

Implementation of a Homebound Senior's Program: The Sunnybrook Academic Family Health Team's Story

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Presenter Disclosure

- **Presenters: Alison Culbert and Jane Smart**
- **Relationships with commercial interests:**
 - NONE

Disclosure of Commercial Support

- **This program has not received external financial support**
- **This program has not received in-kind support.**
- **Potential for conflict(s) of interest: none**

Objectives

- Describe the implementation of our formal Homebound Senior's Program
 - a model of team collaboration in patient-centred care
 - provides innovative, integrated, interprofessional team based care to homebound seniors
- Learn about the benefits and challenges of this successful interprofessional team approach to providing care to some of our most vulnerable patients

Objectives cont.

- Review some preliminary data on provider and learner satisfaction since the implementation of our program

Home Visits Background

- With an aging population there will be more homebound patients
- Over the years the number of physicians doing home visits has declined
- Barriers to providing home visits are now well documented. Issues that come up repeatedly include:
 - Time constraints
 - Inadequate remuneration
 - Transportation
 - Safety
- Scant Canadian literature to support the benefits but US data does show a decrease in ER visits, hospitalizations and LTC admissions
- Fortunately as of late there does seem to be a renewed interest

Background cont.

- Homebound patients generally have higher disease rates and their needs are not well met by traditional office-based care
- Their physical, social and psychological barriers often lead to increased ER visits and hospitalizations
- Twice as likely to require treatment at a hospital
- Once admitted, further functional deterioration usually occurs

The Sunnybrook Academic Family Health Team (SAFHT)

- Academic FHT fully affiliated with the Department of Family and Community Medicine at the University of Toronto
- Over 9000 rostered patients
- One site with:
 - 13 Family Physicians
 - 25 Residents
- Wave 5 (final)
 - 5.0 nurses
 - 0.5 Pharmacist
 - 0.5 OT
 - 0.5 Care Navigator
 - 1.0 Social Worker
 - 0.4 Dietician
 - SUNDEC funding 2.0 Nurse Educators and 2.0 Registered Dieticians
 - CCAC Coordinator for intensive case management

Our Home Visit History

- Long tradition in our unit of providing home visits after hours and on weekends
- Unique on-call service where patients have access after hours to speak directly with a resident occasionally resulting in home visits
- Not very good at involving medical learners or interprofessional team members

Home Visit History cont.

- Providers found it challenging to find time and often overwhelming to manage complex issues alone
- Elements of a home visit can include
 - Functional assessment ADL's/IADL's
 - Cognitive and mental state
 - Nutritional needs
 - Medication use and compliance
 - Supports – caregiver issues
 - Home environment and safety
 - Finances

What led us to make change?

- Participation in the BRIDGES Integrated Home-Based Primary Care (IHBPC) Project for homebound patients
- Accreditation of the U of T Family Medicine Program - ensuring resident exposure to home visits
- Desire for homebound patients to benefit from amazing interprofessional team members
- Desire to better serve this patient population

Formal Program Creation

- June 2012
- Designated nurse for homebound roster
- Designated administrative staff to track home visits, resident exposure, new referrals
- Pre-booked half days per month
- Increased resident and clinical clerk exposure by always trying to involve a learner
- Inclusion of interprofessional team members

Formal Program cont.

- Monthly meeting attended by interprofessional team members including CCAC Intensive Case Management and consulting Geriatrician – case presentation based
- Development of a comprehensive Home Visit Bag
- Designated lap top for remote access to PSS/other resources
- Designed house calls stamp for home visit documentation (adapted from BRIDGES IHBPC)
- Coordinated Care Plan completion for complex patients



**Alison, Liisa and Jane with
home visit bag**

Homebound Seniors Rounds



Larger Home Visit Bag required!



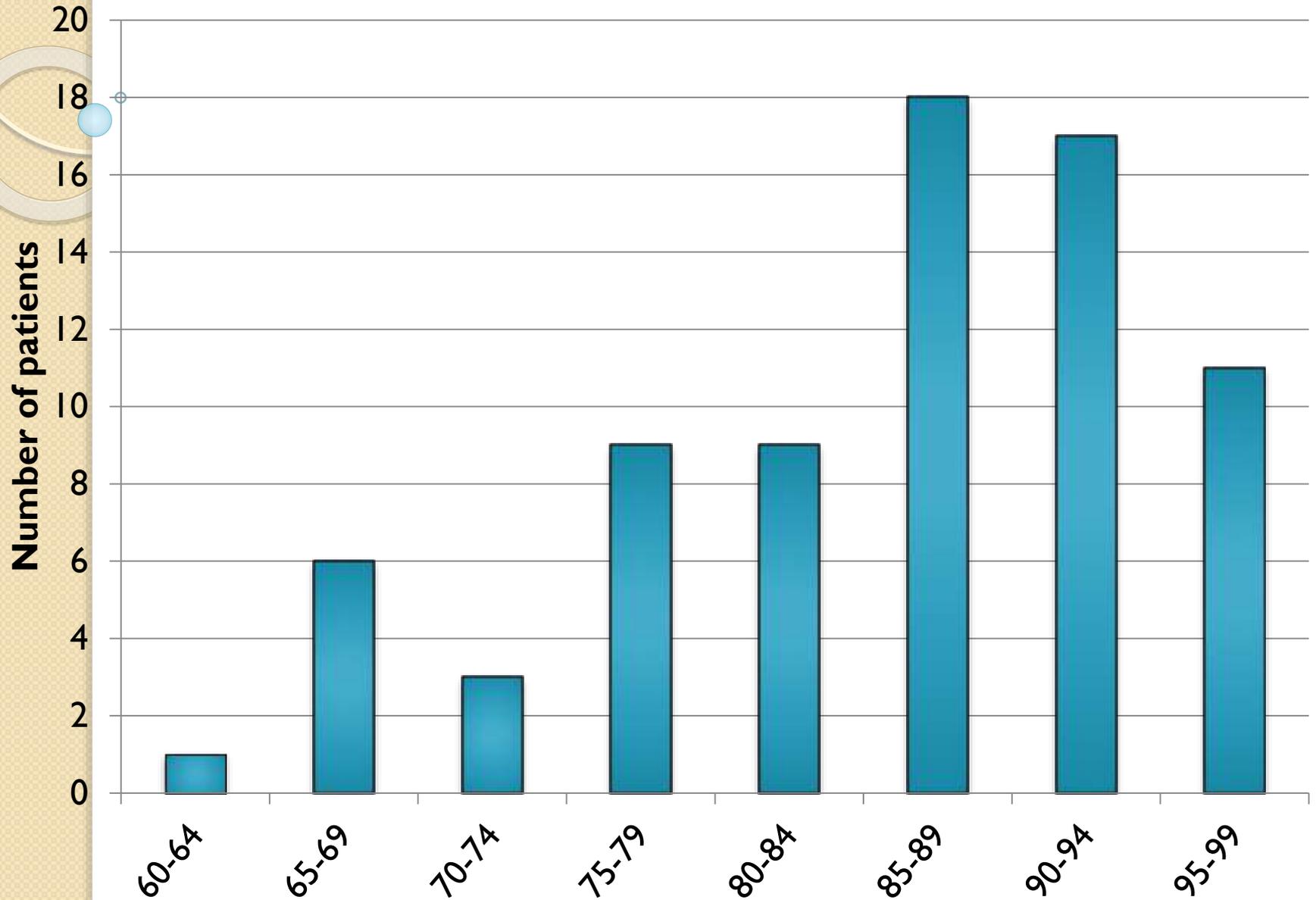
Who are we seeing?

- We defined a Homebound Senior as requiring a home visit due to a physical, social and/or psychological barrier which prevents them from accessing the clinic
- May be seasonal and/or situational (recent hospital admission)
- High turnover rate

Who are we seeing? cont.

- Currently 74 on our roster
- 1/3 of our patients are BRIDGES IHBPC patients
- 49 (66%) female
- 25 (34%) male

Age Distribution of HBS Patients



Mr. JC 70 M

- Lives in a single level home with 24 hour care, wife deceased
- I son POA for Care and Finances
- Medical Issues:
 - Quadriplegia C5-C6
 - Urinary Incontinence and kidney stones
 - Chronic constipation
 - Anxiety with Panic Attacks
 - Autonomic Dysreflexia
- Medications :
 - Peg 3350
 - Dulcolax
 - Cialis
 - Prozac
 - Synthroid
 - Percocet 5-325

Mr. JC 70 M cont.

- Unable to leave home easily –mobility
- Frequent anxiety issues
- 2012 severe urethral strictures needing surgery to enable in and out catheterizations
- Recurrent UTI's
- Using telemedicine to link up with Lyndhurst Physiatrist for frequent follow-ups
- Routine Visits 2 x year with regular e-mail follow-up

Mrs. IC 96 F

- Lived alone in 2 story home until this year
- Recently moved into son's basement apartment
- He is POA finances and personal care
- Medical issues:
 - AFIB – declined coumadin for years
 - Pacemaker
 - TIA/CVA's
 - Polycythemia
 - Severe OA – knees especially
- Medications:
 - Hydroxyurea
 - Levetiracetam
 - Apixaban

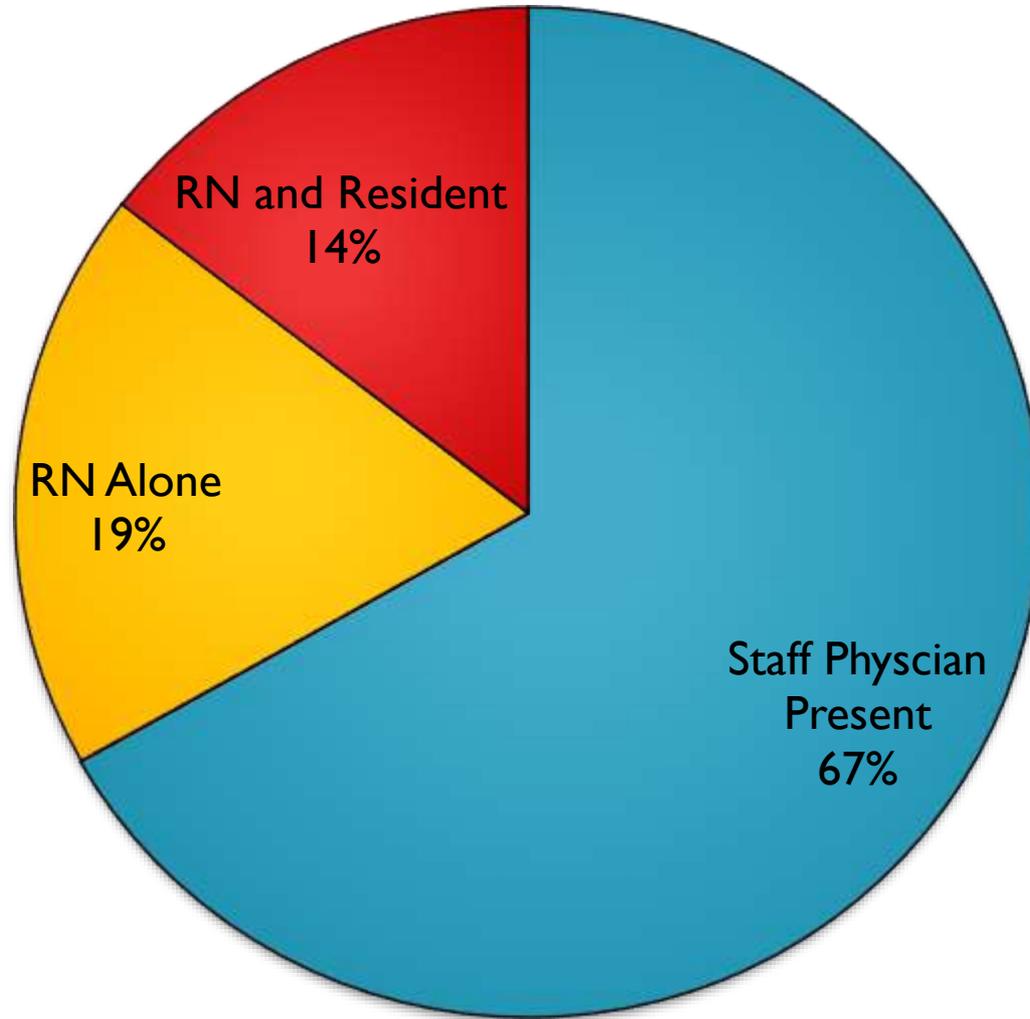
Mrs. IC cont.

- Increasingly difficult to leave her home due to mobility issues
- Decided not going to f/u with pacemaker clinic any further
- Declines to f/u with Hematologist regularly
- Able to find a Hematologist willing to review her blood work without seeing her and make treatment recommendations
- Monthly CBC with “home phlebotomy”
- Seen every 3 months by HBS team

How busy are we?

- Prior to formal HBS Program in a two year period from June 2010 to June 2012 we did 296 visits
- After the creation of the formal program, from June 2012 to June 2014 the number of home visits increased to 414
- Represents a 40 % increase in the number of visits

Home Visits



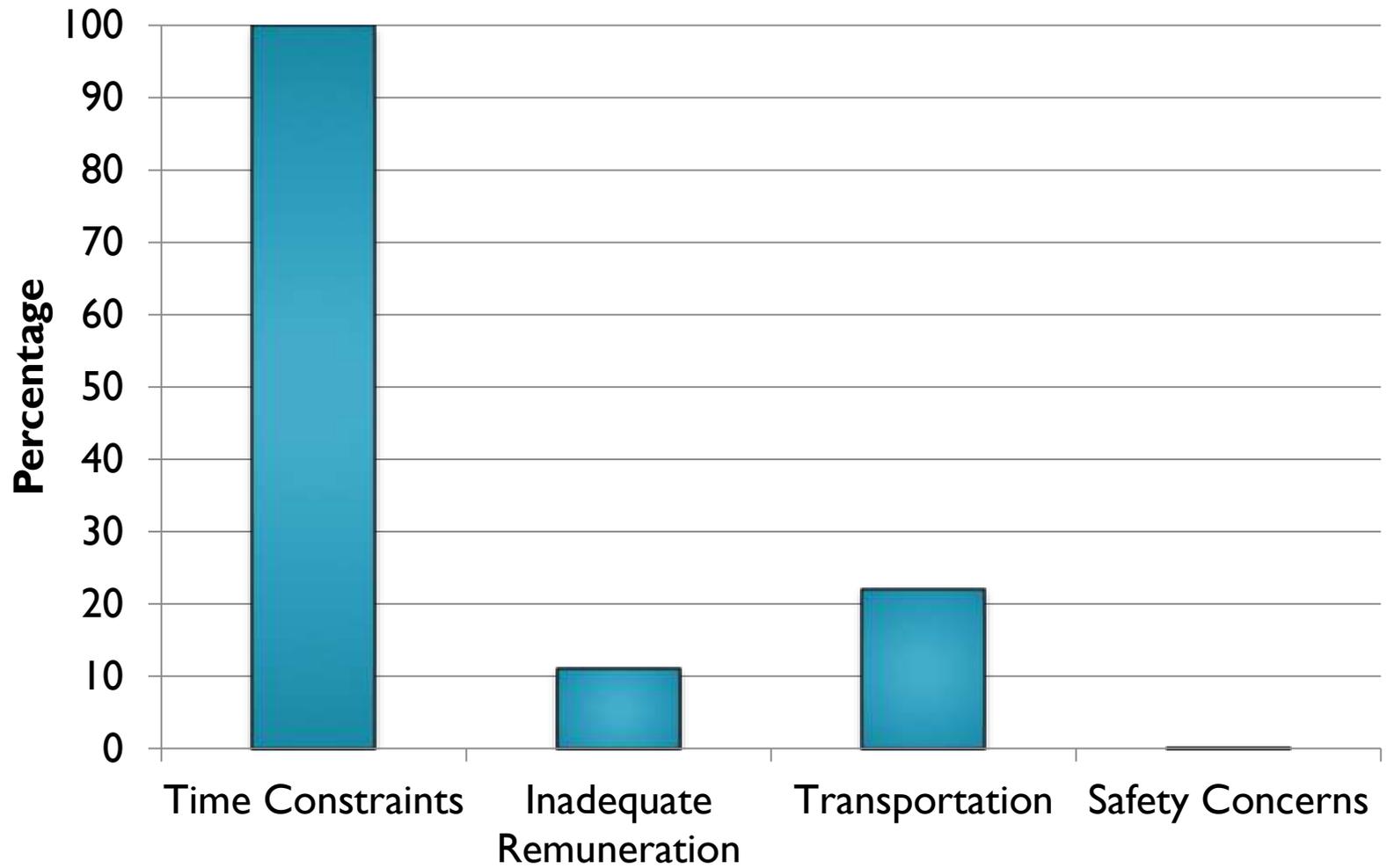
How busy are we? cont.

- Not all visits are attended by the physician – wide variety of combo's
- 13 visits with pharmacist present
- 23 visits with OT present
- 3 with SUNDEC team member present
- 3 with dietician present

What do providers think?

- Physicians surveyed recently with 5 questions
- 9/13 responded (69 % response rate)
- 100% reported having done a home visit in the past year
- 55% did less than 5, while 22 % had done more than 20
- 100 % reported having linked with the program to do the home visit

Barriers to Doing Home Visits



Providers, cont.

- 100% agreed that the implementation of the formal HBS program has been a positive addition to our FHT
- Comments “Having Jane coordinate visits and be available as a resource is amazing”
- “I love going with a pharmacist. Priceless”
- “Time remains the biggest barrier but additional supports have made a huge difference”

Providers, cont.

- Next steps:
 - Focus groups with physicians for more detailed feedback for QI
 - Focus groups with Interprofessional Health Care Providers (IHPs) to solicit feedback and look for ways to increase involvement

What about our learners?

- In March 2013, our former resident Dr. Rahul Jain found that a structured housecalls program improved knowledge, skills, attitudes and confidence
- He surveyed all U ofT residents at academic half day and found that the average number of home visits made by Sunnybrook residents was 3.5 (see poster on display at AFHTO)
- Recent resident survey in June 2014 showed that this number has increased to 6.25 which is a 79% increase

Learners, cont.

- 20/25 residents responded 80 % response rate
- 85 % had done at least 1 home visit during residency
- When asked if they found home visits to be a valuable learning experience 14/15 who answered the question said yes
- Comments referred to the benefit of seeing the patient in their home environment

Learners, cont.

- When asked “Do you foresee yourself doing home visits in your own practice?”
15 responded
- 11/15 said yes
- 2 maybe
- 2 answered no - logistics of coordinating the visit cited as the main barrier

What do patients and caregivers think?

- Anecdotal feedback is exceedingly positive
- BRIDGES IHBPC data
- Next steps conduct our own interviews
- REB approval required prior to doing so

Why is this working?

- Dedicated RN and admin person to coordinate and trouble shoot
- True team effort with collaboration and shared work load
- Monthly rounds offer a supportive environment to get help with challenging cases
- Huge relief to know you are not in it alone!

Why is this working? cont.

- Elements of a home visit NOT SO overwhelming when you have an interprofessional team
 - Functional assessment ADL's/IADL's – RN/CCAC/OT
 - Cognitive and mental state – OT/CCAC
 - Nutritional needs – Dietician/Diabetes Team
 - Medication use and compliance – Pharmacist/RN
 - Supports – caregiver issues – RN/Care Navigator/CCAC
 - Home environment and safety – OT/RN
 - Finances – Care Navigator

On-going challenges

- Time!!
- Ensuring resident exposure
- Fitting in urgent home visits
- Maximizing the scope of practice of our IHP's to ensure our homebound populations benefits
- Nursing scheduling to ensure in clinic coverage when RN on home visits

Conclusions

- Since the implementation of our formal Homebound Seniors Program in June 2012 we are:
 - Doing more home visits which we hope is improving the health of this vulnerable population
 - Providers are happier
 - Learners are being exposed to home visits which we hope will translate into them doing home visits upon graduation

Next steps

- Continue with our program evaluation by conducting focus groups with care providers
- Conduct interviews with patient/caregivers on their experiences with our program and look for ways to improve the care we are providing
- Look for innovative ways to maximize team based approach – Coordinated Care Plans, Telemedicine, ED Care Coordination project and Clinical Collaboration Tool using social media
- Look for ways to measure if home visits are effective – no doubt they are valuable, rewarding and essential



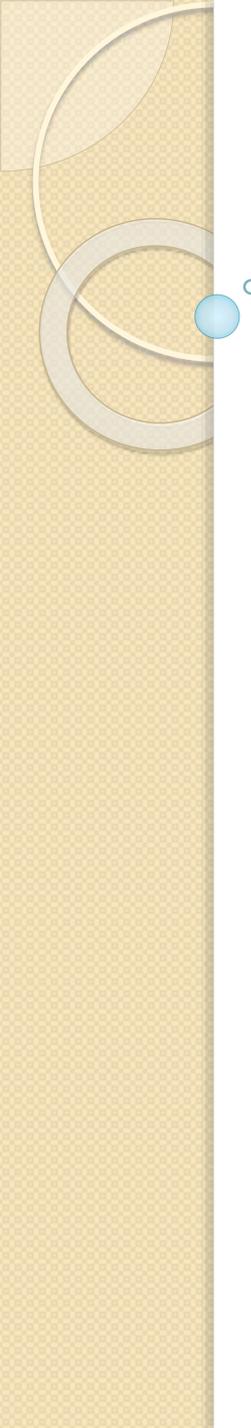
Questions?

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- Rahul Jain – HBS physician
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- Walter Leahy – CCAC ICCP
- Cheryl McMahon – CCAC Telemedicine
- HBS patients, caregivers and families
- HBS team
- Sunnybrook FM Residents & Learners

Thank you!





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