

Integration within Long-Term Care: A Comparative Analysis of Nova Scotia and British Columbia

Description

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ABSTRACT: Long-term care (LTC) was heavily impacted by the COVID-19 pandemic and as a result, gaps in this sector garnered substantial media attention. Studies have shown that systems that are more integrated with primary/acute care may provide more effective care than those that do not [5]. The Nova Scotia (NS), Care By Design (CBD) model and British Columbia (BC) Long Term Care Initiative (LTCI) are both relatively new approaches that aim to employ integration into its operation to improve care for LTC residents. The objective of this paper is to assess the benefits and shortcomings of integration in NS and BC. This comparison will enable a better understanding of possible approaches for LTC integration in different contexts. Literature surrounding provincial LTC structure, the CBD and LTCI models were searched to compare consequences of LTC integration. Key themes that were found to be the focus of both models included ED transfers, quality of care, potentially inappropriate prescription/polypharmacy, and response to the COVID-19 pandemic. Overall, adopting integration into LTC models has been shown to improve health outcomes, be cost-effective and ultimately address systems level issues. There is a need for more primary studies and standardized data collection of metrics to allow for further evaluation as well as recommendations to be made to inform other provincial jurisdictions.

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