

ALETHEA LEARNING SESSION RECAP

Homecare, system failure, and how Medically-Supervised Homecare™ keeps seniors thriving at home presented by Dr. Charles Wong



DR. CHARLES WONG

Dr. Charles Wong, emergency physician and co-founder of HomeFree Homecare, presented to Alethea physicians on the structural failure of conventional homecare and how Medically-Supervised Homecare™ enables medically complex seniors to remain safely at home instead of occupying hospital or long-term care (LTC) beds.

HomeFree is a physician-led healthcare company built to solve the system's largest blind spot: patients who do not require hospital medicine, but cannot survive safely at home under today's fragmented homecare models .

WHY SENIORS END UP IN HOSPITAL AND LTC

Dr. Wong outlined the dominant syndrome driving admissions and long hospital stays: Frailty, falls, dementia, complex chronic disease, and caregiver burnout combine to push seniors into emergency departments and institutional care - not because of medical instability, but because of functional and social breakdowns.

Hospitals are then used as default holding environments for people who need:

- Daily exercise
- Consistent caregivers
- Flexible scheduling
- Physician oversight
- Extended services (meals, transport, companionship)

- all of which are poorly delivered by traditional homecare models.

FACT: PUBLIC LTC IS NOT FREE

A critical reframing was the true cost of institutional care.

In Alberta, a shared public ALC or LTC bed costs patients \$484 per week, exceeding \$2,000 per month, even before extras .

This means families are often paying thousands for low-intensity institutional care when Medically-Supervised Homecare™ can deliver higher-touch, personalized care for a comparable or lower out-of-pocket cost.

THREE HOMECARE MODELS

Dr. Wong showed that all homecare in Alberta is effectively privately delivered by corporate contractors competing on volume and cost, even when publicly funded.

Model	Scheduling & Services	Caregivers	Physician Supervision
AHS Homecare	Rigid, task-based	Inconsistent, limited training	None
Private Agencies	Flexible but variable	Unregulated	None
Medically-Supervised Homecare™	Fully customized	Best-paid, trained, supported	Yes

The defining difference is a system of regulation and accountability, in a system that otherwise has none

CDHCI: THE HIDDEN PUBLIC FUNDING STREAM

AHS's Client Directed Home Care Invoicing (CDHCI) program pays \$34.03 per hour for private homecare, with awards ranging from 0 to 40+ hours per week, but access is highly subjective and poorly navigated without physician and family advocacy .

Physicians can dramatically improve outcomes by:

- Ensuring the most responsible child leads the process
- Reviewing the full medical history
- Coaching families to describe worst-day function, not best-day function
- Patients wanting to access this program need to call the regular AHS Home Care line in their region, speak to a case manager, and then request a CDHCI assessment.

WHAT MEDICALLY-SUPERVISED HOMECARE™ ACTUALLY DELIVERS

HomeFree's model includes:

- Physician oversight integrated with GP and specialists, and not replacing the GP
- Full access to medical records via Netcare
- Consistent, language-matched caregivers
- Family communication and frequent updates
- Extended services beyond ADLs
- Public-funding navigation

— all within a single accountable care system.

Patients receive 12+ physician touch-points per month, including:

- Weekly virtual clinical rounds
- 2–4 MD home visits annually
- Chart review three times weekly
- Daytime MD support to patients, families, and caregivers

In other words, MD supervision and support is comparable or exceeds most LTCs, meaning patients and families do not need to choose between safety and independence.

HUMAN RESOURCING IS THE CLINICAL ENGINE

HomeFree's outcomes are driven by a fundamentally divergent staffing model:

- Industry-leading wages
- Client-specific training, caregivers are trained 2-hours on the background of each client
- Physician and RN backup, whereas the industry average is none
- High retention and career progression
- Consistent care teams rather than shift-based labour.

Each client receives 20+ hours of onboarding, including family meetings, medical review, home inspection, and custom team creation — at no cost to the patient.

This produces the only thing that actually prevents admissions: stable, trusted caregivers who know the patient well enough to detect deterioration early.

SYSTEM-LEVEL IMPACT

In its first year alone, HomeFree has:

- Built a team of 70 staff and 4 Care Managers
- Offloaded over 5,000 hospital and LTC bed-days
- Delivered \$1.2M+ in CDHCl funding to families
- Earned referrals from 20+ clinics
- Achieved 50% word-of-mouth referrals
- Cared for 14 parents of physicians

The model has been formally recognized as a Top 3 Innovation by the Alberta College of Family Physicians (2025).

WHAT THIS MEANS FOR THE HEALTH SYSTEM

The “sliding scale of hospital admissions” shows that whether someone is hospitalized often depends not on disease, but on what the family can manage. Medically-Supervised Homecare™ shifts that boundary dramatically, keeping even high-complexity patients safely at home where traditional homecare fails.

It provides:

- Assisted-living and LTC-level care at home
- Full physician accountability
- 100% AH-covered MD services
- Markedly lower patient and system costs than ALC or LTC.

BOTTOM LINE FOR PHYSICIANS

HomeFree demonstrated that:

- Many “LTC-dependent” patients are actually care-dependent
- CDHCI is a powerful but underused clinical tool, and physicians should seek to help patients access private homecare options before considering facility-based options.
- Physician involvement materially changes funding, safety, and outcomes in the homecare setting
- Medically-Supervised Homecare™ delivers both better medicine and better economics and has the power to rescue the ailing hospital and facility system from scores of patients who would be better served in their own homes.

Physicians interested in this model should contact Dr. Wong at Charles@HomeFree.care