



**BC Care
Providers**
ASSOCIATION

Celebrating 40 Years | 1977 – 2017



Strengthening Seniors Care: A Made-in-BC Roadmap

#CareCanBeThere

January 2017

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

“Making Sure the Care Will Be There”

With a provincial election on the horizon, British Columbians will soon be asked to decide who will lead the province for the next four years. There is no shortage of social and economic choices to command the public’s attention, but there is one issue that is having a significant impact on many BC families.

Faced with the dual pressures of running their households while supporting aging parents, a so-called “Sandwich Generation” has emerged whose top priority is the availability of care for elderly family members today and into the future.



New and incumbent candidates running for office this spring are well-advised to acknowledge this societal shift.

We know that BC’s seniors have worked their whole lives contributing to the social fabric of our community, and our economy. They – and the family members who support them – deserve to know that there is a plan in place, that is appropriately funded, to ensure our seniors will receive the right level of care, at the right time, and in the right place.

Beginning last May, the BC Care Providers Association (BCCPA) kicked off an important discussion on the future of seniors care. It started with the release of two major White Papers that outlined a number of new and innovative options to reform the way we deliver seniors care in BC. The first review of the White Papers took place soon after, at our annual conference’s policy forum.

Then followed a wide-ranging consultation process, where we asked the public and key stakeholders to weigh in on the White Paper proposals – to tell us which of the concepts they most supported, and how they should be implemented. We were struck by the fact that over 750 British Columbians took the time to complete our online survey, with nearly 60% of those respondents identifying themselves as seniors.

Next, on September 20, 2016, BCCPA welcomed 140 participants representing organizations and groups from across the province for the inaugural *BC Continuing Care Collaborative* – a historic gathering at the SFU Morris J. Wosk Centre for Dialogue in Vancouver. Stakeholders in attendance represented care providers, as well as individual seniors and their family members, clinicians, non-government organizations, labour unions, the Ministry of Health, the BC Seniors Advocate, and all of the provincial health authorities.

The day-long event allowed participants the opportunity to voice their views on the proposals contained in the White Papers. The event was the culmination of our five-month consultation process.

Based upon the feedback provided by hundreds of respondents, it became clear that British Columbians see the provision of quality seniors care as an urgent priority.

To accomplish this goal, the BCCPA is releasing a new report titled “*Strengthening Seniors Care: A Made-in-BC Roadmap*”, which includes 30 strategic recommendations that will help guide government decision-makers responsible for the delivery of seniors care.

BCCPA is calling on the BC government for an immediate annual investment of up to \$337 million toward seniors care over the next five years.

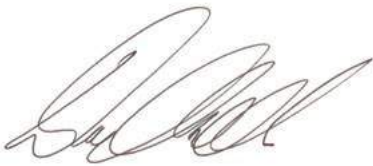
This new funding investment will:

- ✓ **Invest in People:** by improving seniors’ access to care workers by ensuring that each residential care home is able to provide a minimum of 3.36 direct care hours (DCH) for every senior each day, and increasing the minimum home care visits from 15 to 30 minutes; as well, by funding the development of a comprehensive province-wide health human resource strategy aimed at retaining and attracting the next generation of continuing care and home health workers;
- ✓ **Invest in Infrastructure:** by targeting up to \$100M of existing federal/provincial infrastructure funding toward the renewal and replacement of aging care homes across BC;
- ✓ **Invest in Quality of Life:** by establishing a new *Seniors Quality of Life Fund* which would increase access to programs such as recreational therapy, music therapy, occupational therapy – for both seniors in residential care and receiving home care;
- ✓ **Invest in Innovation:** by increasing seniors’ choice to select service provider through a new Care Credit model, and support the creation of Continuing Care Hubs.

Over the past year we reached out to British Columbians for their views on seniors care in our province. It is thanks to them that we now have this roadmap to create 21st Century care for BC’s elderly population.

In the days ahead, BCCPA looks forward to collaborating with our elected leaders in the BC government to build upon a system of excellence in seniors care that not only honours our elders, but ensures care will be there when we need it.

Sincerely,



Daniel Fontaine
Chief Executive Office

Special Recognition

The BC Care Providers Association (BCCPA) would like to acknowledge its Board of Directors, for agreeing to support this initiative and dedicating the necessary resources to make it happen.

- Karen Baillie, BCCPA Board President, CEO of the Menno Place
- Aly Devji, BCCPA Board Vice President, Director of HR/ Operators for Delta View Habilitation Centre
- Rizwan Gehlen, BCCPA Treasurer, Vice President of Finance for Park Place Seniors Living
- Bob Boulter, CEO of Beacon Community Services
- Ann Marie Leijen , CEO of Logan Manor
- Sue Emmons, Executive Director of Northcrest Care Centre
- Elissa Gamble, National Director of Home Health Operations at Bayshore HealthCare
- Debra Hauptman, CEO of Langley Lodge
- Henry Lu, CFO of Retirement Concepts,
- Hilary Manning, General Manager, Chartwell Malaspina Gardens Care Residence
- Joe McQuaid, Executive Director of Alberni-Clayoquot Continuing Care Society
- Celeste Mullin, Vice President of Golden Life Management
- Michael Nuemann, Executive Director, Revera Long Term Care
- Ron Pike, Executive Director of Elim Village
- Elaine Price, Director of Operations, Fraser Valley Care Centre
- Shawn Terlson, President and CEO of the Good Samaritan Society
- Hendrik Van Ryk, COO of H&H Total Care

A number of individuals also contributed their time and energy in developing this paper, and the background research. BCCPA would also like to give special thanks to the Emerging Issues and Policy Committee (EIPC):

- Sue Emmons, EIPC Chair, Executive Director of Northcrest Care Centre
- Karen Baillie, CEO of Menno Place
- Elaine Price, Director of Operations, Fraser Valley Care Centre
- Al Jina, Owner and Founder of Park Place Seniors Living
- Elissa Gamble, National Director of Home Health Operations at Bayshore HealthCare
- Gavin McIntosh, Director of Corporate Development and Administration, Insite Seniors Care
- Lenore Pickering, Executive Director, Hawthorne Seniors Care Community

We would like to acknowledge BCCPA's policy team for their hard work and dedication in the pursuit of a new and innovative vision for seniors care in British Columbia:

- Michael Kary, Director of Policy and Research, BCCPA
- Lara Croll, Policy Analyst, BCCPA

The authors of the report would also like to acknowledge the ongoing support of the staff at BC Care Providers Association.

About the BCCPA

The BC Care Providers Association (BCCPA) has represented non-government care providers for 40 years. We have over 300 residential care, home care, assisted living and commercial members across the province. Our members provide care for over 25,000 seniors annually and creating more than 18,000 direct and indirect jobs across the province.

About BC's Continuing Care Sector

BC's Home and Community Care budget exceeds \$2.0 billion, which is on par with the fifth largest Ministry. Over two-thirds of all seniors care in the province is delivered by the private sector – which includes both for-profit and non-profit providers. Many of BC's private care providers are funded directly by the regional health authorities to deliver seniors care services across the province.

EXECUTIVE SUMMARY

Seniors make up the fastest-growing age group in Canada; in 2010, the median age in Canada was 39.7 years, while it was only 26.2 years in 1971.¹ This trend is expected to continue for the next several decades; in 2010, an estimated 4.8 million Canadians were 65 years of age or older, but by 2036 this number is expected to increase to 10.4 million. By 2038, BC's senior population will account for an estimated 24 to 27 per cent of the

“By 2038, BC's senior population will account for an estimated 24 to 27 per cent of the population, with the proportion of seniors nearly five percent higher than the Canadian average.”

population, with the proportion of seniors nearly five percent higher than the Canadian average. Furthermore, the Ministry of Health reports that the percentage of BC seniors over 80 years old will grow from 4.4% of the population in 2012 to 7.4% by 2036. At the same time, it is projected that the prevalence of chronic conditions for those 80 or over may increase by 58 per cent within the next 25 years.

The aging of the population will put increased pressure on the health system, due in part to the greater prevalence of chronic diseases and mental health issues, including dementia. This is in part because health services tend to be used at higher rates as the population ages, with increased demand for home and residential care.² In BC, the total public cost of subsidies for residential care were approximately \$1.7 billion in 2013, which amounts for 10 per cent of the provincial health budget. These costs are expected to increase to about \$2.7 billion by 2035.

Furthermore, in British Columbia, spending on seniors accounted for 54 per cent of the \$9.2 billion spent on health care services in 2009. Total demand in BC for health care services by seniors is expected to increase by 41% over the next 10 years from population growth and aging alone. In comparison, demand for health services from the population under age 65 will only

“... In British Columbia spending on seniors accounted for 54 per cent of the \$9.2 billion spent on health care services in 2009.”

¹ Median age means that half of the population was older than that and half was younger.

² BC Stats. British Columbia Populations 2012-2036 – September 2012. Retrieved July 10, 2013 from: www.bcstats.gov.bc.ca/StatisticsBySubject/Demography/PopulationProjections.aspx

increase by 13%.³ A 2015 Conference Board of Canada report notes that total spending on continuing care supports for seniors is projected to increase from \$28.3 billion in 2011 to \$177.3 billion in 2046. With nearly two-thirds of this spending likely to continue to be provided by governments, spending growth will significantly exceed the pace of revenue growth in most provinces.⁴

Overall, the province's health system is not prepared to meet the challenges of an aging population, as the health system in BC, much like the rest of Canada, is still largely acute care oriented and not optimally designed to provide care for those with ongoing care needs, such as the chronically ill or frail elderly.

British Columbia's aging population, however, presents significant opportunities to enhance the province's economic strength by capitalizing on care providers' entrepreneurial spirit and enhancing the efficiency, sustainability, and quality of our seniors' care system. As will be outlined in this paper, with among the highest average life expectancies and healthiest seniors' population in Canada, there is a real opportunity for BC to become a leader in aging.



The aging population will put additional pressures on the health care system, particularly in dealing with mental health and chronic diseases. A large percentage (41%) of Canadian seniors, for example, are dealing with two or more select chronic conditions, such as diabetes, respiratory issues, heart disease, and depression, and many are experiencing a decline in physical and/or cognitive functioning.⁵ To deal with some of these challenges, the BC Care Providers Association (BCCPA) outlines approximately 30 recommendations following the release of two White Papers in May 2016 and after engaging in a thorough consultative process which culminated in the Inaugural Continuing Care Collaborative.

As outlined at the BCCPA Inaugural Continuing Care Collaborative held on September 20, 2016 which featured over 150 stakeholders across the home and community care sector now is the time to work together to find solutions to the rapidly aging population while also improving the overall quality of seniors' care.

Redesigning the existing health system with new care models and providing targeted investments that can improve care will be an integral part of this process. In particular, there is a need to explore alternative ways to sustain and innovate to create a health system so that it is less acute oriented and better designed to provide care for those with ongoing care needs, particularly the chronically ill and frail elderly as well as those with dementia.

³ Blue Matrix. BC Ministry of Health Data.

⁴ Greg Hermus, Carole Stonebridge, and Klaus Edenhoffer. Future Care for Canadian Seniors: A Status Quo Forecast. Ottawa: The Conference Board of Canada, 2015

⁵ Health Council of Canada. Seniors in Need, Caregivers in Distress (March 2012). Accessed at: http://www.alzheimer.ca/kw/~media/Files/on/Media%20Releases/2012/April%202012/HCC_HomeCare_2d.ashx



To deal with the challenges of an aging population in May of 2016, the BCCPA released two major White Papers outlining potential options to improve sustainability and innovation for seniors and the continuing care sector.⁵ The first White Paper dealt primarily with issues around funding and financing of continuing care in order to improve sustainability and enhance quality within the sector, including for care providers and seniors. While the second White Paper also touches on funding matters, it deals more with identifying innovative approaches, focusing on five key areas particularly: exploring new care models for seniors, improving dementia care, effective use of technology, as well as enhancing the health, safety and well-being of seniors (see Appendix A of BCCPA Supporting Documents).

Along with better meeting the needs of an aging population, the approaches outlined in the White Papers highlight potential ways to reduce acute care congestion (including alternate level of care days) and ER visits, as well as providing better care in the community for the frail elderly, including seniors with chronic conditions and dementia. These are also all priority areas of the BC Ministry of Health.

The BCCPA has also recently finished a significant public consultation on the White Papers culminating in the Collaborative in September as well as a major public survey on the options outlined in the paper (see Appendix B of BCCPA Supporting Documents). Overall the public survey received considerable attention including over 750 responses with over half being from seniors.

Along with aligning in many cases with BC government documents such as Setting Priorities for the B.C. Health System (February 2014) as well as the themes outlined in the Ministry of Health Policy papers released in February 2015⁶ this paper aligns with many of the concerns expressed by the BC Seniors Advocate, Isobel Mackenzie, including in areas such as increasing Direct Care Hours (DCH) as well as improving overall quality of care for BC seniors.

Within the 30 recommendations, the BCCPA has identified the following short-term [1-2 years] areas which we believe have significant public and stakeholder support. They are broken into four key areas of investment:

⁶ On February 18, 2015 the BC Ministry of Health released a series of papers on its website covering five broad areas of the health system including: patient-centered care, health human resources, rural health, surgical services as well as primary and community care.

Investing in People

- \$230 million in annual funding for care homes to meet a minimum 3.36 direct care hours (DCH) target per care home per resident per day across BC; and increase home care visits to a minimum of 30 minutes.
- \$20 million in annual funding to use existing capacity in residential care homes by using a portion of under-used residential care beds and transitioning them to end-of-life (EOL) beds; and further support the enhancement of the MyCareFinder.ca website as a tool to better identify empty residential care beds in “real-time.”
- \$25 million *Continuing Care Health Human Resource (CCHHR)* Fund to be invested over 5 years to address the chronic labour shortages currently facing the continuing care sector including up to half of the funding for education, training and resources for staff to provide improved dementia care.

Investing in Infrastructure

- Establish a new Residential Care Infrastructure Fund (RCIF) of \$100 million over three years, including:
 - \$80M to support the immediate renewal and replacement of older residential care homes.
 - \$20M to support investments in smaller infrastructure projects such as sprinkler and ceiling lift installations, security, automated medication management and data collection systems.

Investing in Quality of Life

- Establish a new Seniors Quality of Life Fund (SQLF) to support quality of life for seniors in residential care and in the community. Along with providing services to community the SQLF would provide up to \$100 per month per senior living in a non-government operated residential care setting (total approximately \$22 million per year).

Investing in Innovation

- Allocate up to \$2M per year to launch a new *Care Credits* program which provides seniors [or the family members that care for them] the option to select the service provider of their choice.
- Invest up to \$28M per year over the next five years to support the introduction and/or expansion of the Care Hub concept throughout B.C.

While the operational costs of these short-term initiatives are considerable including approximately \$337 million in the first year; given the importance of seniors and the fact the Province of B.C. is forecasting surplus budgets into the future, we believe the time is now for these critical investments.



Some of the funds required to undertake these initiatives could also be obtained by re-allocating existing Health Authority acute care budgets to home and community care – an approach also advocated by the Ministry of Health.⁷ One of the major themes of the BC Ministry of Health Primary and Community Care paper released in February 2015, for example, was that existing expenditures would be protected, while appropriate reallocations from acute to community care services would become part of health authority planning going forward.

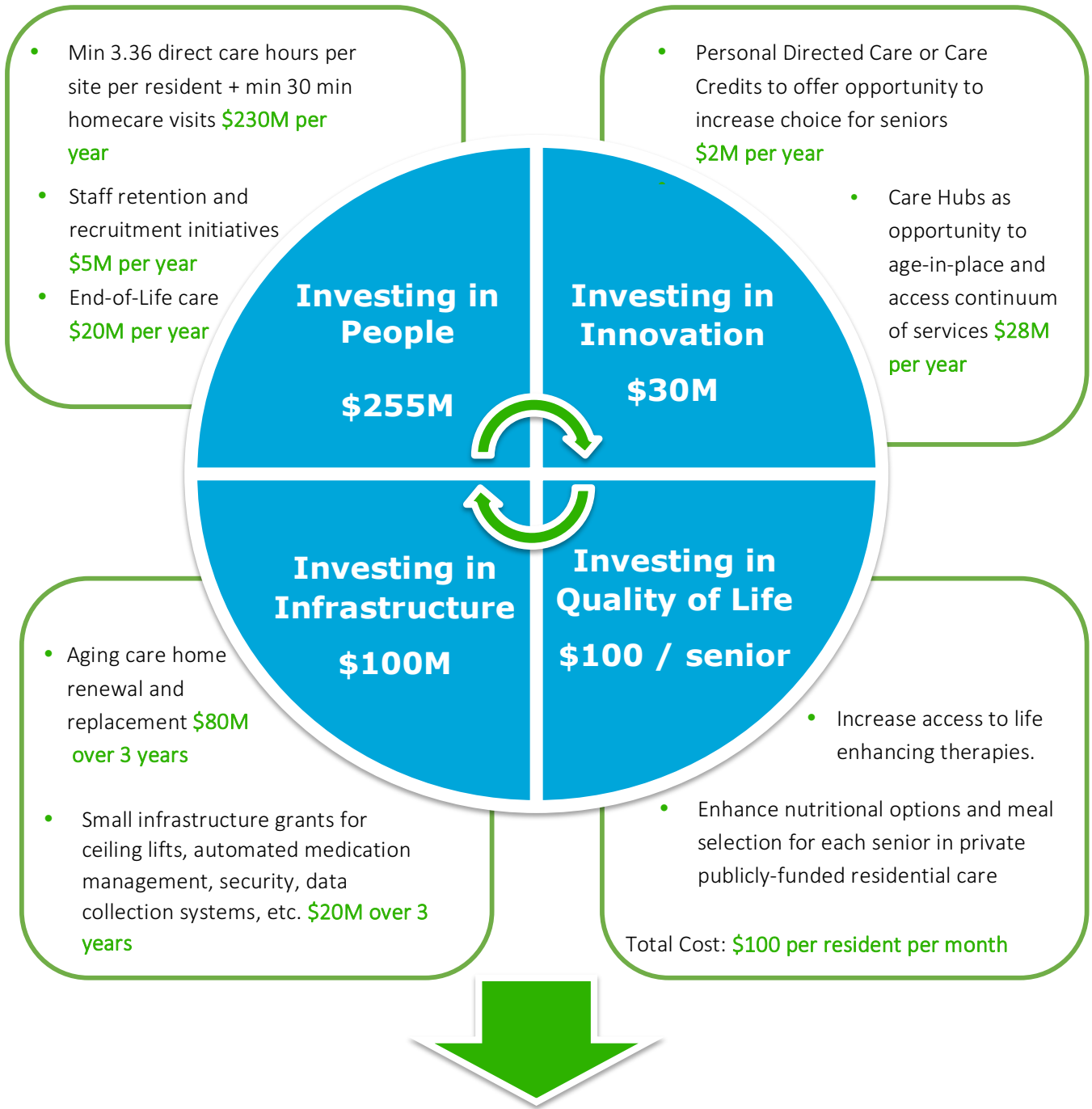
Did You Know? ... shifting only 1% of the acute care budget in BC to home and community care would allow for the development of 4,400 new residential care beds; or 8 million additional home support hours; or 12 million more home care hours.

care sector.⁸ This paper also recommends that starting in fiscal year 2017/18, the Performance Agreements between British Columbia's Ministry of Health and Health Authorities should include a specific target for redirecting acute care expenditures such as a minimum of 1 percent annually over a five-year period to the home and community care sector.

As outlined in this paper by shifting resources from acute to continuing care, there is the potential for significant cost savings and other benefits including:

⁷ Primary and Community Care in BC: A Strategic Policy Framework. BC Ministry of Health. February 2015. Accessed at: <http://www.health.gov.bc.ca/library/publications/year/2015/primary-and-community-care-policy-paper.pdf>

⁸ BCCPA. Op-ed: Quality, Innovation, Collaboration – Strengthening Seniors Care Delivery in BC. October 2015. Accessed at: <http://www.bccare.ca/op-ed-quality-innovation-collaboration-strengthening-seniors-care-delivery-in-bc/>



- ✓ Increase Choice
- ✓ Better Health
- ✓ Higher Satisfaction

- Improving the overall quality of seniors' life and care, including physical, spiritual, psychosocial and mental well-being in their remaining years through targeted initiatives (i.e. Recreational Therapy, Occupational therapy, Physical therapy, music therapy, food and nutrition, etc.);
- Ensuring the necessary resources, including human and physical infrastructure are available, particularly in rural and remote communities to provide appropriate care and living for seniors;
- Keeping seniors in the community healthier including reducing levels of chronic disease and achieving better health outcomes;
- Reducing unnecessary hospitalizations including seniors who occupy a more-costly acute care bed;
- Minimizing the deterioration in physical and mental functioning that can occur among seniors from prolonged stays in acute care;
- Improving social engagement and reducing levels of seniors' isolation;
- Better meeting the needs of a growing elderly population particularly those with high needs such as the frail elderly and dementia care;
- Strengthening the role and sustainability of the continuing care including residential care, assisted living and home support to reduce overall health system costs;
- Finding greater efficiencies in the continuing care sector including potentially expanding the role for non- government operators and reducing unnecessary regulations;
- Improved dementia care for seniors including reducing levels of resident-on-resident aggression;
- Improving collaboration and working relationships with the continuing care sector; and
- Redirecting funding from more-costly acute to home and community care.

Please note: all research and analysis to form the basis of our recommendations is detailed in a supporting paper available at www.bccare.ca.



SUMMARY OF RECOMMENDATIONS

Section 1: Sustainable Long Term Funding

IMMEDIATE TERM (1-2 YEARS)

1. That the BC government immediately support a minimum 3.36 Direct Care Hours (DCH) target per care home per resident per day across BC; and that care homes be required to report annually on how they are meeting the 3.36 DCH, including current levels of DCH and any steps taken to meet target.
2. That a standard definition of DCH be developed by the Ministry of Health and Health Authorities in partnership with the sector by 2017.
3. That the BC Government establish a new Residential Care Infrastructure Fund (RCIF), which would:
 - support the immediate renewal and replacement of older residential care homes;
 - support investments in smaller infrastructure projects such as sprinkler and ceiling lift installations, automated medication management, online training technology, security and data collection systems; and
 - invest in enhancements for improving dementia-friendly environments within existing homes to make them more home like.
4. That the BC Ministry of Health undertake an immediate review of funding lifts in all Health Authorities with the goal of consistency, fairness, and sustainability with respect to per diem rates. This includes a process for providing greater transparency and province-wide standardization in respect to how funding lifts provided for home and community care are determined.
5. That the BC government, working with municipalities, exempt property taxes for residential care homes to allow non-government operators to recoup capital operating expenses and further encourage private investment in the continuing care sector.

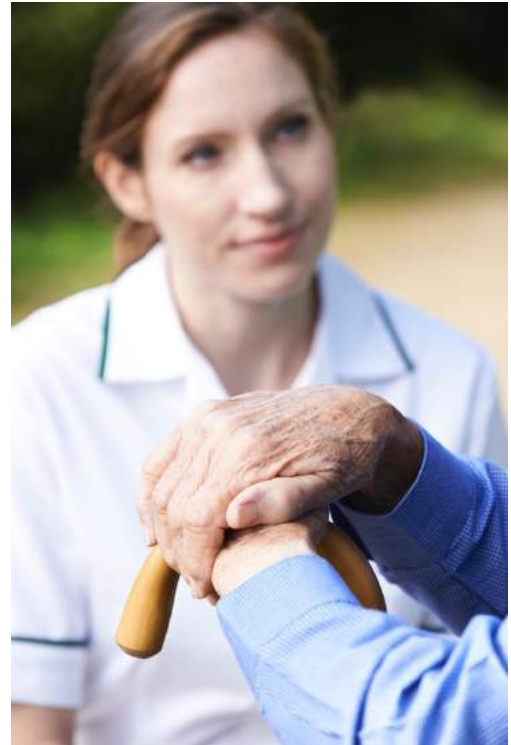
MEDIUM TERM (3-5 YEARS)

6. That the BC government and Health Authorities work with care operators to develop home and community care funding models that are responsive to and appropriate to the acuity and complexity of clients in care, as well as adhering to the core principles of timeliness, sustainability, equity and transparency.
7. That the BC government, in consultation with operators, develop home and community care funding models that accurately factor in increases to operating costs including wages, inflation, overhead as well as other areas such as increasing levels of acuity among residents and clients.
8. That the BC government work towards the establishment of a long-term predictable funding model by end of fiscal 2020 that is outlined in any contract arrangements with the health authorities, including more long-term budgeting with increases to per diem rates outlined over a 3 to 5-year period.

- 9.** That the Ministry of Health and the Health Authorities fully honour negotiated funding agreements by recognizing increases in labour-market costs to care providers to levels at least consistent with the master collective agreement.

LONG TERM (5-10 YEARS)

- 10.** That the BC government remove the perception of a conflict of interest by implementing a funding model that separates the bodies that fund, allocate funds and regulate care homes from those that operate care homes.



Section 2: New Funding Models and Approaches

IMMEDIATE TERM (1-2 YEARS)

- 11.** That the BC government introduce a Care Credit or Personal Directed Care model in the home care sector and undertake a study including possible pilot project on their potential use in residential care. The study should analyze best practices from Community Living B.C. which offers their clients direct opportunities to select the care provider of their choice.

MEDIUM TERM (3-5 YEARS)

- 12.** That the BC Ministry of Health undertake a comprehensive review of the outcomes and lessons learned in the use of activity and outcome-based funding for provision of home and community care, particularly reviewing any results from Alberta and Ontario's experimentation with these initiatives.
- 13.** That the BC government review existing co-payments for continuing care to ensure that they better reflect actual costs of delivering care and a resident's/client's ability to pay, while ensuring seniors with lower incomes are protected.

Section 3: New Continuing Care Models

IMMEDIATE TERM (1-2 YEARS)

- 14.** That as a key priority any future BC Continuing Care Collaborative review options for new delivery models such as the Continuing Care Hub to reduce acute care congestion and ER visits as well as better care for frail elderly and seniors with chronic conditions and dementia. In particular, the BC government and Health Authorities should expand and/or introduce the Continuing Care Hub model in rural areas to increase the level of medical and social services provided to seniors in the community.

MEDIUM TERM (3-5 YEARS)

15. That the Ministry of Health set as a target by the year 2021 to have no more than 5% of acute care beds occupied each day by seniors who have been assessed as capable of being transferred into a more appropriate residential care or home care setting.
16. That the BC government accelerate the adoption of new electronic information systems, including electronic health records and telehealth that facilitate the sharing of resident information across the continuing care system – including private care providers.
17. That the BC government consider implementing systems that better enable patient information to flow through the health care system with the resident, particularly the sharing of information after a patient's return from a hospital stay.

Section 4: Health Human Resources

IMMEDIATE TERM (1-2 YEARS)

18. That the BC government establish a Continuing Care Health Human Resource (CCHHR) Fund to be invested over 5 years and potentially matched by the Federal Government to address the need for staff training and chronic labour shortages currently facing the continuing care sector, including:
 - funding for a renewed BC Cares Program between the BC Ministry of Health, Health Authorities, the Health Employers Association of BC and BCCPA to improve the recruitment and retention of care aides and other key health professionals who provide frontline continuing care;
 - funding for a BC Behavioural Supports Program (BCBSP) between the BC Ministry of Health, Health Authorities, Alzheimer's Society of BC and SafeCare BC to provide training, education and resources to improve dementia care province-wide; and
 - general dementia care education for care providers and support staff.

Section 5: End-of-Life Care

IMMEDIATE TERM (1-2 YEARS)

19. That the Ministry of Health and Health Authorities, better utilize existing capacity in residential care homes by using a portion of under-used residential care beds and transitioning them to end-of-life (EOL) beds. To meet the provincial government's commitment to double the number of such beds by 2020, between 100 and 150 new EOL beds should be established within residential care homes by 2020 with the remaining added to existing hospices/hospitals.

MEDIUM TERM (3-5 YEARS)

20. That the BC government support the adoption of new palliative / EOL care models including, where necessary, provide new funding to improve the integration between continuing and end-of-life care.
21. That the Ministry of Health and Health Authorities work with the BCCPA and other stakeholders to develop strategies to better utilize the existing excess capacity in the continuing care sector to increase capacity with respect to end-of-life (EOL) care.

Section 6: Seniors Well-Being

IMMEDIATE TERM (1-2 YEARS)

22. That the BC government establish a new Seniors Quality of Life Fund (SQLF) to support quality of life for seniors in residential care and the community, which focuses on improving the physical, spiritual, psychosocial and mental well-being through various initiatives including:
 - Increased access to recreational therapy as well as occupational and physiotherapy;
 - Increased access to a broad array of therapy programs such as Concerts in Care and Sing for Your Life, both in residential care and the broader community;
 - Reducing seniors' isolation through increased Adult Day and similar programs;
 - Maintaining and enhancing the overall quality of food and nutrition in residential care homes including meeting therapeutic diet requirements (currently the average care home allocates approximately \$6 per day to feed each resident) and providing culturally appropriate meal options; and
 - Regular reporting by the Ministry of Health, including what initiatives are being undertaken through the SQLF and how they are improving the overall quality of life for seniors in BC.
23. That the Health Authorities increase the minimum home care visit time from 15 to 30 minutes.



MEDIUM TERM (3-5 YEARS)

- 24.** That as part of any Continuing Care Collaborative it includes a permanent sub-committee to deal with the unique and considerable challenges facing the home care sector including a review of funding, unfunded service expectations, travel costs and improving quality care. Likewise, this sub-committee should explore different innovative models in home care to determine their use or adoption in British Columbia.
- 25.** That the BC government, working with stakeholders, develop a collaborative Provincial Seniors Safety Strategy which could focus on specific issues including use of technology, falls prevention, resident-on-resident aggression, reducing adverse drug events, suicide prevention, elder abuse and/or safety within home and community care.

Section 7: Shifting Resources from Acute to Home & Community

IMMEDIATE TERM (1-2 YEARS)

- 26.** Starting in fiscal year 2017/18, that the Performance Agreements between British Columbia's Ministry of Health and Health Authorities include a specific target for redirecting acute care expenditures such as a minimum of 1 percent annually over a five-year period to the home and community care sector. Along with supporting initiatives outlined earlier, such expenditures should be directly reinvested into residential care and home care / support to deal with existing cost pressures facing service providers as well as support development of new care models particularly Continuing Care Hubs to reduce acute care pressures (including ALC days), improve access to care while also allowing seniors to receive services in the most appropriate setting.

Section 8: Federal Role in Seniors Care

IMMEDIATE TERM (1-2 YEARS)

- 27.** That the provincial government as part of any new Health Accord advocate that the following elements be included:
 - The establishment of an age-adjusted Canada Health Transfer that reallocates funding to provinces such as British Columbia with higher and growing portions of seniors;
 - New and/or reallocated funding to improve capacity and build infrastructure, reduce wait times and support new continuing care models for residential care and home support; and
 - Meet commitments outlined in the federal Liberal platform including a long-term agreement on funding; invest \$3 billion over the next four years to deliver more and better home care services for all Canadians; develop a pan-Canadian collaboration on health innovation; as well as improve access to necessary prescription medications, particularly for seniors.

MEDIUM TERM (3-5 YEARS)

- 28.** British Columbia endorse the advancement of a *National Dementia Strategy* with federal participation which should include investing in research and ensuring capacity and appropriate funding in the continuing care sector.
- 29.** As part of any National or Provincial Dementia Strategy the BC government explore, where appropriate, the creation of new care models or initiatives to support seniors with dementia including but not limited to Dementia Villages, Butterfly Care Homes and Dementia Friendly Communities (DFCs). Where appropriate, the Residential Care Infrastructure Fund should also be provided to support the development of such initiatives including retrofitting existing care homes as part of any strategy to create DFCs.
- 30.** BC work with other provinces to advance the development of a *National Seniors Health Promotion Strategy*, which could outline various strategies to promote seniors physical and mental well-being, including outlining best practices among jurisdictions.



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SEEING YOU!

40TH ANNIVERSARY
ANNUAL CONFERENCE.

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MAY 28TH-31ST 2017.

