An International View of Interprofessional and Transitional Care: Canada’s Perspective
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Orthopaedica Belgica

- Canada (9,984,670 km²) is 327 times as big as Belgium (30,528 km²).
- Canada’s population: 36,708,083
  - In July 2017, one out of six Canadians was at least 65 years of age.
  - Among G7 countries, Canada has one of the lowest proportions of people aged 65 and older.

If Belgium were your home instead of Canada you would:

- be 23.94% more likely to be unemployed
- have 8.66% more free time
- use 43.53% less electricity
- make 12.3% less money
- spend 17.94% less money on health care
- be 28.57% more likely to be murdered

If Belgium is your home instead of Canada you would...

L.Eckel/N.Curtin-Telega

Source: Statistics Canada
Health Care System - Canada

- Driven through thirteen provinces and territorial systems.
- Publicly funded.
- Canada Health Act of 1984.
- Health Card
- Primary care based model – family physician/family health team.
- Fee for service/salaries are negotiated on annual basis between government and professional organization.

Health Care System - Canada

- Cost-effective because of the administrative simplicity.
- In each province, each doctor/team office handles the insurance claim against the provincial insurer.
- There is no need for the person who accesses healthcare to be involved in billing and reclaim costs.
- No deductibles or co-payments.

Primary Care

- Routine care
- Care for urgent but minor or common health problems
- Mental health care
- Maternal and child care
- Psychosocial services
- Liaison with home care
- Health promotion and disease prevention
- End-of-life care

Health Care System - Ontario

- One of the 13 provinces and territories of Canada
- East Central Canada
- Most populous province accounting for nearly 40 percent of the country's population – 13.6 million people
- Second-largest province in Canada

Primary Care in Ontario – Some Examples

- Family Health Groups/teams
- Nurse Practitioner Led Clinics
- Acute Care of Elderly (ACE)
- Memory Clinics
- Heart Failure Clinics
- Integrated rehabilitation

Measurement and Evaluation

- Best Practices – evidence informed
- Across the health care system
- Not setting, but person and situation dependent
- Economic modeling, resource allocation and trends
The interRAI Assessment System

- Reliable assessment items developed by clinicians
- Scales validated against gold standards
- Automated triggering mechanisms for problem lists, screening and risk profiling
- Part of an integrated system of instruments
- Electronic application

What do interRAI assessments offer?

- Common language
- Home care → Emergency Department
- Acute care → Post Acute Setting (Rehab) → Home care
- Home care + Community Support Services
- Common theoretical/conceptual basis
- Common clinical emphasis
- Common core elements
- Common assessment methods

The interRAI Family of Instruments

Ontario’s Health and Social Services Sector

- Home Care (RAI-HC)
- Contact Assessment (interRAI CA)
- Complex Continuing Care (MDS 2.0)
- Long Term Care (MDS 2.0)
- Community Health Assessment
  - AC supplement
  - MH supplement
  - Deafblind supplement
- Mental Health
  - Students (RAI-MH)
  - Community (RAI-CMH)
  - Emergency Screener
  - Intellectual Disability (interRAI ID)
  - interRAI Preliminary Screener for Primary Care and Community Care Settings
  - Acute Care (interRAI AC)
  - ED Screener
  - AC Screener
  - AC comprehensive assessment
  - Quality of Life (interRAI QoL)
  - LTC
  - Home and Community Care
  - Family Survey on Nursing Home Quality of Life
  - Mental Health

Applications of interRAI Instruments

- Care Planning Protocols
- Funding
- Evaluate Best Practices
- Case-Mix Algorithm
- Outcome Measures
- Quality Indicators
- Report Cards
- Quality Improvement
- Accreditation

All Applications Informed by the Assessment Information

- Person-level
- Care Plan (CAPs)
- Personalized care
- What does the client need?
- interRAI Home Care Assessment
In Ontario, the home care agencies use the interRAI Home care assessment to:

- Identify the care needs
- Explore the services that will best meet the client needs and situation
- Gather information about who can provide these services
- Set up the services requested by the client

Adapted from: http://www.health.gov.on.ca

Health care professionals assess client and capture information electronically at the point of care to develop care plans.

The assessment includes information on:

- Health, functional and cognitive status
- Nutrition, continence and skin condition
- Mood, behaviour and communication
- Social supports, environment and caregivers
- Treatments, procedures and medications

The items in the interRAI HC also trigger Clinical Assessment Protocols (CAPs).

Clinical Assessment Protocols:

- Specific clinical characteristics are used to identify clients who could benefit from further evaluation of specific problems either because they are:
  - At risk for decline
  - Show potential for improvement
- Each CAP is linked to a series of best practices.

Prevalence of Clinical Concerns Kitchener Sub-LHIN: an example

All Applications Informed by the Assessment Information

Outcome Measures:
- Is care making a difference?
- How well is the client doing?
interRAI Outcome Measures (Scales)

- Functions of embedded scales:
  - Evaluate current status of a client
  - Track outcomes of care
  - Aggregated comparisons for quality benchmarking

- Available outcome measures:
  - Cognitive Performance Scale (CPS)
  - Depression Rating Scale (DRS)
  - IADL Involvement Scale
  - Changes in Health, End-stage Signs and Symptoms (CHESS)
  - Pain Scale
  - ADL Self-Performance Hierarchy Scale
  - Aggressive Behavioural Scale
  - Pressure Ulcer Resource Scale
  - Communication Scale
  - MAPLe
  - DIVERT

Validation of some interRAI Outcome Measures with other recognized assessments

<table>
<thead>
<tr>
<th>interRAI Scale</th>
<th>Industry Gold Standard</th>
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<tbody>
<tr>
<td>Cognitive Performance Scale</td>
<td>MMSE</td>
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<tr>
<td>Depression Rating Scale</td>
<td>Hamilton Depression Rating Scale &amp; the Cornell Scale for Depression</td>
</tr>
<tr>
<td>Pain Scale</td>
<td>Visual Analogue Scale</td>
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<tr>
<td>Aggressive Behavior Scale</td>
<td>Cohen-Mansfield Agitation Inventory</td>
</tr>
<tr>
<td>interRAI Pressure Ulcer Risk Scale</td>
<td>Braden Scale for Predicting Pressure Sore Risk</td>
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MAPLe

- Method for Assigning Priority Levels
- interRAI Canada developed MAPLe at request of MoHLTC to provide evidence base to inform LTC placement when bed supply was increased
- Calculation of MAPLe includes items on: behaviors, cognition, changes in decision making, falls, ADL etc.
- Scores range from 1 to 5
- MAPLe predicts three outcomes
  - LTC admission
  - ratings person “better off elsewhere”
  - Caregiver distress

Survival plot of time to nursing home admission by MAPLe priority level, Ontario
Hirdes et al. 2012

All Applications Informed by the Assessment Information

Quality Indicators (QI)
- Is care making a difference?
- How does my organization compare to others?
Canadian Institute of Health Information
Explore your care system

Quality indicators: Examples in Acute Care
Access:
• Emergency Department Wait
• Total time Spent in Emergency Department
• Hip Fracture Surgery within 48 Hours

Safety:
• In-Hospital Sepsis
• Obstetric Trauma

Appropriateness and Effectiveness:
• All Patients Readmitted to Hospital
• Medical Patients Readmitted to Hospital
• Surgical Patients Readmitted to Hospital
• Hospital Deaths
• Hospital Deaths Following Major Surgery

Efficiency:
• Administrative Expense
• Cost of a Standard Hospital Stay

Example: Grand River Hospital, Kitchener, Ontario, Canada

Your Health System
Results by theme and indicator for Grand River Hospital.
All Applications Informed by the Assessment Information

Applications of interRAI Instruments

Opportunities

Need More Information?

http://www.interrai.org/
Thank you

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