

Designated Supportive Living: What are its origins?

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Key Government Reports

Alberta for All Ages: Directions for the Future – 2000

- Purpose
 - Review current trends and programs
 - Identify issues
 - Engage Albertans in preparing for an aging population
- Key Recommendations Affecting Continuing Care
 - Encourage wellness, healthy lifestyles and good health care
 - Ensure safe, affordable and appropriate housing choices
 - Encourage supportive communities
 - Recognize and support informal caregivers and volunteers

Key Government Reports

Healthy Aging: New Directions for Care – 1999

- Purpose
 - To provide advice and make recommendations on policies and strategies for addressing the impact of the aging population on Alberta's Health System
- Process
 - Stakeholder consultations, expert presentations, consultant support
- Results
 - Developed vision, principles, framework for change, and forecasting model
 - 50 recommendations

Changing Demographics

- Aging population
- Healthier people
- More disposable income for some
 - Disparity between rich and poor
- Higher education levels
- Different lifestyle and preferences of new aging population
 - More choice
 - Prefer greater independence
 - Higher expectation on services

Sustainability

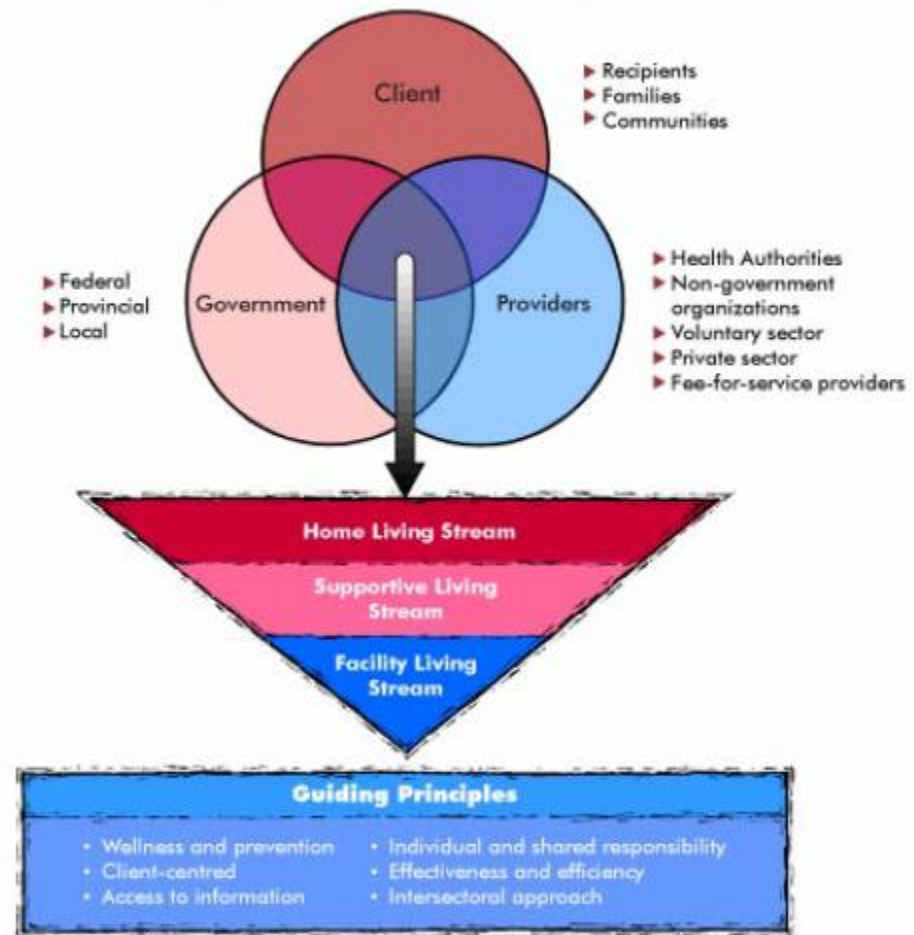
1997-98 Health Services Expenditures

Age	Services by RHAs	Practitioner Services	Blue Cross	Aids to Daily Living	Other Programs	Total
0-64	52.2%	75.8%	17.1%	39.2%	75.8%	56.5%
65+	47.8%	24.2%	82.9%	60.8%	24.2%	43.5%
Total	\$2,618 M	\$903 M	\$196 M	\$54 M	\$131 M	\$3,901 M

A New Vision for Aging

All Albertans:

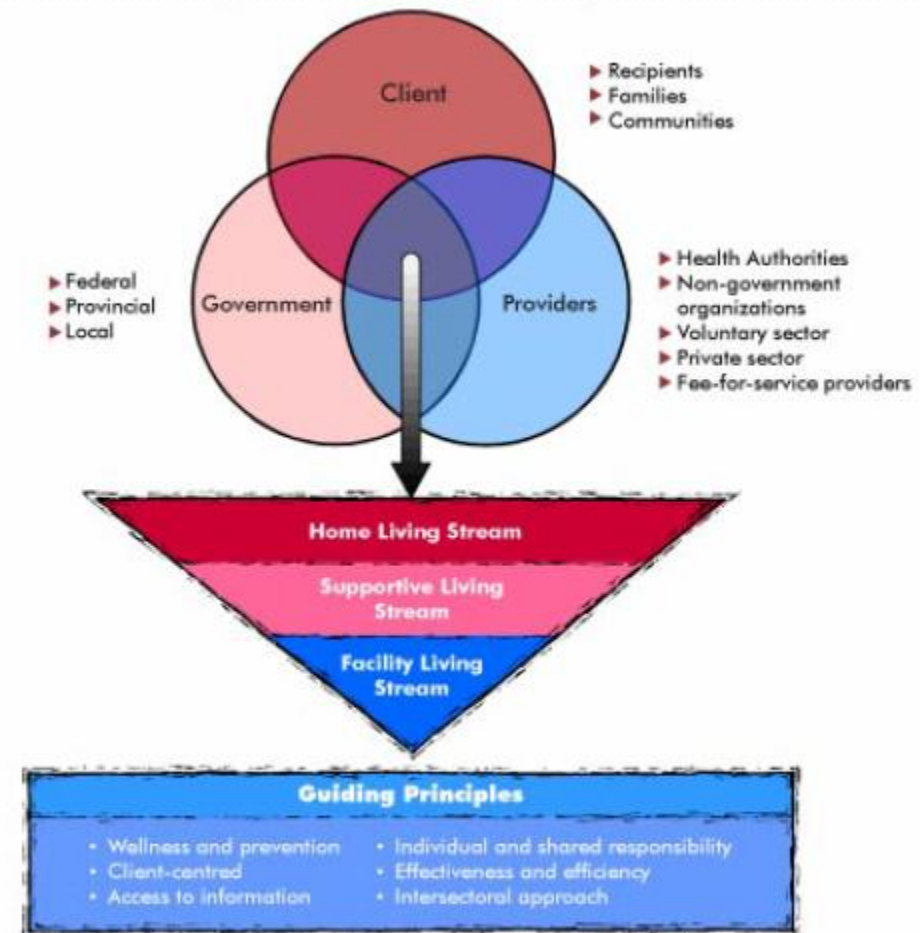
- Are treated with respect and dignity
- Have access to information which allows them to make responsible choices regarding their health and well-being
- Can achieve quality living supported by relatives, friends and community networks, and by responsive services and settings.



Source: Policy Advisory Committee, Long Term Care Review, 1998.

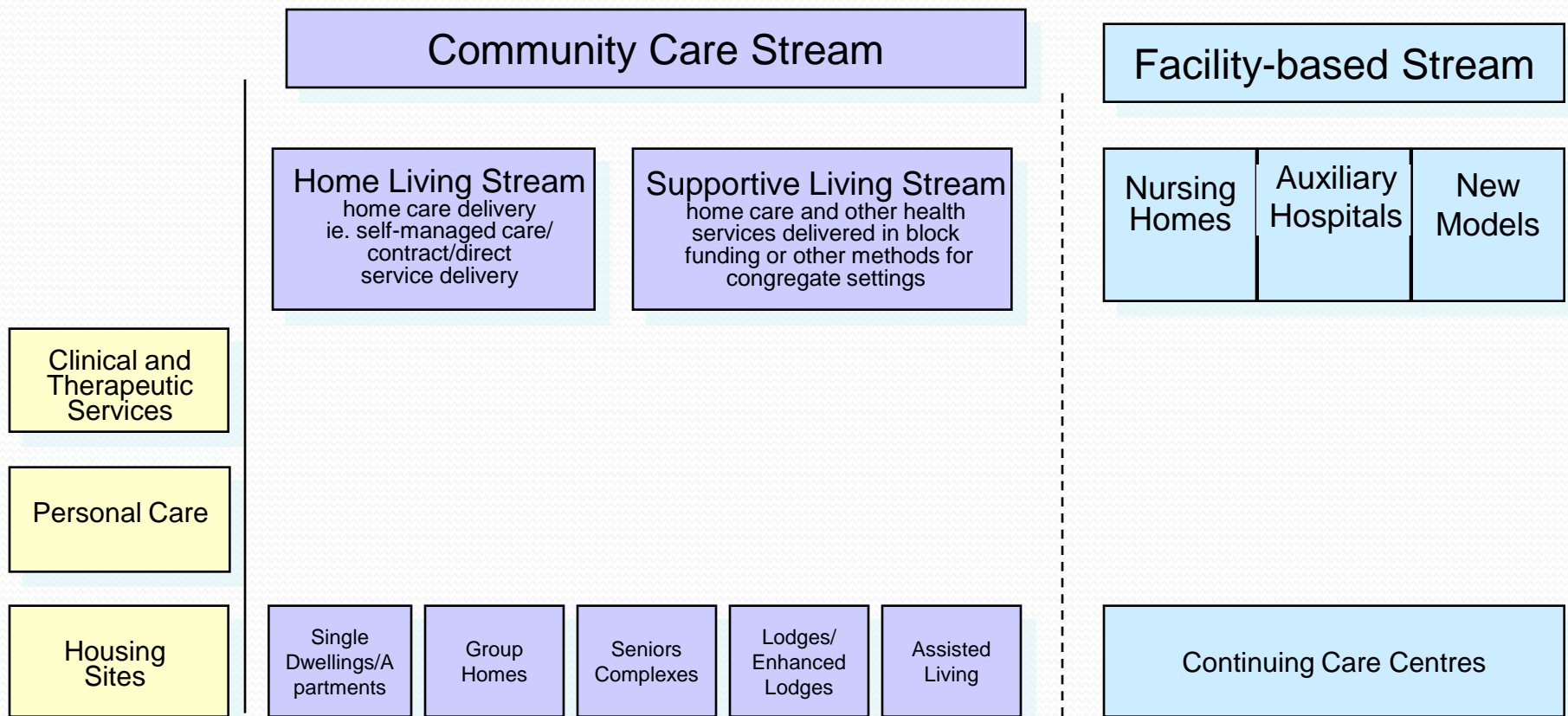
Guiding Principles

- Wellness and prevention
- Client centred
- Information
- Individual and shared responsibility
- Effectiveness and Efficiency
- Intersectoral approach



Source: Policy Advisory Committee. Long Term Care Review. 1998.

Continuing Care Framework for Change



Policy Assumptions

- Individuals prefer to “age in place” and stay in the community
- Community options provide higher quality of care, at a lower cost
- Long term care facilities should only be reserved for people with higher health needs
- Community-based and home care services should be expanded as substitutes to long term care based services

Key Concepts

- “Quality Living”
- Unbundling of services
- Three streams
 - Facility based
 - Supportive Living
 - Home Living
- Bring service to the people instead of bringing people to the service
- Healthy Aging is a priority
- Building senior friendly communities and transportation services

Policy Directions for Continuing Care

- Home and supportive living will be the settings where the majority of Albertans will stay – these services will be expanded
- Aging in Place Strategy
- Only people with very complex problems and high health needs will be admitted to long term care centres
- Roles of long term care centres will be changed - regeneration is a high priority

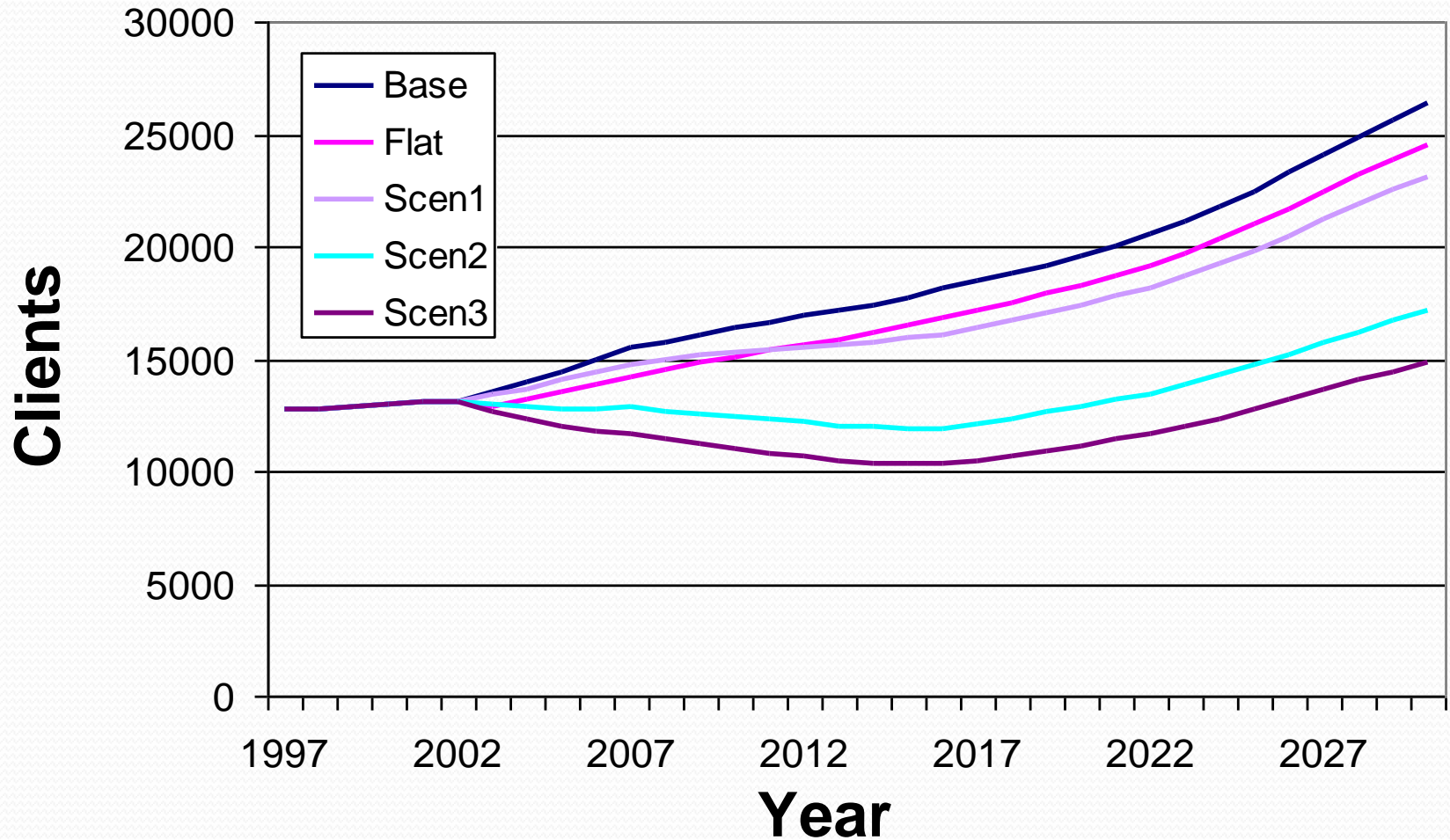
Policy Directions for Continuing Care

- Services will be “unbundled” and provided in a variety of settings
- Coordinated Access system will be developed
- Comprehensive Care for the Elderly will be developed to address the special needs of older adults with multiple and complex health problems
- Acute hospital services, emergency services and continuing care services will be integrated

Future Scenarios for Continuing Care

- **Flat Scenario:** assumes continuation of current utilization of LTC
- **Base Scenario:** assumes a slight decline in utilization of LTC without a policy change
- **Scenario 1:** assumes a “low shift” from facility to community-based services
- **Scenario 2:** assumes a “medium shift” to community-based services
- **Scenario 3:** assumes a “high shift” to community – based services

Impact of Shifts on Long Term Care

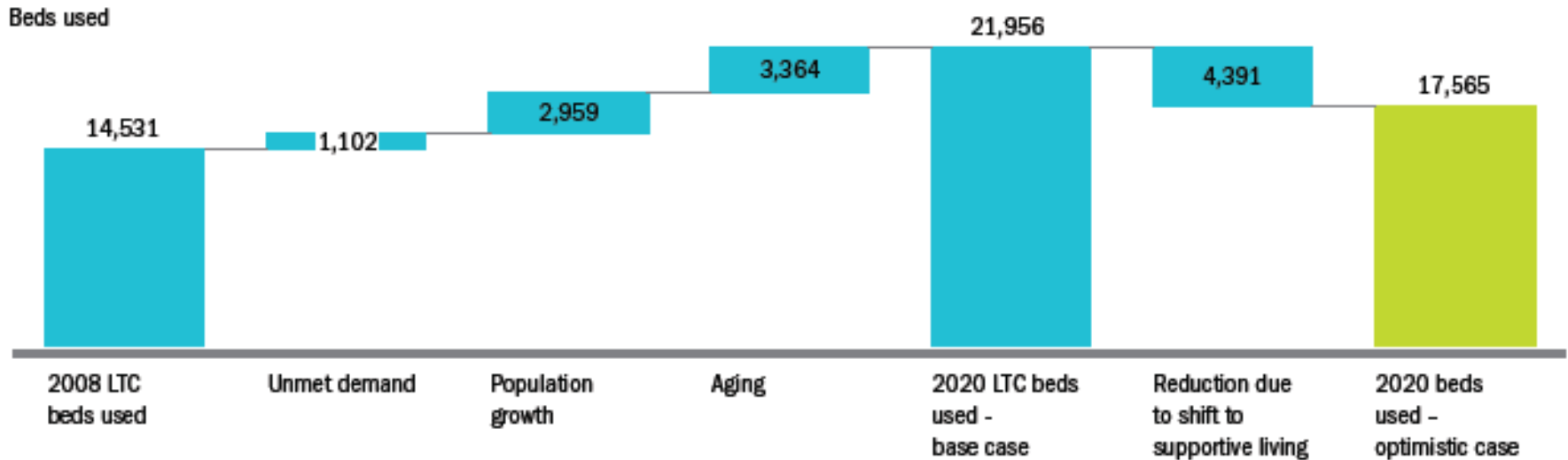


Source: Alberta Health and Wellness (2002)

Impact of Shifts on Long Term Care

Provincial Service Optimization Review - 2008

LTC demand in Alberta



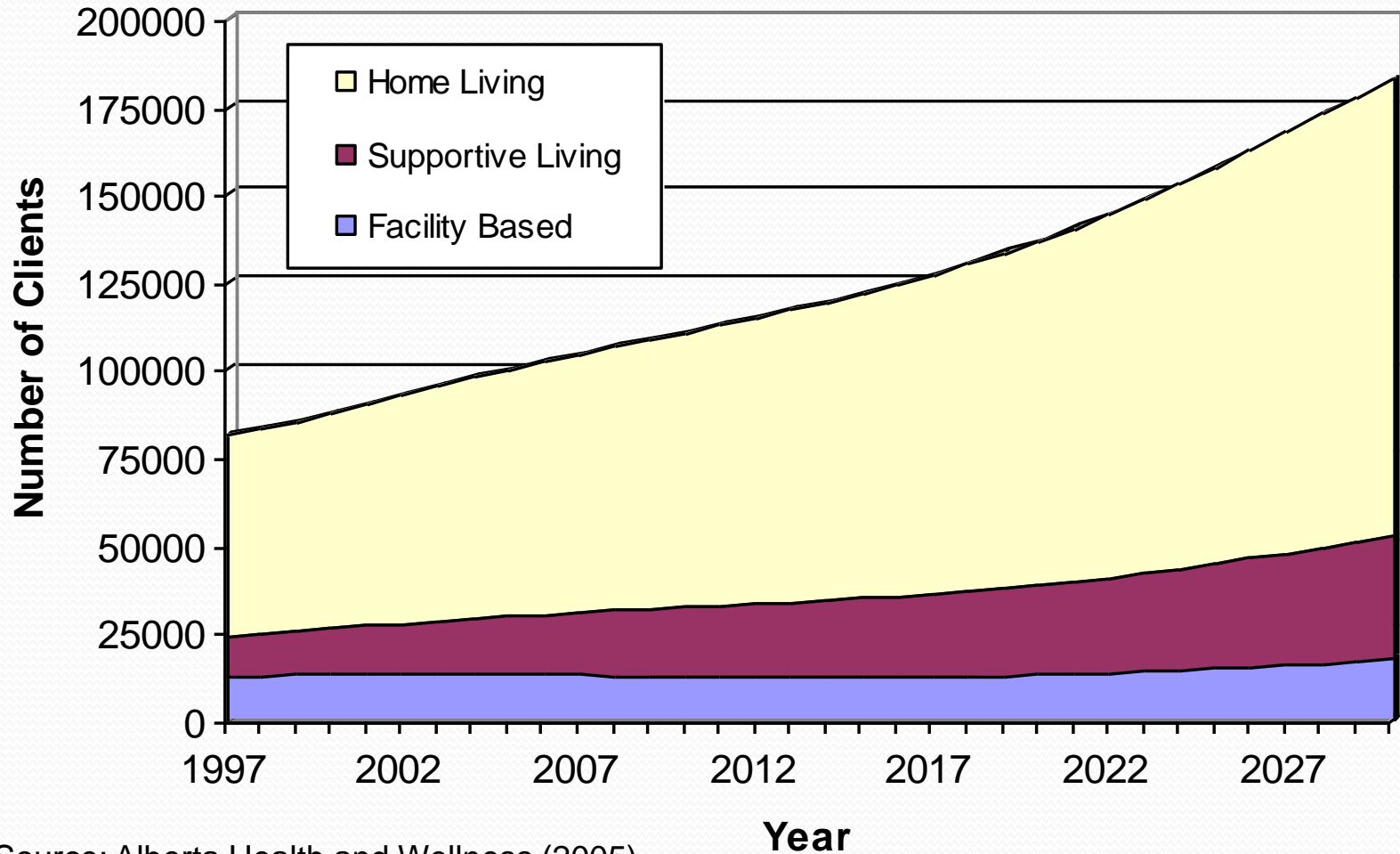
Diversion of Long Term Care Clients

Resident Classification	Base	Scenario 1	Scenario 2	Scenario 3
A	-100%	-100%	-100%	-100%
B	-30%	-45%	-90%	-95%
C	-25%	-40%	-80%	-90%
D	-15%	-35%	-70%	-85%
E	-10%	-30%	-60%	-80%
F	0%	-2%	-8%	-10.8%
G	0%	-2%	-8%	-10.8%

Allocations of Diverted Clients

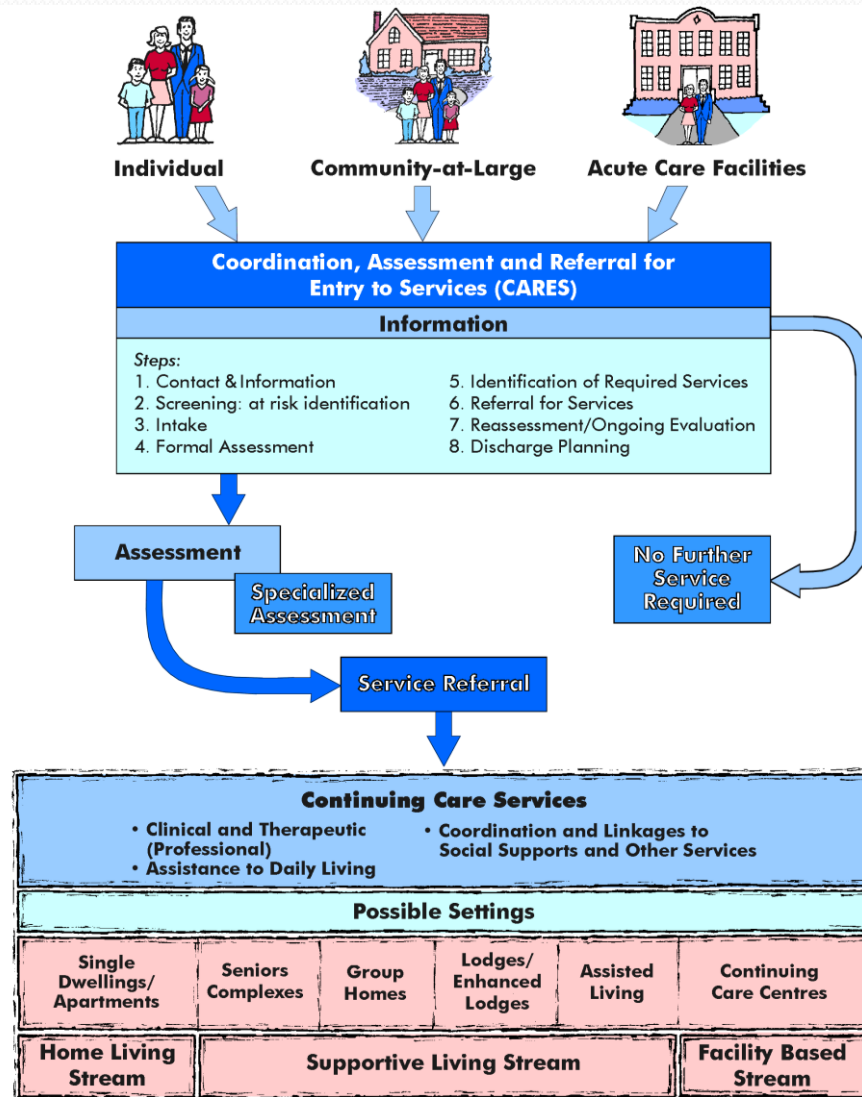
	Supportive Living Stream	Home Living Stream
A	0%	100%
B	80%	20%
C	80%	20%
D	80%	20%
E	80%	20%
F	100%	0%
G	100%	0%

Continuing Care Projections: Scenario 2



Source: Alberta Health and Wellness (2005)

Coordinated Access



Implementing the New Vision

Three Year Plan (1999-2001)

- Funding to enhance home care and long term care services
- Funding for infrastructure for long term care: additional and replacement beds
- Funding to provide financial incentives to develop supportive living spaces
- Ongoing consultation and collaboration with stakeholders

Developing New Models

