AHS ID Program – Improving Client Access

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Homeless People - Health Profile

➢ Greater physical and mental illness than the general population[1]

➢ Five times more likely to be admitted to acute care[2]

➢ 100 times more likely to be admitted to psychiatric wards than their counterparts in society[2]

➢ One-third of the homeless population unlikely to receive treatment[3]

➢ Lack of treatment may be attributed to many barriers, including lack of identification and/or proof of insurance (IDs)[4,5,6,7]

➢ Lack of IDs impedes ability to access diagnostic services, community health-care and additional services ranging from disease prevention and palliative care[8], causing delays in discharging patients[9]

Impacts to Healthcare System

➢ Homeless people may be entitled to healthcare, but they are faced with an inability to access it, as they find themselves without a personal health card, or appropriate ID to obtain one.

➢ Alberta Health Services (AHS) has numerous homeless patients without government-issued photo identification and healthcare cards (IDs).

➢ Without IDs, discharging patients may be delayed due to the inability to refer clients to more appropriate levels-of-care or follow-up services in the community.

Traditional Process

➢ The following diagram highlights the conundrum experienced by both clients and their health providers alike; that is, to obtain a birth certificate clients require ID; but to obtain ID, they require a birth certificate.

➢ In many healthcare environments, social workers traditionally assist clients to obtain IDs by first ordering birth certificates and subsequently IDs once birth certificate is received.

➢ Depending on province of birth, delays of up to 12 weeks are experienced further delaying discharge. Ordering replacement landing documents for immigrants or refugees can take up to 8 months!

Methodology

➢ Mixed methods, multi-phased approach incorporating combination of qualitative and quantitative data collection methods. Combination of expert and local knowledge provided by clients and health providers.

➢ Developed with Alberta Health, Service Alberta, Human Services and Justice and Solicitor General (Adult).
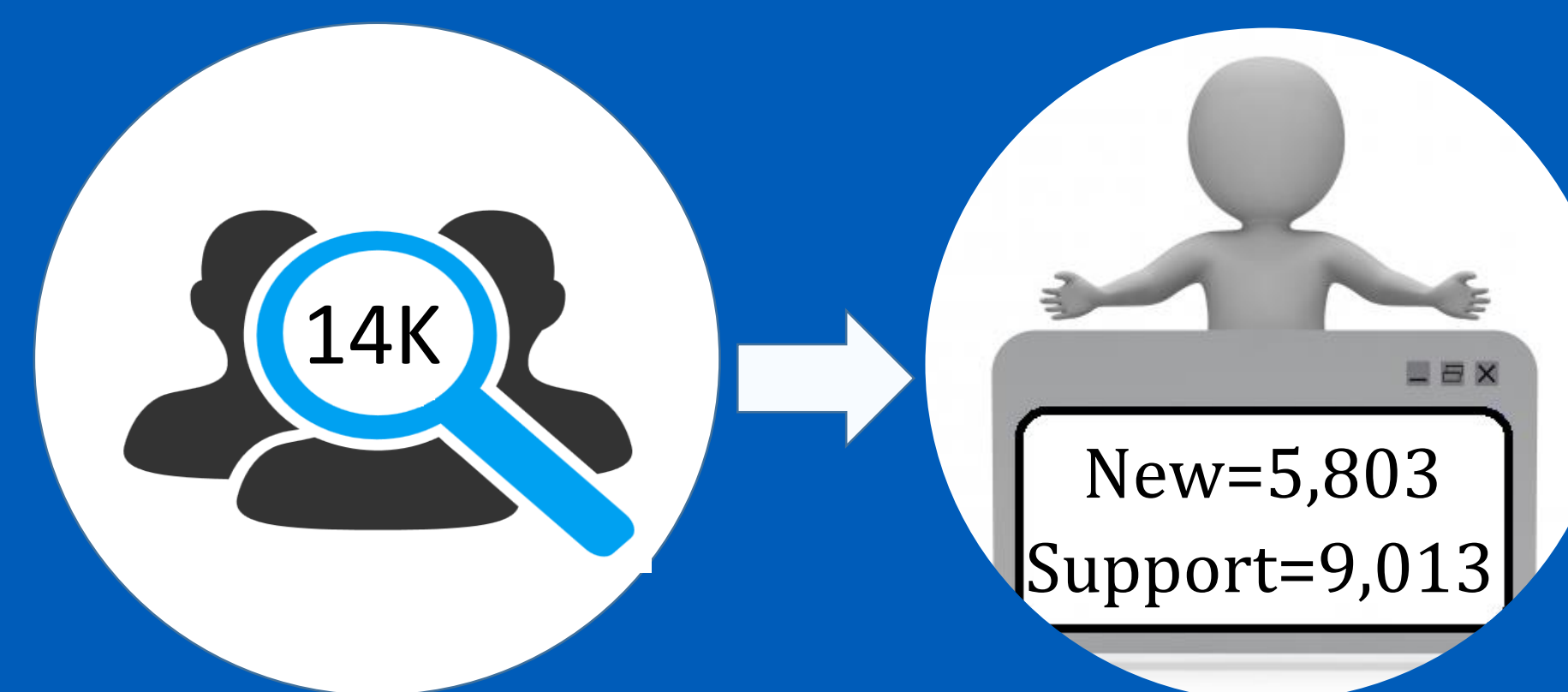
Alternate Means

➢ Employing "Alternate Means" allows the AHS ID Program to work with its partners, collaborators and other trusted sources, as consented by the patient, to provide confirmation of client's identity.

➢ This foregoes the need, in the majority of cases, to obtain birth certificates providing clients with the ability to access much-needed services faster.
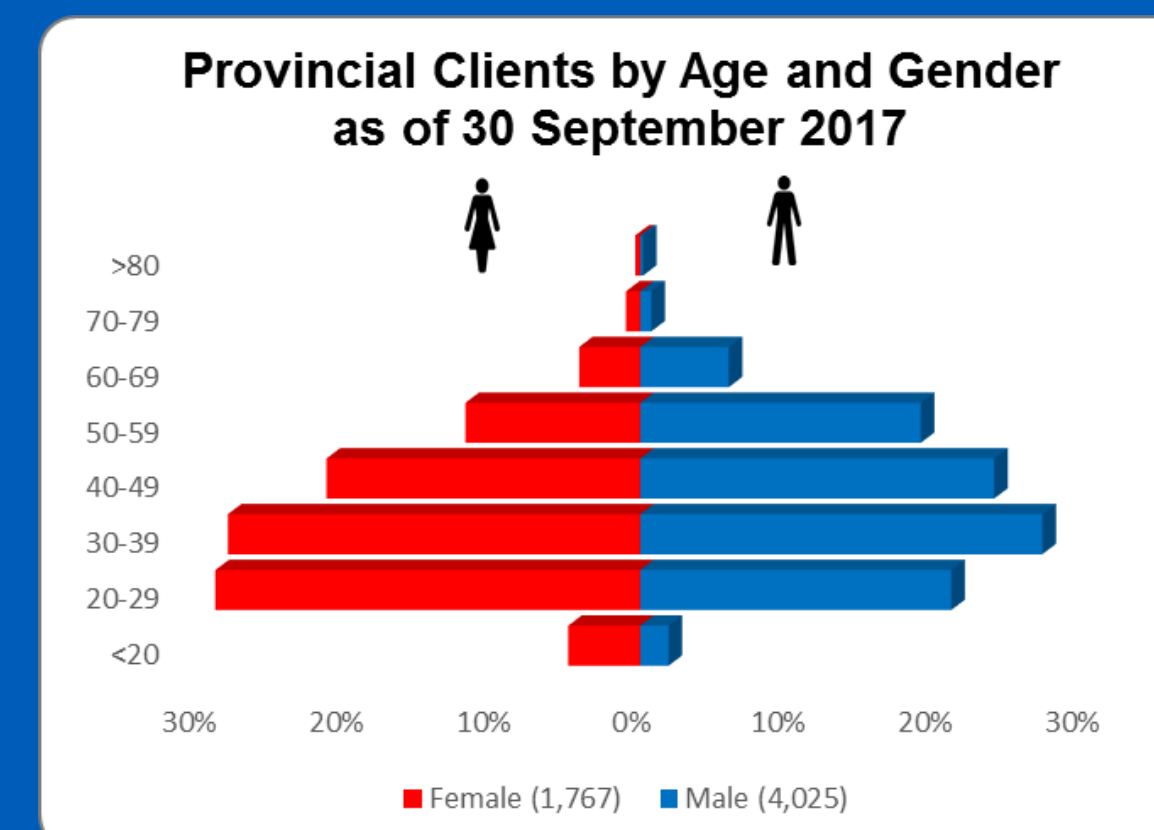

Fax
Email
Phone

= Access

➢ Collaborations with Alberta Vital Statistics, Community and Social Services, Immigration, Refugees and Citizenship Canada; Justice and Solicitor General, Veteran Affairs and provincial registry agents.
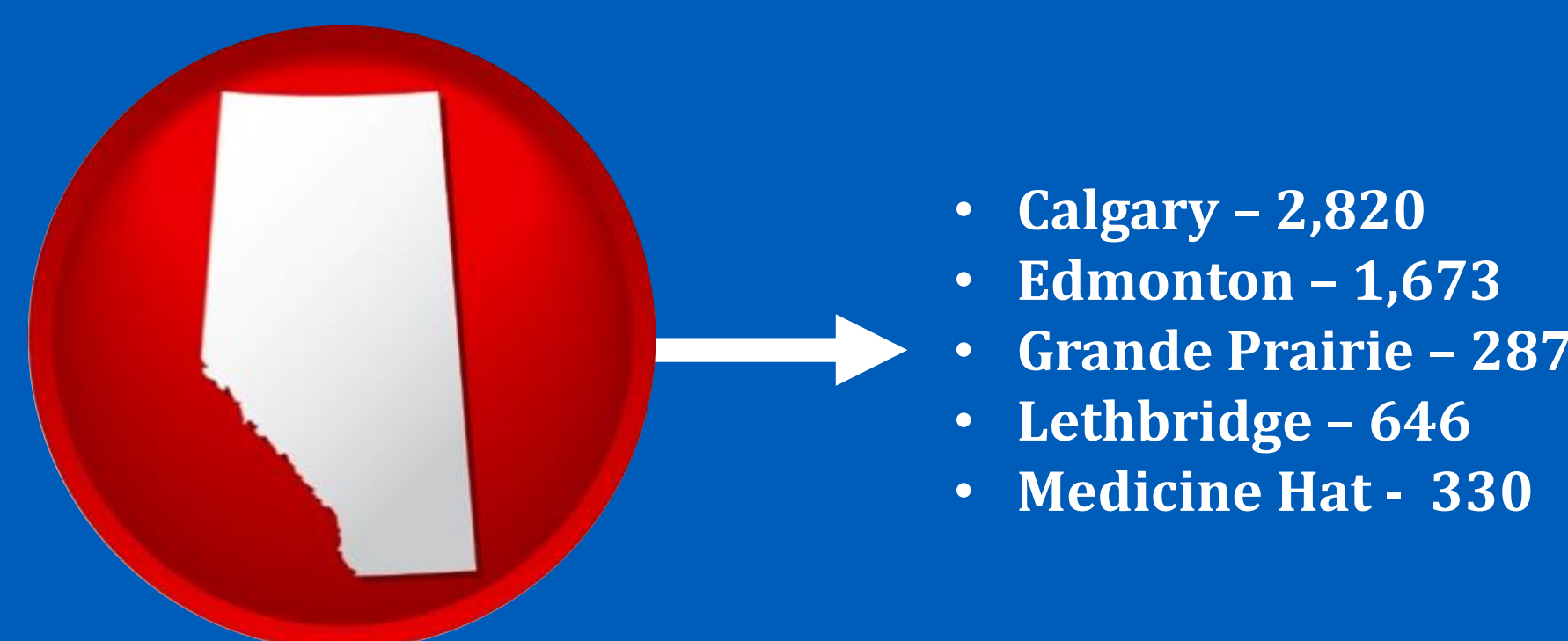
Program Outcomes

14K → New=5,803 Support=9,013

Provincial Clients by Age and Gender

Provincial Clients by Age and Gender as of 30 September 2017

Female (1,767) Male (4,025)

Net-New Clients by Location

- Calgary – 2,820
- Edmonton – 1,673
- Grande Prairie – 287
- Lethbridge – 646
- Medicine Hat - 330

IDs Required by Type

5,539   4,369

Reasons IDs Required by Type

Addiction Services	Health Services	Mental Health Services	Housing	Work	Income Supports / AISH	Banking
1,428	3,601	1,537	3,690	3,107	3,013	3,404

Benefit to Clients

⬆ Sense of identity and empowerment

⬆ Basic needs: housing, shelter, food banks and hampers

⬆ Health Improvement – follow-up appointments, homecare, prescriptions, lab work, addiction supports, methadone treatment, psychiatrists, etc.

⬆ Community stabilization – reconnect with family, better police interactions

"The ID Program has put me back on my feet and set me up for life". - Larry O. - Client since 2014

"Since I got my ID, I have an identity. I am less stressed". - Leona SD. – Client since 2016

"Now that I have ID, I am not hampered from obtaining services". - Michael D. - Client since 2016

Benefit to System

➢ $4,192,112 – Cost Avoidance (To Date)

➢ $1,362,677 – Cost Avoidance (Fiscal 2017)

➢ $27,483 – Cost Recoveries (To Date)

Learnings

1) Remaining barrier -- clients in care or in corrections unable to leave facility in order to attend a registry to finalize the last requirement to obtain IDs.

2) Vulnerable clients residing in rural/remote areas are unassisted to obtain IDs.

3) Homeless youth are unassisted due to inability to obtain guardian consent.

Next Steps

Youth — Program scope widened to include youth 16+

Virtual Assistance — Use of virtual health technology to assist hard-to-reach patients

Digital Storage — Digitize IDs for when required to access care.

Acknowledgements