Long Range Planning

Central Zone Highlights

Albertans, community health partners, Alberta Health Services (AHS) and Alberta Health are working together to plan the future of healthcare in our communities. Community engagement on planning began in September 2016 with workshops, think tanks and other meetings with Albertans to start visioning for healthcare delivery out to 2031. A working session was held March 17 in Red Deer in order to get feedback on some of the work underway.

Scope of March Central Zone planning session

- **109** people participated
- Fast paced, interactive day-long session
- **11** health delivery options presented
- Strengths, challenges, and questions gathered for each option
- **1,192** distinct pieces of feedback provided by participants

The big question

What health system options, or attributes within them, could be considered or built on to co-design and co-deliver a transformation of care into the community?

The intent of the day

To understand which of the presented healthcare delivery options were seen as being most likely to be successful in transforming care.

Feedback

The following ideas were seen by participants as being most helpful in transforming care into the community:

Alberta Health Services

Long Range Planning

What We Heard Summary Central Zone

About long range planning

Albertans, community health partners, Alberta Health Services (AHS) and Alberta Health are working together to plan the future of healthcare in our communities. The goal is to co-design a sustainable, quality health system that promotes healthy communities and provides access to services, programs and facilities across the province. By working together, we can explore new, innovative ways of delivering care and preventing illness and injury.

Community participation in the planning process began in September 2016 with workshops, think tanks and other meetings with Albertans to start visioning for healthcare delivery out to 2031. For more information about the November/December sessions, see the 'What We Heard' reports on AHS' long range planning blog.

About the March session

In March, a planning session was held in Central Zone. Participants included community members, healthcare providers, Alberta Health Services, and Alberta Health.

The session was an opportunity to give feedback on some of the work underway, and is just one of many inputs into the overall planning process. At the same time, Alberta Health and AHS continue to focus on current and emerging healthcare priorities.

There were many useful and valuable comments from the session. This summary provides a sampling of comments from the Central planning session.

What was shared at the session

Health experts from across AHS reviewed the many comments that came out of the fall sessions, and worked on developing and/or evaluating healthcare delivery options that would:

- be best suited to help meet the vision that was identified through fall sessions: transforming care into the community
- best support and deliver better patient outcomes in one or all of the three key priority areas identified after the fall engagement sessions
    - healthy aging and senior's health
    - addiction and mental health
    - focus on community
- reflect best practices and innovations locally and from around the world that improve patient outcomes by keeping care closer to home

Alberta Health Services

Approach to the session

Eleven health delivery options were presented by health experts. In planning of the delivery options to be presented, consideration was given to continued growth of Alberta's population, increased health need, potential for 'demand' to outstrip 'supply', limited future resources, commitment to 'care closer to home' – building capacity and capability outside of hospitals.

- 109 participants came together and reviewed the options
- participants provided thoughts on strengths, challenges, and asked questions regarding each option
- the goal was to gather feedback on various options that are being considered and evaluated that could help transform care into the community
- the healthcare delivery options presented reflect a sampling of the many inputs that will be considered in the zone long range plan; other analysis continues, and progress will be shared at project milestones

Principles, values and considerations

While participants gave specific feedback on all of the options presented (summary provided in following pages), many provided guidance and ideas on the principles and values that we need to continue to be mindful of as we plan how to transform care into the community. Some of the considerations important to many participants included healthcare that:

- empowers individuals and communities, and involves caregivers and family
- encourages patient accountability and appropriate use of services
- supports patients to have access to the health system and services, and ensures the system is easier for them to navigate
- incorporates partnership and integration of a variety of caregivers
- respects different cultures
- reflects consideration for funding/workforce/infrastructure, etc.
- incorporates prevention, education and early intervention

Central Zone participants

Participants in the March session were selected based on their knowledge and experience in the topics being presented. The session was meant as a touch point for feedback from a diverse representation of stakeholders. Participants included post-secondary, health partners, Primary Care Networks (PCNs), Home Care providers, Alberta Health and AHS, other care providers and operators, and more.

Category	Attendees
Internal	• Leadership from various departments and programs throughout the Zone and province.
Professional Associations	• The Professional Association of Resident Physicians of Alberta (PARA) • Central Zone Medical Association (CZMA) • Alberta Medical Association (AMA) • College and Association of Registered Nurses of Alberta (CARNA)
Senior leadership of key partner groups	• Family and community support services
Health community	• Physicians and clinical community • EMS • Patient and Family Advisors • David Thompson Health Advisory Council • Lamont Health Centre • Primary Care Networks • Strategic Clinical Networks and provincial programs
Health partners	• Covenant Health • AHS and contracted care providers • Home care and continuing care partners • David Thompson Health Advisory Council • Prairie North Health Region
Government	• Government of Alberta • Alberta Health
Academic	• Kinesiology and Sport Studies, Red Deer College • Wolf Creek Public Schools

Summary of feedback by presentation

Detailed feedback from participants was provided to the teams that worked on each healthcare delivery option.

Medical Home description: would improve health outcomes by providing a patient, family and community centered approach to integrated health service planning and delivery that spans across a comprehensive and coordinated continuum of care, including primary, secondary, tertiary and specialty care, as well as, community and social service supports.

Summary of feedback		
Why participants liked the option	**Challenges noted**	**Questions/other thoughts**
• Integration and collaboration with broad range of partners sounds good, especially for complex case management. • Having a team means doctors can do what they are trained to do. • Medical Home is critical to moving forward and capitalizing on the capacity in our communities with community partners. • This incorporates integration of all patient needs, and it's not a silo approach. And it offers a cradle to grave approach.	• What funding will be needed to make this happen? Are decision makers ready for the heavy lifting? • This is physician focused - not a team approach. • The length of time to implement could be a challenge - 15 years may not be long enough. • A significant number of patients don't take responsibility. Some cannot, and some wait until a crash. How do we encourage the population to be proactive? Education is required. • How will social determinants of health be addressed, not just identified, particularly in rural (addiction, transportation, financial)?	• How do we address the funding issue - funding following patient/team, in a flexible way & integrated manner? • What is the best way to do outreach for any vulnerable or marginalized population? Or rural? • How do we get the team based center approach (beyond inclusion of physicians) to include allied health professionals? • How will we motivate Albertans to be more active in their health in this model? • How are we providing linkages to First Nations communities?

We like this option because it can help facilitate conversations and resolution of scope of practice barriers that sometimes cause turf wars.

E-mental Health description: would increase access to mental health services to a broader population in a more efficient manner by providing mental health services and information through the Internet and related technologies.

Summary of feedback

Why participants liked the option	Challenges noted	Questions/other thoughts
• This option has evidence to back it up; it exists in Rocky Mountain House, and it's a huge success and used. And there are good results from Australia to learn from. • This has potential to create online communities (post-partum depression, addictions, bullying, etc.), and fits well into Medical Home option. • This could be a platform for other programs and expanded to E-Health. • This encourages greater accountability on patients' part; proactive/prevention reduces admissions. • This helps address distance challenge and brings service closer to home; also enables access without stigma.	• Start-up costs and maintenance need to be considered. • Digital communication doesn't always work for everyone - so still need connection to face-to-face care. • E-Mental Health may not always be accessible because of gaps with Internet and cell service. • People can fall through the cracks. How do we stop or address this? • There are security and privacy issues, in particular, around Telehealth.	• How can we ensure this service is only accessed by Albertans? • How do we deal with access to tech for rural vulnerable populations and for those without technology? • How are we going to address mental health issues that cannot be supported by Internet based model of care? • We need to include non-health sector professionals and stakeholders to ensure a comprehensive approach to integration and provision of primary, secondary and tertiary services. • Could this be used more broadly, beyond Mental Health?

This option addresses issues of stigma "I don't want others to see me accessing addiction and mental health service."

Assertive Community Treatment (ACT) description: would increase ongoing case management and support to a range of patients experiencing severe and persistent mental illness by making a significant investment in ACT teams in Calgary and Central Zones.

Summary of feedback Why participants liked the option	Challenges noted	Questions/other thoughts
• There's evidence/good qualitative support for this option and it supports existing care providers. There has already been success in urban areas; it just needs to be expanded. • This can be supported by technology and there's an opportunity to build on tele-psychiatry and E-Mental Health. • There's strong potential to avoid hospitalization. • The case management approach encourages proactive health behaviors and a safety net for patients who may not engage in these behaviors on their own.	• We need to expand this to include other community partners, like Family and Community Support Services, RCMP, and schools • Sustainability and retention of trained professionals in rural areas • Is this 24/7? If not, it's a weakness. • It's dependent on community based resources. • Application in rural locations, travel distance & remoteness are key issues. • Focus on illness has resulted in resources being disinvested from prevention & keeping people well.	• What about patient outcomes? Is it actually cost effective? Does it actually decrease in-patient visits? • How does the model translate to small rural communities? • How would this improve integration of services between Primary Care, Seniors Health, Addiction & Mental Health and Public Health? Would it increase efficiencies to enable reinvestment? • What are the partnerships with Primary Care/Medical Home/ E-Mental health • How do you maintain ongoing sustainability?

Is ACT what our "customers" want and are they willing to pay for it?

Innovative Spaces for Living description: would improve outcomes for Albertans who experience barriers to placement in housing due to complex behavioral needs by providing access to appropriate and stable housing through a range of innovative housing and health supports.

Summary of feedback Why participants liked the option	Challenges noted	Questions/other thoughts
• This healthcare delivery option helps us stop inappropriate resource expenditure because currently we can't support people at a lower level; this model can take demand off the acute care system. • There's a critical issue with respect to housing & needs to be addressed. We need to be looking at a shift away from large institutional spaces to community based places. • This addresses one of the most important social determinants of health (housing). • This reduces admission rates to acute care, and offers person centered housing/ care. • There's a high level of community involvement.	• Where is family in this? How do we support them i.e. caregiver support? • It's very difficult to staff & maintain appropriate care/safety. • There's a requirement to work across ministries. • This is the responsibility of many partners. How do we get our act together & decrease duplication? Persons with Developmental Disabilities, Housing First, AHS, etc. • This requires federal and provincial funding for development. • This can result in increased cost given complexity of patients & increased need for health service. • Healthy public policy is required for this option.	• What can we innovate to re-define space options that are available i.e. moving folks from acute care? • How do we establish broad coalition, including police services & social services, to support the model? • How do we develop staff expertise to support this population? • How do we look at intentional community building around these supportive housing options? How are communities involved? • How will you ensure communities welcome these homes? • Does this consider a person's choice?

A lot of cultures keep their elderly family in their own home. How does this option factor that in?

Children, Youth and Family description: would reduce the reliance of children, youth and families on acute/tertiary care options, including emergency room use, for crisis services; creates a more robust and comprehensive community based service delivery system which increases access to support and early intervention services in the community; provides access to enhanced walk-in services, as well as enhanced urgent care response; provides intervention through development of 'Acute At Home' and day hospital programs.

Summary of feedback Why participants liked the option	Challenges noted	Questions/other thoughts
• This offers facilitation and development of stronger linkages to optimize flow across different services offered by different sectors. • Our community is already making positive linkages with community resources and providers through networks like P.L.A.Y. (Physical Literacy and You) • This provides good supports for family. • Earlier interventions lead to better outcomes. • This enhances the ability for children to be discharged from Edmonton and Calgary in order to be closer to home.	• These are reactive programs (primarily); would like to see more prevention elements. • Is there a risk of creating crises out of situations that are not crises because of the service delivery model? • This is a must-do activity, but this will generate more activity/wants for community Mental Health. Communicating a shift to community must happen. • Crises draw funding as a priority, leaving reduced resources for long term prevention interventions.	• How does E-Mental Health help support these needs to deliver support in the most efficient way possible (mental health e-modules for teachers, police, families, students, etc.)? • Is there an opportunity to build awareness and understanding with schools for all students to help with de-stigmatization? • Regional Collaborative Service Delivery may be a better option. • How does the school mental health program integrate with other work in schools?

This option provides an opportunity to link to community partners. The school system is an important partner in this.

Palliative Care description: would support patients dying in place of choice with available options that are in alignment with their goals of care.

Summary of feedback Why participants liked the option	Challenges noted	Questions/other thoughts
• This option provides an excellent opportunity to integrate locally with Home Care and within Health Neighborhood. • This focuses on the patient, and supports people for dying in place. • Home = House Communities do have the ability and means to provide a home to dying patients - palliative beds are available in communities.	• A challenge for virtual support may be lack of Internet infrastructure in rural AB. • Caregiving is exhausting; caregivers need supports to provide end of life care. • There's a stigma about palliative care only being for people who are dying and have no other available options, rather than earlier intervention to help people live well with their condition. Public education is required.	• Is there a blend of virtual vs. in-person support and how would that work? • What part of this model includes specialized support to local providers, not just specialized support direct to patient/family? • How well do we understand the feeling of being a burden on a family/community at end of life?

We could work with communities to identify possible modalities available to palliative patients.

Restorative/Re-ablement Care description: would support medically stable clients through rehabilitation and restorative care to regain independence and return home safely.

Summary of feedback Why participants liked the option	Challenges noted	Questions/other thoughts
• This provides an opportunity to get people out of acute care sooner. • If enough time and resources are allocated, this will increase client satisfaction. • This provides an opportunity to enhance self-care and enables people to stay in their homes longer. • This has a patient centered focus.	• High provider turnover leads to fragmented care when families/clients can't build long-term relationships with providers. • Current demands exceed current resources. • Funding models would need to change to achieve this option. • There's pressure by AHS to release from acute as soon as possible even when there is not adequate support or any support at home. This results in increased readmissions. • Restorative/re-ablement care can place an increased burden on already stressed family/caregivers.	• Will this be resource intensive, and can Alberta Health meet the demand? • What are the compensation models for this? Fee for service may incent shorter visits. • Could this be a PCN partnership? • Where's the connection to medical home? • How will Home Care staff be better supported in their efforts to optimize time spent and improve outcomes? Home Care and rehab?

How can other community members or organizations contribute (postal delivery, grocery store delivery, etc.)? How can we build services and relationships to be able to identify when there's an increased need?

Indigenous Health description: would improve health of Indigenous persons and communities by integrating traditional health practices and First Nations philosophies and beliefs in culturally appropriate settings within healthcare services.

Summary of feedback Why participants liked the option	Challenges noted	Questions/other thoughts
• This fits with the medical home approach, reflects the collaboration we are starting to see, and there's lots of opportunity for growth. • This reflects the importance of listening first to understand needs, investing time to build trust. We need to be in this for the long game. It's on us and on provider to establish trust. • This keeps patients at home. • In some communities, on-reserve service delivery is a more proactive approach to avoid crisis. • It's indigenous led and created.	• The first step is hearing from indigenous peoples. • We need to address basics – racism, respect, and stigma. • What happens if cultural fundamental disagrees with path of care? • The government needs to remove policies that prevent First Nations people from having to leave their community for services. • To have this lens, many consultations with many different groups are required. • We need more indigenous representation within programming; more school and educational support for indigenous students.	• Do we all need to learn from indigenous culture and incorporate its teachings into society at large? • Are there areas of the province with higher needs than others? • Relationships are key. Engaging the indigenous communities is critical. We need to be more purposeful in building those relationships. • How do we empower indigenous people to be trained as health care professionals to ensure an increase in indigenous providers?

This encourages joining a journey rather than try to lead or force a way of doing things.

Integrated Community Care description: would promote healthy aging in the community and keep Albertans at home for as long as possible through providing various integrated supports from within the community, the care system, and other community programs such as Home Care, Meals on Wheels, Lifeline, Alzheimer Society, and the Canadian National Institute for the Blind.

Summary of feedback Why participants liked the option	Challenges noted	Questions/other thoughts
• The dollars would follow the client. • This provides an opportunity to build on rural community strengths, and it enhances community collaboration. • There's an opportunity for synergies with restorative/ re-enablement care. • By saving patient time, we save provider time. Improves lives = saves lives. • This flips how we look at the problem. We define the outcome, how to attain it, and define the best way to deliver that. Funding comes last.	• This requires openness, trust, vulnerability among and between caregivers (doctors, nurses, home care, allied health); also lots of protection of territory/turf wars. • We need to find efficiencies but it's not a matter of acute vs. home care. We need both. • People have to take more responsibility for their health care. Does funding tie into this? • Funding is currently acute-care based. • Integrated community care is not just needed for seniors. Children, youth, and adults with physical and developmental disabilities need this type of care. • We need to be okay with incremental change and keep moving in the right direction. We can't be paralyzed by trying to do everything at once.	• What is the role of other providers, including case managers, nurse practitioners, Allied Health providers, Mental Health providers/case managers, and volunteers? • Where does equipment loaning fit? We have a lot of challenges in Central Zone. • Is there a resource available that could combine all the resources into one phone call i.e. patient calls into an area, and all services are given as options to patients? • How could this model integrate with Palliative, Restorative Care, Medical Home, etc.?

This is a holistic approach that expands benefit across those connected, and this optimizes social and economic capital.

Alberta Healthy Communities Approach (AHCA) description: would sustain community health and well-being through community engagement, inter-sector collaboration, asset-based community development, political commitment, and healthy public policy.

Summary of feedback Why participants liked the option	Challenges noted	Questions/other thoughts
• There are great examples of initiative currently in place in some communities. It's a proven model that needs to spread. There's already extra resources and an Information Technology platform to build out and up in Alberta. • Communities take ownership. • This provides prevention (upstream) to influence healthier outcomes, and incorporates community involvement. Community municipality leaders get this. • This provides an opportunity to address and build healthy indigenous communities.	• How does this work join smaller rural communities together, so there isn't competition but rather cooperation for service delivery? • How will the issue of social determinants of health be solved? • We need more clarity on this option. This is a broad foundational approach that makes great claims but what are the actual plans or methods for accomplishing goals i.e. how will you foster political commitment? • This does not help the health system – we all get sick, and eventually die. • There's a risk that communities may not consider regional/provincial wider contexts.	• How can this be leveraged for other areas beyond cancer? • How will the initial investment be protected from political upheaval and ensure the program reaches fruition? • How will services integrate with other services: Social Services, Mental Health, schools, Primary Care Networks, medical home, Public Health, Home Care. • What is the underlying goal? To live longer? To live with better health?

It's a good philosophy but not sure how to implement this on a larger scale that would bend not only the cost curve, but the disease curve.

Community EMS/Paramedics Program description: would reduce patient flow to AHS acute care; provide immediate or scheduled primary, urgent and specialized healthcare to patients/populations vulnerable to poor health outcomes.

Summary of feedback Why participants liked the option	Challenges noted	Questions/other thoughts
• This model bridges the gap for long term care and not sending residents to the emergency department. • This is an opportunity to explore models of delivery that utilize paramedic skills and training that align with community needs. • This enables practitioners (non-physicians) to work full scope of practice.	• This model may not save costs because emergency departments are still open, and beds are still open. This may take a long time to cut costs in other parts of the system. • Current union contracts impose restrictions to enhancing services. • How does this translate into the rural system?	• We need to address Human Resource requirements to ensure supply and distribution of paramedics. • How will the services be decided on and coordinated for specific communities? • How is care by community paramedics documented to support continuity of care? • Are there enough paramedics around to do this? • Could/should this approach be broadened expanded to a full-scale, complimentary mobile service? Enhance mobile primary care service industry.

If this option is not integrated well, the risk will be silos with outcomes between existing services. Things often boil down to where the budget resides.

Emerging ideas/questions

Attendees were encouraged to share any ideas that were not represented in the session. Here's a sampling of some of those ideas:

- E-Mental Health is one example of increasing access to health through a virtual environment – with advice, education and way-finding. Advice service for other areas of health can also be supported in this way where clients, families, citizens can access information, education and initial access to advice, services that support further navigation.
- We need more mobile primary care – less facility based.
- Community rehabilitation can significantly impact healthy Albertans, healthy communities. Recognition and support is needed to optimize this service and look at ways to effectively integrate with other community services.
- Consider moving the medical home concept forward connecting several of the ideas brought forward into or under that model in the communities (i.e. ACT, child youth & family, palliative, restorative, integrated Com. Care, Alberta health Com. Approach).

Next steps

AHS will continue to work on the long range plans and the implementation strategies to support them, and progress reports will continue to be provided. While long range planning is taking place, Alberta Health and AHS continue to focus on immediate healthcare priorities.

Acute Care needs were discussed throughout the threads of conversation at the planning session. Those needs are being reviewed and assessed to help determine which services should best take place in the hospitals of the future, and which will be better supported in other community settings and closer to home. Physicians will continue to be part of the decision making process.

Opportunities for further input

Targeted engagement sessions are planned with healthcare providers, and health and community partners to further the work that has been done to date. Engagement with Albertans will occur all along the way, and continue after the long range plan has been approved.

All Albertans are encouraged to comment on the blog about their thoughts on the future of healthcare.

Long Range Planning (LRP) Process

Transitioning care into the community

Calgary and Central Zones

Engagement with Albertans will occur all along the way, and continue after the long range plan has been approved. The **LRP blog** is a forum for Albertans to share their ideas throughout the process.

Sept - 2016	Oct - Dec 2016	Jan - Feb 2017	March 2017	April 2017	May - Aug 2017	Sept 2017	Beyond...
Begin long range planning for future healthcare in our communities.	Community engagement sessions Analysis of data from sessions Development of vision and key focus areas	Develop and analyze health system options and approaches	Review health system options and shortlist	Test and build-out best options for long range plans	Build implementation strategies for Calgary & Central Zones	Draft plans submitted to Alberta Health	Evaluate impacts broadly and in communities Make adjustments Begin implementation

Acute Care needs are being reviewed and assessed to help determine which services should best take place in the hospitals of the future and which will be better supported in other community settings and closer to home.

Helpful information

- Alberta Prevents Cancer website
- Trailer for Paper Tigers movie
- What We Heard Summary from fall sessions

Contact us: *for more information: community.engagement@ahs.ca or call 1-877-275-8830.*
Visit the blog and share more comments or write a guest post!