

**Breaking Down
Silos: How
Interdepartmental
Data Sharing
Enabled an
Economic
Evaluation of New
Brunswick's Nursing
Home Without Walls
(NHWW) Program**



LAND ACKNOWLEDGEMENT



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3 Enabling Analytics Across Health and Social Care

4 “Lessons Learned” for Collaborative Data Analysis

5 Contributing to Impact: NHWW Pan-Canadian Spread

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About Us



Speakers



Stephanie Lagosky

Senior Program Lead,
Strategic Initiatives
& Programs,
Healthcare Excellence Canada



Jennifer Connolly

Co-Founder and Lead,
Canadian Portfolio,
Edge Health Insights

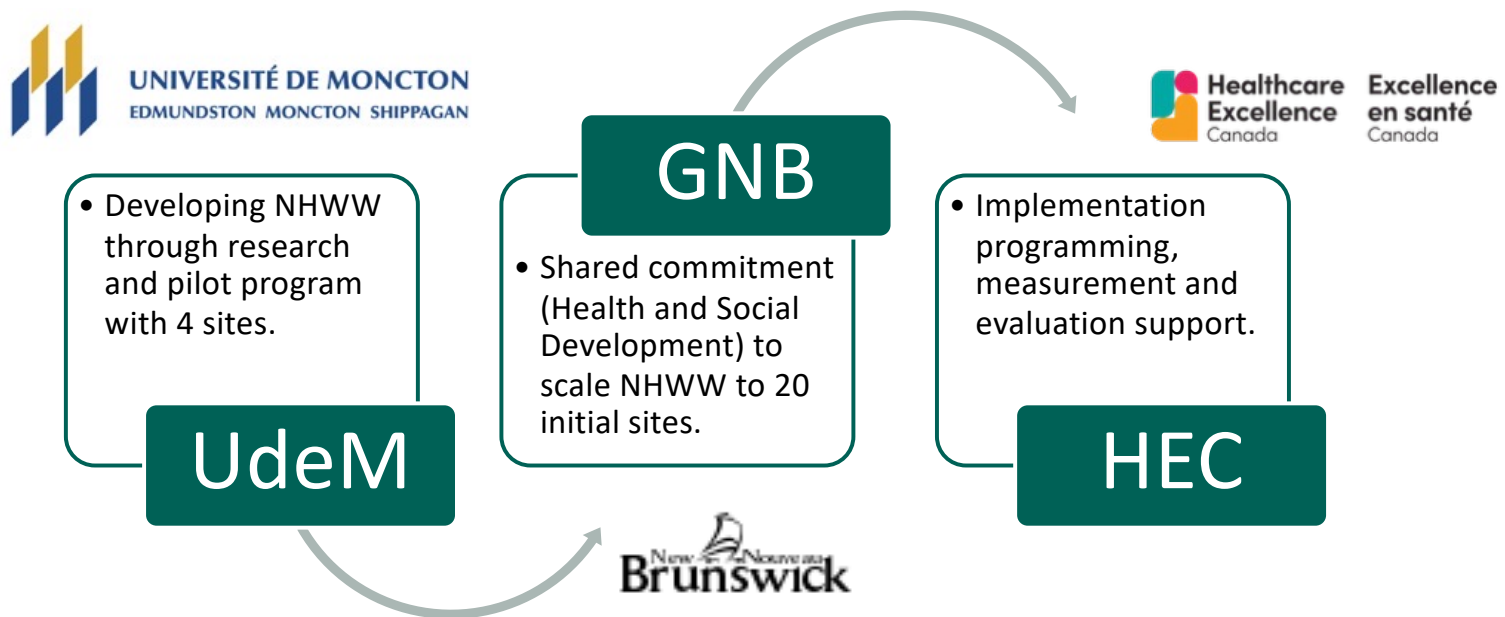


Judy Freeze

Provincial Consultant - NHWW,
Social Development,
Government of New Brunswick



Implementation Involved Several Partners, Working Together



Edge Health Insights was the Analytics Partner



We are a specialist healthcare and life science analytics consultancy in Canada and the UK that uses data to improve the delivery of health and care services so that better outcomes can be delivered more efficiently



We have a wide variety of expertise and specialist skills in data analytics, data science, data engineering and health economics

Our niche is making it relevant for clinical and operational decision-making.



Our focus:

- Advanced analytics
- Data engineering
- Operational efficiency
- Bespoke health economics and
- Strategy and policy advisory



£3 million Saved at South Tees from reduced overtime through better theatre utilisation enabled by SpaceFinder – one of the first successful uses of AI used in the NHS and highlighted by CQC as “Outstanding Practice”

£30 million additional funding for a group of specialist hospitals

£294 million Saved for the NHS in 2019 on the biological drug Adalimumab following Edge support for novel procurement mechanism

+12,000 procedures protected during the COVID-19 crisis for time critical cancer patients

+100 unique clients

1,000 GIRFT reports

from orthopaedics to neonatal intensive care and many more delivered to front line clinicians across the whole NHS based on Edge Health analysis

supported aviation sector with work that ultimately led to the total removal of air travel restrictions in the UK, the work was then scaled in Europe, North America and Asia

40% more effective at reducing Covid-19 infections than previous policy

+3,000 press mentions

of Edge Health’s research work on COVID-19 and coverage on major national and international news networks

3rd highest A&E performance following +700 bed reconfiguration enabled by bed modelling

+100 General Practices supported with quality improvement and population health analytics – all visited in person

212 tailor made reports prepared to give patients and clinical teams comparative data to support quality improvement of services for Inflammatory Bowel Disease

Edge supported the first nationwide data collection on Hospital Acquired Thrombosis

+£500 million supported based on our clinical demand analysis and capacity modelling, including Moorfield’s new eye hospital and St George’s new ED

[confidential] multi-million saving in private hospital dispute with insurer based on Edge analysis of claims data

Supporting roll out of national clinical improvement portal to **2,000** surgeons

Winner of Best Consultancy Partnership with the NHS 2022 - HSJ Leading healthcare consultancy - FT **DigitalHealth .London accelerator cohort 2020** Winner of Innovator UK award **Digital Leader 2020**

ISO9001, ISO27001, JOSCAR and **CyberEssentials** accreditation to help protect

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NHWW: From Pilot to Provincial Spread



Most Canadians Wish to Continue to 'Age in Place'

- **100%** of Canadians 65+ plan to live in their own home as long as possible. *(NIA, 2020)*
- **92%** of older adults over the age of 65 years live in the community. *(Stats Can, 2018)*



However, Many Cannot, Creating Long-Term Sustainability Challenges

An institutional-first approach to aging is both misaligned with the stated preferences of older Canadians and fiscally unsustainable for an aging population.

About **1 in 10** newly admitted long-term care residents potentially could have been **cared for at home**



(Source: CIHI, 2022)



1 in 7 visits to the emergency department were for conditions that could potentially be managed in primary care

1 visite sur 7 au service d'urgence concernait des conditions propices aux soins primaires

CIHI ICHS



20% of hospital beds in Canada occupied by an older adult AL
(Maisonave et al., 2024)

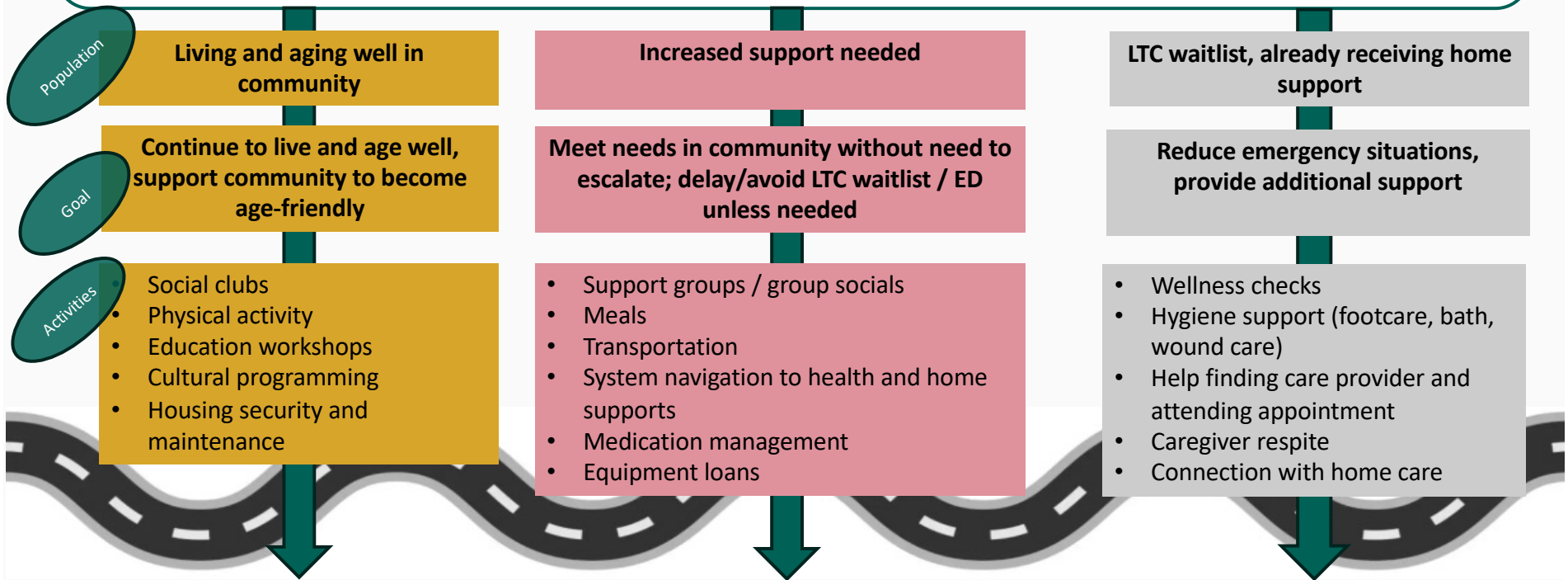


Three million ALC bed-days in 2022-2023 translates to \$1.54 to \$3.04 billion in excess costs
(C.D. Howe Institute, 2024)



Nursing Home Without Walls Core Model

- **Identify needs of older adults** and caregivers to age in place (that are not being met)
- **Leverage assets in LTC, government and community** (no duplication of services)
- **Connect and accompany** people to services that matter most to them



NHWW Core Principles

Person-Centered Approach

Prioritizes older adults' values through flexible approaches that support their dignity and independence while aging in place.

Free & Accessible Services

All services must be offered at no cost to older adults and their care partners.

Hands-On Accompaniment

Provides hands-on support as they navigate health and social services within their community.

Social and Community Supports

Focused on the missing elements of the social and community supports needed to age in place.

Leveraging Existing Services

Connects older adults to existing community and/or nursing/long-term care services.

Asset Mapping & Engagement

Services are identified and prioritized through community asset-mapping and engagement with older adults.

Establish Care Facilities

A NHWW site must be a recognized long-term care or nursing home facility.

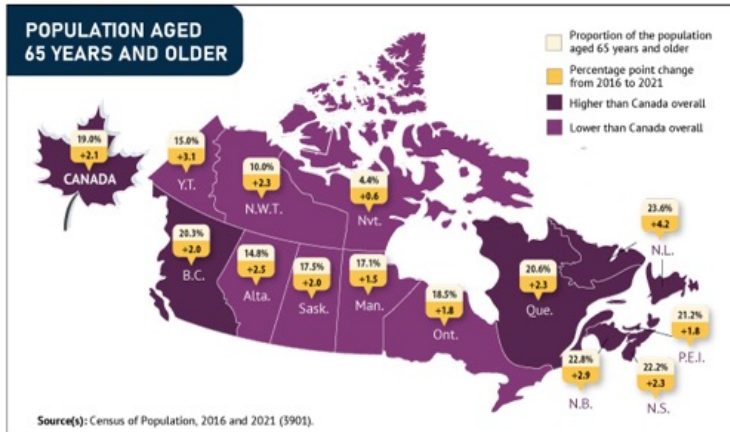
Asset-Based Community Development

This strength-based approach fosters community partnerships and mobilizes local assets.

Aging in the Community

Designed for older adults (typically 65 years or older) who live independently in the community.

Opportunity



Judy Freeze, GNB NHWW

Qualitative Health Research

<http://qhr.sagepub.com>

The Significance of Social Engagement in Relocated Older Adults
 Suzanne Dupuis-Blanchard, Anne Neufeld and Vicki R. Strang
 Qual Health Res 2020; 19: 1195
 DOI: 10.1177/1049732309343956

The online version of this article can be found at
<http://qhr.sagepub.com/qhr/onlineFirst/195/1195>

Published by:

Nursing Homes Without Walls for Aging in Place*

Suzanne Dupuis-Blanchard¹ and Odette N. Gould²

RÉSUMÉ
 Dans le but d'évaluer l'impact des services communautaires en place sur la prestation de services communautaires destinés à vieillir chez soi, il est nécessaire d'identifier les nouvelles relations sociales à grande échelle existantes. Dans le présent article, nous explorons la possibilité de créer des centres d'hébergement pour personnes âgées précoces dans des foyers de services destinés à une population âgée non institutionnalisée, soit les aînés en place d'autonomie vivants dans les communautés. Quatre-vingt-deux (42) centres d'hébergement pour personnes âgées du Nouveau-Brunswick ont été invités à participer à une enquête en ligne et 59 de ces établissements ont accepté d'accepter des résidents. Les résultats indiquent que 100 % des participants ont dit que les centres d'hébergement pour personnes âgées des services aux personnes âgées leur faisaient du bien et qu'ils les recommandent. Les résultats suggèrent que les centres d'hébergement peuvent apporter des avantages sociaux et sociaux en ce sens.

ABSTRACT
 Given the urgency of finding cost-effective and innovative solutions to providing community services for aging in place, new relations that offer advantages of staying independently are clearly needed. In this empirical mixed-method study, we chose to explore the role that nursing homes could play in offering services to a non-institutionalized target population, namely seniors with low or independent living in the community. Forty-two (42) nursing homes in the province of New Brunswick completed an online survey, and 59 agreed to participate in face-to-face interviews. Results show that 100 per cent of participants agreed that nursing homes could offer services to seniors as their alternatives for aging in place. Results suggest that nursing homes are cost-effective, innovative solutions for aging in place.

¹ School of Nursing, Université de Moncton, Moncton, New Brunswick
² Department of Psychology, Mount Allison University, Sackville, New Brunswick
 * We are grateful for the collaboration with the New Brunswick Association of Nursing Homes.

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Keywords: aging, aging in place, nursing homes, long-term care facilities, community, innovation
 La correspondance et les demandes de tirés à part doivent être adressées à : *Correspondence and requests for reprints should be sent to:

Suzanne Dupuis-Blanchard
 School of Nursing - Université de Moncton
 51 Avenue Maïeur 501
 Moncton, NB E1A 5X9
 e-mail: sdupuis@univmoncton.ca

In the past few years, the concept of aging in place has dominated discussions among researchers, health professionals, governments, and community service organizations as well as those of seniors and their families (Vanwallendael, Steiner, Laing, & Payne, 2012). The urgency of older adults needs to live outside of institutional care for as long as possible (Barrett, 2014; Chappell & Han, 2010; Cohen, 2005; Cohen, 2005; Gould & Dupuis-Blanchard, 2011). However, both

personal factors such as income, education, and health status – as well as community factors such as the availability of transportation services, appropriate housing, and informal and formal support – all play an important role in determining older adults' capacity to age in place (Dupuis-Blanchard et al., 2015; Gooding & Ewert, 2003). Moreover, the advantages of remaining in the family home are sometimes questioned, at least for some older adults (Giles, 2009).

Conclusion based on Aging / Les bases conclues de vieillissement Page 1 of 8 (2018)
 doi:10.1016/j.ahp.2018.02.002

New Brunswick
Aging in place is a big priority for seniors. They think it should be for politicians, too

Rising seniors population to further impact N.B. healthcare
 Saint John, NB, Canada / Country 94

New Brunswick
'We are putting people in danger,' official says about Horizon's long-term care patients
 Patients awaiting nursing home beds are biggest obstacle to safe, timely care, says patient safety official

New Brunswick
Waitlist for N.B. nursing homes tops 1,000 — and more than 500 wait in hospital



Document publié le 7 juin 2019 10:08

Service social

Maintien à domicile : capacité d'offre de services communautaires actuels et futurs au Nouveau-Brunswick
 Danielle Thériault, B.A. (psychologue), MGS et Suzanne Dupuis-Blanchard, BScot, MN, Ph. D.

Volume 61, numéro 2, 2017

Résumé de l'article
 Les politiques sociales ont pour but d'offrir à la population âgée un accès à des services sociaux et communautaires. Cependant, les services sociaux et communautaires sont souvent limités et ne permettent pas de répondre à tous les besoins de la population âgée. Cette revue de littérature vise à explorer les services sociaux et communautaires disponibles et à identifier les besoins de la population âgée. Les résultats de cette revue de littérature indiquent que les services sociaux et communautaires sont souvent limités et ne permettent pas de répondre à tous les besoins de la population âgée. Cette revue de littérature vise à explorer les services sociaux et communautaires disponibles et à identifier les besoins de la population âgée.

Abstract
 Social policies are intended to provide older adults with access to social and community services. However, social and community services are often limited and do not meet the needs of the aging population. This literature review aims to explore the available social and community services and to identify the needs of the aging population. The results of this literature review indicate that social and community services are often limited and do not meet the needs of the aging population. This literature review aims to explore the available social and community services and to identify the needs of the aging population.

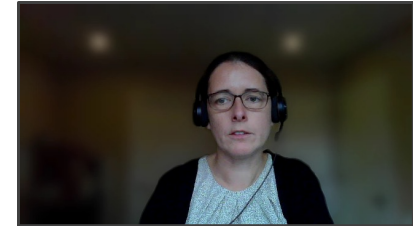
Keywords
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Correspondence
 Suzanne Dupuis-Blanchard
 School of Nursing - Université de Moncton
 51 Avenue Maïeur 501
 Moncton, NB E1A 5X9
 e-mail: sdupuis@univmoncton.ca

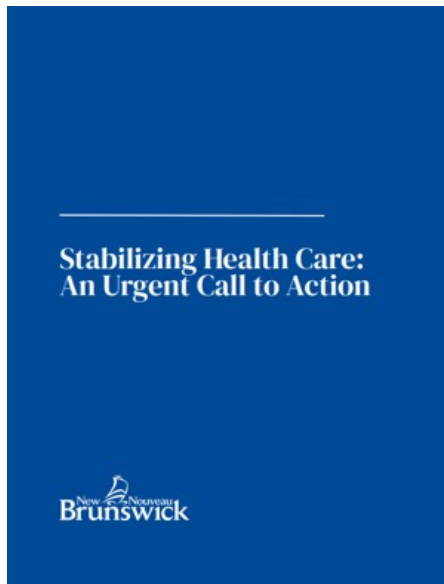
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Foundation



Judy Freeze, GNB NHWW



<p style="text-align: center;">CHAPTER F-2.2</p> <p style="text-align: center;">Family Services Act</p> <p style="text-align: center;">1983, c. 16, s. 1</p> <p style="text-align: center;"><i>Assented to July 16, 1980</i></p> <p style="text-align: center;">Chapter Outline</p> <p>Definitions 1</p> <p>adult — adulte</p> <p>associated person — personne associée</p> <p>cohabit — cohabiter</p> <p>common-law partner — conjoint de fait</p> <p>community — communauté</p> <p>community social services or social services — services sociaux</p> <p>services sociaux communautaires</p> <p>community social service agency — agence de services sociaux</p> <p>communautaires</p> <p>consent — consentement</p> <p>cost — coût</p> <p>Department — ministère</p> <p>disabled person — personne handicapée</p> <p>elderly person — personne âgée</p> <p>holiday — jour férié</p> <p>immediate family — proche famille</p> <p>Minister — ministre</p> <p>prescribed form — formulaire prescrit</p> <p>protective care — régime de protection</p> <p>province — province</p> <p>resources — ressources</p> <p>spouse — conjoint</p> <p>Repealed 2</p> <p>Authority of Minister 3</p> <p>Determination of suitability 3.1</p> <p>Repealed 4</p> <p>Repealed 4.1</p> <p>Repealed 4.1</p> <p>Contracts with Crown in right of Canada 5</p> <p>Repealed 6</p>	<p style="text-align: center;">CHAPITRE F-2.2</p> <p style="text-align: center;">Loi sur les services à la famille</p> <p style="text-align: center;">1983, ch. 16, art. 1</p> <p style="text-align: center;"><i>Sanctionnée le 16 juillet 1980</i></p> <p style="text-align: center;">Sommaire</p> <p>Définitions 1</p> <p>adulte — adulte</p> <p>agence de services sociaux communautaires — communauté</p> <p>social services agency</p> <p>cohabiter — cohabiter</p> <p>communauté — communauté</p> <p>conjoint de fait — common-law partner</p> <p>consentement — consentement</p> <p>coût — coût</p> <p>forme prescrite — prescrit form</p> <p>jour férié — holiday</p> <p>ministère — Department</p> <p>mineure — Minister</p> <p>personne âgée — elderly person</p> <p>personne associée — associated person</p> <p>personne handicapée — disabled person</p> <p>proche famille — immediate family</p> <p>province — province</p> <p>régime de protection — protective care</p> <p>ressources — resources</p> <p>services sociaux communautaires ou services sociaux — community social services social services</p> <p>Repealed 2</p> <p>Autorité du ministre 3</p> <p>Établissement de l'aptitude 3.1</p> <p>Abrogé 4</p> <p>Abrogé 4.1</p> <p>Abrogé 4.1</p> <p>Contrats avec la Couronne du chef de Canada 5</p> <p>Abrogé 6</p>
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nhww_fssm@gnb.ca



Current State of NB's Scale Initiative

- Over 4,980 participants, provided over 126,000 services (January 22, 2026)
- Over 3,400 community events, reaching tens of thousands more.

36 NHWW (November 2025)
36 FSSM (novembre 2025)



3

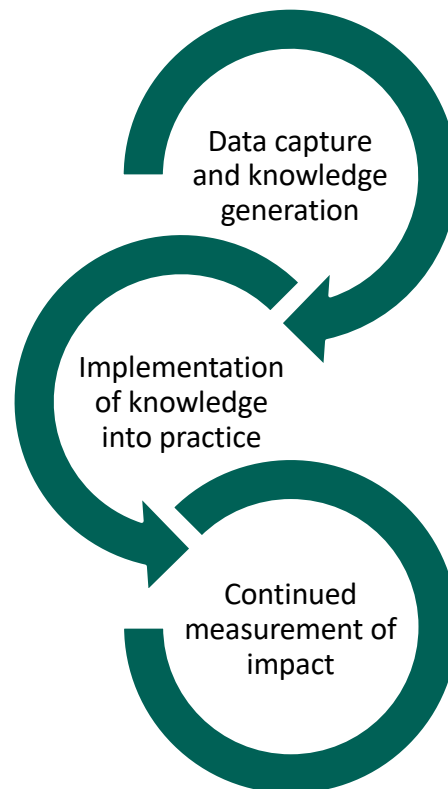
Enabling Analytics Across Health and Social Care



Throughout NHWW’s Scale and Spread, Evidence-Based Principles from the Research World have Guided Implementation

Data capture gives healthcare leaders the information they need to make decisions and improve – part of a learning health system.

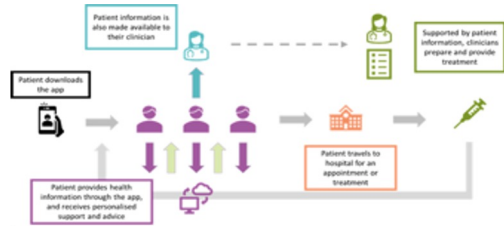
“LHS is a transformative approach to ongoing learning, engagement, and collaboration among all partners in a health system for continuous quality improvement.”



“Learning health systems capture data from practice, generate knowledge from the data, and put the knowledge back into practice to improve care. This approach supports organizations of people, institutions and resources that deliver health care services.”

This Included an Economic Evaluation of the NHWW Programs Impacts Across Health and Social Care

1. Map out business as usual and proposed improvement

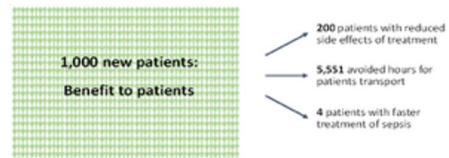


2. Logic model: map out potential benefits and costs



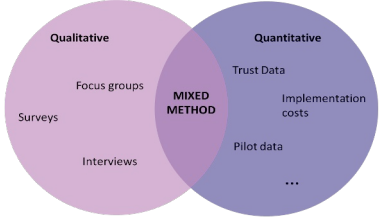
Quintuple Aim Framework

4. Summarize findings

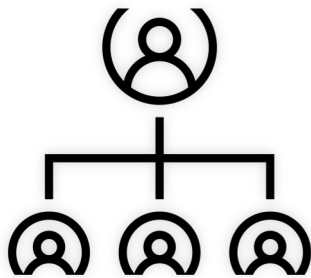


$$1,000 \text{ patients using the app per hospital} \times \text{£}150 \times 55\% = \text{£}82,500 \text{ transport costs per month}$$

3. Data collection & information gathering

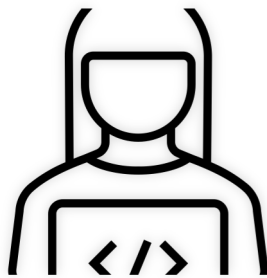


But Before Analysis Could Commence, Enablers for Collaborative Data Analysis Needed to be in Place



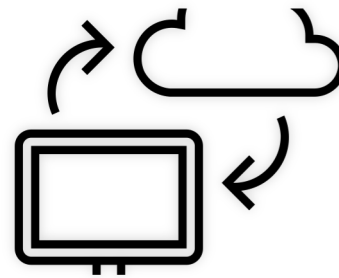
Organizational

- Senior Stakeholders bought it
- Analysis responds to a pressing issue
- Relationships exist with data custodian



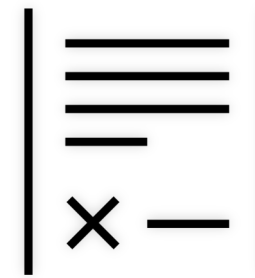
Data Analytics

- Data request has been minimized, in proportion with organizational needs
- Internal team capacity exists to anonymize data (if needed, based on risk level/IT)



IT

- IT infrastructure for onboarding “data processors/agents” exists, automatic identify verification and audit logs



Legal

- Templates for appropriate legal agreements exist
- Organizational “know-how” and precedent

Every Organization and Project Faces its Own Unique Mix of Enablers and Challenges

- More and more organizations are getting all of the right enablers in place for collaborative data analysis projects.
- But there’s no “one size fits all” and at each organization there tends to be a unique mix of enablers and challenges that need to be navigated.
- So, we’re almost never walking into a “perfect” scenario.
- Every collaborative analytics project is more like a game of “Mad Libs”, with a mix of Enablers and Blockers
- But, by bringing together technical professional groups (data, IT, legal), collective compromises can happen that mean work can still progress.

Name _____ Mad Libs

Mad Libs



Once, there was a _____ whose
noun

dream in life was _____. Everyone told
infinitive verb

_____ that _____ can't
pronoun noun

_____ but _____ was
verb noun

_____. First, he went to _____.
adjective noun

There, he _____ but that just made everyone
verb

_____. From there, he made the long trip to
adjective

_____, where to his surprise, he discovered
noun

_____. Feeling _____, he went
noun adjective

back home, bringing with him a _____.
noun

For the NHWW Economic Evaluation, Data Fragmentation was the Key Challenge that Needed to be Addressed

- The data required for the evaluation was separated between the Department of Social Development (DSD) and the Department of Health (DH).
 - **Social Development Data:** Captured program inputs (e.g., transportation, meals, friendly calls) but lacked clinical outcomes.
 - **Health Data:** Captured utilization (ED visits, admissions) but lacked visibility into community interventions.

Both legal and logistical barriers needed to be addressed so that our evaluation could move past operational metrics (outputs), and measure outcomes.

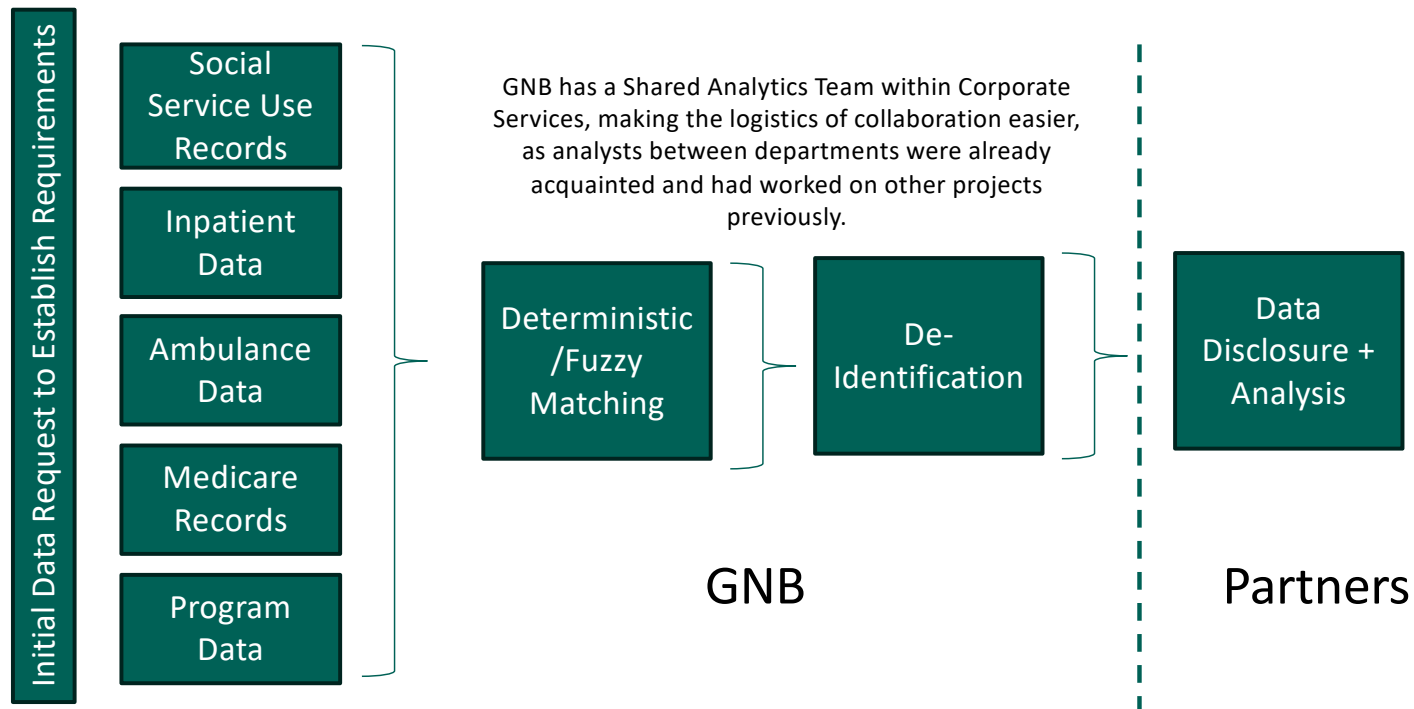
Legal Mechanisms to Support Inter-Departmental and Organizational Data Sharing were Established

This multi-stakeholder project required two layers of legal agreements to support data privacy agreements: one within the Government of New Brunswick (GNB) and another between GNB and partners. A mix of factors contributed to its success, including:

- **Importance:** NHWW was a high-priority initiative across all sectors of government
- **Urgency:** Our engagement was time-limited, so needed agreements to be executed within a year for the analysis to go ahead
- **Alignment:** Several cross-functional meetings were held so that privacy/data analytics/policy teams could understand one-another’s requirements and build solutions together.

1. Within GNB	2. Between GNB and HEC/Edge Health Insights
<ul style="list-style-type: none"> • Data sharing agreements were signed off between DSD and DH, enabling the flow of data between departments. • The agreements established for this initiative enabled data to flow for a period of 5 years and has already been utilized by other strategic initiatives 	<ul style="list-style-type: none"> • Initiative-specific Memorandum of Understanding (MOU) was established to enable data to be used by partners for this economic evaluation.

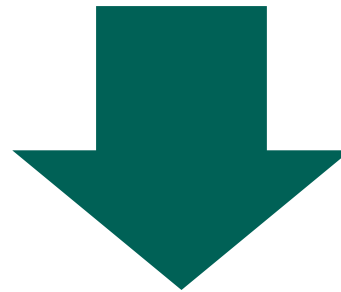
Data Sharing Logistics Were Coordinated Through a Central “Shared Analytics” Team at GNB



This Ultimately Enabled Us To Measure Impactful Outcomes Across both Health and Social Care

Participants were just as likely to access primary care when they needed it, but the cost of their primary care use was lower

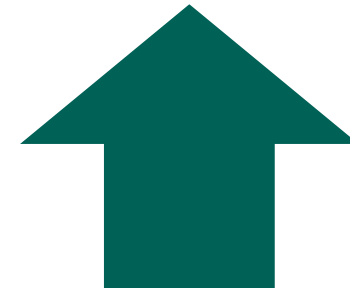
This suggests that when participants' social care needs are being met, they can focus on their medical needs with their primary care providers



Participants were more likely to access community-based social care after enrolling in the program



Participants saw an average reduction of their primary care costs



4

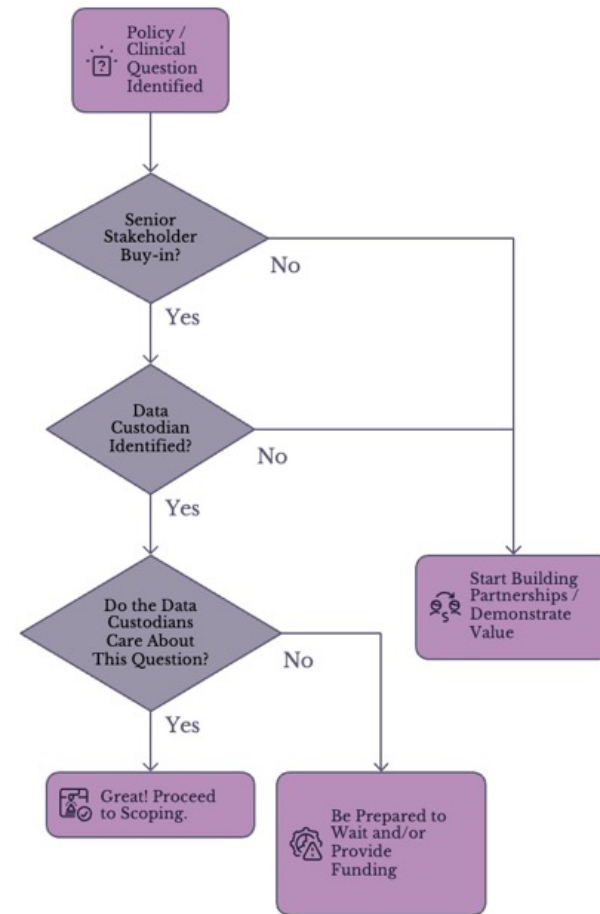
“Lessons Learned” for Collaborative Data Analysis



1. Build Partnerships

- Collaborative data analysis will increasingly be needed as clinical models of care become more integrated.
- To keep pace, data silos will need to be broken down.
- Which means that building partnerships is essential.

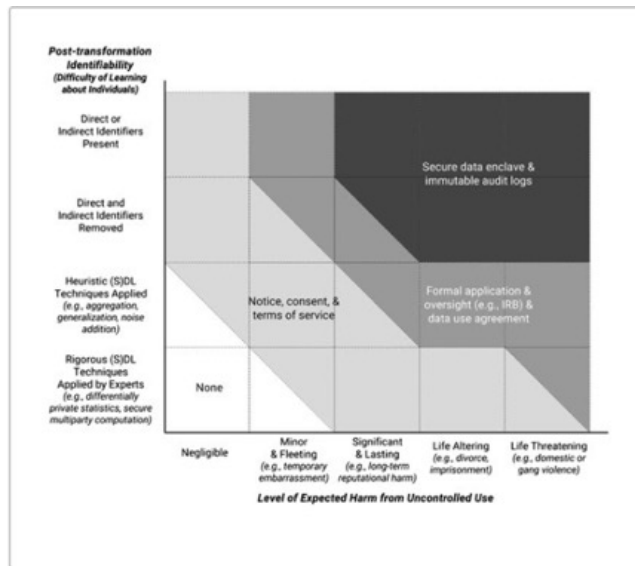
Tip: Do this during the scoping phase to avoid surprises once data sharing processes commence.



2. Once Partners are Aligned, Assess Minimum Data Requirements



3. Bring Together Professional Groups to Collaboratively and Safely Share Data



Source: "Practical Approaches to Big Data Privacy Over Time", International Data Privacy Law, 2018. <https://academic.oup.com/idpl/article/8/1/129/4930711>

This can get complex when so many types of professionals (policy, data, IT, legal) need to work together and enablers and blockers vary across organizations.

A lack of "one size fits all" approach can feel daunting.

But the bright side is:

- When one type of enabler (e.g. secure IT environment for onboarding partners) is missing, other enablers can be flexed up (e.g. anonymity of data, legal agreements) to that we can still answer health and social care's important questions.

5

Contributing to Impact: NHWW Pan-Canadian Spread



Interested provinces, territories and long-term care homes

Growing demand to age in place + health system strain

Impact data from New Brunswick scaling

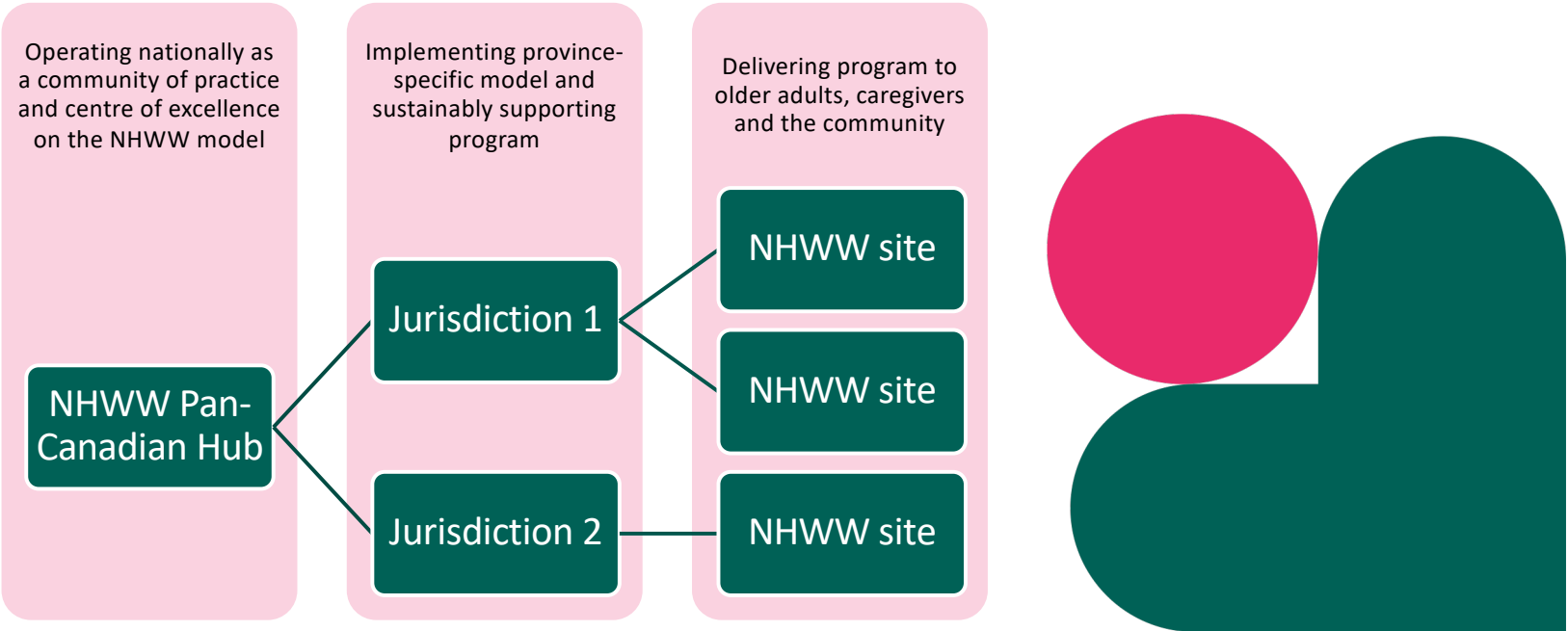
Implementation Guides + other knowledge products

Funding from HEC and Waltons Trust



**Need for
NHWW
Pan-Canadian
Spread**

Jurisdictional approach to spread



Core support from Pan-Canadian Hub

Pan-Canadian Hub

Supporting jurisdictions in a flexible and responsive way – not one-size-fits-all

Coordinated approach to impact measurement – from data collection, to analysis, to knowledge translation

Harnessing best practice and pre-existing knowledge from New Brunswick to accelerate implementation

A national community supporting older adults to age in place

Jurisdictional Leads

Supported in model development to align with provincial priorities

Assistance with implementation and administration of program

Supported with seed funding to hire staff and distribute funds to NHWW sites

Access to knowledge and support; connections with other provinces via Community of Practice

NHWW sites

Supported with resources, templates and webinars to implement program

Access to coaching

Connected with other sites – Community of Practice

Supported to collect data at local level – maximize measurement of impact

Questions?

