incorporates evidence-informed strategies on preventing, anticipating, optimizing and living with conditions that compromise health and functional abilities in later life

Examples of Key Initiatives
- Promotion of elder-friendly care practices within and across all service settings (underway)
- Care pathway for healthy aging – from health promotion and prevention of frailty to end of life care (future)
- Model for appropriate and timely access to specialized geriatric services
2. **Aging Brain Care**

Incorporates evidence-informed strategies on preventing, anticipating and living with conditions common in later life that result in cognitive changes and that compromise ability to maintain independent living.

**Examples of Key Initiatives**
- Appropriate Use of Antipsychotics (underway)
- Aging brain care pathway (underway)
- Dementia advice line (proposal stage)
- Public education to increase awareness and dispel myths (future)
3. Anticipating an Aging Alberta

*Proactively address opportunities and challenges posed by Alberta’s demographic challenges through collaboration, consultation and engagement with Albertans, clinicians, researchers, educators and other key stakeholders*

**Examples of Key Initiatives**
- Contributing to Provincial Territorial Committee aging and dementia priorities (in collaboration with Alberta Health)
- Contributing to new Continuing Care Strategy and Quality Assurance initiatives (in collaboration with PCC Seniors Health and HQCA)
Seniors Health Transformational Roadmap

Outlines the strategies and actions the SCN will undertake in the next 3 to 5 years to make improvements to health care services and practices that will enable Alberta seniors to optimize their health, well-being and independence.
Seniors Health Transformational Roadmap

Development of the Roadmap

- Purposeful dialogue using variety of engagement methods
- Core Committee led (June 2013 to January 2014)
- Internal and external stakeholders including patients/families, clinicians, researchers, community agencies, government
- Feedback from over 200 people
**Next Steps**

- Share with all participants
- Share and engage with more patients/families, clinicians and community/professional groups
- Select annual priorities and timelines

- Copies will be available—please contact [vanessa.bulmer@albertahealthservices.ca](mailto:vanessa.bulmer@albertahealthservices.ca)
**Our Key Performance Indicator**

| Prevalence of Antipsychotic Drug Use in Absence of Psychotic and Related Conditions (%) - April 2011 - March 2012 |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-----------------|-----------------|-----------------|
| North Zone                                      | Edmonton Zone                                   | Central Zone                                    | Calgary Zone                                    | South Zone                                       | Alberta          | Rest of Canada   |
| 34.4                                            | 27.3                                            | 33.3                                            | 26.4                                            | 35.4                                            | 28.1             | 32.5            |

Target: Provincial Target of 20% by March 2018

(A five year target)
Alberta AUA Guideline is based on BC (2012)

- assess the behavior – treat underlying cause(s)
- try non-pharmacologic alternatives
- involve family/alternate decision maker
- monitor behavior (monthly medication reviews)
- decrease/discontinue medication resources
AUA Toolkit of Resources – draft

Posted with AUA guidelines on:

- Continuing Care Desktop (Provincial/AUA tab)
- AHS External Web Page (soon)

Aligns to AUA Guideline

- Behaviour maps/assess frequency/severity
- Assessment tools
- Prescribing information
- Family information guides/links
- Medication review steps
- Withdrawal protocols
Early Adopter Sites

North Sector
Athabasca
- Extendicare

Edmonton
- Covenant: Youville
- Capital Care: Strathcona
- Good Samaritan: Southgate

South Sector
Rimbey
- LTC: AHS site

Calgary
- Revera: Bow-Crest
- AgeCare: Beverly
- Brenda Strafford: Bow View
- Bethany Care: Calgary

Lethbridge
- Covenant: St. Michael’s

Medicine Hat
- Revera: Riverview
Monthly medication reviews

• Required by CC Standards (2008)
• Project team suggested strategies to complete monthly reviews:
  – Monitor behaviour for 1 week prior to review
  – Discuss care with HCAs, other members of team (Rec therapy, staff from evening/nights, etc.); family
  – Alternative care strategies discussed/trialed
  – If behaviour stable, recommended trial weaning of antipsychotic meds; continue to monitor and eventually discontinue
Success in EAS

Average RAI 2.0 AUA QI for all 11 EAS sites

- July 2013 – 40%
- Nov 2013 – 26%

- 5 EAS achieved project target of AUA QI of below 20%
Discussion. Questions?

For information please contact

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