Open Board Forum

January 2019

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Open Board Forum

January 2019

Leah Hollins, Board Chair

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Open Forum of the board

- Welcome
- Introducing the Board of Directors
- Presentations
  - Kathy MacNeil, CEO & President Island Health
  - Dr. Richard Crow & Marko Peljhan
- Public Presentations
  - Dawn Boshcoff, Victoria Assistive Devices and Coaching
  - Mark Watson, Acquired Brain Injury Wellness Inc.
  - Dawn Boshcoff, Seniors' Resource Centre – Metchosin
  - Ravi Parmar and Scott Stinson, Sooke School District
- Q & A

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Open Board Forum

Kathy MacNeil

President & CEO

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Esquimalt and Songhees First Nations

OVERVIEW

- Welcome
- Challenges in Health Care
- Our Approach
- Our Direction for 2018 /19

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Challenges in Health

- Increased demand for services
- Improving health outcomes
- Supporting those providing care

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Working together

care providers ◦ patients ◦ teams ◦ communities

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Our Approach

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Patient Experience

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Aboriginal Health

Cultural Safety and Humility

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Primary and Community Care

Mental Health and Substance Use / Opioid Use

Seniors Health

Surgery and Diagnostic Services

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Quality & Innovation

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Thank you

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Shifting to Primary and Community Care

Dr. Richard Crow and Marko Peljhan

Board of Directors, January 31, 2019

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Meet Mary

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Why Primary and Community Care?

- Difficult to access primary care
- Hospitals are not ideal environments for many conditions, and hospital care is expensive
- Unmet needs of at-risk populations
- Opportunity for team-based care

Ministry of Health Primary and Community Care Strategy

- Establish an integrated primary and community care system:
  - Primary Care Networks
  - Urgent Primary Care
  - Enhanced Specialized Community Services
  - Linked hospital, diagnostic, regional and provincial services

Primary and Community Care in Island Health

- 15 Primary Care Networks over three years:
  - Access and attachment
  - Extended care hours (evenings, weekends)
  - Same day access
  - Team-based care
  - Culturally safe care

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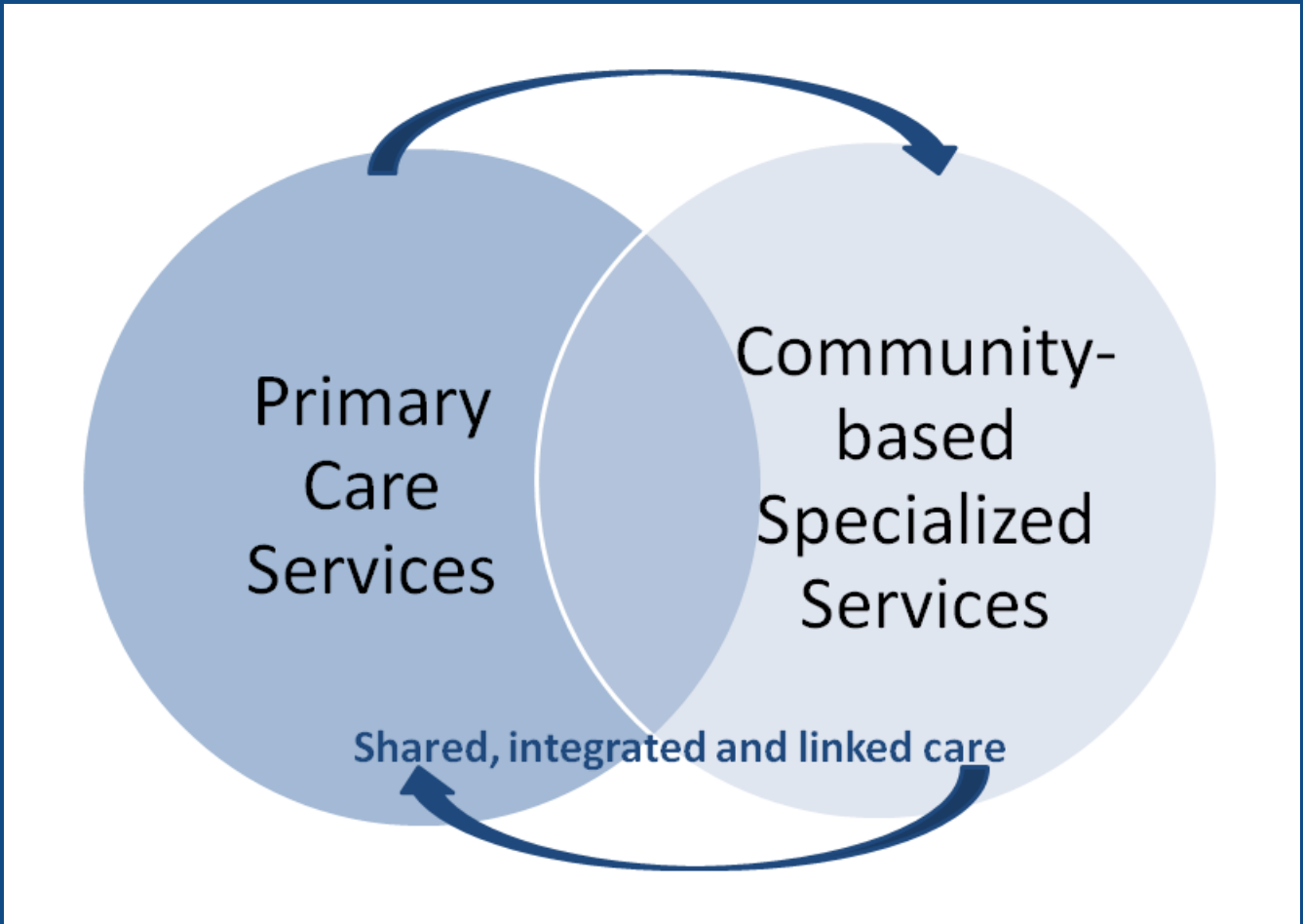
Linking Primary and Specialized Care



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Westshore
Urgent Primary Care Centre

- Opened November 5, 2018
- Focus on episodic primary care needs
- Staffing: Family Physicians; Nurse Practitioner; Registered Nurses; Medical Office Assistants and Mental Health & Substance Use Clinician
- Daily visit volume average: 50

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Primary Care Network

- Create Same Day Access: Mental Health & Substance Use
- Enhance Primary Care practices
- Establish High Complexity Care Team
- Embed Indigenous training and support
- Strengthen community resources

Growth Opportunities in the Western Communities

- Increase integrated team based care in Sooke with the Division of Family Practice and Ministry
- Continue Primary Care Network planning with Divisions of Family Practice, municipal leaders and patient representatives
- Expansion/refinement in community services

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Mary's Care in the Future

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Questions

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Public Presentations

Dawn Boshcoff, Victoria Assistive Devices and Coaching

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Victoria Assistive Devices and Coaching Study

VADAC

Dawn Boshcoff
Self-Management Facilitator
Health Coach

University of Victoria | Institute on Aging & Lifelong Health

Self-Management British Columbia

GOAL

The University of Victoria - Institute on Aging & Lifelong Health is implementing an exciting new CIHR funded research project entitled *the Victoria Assistive Devices and Coaching Study (VADAC)* in the Greater Victoria area.

The goal of the study is:

- to investigate whether technology, such as home-based electronic devices connected to an app, can enhance the health and independence of seniors, and
- to evaluate the relative effectiveness of using devices augmented by coaching in comparison to receiving coaching only.

Study Team

WHO IS CONDUCTING THE STUDY?

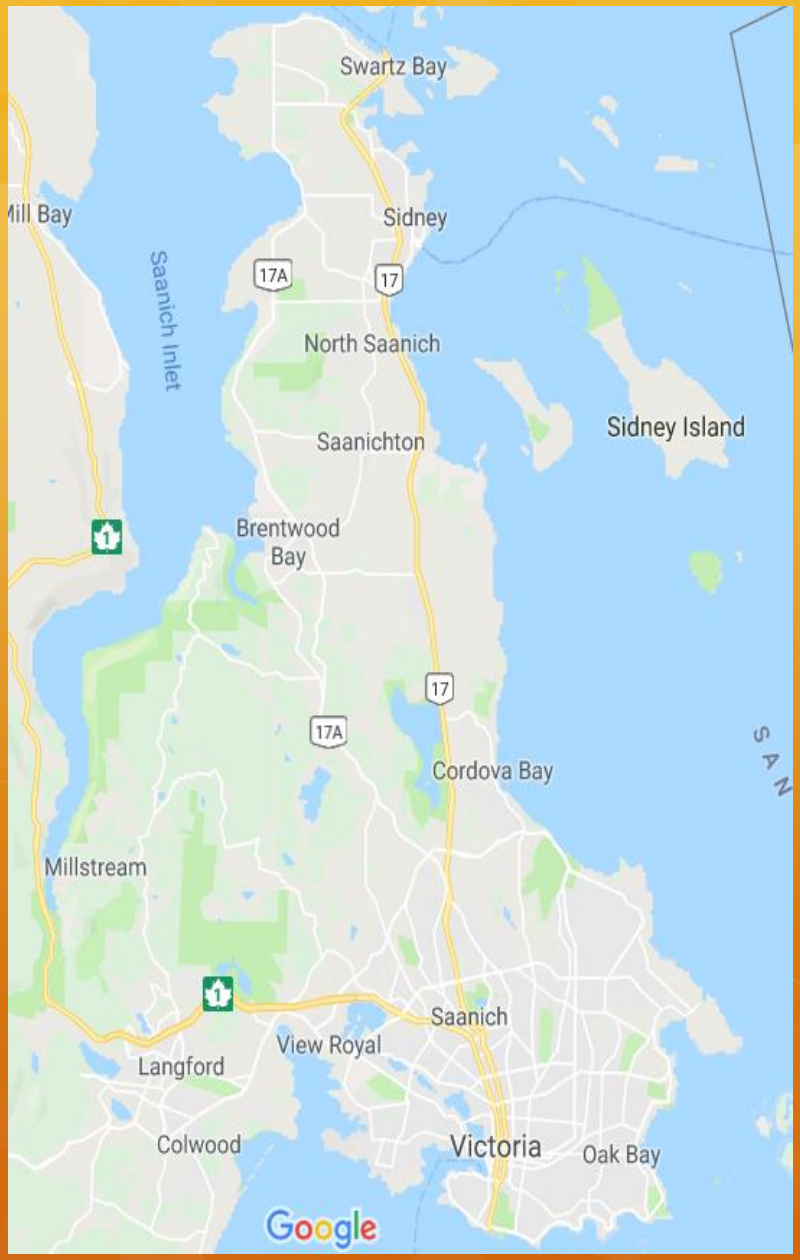
- → **U of Vic Institute on Aging & Lifelong Health**
- → **Self-Management BC**
- → **The Oregon Roybal Center for Aging and Technology in Portland, Oregon**

- Principal Investigator – Dr. Scott Hofer
- Co-principal Investigator – Dr. Patrick McGowan
- Devices Trail Coordination – Lois Holizki
- Devices Trial Coordinator – Claire Sauvage
- Project Lead – Frances Hensen
- Health Coach Coordinator (HCC) – Suzanne Harmandian

* ***This project is supported by the Ministry of Health***

Study Area

- Sidney
- North Saanich, Saanichton
- Brentwood Bay
- Cordova Bay
- Saanich
- View Royal
- Esquimalt
- Langford
- James Bay
- Colwood
- Metchosin
- Millstream
- Victoria, and Oak Bay



Study Population

In this study we will be recruiting:

- seniors - 65 years and older
- living alone
- experiencing one or more chronic health conditions (CVD, CDA, COPD, Respiratory Disease, and Diabetes)
- recently discharged from hospital to home during the last three months, and
- have access to a home telephone and high-speed internet connection

Study Recruitment

Senior returns home – discharged from hospital within the past 3 months

- Discharge arrangements made by Island Health with Home Care and Rehab Services as required.
- Health care professionals can also refer seniors or seniors can refer themselves.

Referral process by health care professionals

When a potential senior is identified:

- facsimile form is completed and sent to the research team

The referral is acknowledged by email

FACSIMILE TRANSACTION

TO UVIC – INSTITUTE ON AGING & LIFELONG HEALTH
FAX 604 940 2099

For VICTORIA ASSISTIVE DEVICES & COACHING STUDY

(VADAC STUDY)

FROM PERSON MAKING THE REFERRAL

Name: _____

At _____ Hospital/ Centre

Tel: _____

Date of Contact	Name of person being referred	Telephone Number

CONFIDENTIAL

Please send an email to vadac@uvic.ca indicating that a FAX has been sent.

We will acknowledge your email upon receipt of the fax.

Thank you

Study is explained to potential participant

Telephone conversation with Health Coach Coordinator who will:

- provide an overview of the study
- explain the role of a peer health coach, and
- explain the randomization process

If the senior agrees to become a participant, she/he is sent a consent form and baseline questionnaire.

Upon return of those documents the participant will be randomly assigned to one of three groups.

Three Study Groups

Participants will be randomly assigned to one of three groups:

Group 1: Participants will receive a weekly 30 minute telephone call from a health coach starting immediately

Group 2: Participants will receive a weekly 30 minute telephone call from a health coach after a 3-month waiting period

Group 3: Participants will receive a weekly 30 minute telephone call from a health coach AND will use assistive devices that are installed in their home by the study team at no cost.

All participants will receive a copy of "*Living a Healthy Life*" workbook/resource.

Study Groups

Participant informed of group		
Group 1 (n=75)	**Group 2 (n=75)**	**Group 3 (n=75)**
Book sent	Book sent	Book sent
Peer coach and participant paired	3 month wait	Assistive devices arranged and cognitive assessments completed (10 days)
3 months duration	Post questionnaire and Exit Interview	Peer coach and participant paired
Post questionnaire and Exit Interview	Participants are referred to Self-Management Health Coach Program	3 months duration
		Post questionnaire and Exit Interview

Group 3 Devices

- Sleep pad
- Body scale
- Watch

Linked to an APP on a tablet (also provided)

- Motion monitoring sensors for the home

Assistive Devices

Sleep Pad: Fits under the mattress to monitor sleep cycles, snoring and how and if participant wakes up at night. Does not record images or sounds.

Watch: Tracks daily activities like exercise, walking, running and swimming, sleep cycles and calories burned. Does not record images or sounds and will not notify anyone in the event of an emergency.

Body Scale: Displays full body composition (percentages of water, muscle, fat and bone mass) Does not record images or sounds.

Tablet: Above items are linked to a tablet that participant can use to self-monitor and data is recorded for the study use.

Assistive Devices cont..

Motion Sensors: These are installed in the participant's home and provides activity pattern data over time.

Sensor Computer: Data from the motion sensors are stored on a USB inserted into sensor computer. This computer does not access personal files.

NOTE: The motion sensors DO NOT:

- record images or sound
- function as a security system
- detect break-ins
- monitor for falls or emergencies
- notify anyone of an emergency

Recruitment of coaches and participants

- Health care professionals at hospitals
- Health care professionals at rehab facilities
- Home & Community Care services
- Community senior centres
- Social media (community newspapers, radio)
- Self-Management BC

Health Coach Role Description

- To provide weekly telephone encouragement, guidance, Self-Management support and education to someone who has recently been discharged from hospital for a period of 3 months.

Health Coach Qualifications

- 19 years of age or older
- Able to commit to the coaching role for minimum of 3 months
- Open to working with adults with diverse backgrounds
- Interest in helping others to make and maintain healthy lifestyle changes
- Good reading, writing and verbal skills
- Able to demonstrate the skills necessary to become a health coach at the completion of the 2 day training

Invitation to become a Health Coach

People interested in becoming a Health Coach would be:

- paired with a participant for a period of 3 months
- connect with the participant by telephone for 30 minutes a week for the 3 months, and
- be available for check-ins with the Health Care Coordinator during the pairing time frame

Thank you for your time today!

To conclude:

For more information or to enroll in this study, please contact the Health Coach Coordinator:

Call Toll Free: 1-866-902-3767

or

Email: VADAC@uvic.ca

Public Presentations

Mark Watson, Acquired Brain Injury Wellness Inc.

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A Look Inside the ABI Wellness Program

abi wellness™

A new path to brain injury recovery

Agenda

1. The Problem
2. What We Do
3. Our Model in Practice
4. Select Case Studies
5. Our Team & Partners
6. Next Steps

abi wellness

The Problem

Brain Injury is a major public health concern with over 1.5 million Canadians living with a brain injury and often suffering from major cognitive dysfunction.

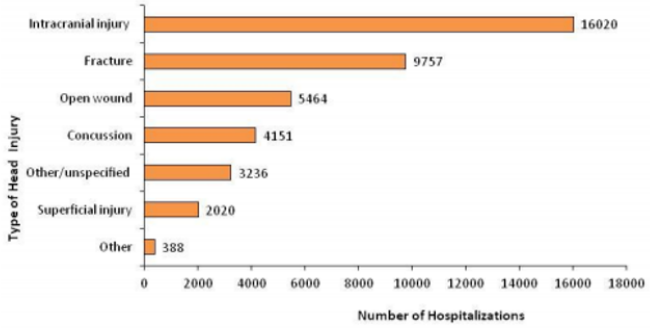
Head injuries accounted for **over 42,000 hospitalization in BC** between 2001 – 2010.

Following brain injury:

- Risk of suicide increases by 400%
- Rate of addiction increases by 200%
- Higher rate of homelessness (53% of homeless had TBI)
- Higher rate of incarceration (80% of prisoners have TBI)

Up to 65% of moderate – severe TBI patients report long term problems with cognitive function.

Figure 6: Number of head injury hospitalizations by type, BC, 2001/02 - 2010/2011



What We Do

We deliver our solution through that ABI Integrated 4-Pillar Licensing System, putting the patient at the centre of everything we do:

Our Targeted Benefits

ABI Wellness can provide sustainable, demonstrated benefits to your clinical offerings:

Provide a clear path to recovery for chronic ABI and TBI patients through specialized cognitive, interdisciplinary training

Target 30-40% labour savings per patient through freeing healthcare provider capacity with automated monitoring and program tools

Improve standardized care outcome targets and real-time reporting (e.g. TBIQOL)

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Potential Areas of Focus

Our program has had previous success helping individuals in following areas of care:

Concussion Program

Augmented TBIQOL and BrainEx cognitive assessments paired with customized rehabilitation plan for individuals 6 months+ post-acute with difficulty returning to normal life routines/activities

Client populations: Complex-mild TBI

Cognitive Training Program

Supplement cognitive training to improve executive function and higher order cognitive functions

Client populations: Anoxic ABI, Cancer survivors, Complex-mild, moderate-severe TBI, Stroke

MVA Rehabilitation

Addition of cognitive rehabilitation to suite of services provided followed by a focus on memory and speech

Client populations: Complex mild-severe TBI

Return to Work

Supplement functional and counseling care with executive capacity building to boost cognitive performance

Client population: Complex-mild, moderate-severe TBI, and other ABI

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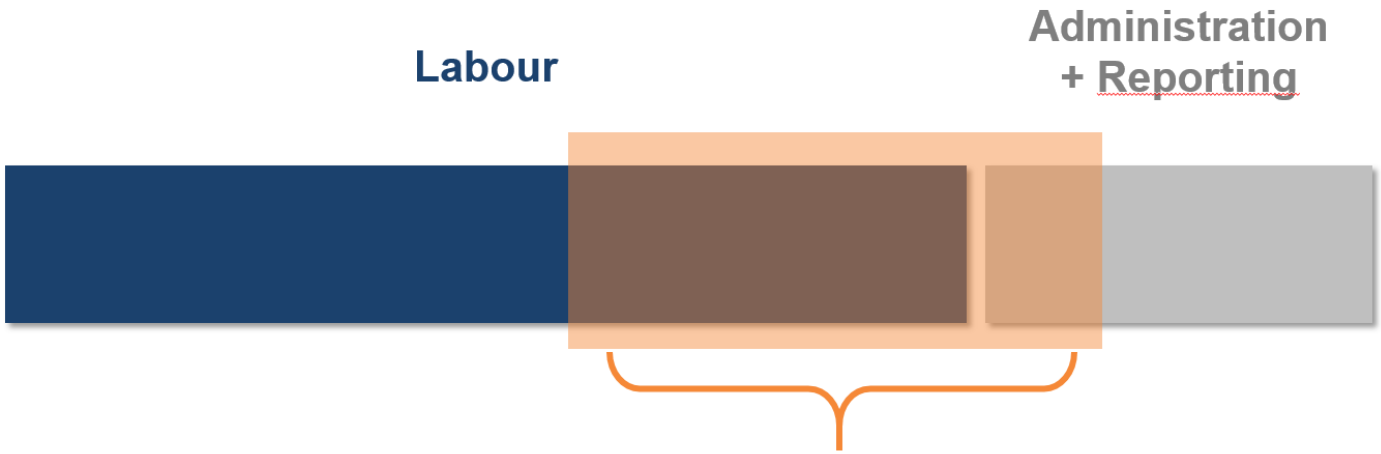
Focusing on Value Based Care

Our focus is on freeing up labor, administration and reporting costs to improve access for patients.



The ABI 4-Pillar program with its patient cohort ratio (6-7:1) and automated reporting, seeks to save significant costs per patient, while ensuring improved care.

Our Product Technology

The ABI Integrated 4-Pillar Licensing System is delivered through state-of-the-art technology enabling live health outcome tracking aligned with best practices:

- Secured Cloud-based data storage
- Real-time client progress tracking
- Real-time patient intervention

- Real-time feedback for practitioner through ABI Wellness App
- Health outcomes reporting

- ✓ **Measurable health improvements**
- ✓ **Improved Quality of Life**

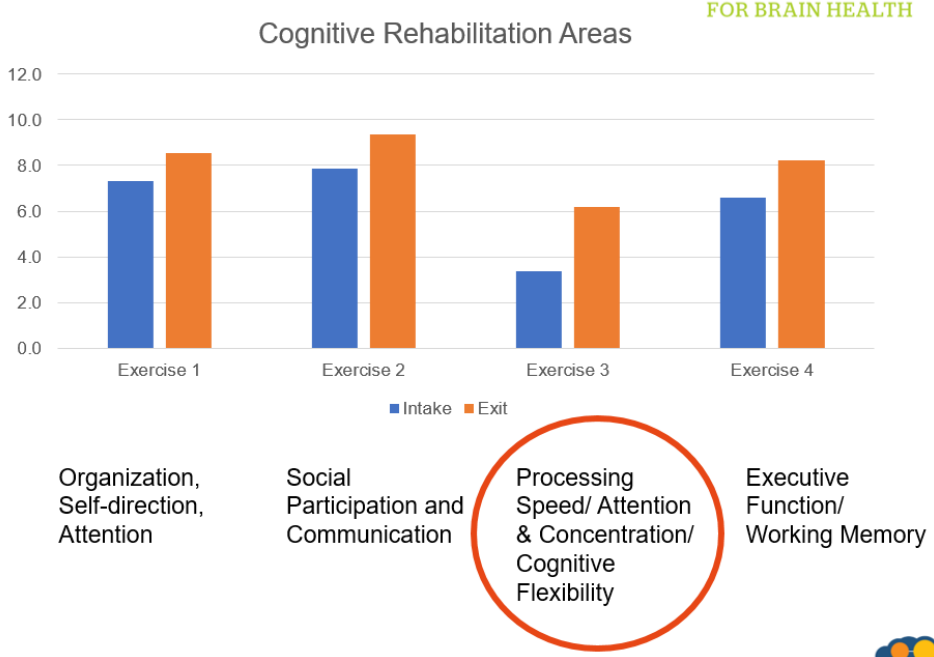
Initial Results to Date

The ABI Wellness program has been implemented by the Watson center in Burnaby, BC since 2015.

Watson Centre Society
FOR BRAIN HEALTH

Clients to Date	47
Age	44.8 (19-71)
Gender Distribution	M 20 F 27
Injury Type	TBI 37 ABI 10
Program Type	Half Day 35 Part Time 12

Source: WCBH Data, 2015



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Results to Date (TBI QOL)

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FOR BRAIN HEALTH

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Source: WCBH Data, 2015

TBI Quality of Life Assessment

	Intake	Exit	Change
Global QOL	86	92	+6
Physical Health Composite	90	93	+3
Emotional Health Composite	86	95	+9
Cognitive Health Composite	92	97	+5
Social Health Composite	80	86	+6

**Illustrative Sample TBI-QOL is recently launched component of program

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For Consideration

Some potential partnership opportunities:

Clinical Care for ABI, TBI patients

Working with your existing partners to offer a scalable treatment plan using the ABI Wellness program and technology for post-acute brain injury patients including post-MVA and return to work patients

1

Ecosystem partnerships to pilot transformative care

Working with partners, public sector and healthcare organizations to conduct large scale research in improving health outcomes for post-MVA, post-brain injury populations, and extending product development

2

Research

Research /partnering on specific elements/extensions of our care model

3

Thank you.

Mark Watson, CEO,
info@abiwellness.com

abi wellness
IMPROVING QUALITY OF LIFE

Public Presentations

Dawn Boshcoff, Seniors' Resource Centre – Metchosin

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Public Presentations

Ravi Parmar and Scott Stinson, Sooke School District

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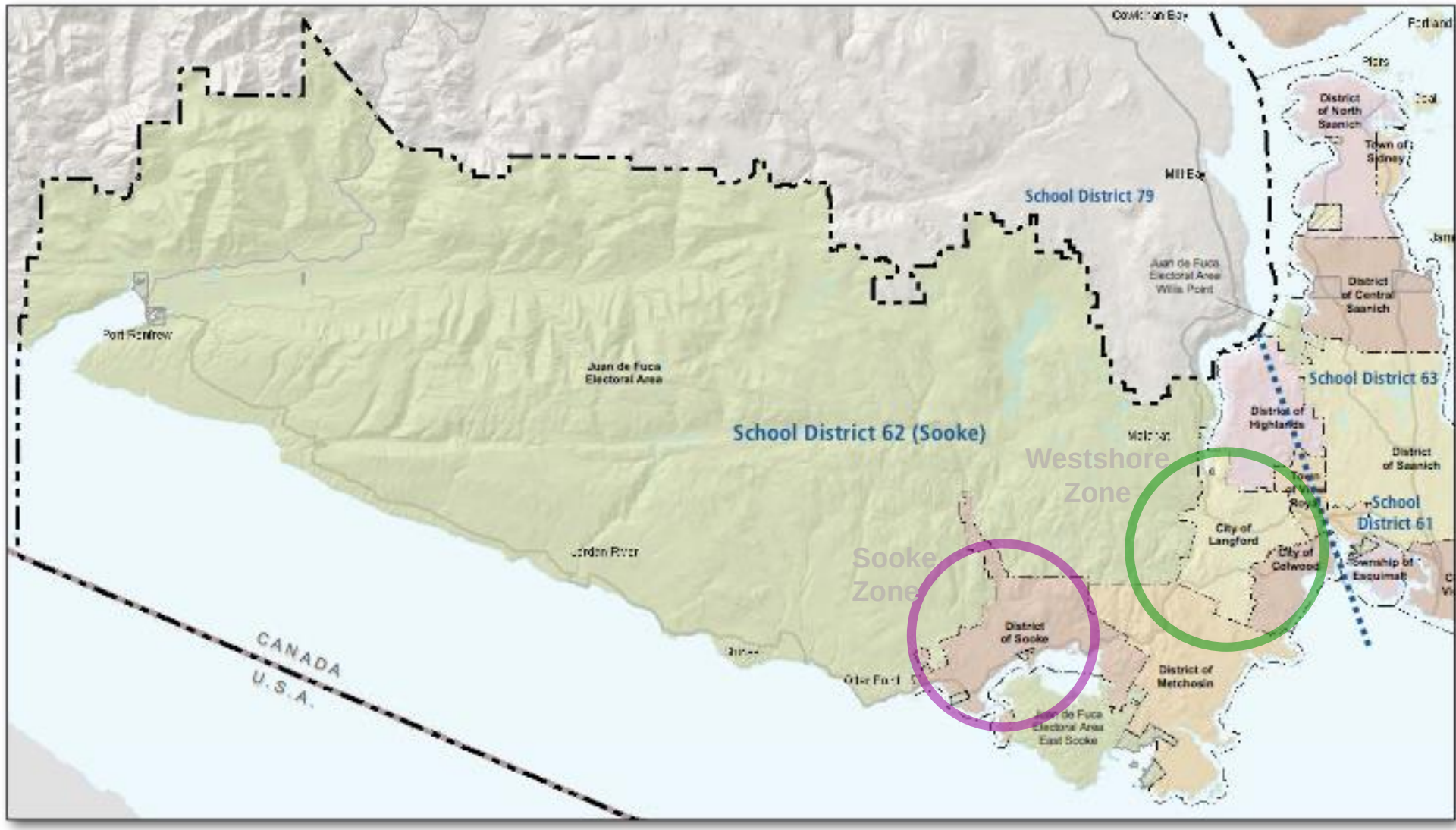
Building capacity in the health and education system

SOOKE SCHOOLS 62
Shaping Tomorrow Today

The Sooke School District



Investments in Health and Wellbeing

- Strategic priority
- Dedicated budget & staff
- Developing multi-year action plan
- Provide free and low cost space for Wellness Centres in 3 high schools
- Shared space agreements with NGO partners
- Aboriginal Enhancement Agreement
- Established Inter-sectoral Community Health Network

One Mind One Spirit

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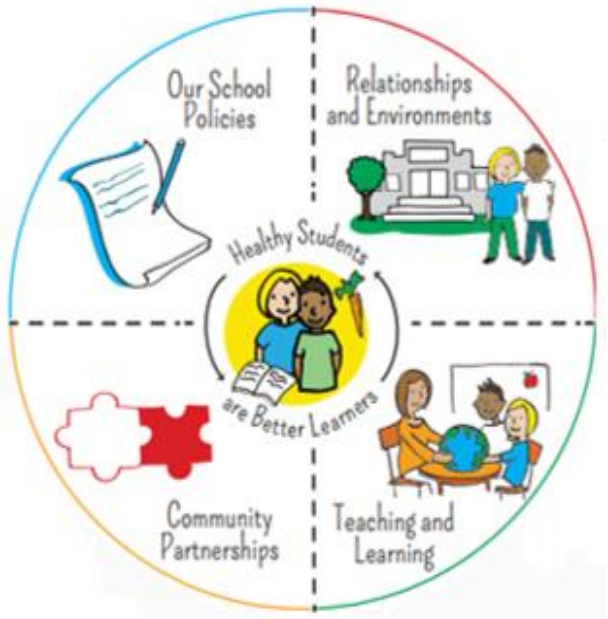
Healthy Schools, Healthy People

Vision

Healthy and thriving children, youth and adults across the Sooke School District community.

Goal

To embed health and well-being into district cultures, priorities, and structures so that all schools support health, well-being and learning.



Partners in Wellness Centres

Mission: To provide safe, accessible, inclusive, and holistic wellness services for SD62 youth.

Vision: A community where all youth are healthy, successful and thriving.

Values: Culturally safe, youth centred and holistic

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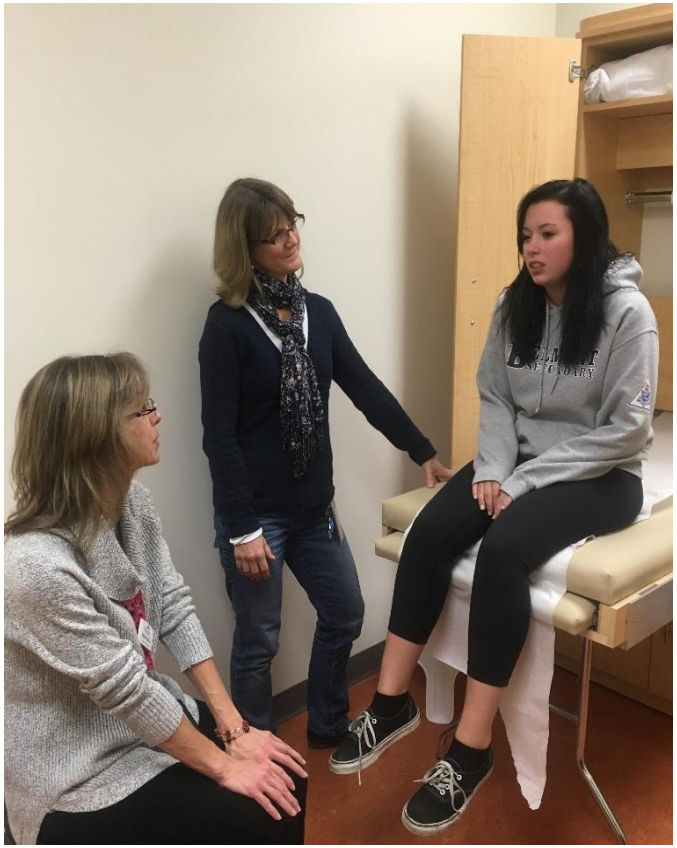
The Wellness Centre at Belmont



A safe, inclusive space that offers services from:

- Physicians
- Nurse Practitioners
- Public Health Nurses
- Mental Health Substance Use Counsellors
- Allied professionals and school staff (MCFD, Counsellors, youth engagement)

Youth as a Special Population with unique health needs

New Access to Health and Wellness Care

Building Capacity for Appropriate Use of Health Services

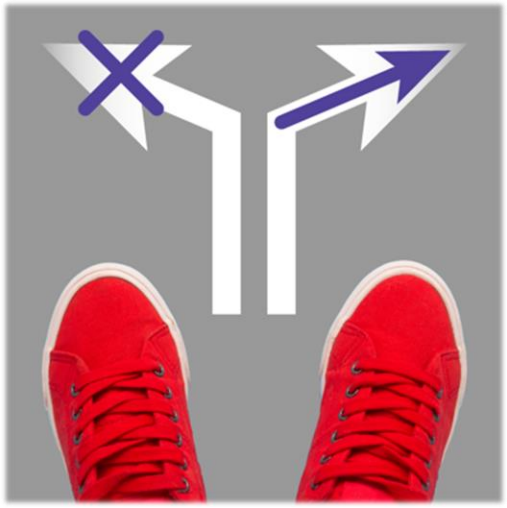
Social Return on Investment

For every **$1** in staff costs per year

At least **$8.31** of social value is created

Transformation And Sustainability

consistent
with concurrent changes in health, education and other sectors

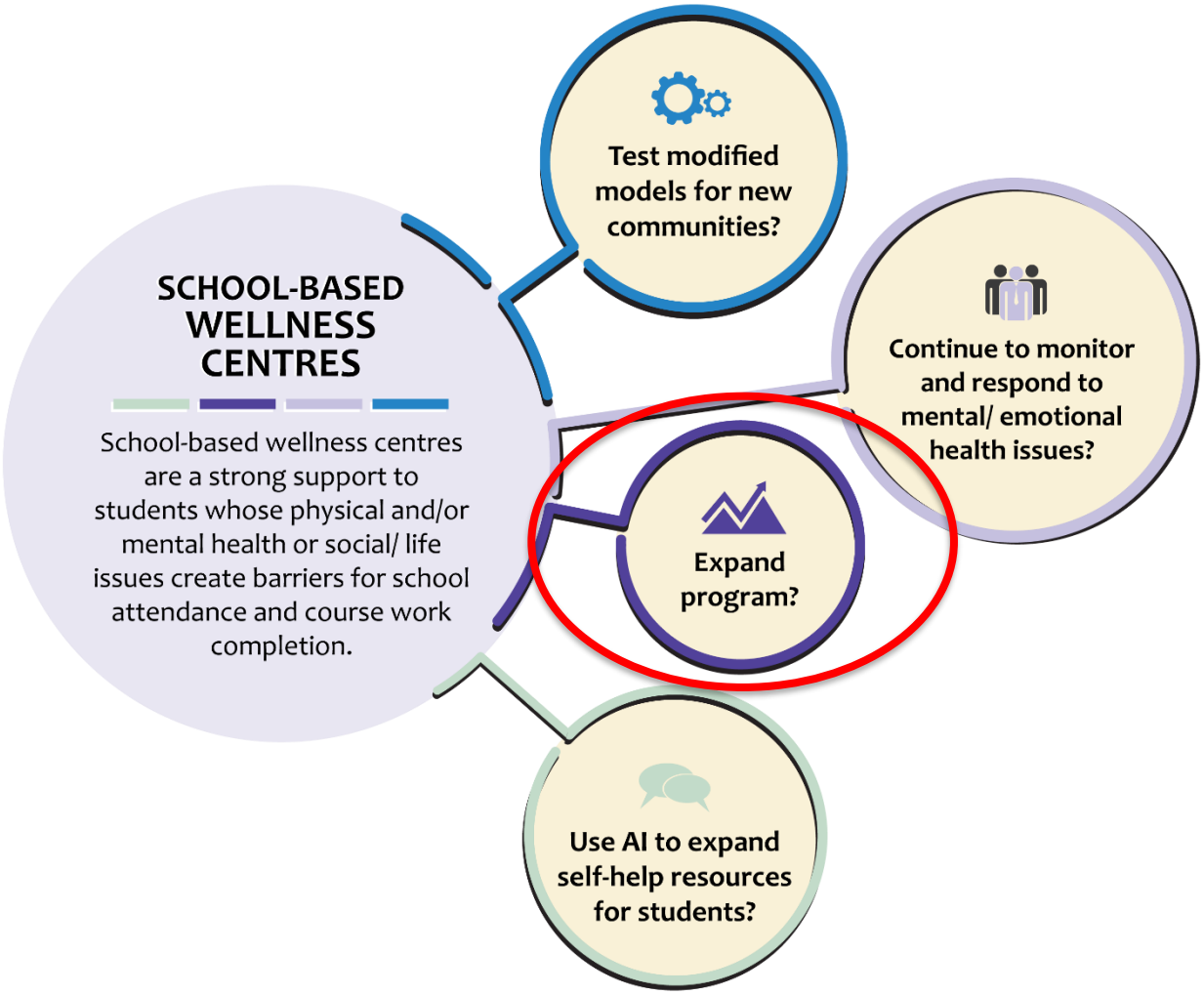


changing trajectory
of mental health

Promoting & supporting:
- wellness
- self care and decision-making
-life skills and resilience

increasing
secondary school graduation

What Is Next?


SCHOOL-BASED WELLNESS CENTRES
School-based wellness centres are a strong support to students whose physical and/or mental health or social/ life issues create barriers for school attendance and course work completion.
Test modified models for new communities?
Continue to monitor and respond to mental/ emotional health issues?
Expand program?
Use AI to expand self-help resources for students?

Thank You

Ravi Parmar, Board Chair

rparmar@sd62.bc.ca

Scott Stinson, Superintendent

sstinson@sd62.bc.ca

SOOKE SCHOOLS 62
Shaping Tomorrow Today

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Q & A's

For more information contact

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