



Leadership in Health Care

Report to Canada's Premiers on the Achievements of the Health Care Innovation Working Group

2013-2016



July 2016



"Through the Health Care Innovation Working Group, Canada's Premiers have shown strong leadership on health priorities that keep our health systems strong and sustainable. As co-chair, I am pleased to bring forward this report on the progress and successes achieved by the Working Group."

Honourable Darrell Pasloski
Premier of Yukon



"This report of the Health Care Innovation Working Group demonstrates that by working together, Canada's Premiers are building sustainable health care systems that provide better care and greater value for money. By sharing best practices and better aligning our work, we are improving care and access for our aging population, increasing the affordability of prescription drugs and providing all patients with the appropriate and timely care they deserve."

Honourable Kathleen Wynne
Premier of Ontario

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executive summary

In January 2012, Canada's Premiers established the Health Care Innovation Working Group (HCIWG) in recognition of the necessity to embrace and push forward innovation in Canada's health care systems to improve quality care while ensuring sustainability. Health care innovation is a long-term process with many steps along the way. Provinces and territories have invested and will continue to invest significant effort and resources in health care innovation.

The working group has been an excellent opportunity for cooperation between provinces, territories and health professionals.

The Health Care Innovation Working Group is currently led by Ontario Premier Kathleen Wynne and Yukon Premier Darrell Pasloski, and composed of provincial and territorial Ministers of Health. The HCIWG also engages with organizations such as the Canadian Medical Association (CMA), the Canadian Nurses Association (CNA) and the Health Action Lobby (HEAL).

Within the first two years, the Health Care Innovation Working Group delivered the following outcomes:

- significantly reduced the price of the six most common generic drugs;
- coordinated negotiations with brand name drug manufacturers;
- promoted clinical practice guidelines for treating heart disease and diabetes, which can significantly improve health outcomes, patient care and the demands on health services; and
- shared best practices and information between provinces and territories to support responsive health human resources labour market planning and action.

The provinces and territories recognize that ongoing collaboration and cooperation help provide Canadians with access to the best health care in the world.

With this in mind, in July 2013 Premiers extended by three years the Health Care Innovation Working Group's mandate in order to make long lasting and impactful changes in three priority areas: appropriateness of care, pharmaceuticals and seniors' care. The purpose of this report is to highlight key accomplishments of the priority areas in the past three years.

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The purpose of this provincial and territorial initiative is to drive a collaborative process for transformation and innovation to help ensure the sustainable delivery of health care services.¹

Working Group Highlights

Appropriateness working group

The appropriateness working group has been working with health care professionals and stakeholders from across the country to highlight best practices in appropriateness implementation. Best practices in appropriateness result in patients receiving treatments that are best suited for their actual needs.

In July 2013, Premiers agreed with the recommendation of the Health Care Innovation Working Group that provinces and territories, as they deemed appropriate, work with their clinical community to advance appropriateness guidelines related to diagnostic imaging. Best practices for how to implement these, and other, appropriateness guidelines have been reviewed and made available to governments, health care practitioners and health facilities.

Pharmaceuticals working group

Through the pan-Canadian Pharmaceutical Alliance (pCPA), this working group focuses on lowering the cost of and increasing access to clinically and cost-effective brand name and generic pharmaceutical drugs. To achieve greater consistency and value for publicly funded drug programs and patients, the pCPA conducts joint provincial/territorial negotiations for brand name drugs and manages a national pricing approach for generic drugs.

An office with dedicated staff to support the work of the pan-Canadian Pharmaceutical Alliance is now operational in Ontario. A Memorandum of Understanding (MoU) is being finalized to formalize the operating principles, funding and governance of the pCPA and the office.

Canada's public drug plans are working together to reduce the cost of brand name and generic drugs. Collaborative efforts on pharmaceuticals through the pCPA have resulted in price reductions on 18 generic drugs (last set of four products effective April 1, 2016) and negotiated agreements for 95 brand name drugs (as of March 31, 2016). It is estimated that this work results in approximately \$712 million in combined savings annually.²

In 2015, Quebec completed legislative modifications required in order to become a participating member of the pan-Canadian Pharmaceutical Alliance.

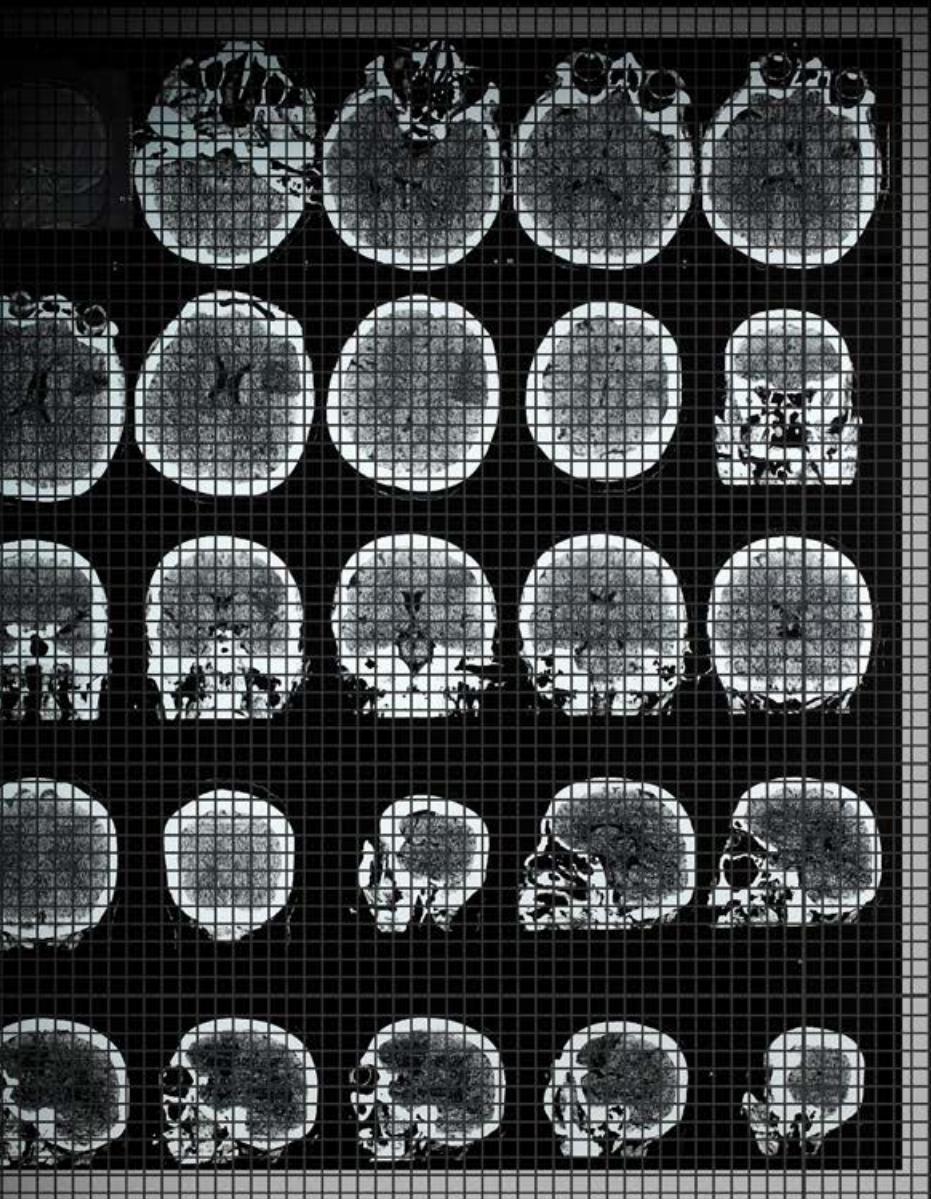
In 2016, a process was initiated to bring public drug plans administered by the federal government into the pCPA.

Seniors' care working group

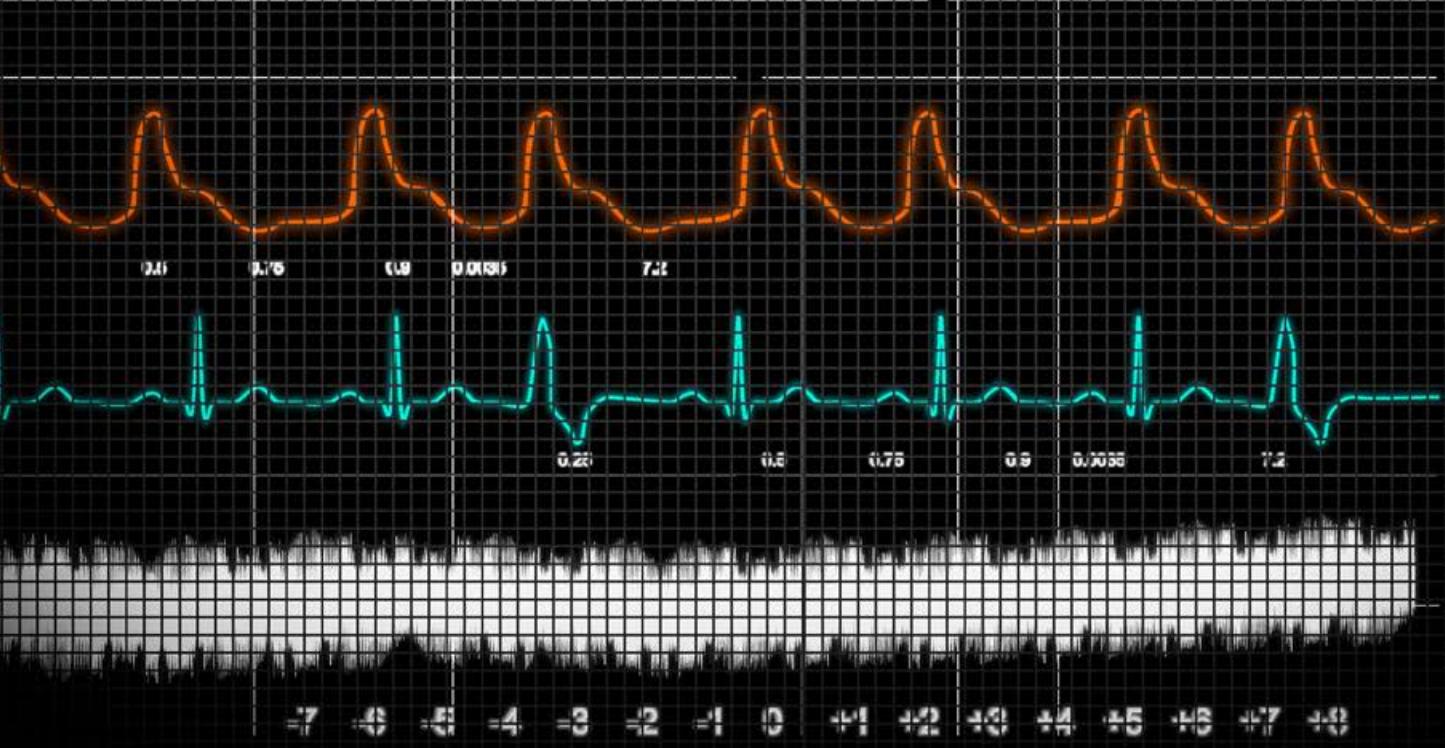
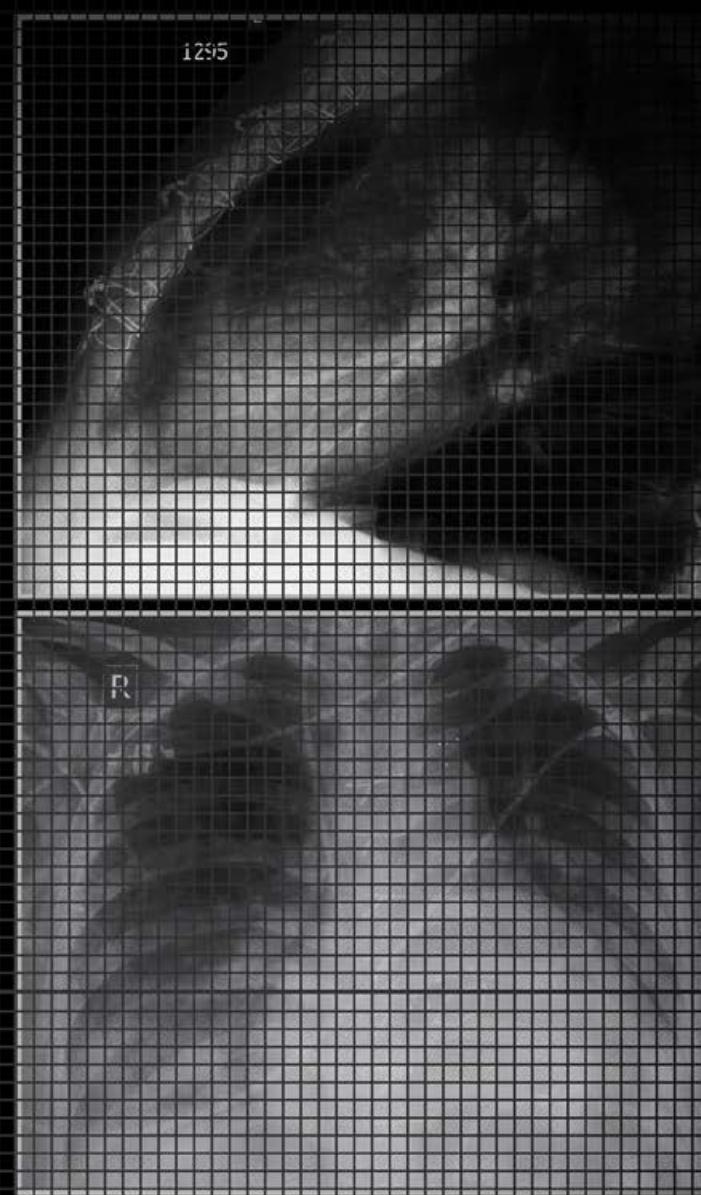
The seniors' care working group looked at successful efforts to prioritize home care over long-term care institutionalization and identified innovative models for provinces and territories to consider adapting. In addition, the working group examined models for aging in place and is currently focused on issues related to dementia, including identifying best practices for early diagnosis.

With the aid of webinars and a forum, the seniors' care working group has facilitated information sharing and best practices in an effort to prioritise home care, support aging in place and enhance early diagnosis and best practices in care for people with dementia.





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appropriateness

Inappropriateness in health care is not only a Canadian problem, it is a global issue. Around the world 30-40% of patients do not get treatments of proven effectiveness as a result of underuse and/or misuse of health services, products and resources. Similarly, 20-25% of global patients receive care that is not necessary and/or potentially harmful. According to Dr. Jeremy Grimshaw, a senior scientist at the Ottawa Hospital Research Institute who presented at the 2015 appropriateness conference, the causes of inappropriateness in health care are vast and wide-ranging, including a lack of knowledge about the best evidence available, financial disincentives to provide the appropriate level of care, local standards of care that may not align with recent evidence and human error.

There is mounting evidence that some patients receive treatments that may not be best suited for their actual needs, resulting in less effective care for patients and a waste of precious healthcare resources. Spending on diagnostic imaging in Canada has increased significantly and now exceeds an estimated \$2.2 billion annually. To make sure Canadians are getting the most out of their health care systems, all participating provinces and territories agreed to promote the adoption of the guidelines, where appropriate, for their jurisdictions. The three diagnostic imaging procedures recommended by the Health Care Innovation Working Group and endorsed by Premiers in July 2013, are:

1. Imaging for low back pain should only be ordered when red flags are present;
2. Imaging for minor head trauma should only be ordered when red flags are present; and
3. Imaging for uncomplicated headache should only be ordered when red flags are present.

In the context of health care, appropriateness is the proper or correct use of health services, products and resources. Inappropriate care, in contrast, can involve overuse, underuse and/or misuse of health services, products and resources.

Appropriateness of health care is a fundamental challenge for health care systems wanting to optimise care, outcomes and costs.

In July 2013, when the mandate of the Health Care Innovation Working Group was extended, Premiers agreed that the appropriateness working group would concentrate its efforts in three areas listed below:

1. Implementation: provinces and territories will support the implementation of the first three recommended diagnostic imaging guidelines as they deem appropriate to their health care systems.
2. Evaluation: the working group will develop an evaluation plan to consider the intent of the evaluation, such as whether it will assess the impacts of the appropriateness initiative, or evaluate the efficacy of specific guidelines. The evaluation plan could also include the development of common targets and indicators to track the success of the appropriateness work.
3. Identification of priority areas for future work on appropriateness, in addition to diagnostic imaging.

Strategic Clinical Networks: a case study in Alberta

Alberta Health Services' Strategic Clinical Networks (SCNs) are the province's approach to targeting specific health care topics, with the aim of leading to quality improvement, increased collaboration, and innovative approaches to providing care. These networks operate in collaboration with health care professionals, researchers, academic partners and patients to understand current health issues and to develop strategies to find innovative ways to deliver care while improving quality. There are a number of SCNs operating in Alberta, including Addiction and Mental Health, Bone and Joint Health, Cancer, Cardiovascular Health and Stroke, and Seniors Health among others. Each SCN has a number of projects underway aimed at finding innovative ways to improve health related to a specific topic.

The Seniors Health SCN developed the Appropriate Use of Antipsychotics (AUA) Project as one initiative aimed at improving the quality of seniors' health by reducing the antipsychotic medication use in long-term care facilities. The project's goal is not to eliminate the use of antipsychotics, but rather to encourage the appropriate use of these medications when they are necessary.

A pilot project ran in 11 Early Adopter Sites, supported by staff education with toolkits, guidelines and learning workshops, family engagement and medication monitoring and monthly review. At these sites the number of residents on antipsychotics was reduced by almost 50%. Based on this success, the AUA project is being implemented in all 170 long-term care sites across Alberta with future plans to extend to Alberta's Supportive Living facilities.

Implementation and evaluation

Since 2013 the appropriateness working group has focused its primary efforts on supporting provinces and territories with implementation and evaluation, both for the guidelines endorsed by Premiers in 2013 and for appropriateness initiatives in general. The Best Brains Exchange (2014) and appropriateness conference (2015) both presented opportunities for provinces and territories to come together with providers and experts to discuss approaches to effective implementation and evaluation of appropriateness initiatives. At the Best Brains Exchange, participants heard from experts from the United States and Canada about their experiences improving patient care. At the conference, experts described various implementation approaches that provinces and territories could employ.

For example, Jeremy Grimshaw, a senior scientist at the Ottawa Hospital Research Institute, examined the implementation and evaluation of appropriateness initiatives, with a focus on behavioural change. He concluded that a behavioural approach could reduce or eliminate inappropriate care.

Dr. Raja Rampersaud provided a presentation on diagnosing and treating low back pain. As an orthopaedic spine surgeon at the Toronto Western Hospital, Dr. Rampersaud argued that a paradigm shift is needed to address a problem that 70-80% of the population faces throughout their lifetime. His argument focused on moving from a system of rigid guidelines to a Shared Care Model that offered a more complete, patient-centred care pathway. Dr. Rampersaud used the Inter-Professional Spine Assessment and Education Clinics (ISAEC) pilot program as an example of a successful Shared Care Model used to improve care for low back pain.

Following the conference, the appropriateness working group began work on developing a list of metrics that could be used in evaluating appropriateness initiatives. The final document is still in development, but will soon be shared with provinces and territories to support their evaluation efforts.

The appropriateness working group, with input from the Canadian Medical Association (CMA), the Canadian Nurses Association (CNA), the Health Action Lobby (HEAL) and the Canadian Association of Radiologists (CAR), has worked to align its efforts on the implementation and dissemination of appropriateness initiatives with the Choosing Wisely Canada (CWC) campaign.

Choosing Wisely Canada (CWC): a case study

Choosing Wisely Canada is a physician-led campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help them make smart and effective choices to ensure high-quality care. The Health Care Innovation Working Group has offered Choosing Wisely Canada's leaders an opportunity to speak to the provinces and territories at the Best Brains Exchange and the appropriateness conference. To spark conversations between patients and physicians, leading specialty societies created evidence-based plain language lists of specific tests and procedures that should not be pursued unless specific conditions are met. These lists of clinical best practices set out, in brief and plain language, information that is meant to initiate dialogue between physicians and patients about appropriate and necessary treatments.

The first set of lists was released by Choosing Wisely Canada on April 2, 2014 and since that time, a total of 160 recommendations have been published across a large number of clinical specialties. These recommendations are now being implemented across Canada, in hospitals, primary care clinics, long-term care homes and health regions, among others.

CWC works with physicians and patients to implement pan-Canadian initiatives aimed at ensuring health care providers are providing their patients with the appropriate level of care. These initiatives range from those focused on engagement and education, to quality improvement and hard coding (for example, policy changes and electronic medical record integration).

Choosing Wisely Canada has also developed a six-point plan for 2016-2020, with an end goal of eliminating 10 million unnecessary tests, treatments and procedures in Canada by 2020, and, initiating a culture change to ensure sustainability over the long-term. The plan will see CWC ramp up activities related to: 1) professional education and development; 2) patient and public education; and 3) working with providers and their organizations to implementation the recommendations.

Identification of new priority areas

Moving forward, governments, in collaboration with health service providers and other stakeholders will continue to support information sharing, effective practice and good evaluation of appropriateness initiatives.

The appropriateness conference demonstrated provincial and territorial successes in improving the appropriateness of care, while highlighting that this is an area for continued attention and improvement. The conference also highlighted the benefit of governments working with key partners, such as provider groups and regional health authorities, to achieve better and more appropriate care.

The case studies presented at the conference, and included in this report, point to specific areas where governments could pursue additional work on appropriateness within their jurisdiction. Conference participants heard about successful initiatives in Ontario, Alberta and British Columbia that targeted Vitamin D testing, antipsychotic medication and stroke care, respectively.

Vitamin D testing: a case study in Ontario

The Ontario Ministry of Health and Long-Term Care (MOHLTC) found that Vitamin D testing volumes increased from 29,000 to 732,000, or \$1.7 million to \$38.8 million in spending, from 2004/05 to 2009/10. This represented a 2,500% increase over six years. Consequently, a review by the Ontario Health Technology Advisory Committee (OHTAC) in 2010 concluded and recommended that medical evidence does not support Vitamin D testing in the general population. The committee identified specific medical conditions for which the test has clinical utility.

Ontario focused on four different approaches to help implement the committee's recommendations. The first, (1), strategy involved amending the Laboratory Schedule of Benefits to limit the current insured tests to the groups identified by the OHTAC. Following this, (2), MOHLTC developed a robust education and communication plan to inform providers and laboratories about the regulation change and its effective date. Ontario also, (3), worked towards a public education campaign to inform the general population about the importance of Vitamin D supplementation and evidence-based health care. Lastly, (4), changes were made to the provincial laboratory requisition form to include Vitamin D testing and whether the test is insured or uninsured.

Ontario's strategy to limit Vitamin D testing was largely successful in ensuring the appropriate use of health care resources. Vitamin D testing costs dropped from \$38 million in 2010 to \$5 million in 2011.

The Institute for Health Care Improvement collaborative model: a case study in British Columbia

Stroke Services British Columbia (SSBC) is the provincial program responsible for improving stroke care for all British Columbians. SSBC provides leadership and governance, while establishing partnerships with health authorities. SSBC focuses on sharing of best practices to facilitate knowledge translation and system transformation, evaluation and oversight.

SSBC utilized the Institute for Health Care Improvement (IHI) collaborative model to improve the quality of stroke care in British Columbia. IHI was founded in 1991 with the goal of improving health care by supporting change. The aforementioned model was utilized by SSBC with an overall objective of increasing the number of patients in BC receiving best practice stroke care by: (1) increasing the number of stroke units, and, (2) improving the care in existing stroke units.

The collaborative model helped achieve significant improvements and successes with British Columbia's stroke units. From 2003 to 2013, British Columbia saw a consistent year-to-year reduction in mortality and now has the second-lowest mortality rate in Canadian stroke units. Part of this success was due to the creation of 74 new stroke units. Their seven-day in-hospital mortality rate improved from 10.01 per 100 patients in 2003 to 7.38 in 2013. Similarly, their 30-day in-hospital mortality rate improved from 15.79 per 100 patients in 2003 to 11.4 in 2013.

Best Brains Exchange

On April 30, 2014, the Canadian Institutes of Health Research, Alberta Health and the Ontario Ministry of Health and Long-Term Care co-hosted a Best Brains Exchange on Appropriateness of Care with the goals of (1) identifying opportunities for improving the appropriateness of care, (2) understanding the different approaches to addressing appropriateness by other jurisdictions, and (3) exploring different policy levers that governments can use to support appropriateness initiatives.

The event was instrumental in highlighting the need to broaden the discussion on appropriateness of tests, procedures, and care plans to involve not only clinicians but also patients and society at large; and the need to look beyond selection of specific tests or procedures toward longer-term culture changes.

The exchange showcased proven strategies for deployment of better care and identified actions that provinces and territories could take to support improvements in the appropriateness of care, including: increasing accountability for the appropriateness of care provided and reimbursing providers based on evidence; sustaining investments in applied research to advance the evidence base for decisions on what is “appropriate” health care, and in health information systems and electronic health records to ensure that high quality, real-time data is available for clinical decision-making; and supporting campaigns that help providers and patients make smart and effective choices about appropriate care.

Appropriateness Conference 2015

On September 21, 2015, the Ontario Ministry of Health and Long-Term Care (MOHLTC) and the Yukon Department of Health and Social Services co-hosted an appropriateness conference. The event brought together approximately 40 leading health care professionals and key stakeholders from across the country to highlight best practices in appropriateness implementation that have been successful in Canadian provinces and territories. The event’s goal was to equip jurisdictions with the tools to support the implementation of appropriateness initiatives, including (but not limited to) the three diagnostic imaging guidelines approved by Premiers in July 2013.

The Appropriateness Conference demonstrated provincial and territorial successes in improving the appropriateness of care, while highlighting that this is an area for continued attention and improvement. The conference also highlighted the importance of governments working with key partners, such as provider groups and regional health authorities, to achieve better and more appropriate care.

The Appropriateness Conference offered valuable insights for participants on a range of approaches to improving the appropriateness of care in provincial-territorial health care systems.



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pharmaceuticals

Pan-Canadian Pharmaceutical Alliance

In August 2010, the Premiers of Canada directed Health Ministers to work towards a pan-Canadian pricing alliance to conduct joint negotiations for brand drugs to increase access to clinically effective and cost effective drug treatment options, improve consistency of drug funding decisions, achieve consistent and lower drug costs and reduce duplication and improve use of resources.

In July 2012, the Premiers of Canada established the Health Care Innovation Working Group which in turn established a pan-Canadian Pharmaceutical Alliance (previously the pan-Canadian Pricing Alliance) on brand drugs and expanded its mandate to include generic drug initiatives aimed at achieving better prices for generic drugs and improving consistency in generic drug pricing. The Health Care Innovation Working Group selected Ontario, Saskatchewan and Nova Scotia to co-lead the pan-Canadian Pharmaceutical Alliance's initiatives on behalf of provinces and territories. The Jurisdictions agreed to establish a centralized office, the "pCPA Office", to provide leadership and operating support to facilitate pCPA's mandate and ensure that outcomes of pCPA initiatives are value-driven, clearly communicated, monitored and evaluated.

- In June 2015 provinces and territories began to draft a Memorandum of Understanding (MoU) to formalize the pCPA and establish governance, accountability, operational principles, funding, mutual expectations and processes of the pCPA and pCPA Office. The MoU is expected to be finalized and effective in fiscal year 2016/17.
- In September 2015, the pCPA Office was officially launched and is now in place to support the pCPA in delivering its mandate. The pCPA Office is located in Ontario.

As of April 1, 2016, it is estimated that collaborative efforts through the pCPA have achieved approximately \$712 million in annual cost savings for government drug plans, for both brand and generic drugs.²

The objectives of the pan-Canadian Pharmaceutical Alliance are to provide value to the broader health care systems of the participating jurisdictions and to improve patient care by negotiating drug reimbursement collectively.

Brand drug price negotiations

As of March 31, 2016, 95 joint brand name drug negotiations have been completed, with 23 additional negotiations currently underway and 37 for which the decision has been made to not move forward with negotiations.

All brand name drugs reviewed through the national Health Technology Assessment (HTA) review processes (Common Drug Review and pan-Canadian Oncology Drug Review) and the Institut national d'excellence en santé et en services sociaux (INESSS) are now considered by the pan-Canadian Pharmaceutical Alliance. Individual negotiations, if required by the pCPA, with respective drug manufacturers then occur to support the implementation of the drug funding recommendations through provincial/territorial public drug plans. The pCPA also provides a forum for provincial/territorial drug plans to consider issues beyond the new products coming forward for consideration through the HTA processes and INESSS.

Generic drug initiatives

Provincial and territorial collaboration on generic pharmaceutical pricing has realized significant savings to drug programs across Canada. The pan-Canadian Pharmaceutical Alliance generics initiative comprises the pan-Canadian 18 percent molecules as well as a three-year tiered pricing framework (Framework).

Under the pan-Canadian 18 per cent molecules initiative:

The price point for eighteen drugs has been established at 18 percent of the equivalent brand name product: six effective April 1, 2013, four effective April 1, 2014, and four more effective April 1, 2015. The prices for the final four drugs will be effective April 1, 2016. These reductions have resulted in \$282 million in annual savings to provincial and territorial drug plans.

The Tiered Pricing Framework:

Approved in April 2014, the tiered pricing framework established the price for new generics entering the market as a percentage of brand name drugs and reduces that percentage over time as additional manufacturers enter the market. The framework's term expires March 31, 2017.

The framework's Letter of Agreement, signed by the lead provinces and the Canadian Generic Pharmaceutical Association (CGPA), states that "Provinces and territories will review the entire framework after three years." The pan-Canadian Pharmaceutical Alliance office is leading a procurement process for a consultant to conduct the evaluation. It is anticipated the evaluation report will be available in fall of 2016.



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seniors' care

In recognition of Canada's aging population and growing health care demands, Premiers recognize the need for a better continuum of care to support seniors aging at home and in the community. As Canada's population ages, dementia is increasingly becoming an area of concern for provinces and territories. Premiers are determined to increase awareness, address the challenges and provide opportunities to improve early diagnosis and treatment. Upon the development of the seniors' care working group, the members undertook a comprehensive cross jurisdictional inventory and analysis to inform the work moving forward.

In its first year, the seniors' care working group examined initiatives that support aging in place. The working group focused on programs to help seniors transition back home after hospital stays, the use of technology to support aging-in-place, and possible ways to encourage clients to take a stronger hand in managing their own care.

The working group also explored strategies to enhance early diagnosis and best practices in care for people with dementia. It also engaged various stakeholders in the seniors' care work, for example the Alzheimer's Society of Canada.

Provinces and territories all recognize the increasing need to address issues related to long-term care and the need for individual health systems to manage the increasing rates of dementia.

With the renewal of its mandate in 2013, Premiers directed the Health Care Innovation Working Group to continue examining issues related to seniors' care and dementia, with the goal of facilitating information and best practices sharing between the provinces and territories.

The seniors' care working group has looked at successful efforts to prioritize home care over long-term care institutionalization and identified innovative models for provinces and territories to consider adapting.

Canada's population is aging. By 2036, the number of seniors aged 65 and over will more than double, making up 25% of the total population, compared to 14% in 2009.³

Health care spending is also significantly higher for seniors than for the rest of the population, especially for those who require significant acute care and long-term care.⁴

Most people strongly prefer to stay in their own homes for as long as possible, rather than moving into institutionalized care.

It is clear from attendance and engagement in the seniors' care working group sponsored events that there is a high level of interest in improving dementia care and support across Canada. It is of great benefit to individuals and organizations to be provided with opportunities to come together to learn from each other. Furthermore, sharing information through accessible formats, such as webinars, expands this opportunity for learning.

Providing an opportunity for discussion on a regular and ongoing basis is likely to improve the ability of provinces and territories to learn from one another's experiences, ensuring seniors across the country experience the best care and support possible. This opportunity could also be used for ongoing discussion related to dementia care, specifically continued learning related to the development and implementation of dementia strategies.

The identification of best practices from literature and the identification of innovative initiatives, (i.e., programs, services, and supports), could be helpful in improving the quality of care for people with dementia and their families.

First Link: a case study

First Link® is a referral program designed to help newly diagnosed people with dementia get the help they require as soon as possible and may serve as an example of a best practice in dementia care by removing barriers to supports and services. The Alzheimer Society of Canada's First Link™ program fosters partnerships with physicians and other healthcare professionals who provide a formal referral to First Link® staff as soon as possible after diagnosis. Clients and their care partners are connected early in their journey to a community of education and support offered by the Alzheimer Society and other community and healthcare services. First Link® has been initiated in several cities across eight provinces including Alberta, British Columbia, Ontario, Saskatchewan, Manitoba, Nova Scotia, New Brunswick and Prince Edward Island. First Link® aligns with dementia strategies across the country as it supports people with dementia and their families early in the disease process to the service and supports they need, and provides standardized programs across multiple provinces.

Directed care model: a case study in Newfoundland

The self-managed/self-directed care model includes programs that transfer the responsibility for hiring and managing home support staff to clients and/or families through funding mechanisms. Under Newfoundland and Labrador's Paid Family Caregiving Home Support Option, family members, including parents, children, grandparents, grandchildren, siblings and relatives residing in the same home but excluding spouses or common law partners, may be paid to provide care.

Destination Home: a case study in Alberta

Alberta's Destination Home is a program that targets community-based clients at risk for institutionalization to maximize their potential in the familiar surroundings of their home if safely able to do so. The goal is to facilitate safe discharge of patients – with comprehensive home care and community supports – while awaiting assessment for continuing care. Some projects designed to support clients with complex care needs to avoid or reduce reliance on hospital services included opportunities for consultation with collaborative teams with expertise in caring for seniors with complex health conditions, as well as projects that provided intensive case management for home care clients with Chronic Obstructive Pulmonary Disease or Congestive Heart Failure.

Two of the projects under Destination Home involved intensive and specialized case management for clients with chronic diseases, specifically a project for clients with Congestive Heart Failure (CHF) and a project for clients with Chronic Obstructive Pulmonary Disease (COPD). The evaluation of these projects showed that there was a significant decrease in emergency department visits and in-patient admissions, as well as significant cost avoidance for the health care system.

Home First Quick Response Home Care (HFQR): a case study in Saskatchewan

In Saskatchewan four Home First Quick Response Home Care (HFQR) projects are underway. The HFQR philosophy enables a coordinated approach for teams working across the health care continuum to ensure that plans are developed and implemented that support seniors remaining in their own homes for as long as possible. This approach aims to: enhance and improve home care for short term needs to sustain seniors in their homes; facilitates appropriate discharge from acute care to the community; prevents unnecessary admissions to emergency rooms; delay admissions to long term care facilities and engage service providers across the system to support seniors.



Dementia Symposium: A three part series

On May 12, 2015, a total of 220 individuals registered for the first webinar in a three-part symposium on dementia.

The webinar focused on supports for individuals living with dementia and their caregivers, and included a presentation regarding the importance of easy access to diagnostic services. Participants in the webinar included researchers, practitioners, caregivers, policy and decision makers and community leaders. Participants were pleased with the webinar and believed it added to their knowledge about dementia and caregivers of individuals with dementia.

The second event in the three-part Dementia Symposium took place on October 23, 2015. Approximately 97 individuals attended the in-person Dementia Forum in Calgary from 12 different provinces and territories as well as two US states.

With a focus on knowledge translation and sharing best practices, the forum provided participants with detailed information on innovative models of care for those living with dementia as well as their families and caregivers.

The forum opened with personal stories from two former caregivers of Canadians living with dementia, rooting the day in the importance of improving individual's experiences. The presentations that followed provided an opportunity for learning and discussion on topics of current interest in the care and support of Canadians living with dementia. The expert presenters also shared their thoughts on the key challenges to providing care for dementia patients as well as their perspectives on necessary policy and ideological shifts required to improve the quality of care for Canadians living with dementia.

The forum included a panel presentation. The presentation was an opportunity to hear from British Columbia, Alberta, Manitoba and Nova Scotia about their developed and/or implemented dementia strategies, providing attendees with an opportunity to compare areas of focus and learn from the experiences of each jurisdiction.

A total of 211 individuals registered for the April 7, 2016 webinar, the final event in a three- part symposium on dementia. The webinar focused on supports for caregivers and included a presentation on care practices for frail older people (with a focus on families affected by dementia), a former caregiver sharing his experiences of caring for aging parents, and the perspectives of several advocates, including those living with a diagnosis of dementia. As with the previous webinar, participants included researchers, practitioners, caregivers, policy and decision makers and community leaders. Positive feedback included hearing the personal perspectives of individuals living with, or providing care to someone who has dementia. Suggestions for future topics included exploring practical ways of adapting the home environment for people living with dementia.

conclusion

The Health Care Innovation Working Group has demonstrated that provinces and territories are committed to working together to produce significant results that benefit patients and our health care systems.

Through the leadership of Premiers and the collaboration between provinces and territories, real, substantive changes are being realized.

Through work in their respective jurisdictions and their collaboration on the Health Care Innovation Working Group, Premiers have demonstrated their commitment to enhancing Canadians' health care and achieving better value for money across health care systems.

Provinces and territories have come together to increase awareness of appropriate care and highlight ways to improve quality within Canadian health care systems. Provinces and territories will continue to learn from appropriateness strategies in each jurisdiction and national initiatives like Choosing Wisely Canada. Premiers are committed to ensuring that all Canadians have access to quality care delivered appropriately.

As of March 2016, provincial-territorial partnerships have achieved \$712 million in annual cost savings for government drug plans, for both brand and generic drugs. Provinces and territories will continue this important work and will also undertake further analysis on broader approaches to pharmacare programs in other jurisdictions and assess how these models could inform more cost efficient and accessible health systems for all Canadians.

As part of Premiers' commitment to provide quality and sustainable health care to seniors, the working group explored options to prioritize home care over long-term care and institutionalization and shared innovative policies and programs to support aging in place and the early diagnosis and treatment of dementia. With Canada's changing demographic, provinces and territories must continue to explore and implement innovative approaches to provide high quality and sustainable health services for seniors. This includes opportunities to provide early diagnosis of dementia and different ways of supporting the patient and their families.

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