



ALBERTA COLLEGE of
FAMILY PHYSICIANS



ACFP | Advisory Committee on Seniors Care
Policy Paper and Recommendations



ACFP ADVISORY COMMITTEE ON SENIORS CARE POLICY PAPER AND RECOMMENDATIONS

Family physicians are an integral part of health care delivery to seniors in Alberta. Family physicians provide care for the majority of patients with complex health needs living in their own homes, and for all residents of long-term care and supportive living facilities.

The health system faces increasing pressures in the acute care environment, where many seniors wait for alternate levels of care in hospital beds. While we have made some significant advances in improving care for frail seniors in the community environment, there are opportunities for enhancement of care through system change and realignment of resources. Coordinating health maintenance activities, and timely assessment and management of urgent health problems, could prevent functional decline and hospitalizations in many instances, as well as allow earlier hospital discharge to the community.

Members of the Alberta College of Family Physician (ACFP) Advisory Committee on Seniors Care believe that current health planning should emphasize collaborative partnerships between community care givers, improving transitions for patients moving from one part of the health system to another, and improving access to resources in the community. We believe that these measures in general will improve quality of care and quality of life for seniors living at home and in facilities, allowing prevention and early detection of illness before significant problems arise, and reducing dependence on the acute care environment as the conduit for access to health care.

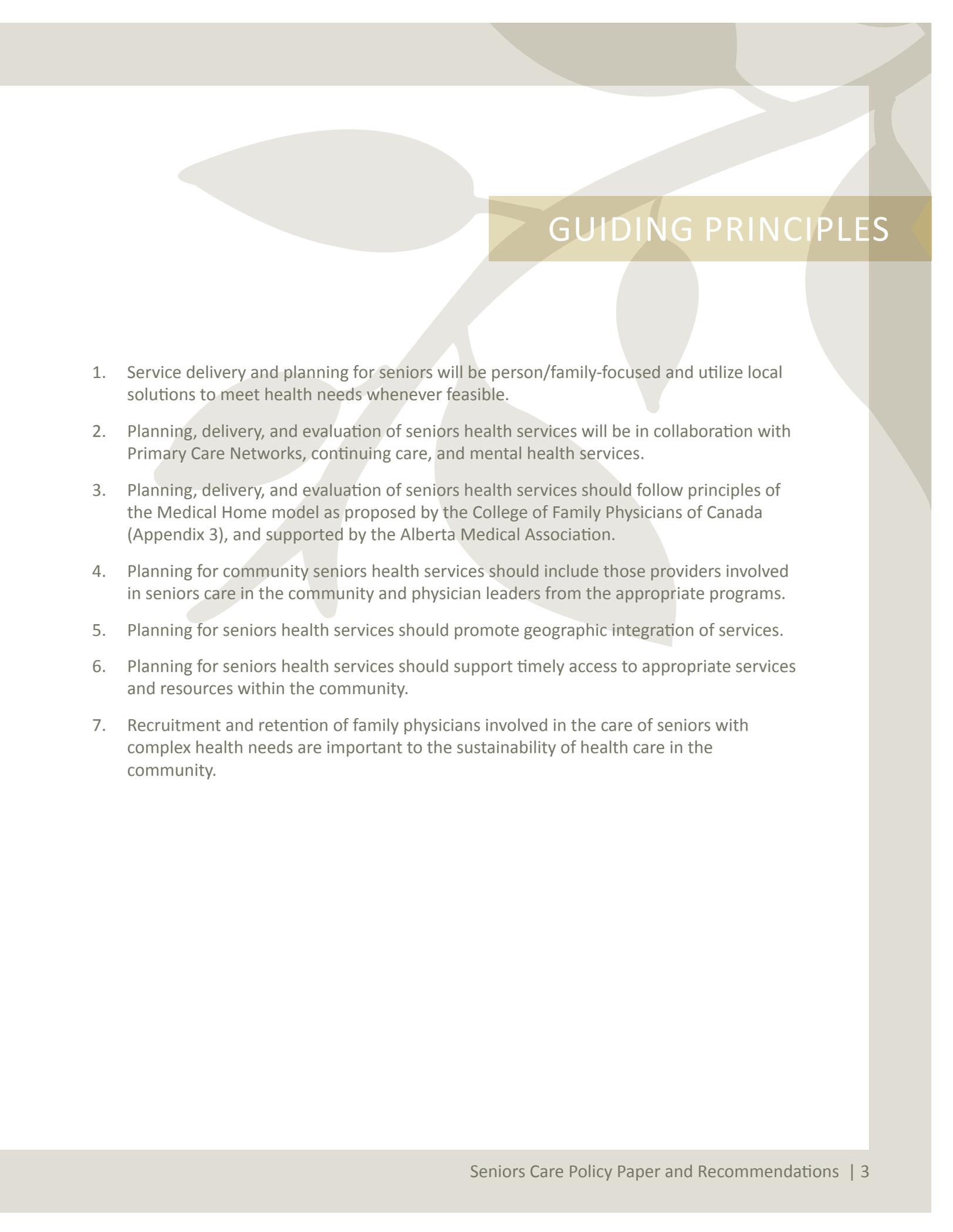
PURPOSES OF THE POLICY PAPER

1. To inform policy makers and other health care providers about the role of the family physician in providing community care for seniors.
2. To influence policy makers involved in the planning, delivery, and evaluation of seniors health care in Alberta through a set of clear recommendations and strategies.
3. To advocate for the resources and partnerships necessary for the care of seniors with complex health needs in the community.

FAMILY PHYSICIANS AND SENIORS HEALTH CARE

- Family physicians provide comprehensive medical care to most of Alberta's seniors, whether they live in long-term care facilities, at supportive living sites, or independently in their own homes.
- Family physicians work in collaboration with other health providers in all settings.
- Family physicians provide medical care for over 14,000 long-term care residents in Alberta, working as members of organized medical staffs and identified as medical leadership.
- Most community family physicians work within Primary Care Networks, which are developing innovative and collaborative models for seniors care in their communities.
- Family physicians provide significant health system leadership within Alberta Health Services related to seniors care.
- Each zone in Alberta has (a) an identified medical director for seniors health, who may be a family physician, and (b) support for family physician administrative and clinical medical leadership for long-term care and designated assisted living.





GUIDING PRINCIPLES

1. Service delivery and planning for seniors will be person/family-focused and utilize local solutions to meet health needs whenever feasible.
2. Planning, delivery, and evaluation of seniors health services will be in collaboration with Primary Care Networks, continuing care, and mental health services.
3. Planning, delivery, and evaluation of seniors health services should follow principles of the Medical Home model as proposed by the College of Family Physicians of Canada (Appendix 3), and supported by the Alberta Medical Association.
4. Planning for community seniors health services should include those providers involved in seniors care in the community and physician leaders from the appropriate programs.
5. Planning for seniors health services should promote geographic integration of services.
6. Planning for seniors health services should support timely access to appropriate services and resources within the community.
7. Recruitment and retention of family physicians involved in the care of seniors with complex health needs are important to the sustainability of health care in the community.

RECOMMENDATIONS

1. Seniors care in Alberta should follow the principles of the Medical Home model (Appendix 3).
2. Planning for community seniors services should support integration of primary care, continuing care, and mental health services.
3. Appropriate health providers should be involved in all planning and in decisions related to program development for community seniors care.
4. Faculties of medicine, in partnership with the departments of family medicine and community physician providers, should seek to enhance teaching and education opportunities in community care.
5. Alberta Health Services should develop a series of community-based performance and outcome indicators with a focus on access, quality, and safety for recipients of community-based care.
6. The Alberta Medical Association should negotiate payment options and billing codes for care of seniors with complex health issues at home, in assisted living, and in long-term care, with a goal of providing transparency and options for physicians involved in seniors health services in the community.





OVERVIEW OF THE ACFP

About Us

The ACFP is a provincial, professional voluntary organization, representing more than 3,300 family physicians, family medicine residents, and medical students in Alberta. Established over 50 years ago, the ACFP strives for excellence in family practice through advocacy, continuing medical education, and primary care research.

The ACFP is a chapter of the College of Family Physicians of Canada, a nationwide organization with over 25,000 members, all committed to advancing excellence in family practice.

Vision

A recognized and respected voice for advancing excellence in family practice in Alberta

Mission

The ACFP strives to achieve excellence in family practice by:

- Advocating for the key role of family physicians in patient care
- Promoting best practices
- Supporting excellence in medical education, and encouraging and facilitating lifelong learning for its members
- Advocating for adequate system support and remuneration for family physicians
- Promoting family medicine as a career choice
- Promoting innovation through family practice research

Goals

The ACFP will:

- Develop and implement initiatives that advance the vision and mission
- Support initiatives to ensure a vibrant and dynamic organization
- Develop recognition and respect among policy makers, other health care providers, educators, students, researchers, and the community, for the unique skill set and knowledge of family physicians in the planning, delivery, and evaluation of primary health care
- Encourage lifelong learning to facilitate family physicians performing to the highest standard
- Increase pride and confidence in, and respect for, the diverse practice skills within the family physician community
- Support and encourage family practice research

APPENDIX 2

TERMS OF REFERENCE OF ACFP ADVISORY COMMITTEE ON SENIORS CARE

Approved: Feb. 23, 2011
Approved by: ACFP Board

Purpose

The ACFP Advisory Committee on Seniors Care provides a forum for discussion, advocacy, and leadership in the area of seniors care in Alberta.

Overall Responsibilities

The ACFP Advisory Committee on Seniors Care will have a role in:

1. **Education:** Promote educational activities with a focus on seniors health/geriatrics at the undergraduate, graduate, and postgraduate level, including continuing professional development.
2. **Models of Care:** Support development of integrated models of care for seniors living at home, in assisted living, and in long-term care. Examine how the Medical Home model can support seniors care.
3. **Advocacy:** Work with Alberta Health and Wellness, Alberta Health Services, the Alberta Medical Association, universities, and other stakeholders to promote health initiatives for seniors.
4. **Research:** Support the involvement of family physicians in research activity related to seniors.
5. **Communication:** Promote the dissemination of information pertaining to seniors care and family physicians through various venues—websites, ASA, newsletter, electronic communication, etc.



APPENDIX 2

Membership

Membership will include seniors health medical leadership from each of the zones and each of the departments of the Family Medicine Care of the Elderly Program. Membership should strive for balance among rural areas and urban centres throughout the province. The chair and members-at-large will serve a three-year term with an opportunity for renewal for a second three-year term.

In addition to the membership outlined in these Terms of Reference, the following should be noted:

- The ACFP president is an ex officio member, with full voting privileges, of all ACFP committees.
- The executive director of the ACFP is an ex officio member, without voting privileges, of all ACFP committees.

External Linkages

The committee will link with stakeholders involved in developing and providing educational programs and conducting research (e.g., universities, practice-based small group learning, Canadian Institutes of Health Research), and with stakeholders involved in policy development, in the planning and delivery of health programs for seniors (e.g., Alberta Health Services, Alberta Health and Wellness), and in other related activities (e.g., advocacy groups led by seniors). Feedback and information will be sought from identified stakeholders as required and reports may be requested; stakeholders may also be invited to participate as guests.

Reporting Relationship

The Advisory Committee on Seniors Care will make recommendations to the ACFP board through the executive committee.

Administrative Support

Administrative support will be provided by the ACFP.

Meetings

Meetings will be called by the chair. It is expected that the committee will meet face-to-face at least once per year, teleconference two to three times per year, and have ongoing communication via email between meetings.

APPENDIX 3

FAMILY PRACTICE THE PATIENT'S MEDICAL HOME - OBJECTIVES AND GOALS[†]

Objectives

1. Every person in Canada will have the opportunity to be part of a family practice that serves as a Patient's Medical Home for themselves and their families.
2. Patients' Medical Homes will produce the best possible health outcomes for the patients, the practice populations, and the communities they serve.
3. Patients' Medical Homes will reinforce the importance of the Four Principles of Family Medicine for both family physicians and their patients. ††

Goals

Goal 1: A Patient's Medical Home will be patient centred.

Goal 2: A Patient's Medical Home will ensure that every patient has a personal family physician who will be the most responsible provider (MRP) of his or her medical care.

Goal 3: A Patient's Medical Home will offer its patients a broad scope of services carried out by teams or networks of providers, including each patient's personal family physician working together with peer physicians, nurses, and others.

Goal 4: A Patient's Medical Home will ensure i) timely access to appointments in the practice and ii) advocacy for and coordination of timely appointments with other health and medical services needed outside the practice.

Goal 5: A Patient's Medical Home will provide each of its patients with a comprehensive scope of family practice services that also meets population and public health needs.

Goal 6: A Patient's Medical Home will provide continuity of care, relationships, and information for its patients.

Goal 7: A Patient's Medical Home will maintain electronic medical records (EMRs) for its patients.

Goal 8: Patients' Medical Homes will serve as ideal sites for training medical students, family medicine residents, and those in other health professions, as well as for carrying out family practice and primary care research.

Goal 9: A Patient's Medical Home will carry out ongoing evaluation of the effectiveness of its services as part of its commitment to continuous quality improvement (CQI).

Goal 10: Patients' Medical Homes will be strongly supported i) internally, through governance and management structures defined by each practice and ii) externally by all stakeholders, including governments, the public, and other medical and health professions and their organizations across Canada.

[†] Taken from "A Vision for Canada: Family Practice - The Patient's Medical Home," September 2011.

^{††} The Four Principles of Family Medicine: the patient-doctor relationship is central, the family physician is a skilled clinician, the family physician serves as resource to his or her practice population, and family medicine is community-based.



Alberta College of Family Physicians
Centre 170, 370, 10403-172 Street
Edmonton, AB T5S 1K9

Phone 780.488.2395
Fax 780.488.2396
Toll Free: 1.800.361.0607 (Alberta Only)

Email: info@acfp.ca
Web: www.acfp.ca