Appendix 2

Target, type and description of potential interventions for each subgroup				
Subgroup name ***Individuals with (or receiving):***	**Target of intervention**	**Type of intervention**	**Potential interventions to be considered**	**References**
Cardiovascular disease	High cost of inpatient care	Reducing reliance on inpatient services	Outpatient-based cardiac function clinics and intensive case management programs such as hospital-at-home services have been proposed for this population, as well as technology-based support to improve self-efficacy and self-management	1, 2, 3
Rehabilitation after, and/or recovering from complications of, surgery	High cost of inpatient rehabilitation	Improving care in the community	Discharge to rehabilitation facilities to reduce reliance on acute care centres. Co-management models of care and community-based treatments have been shown to be cost-effective in treating individuals recovering from hip fracture	4, 5
Severe mental health conditions	High cost of inpatient care	Reducing reliance on inpatient services	Interventions focused on upstream detection and intervention of psychoses, timely access to physician care, adherence to medication, and community-based housing and support – trying to minimize the need for institutionalization and inpatient care	6, 7
Advanced chronic kidney disease	High cost of in-centre hemodialysis	Improving care in the community	Exploration of all options available to patient. Where appropriate, encouraging use of satellite and home hemodialysis could save an estimated $25,000 per patient, per year, with additional savings from peritoneal dialysis and transplants	8, 9
Biologic therapies for autoimmune conditions	High medication costs	Drug policy	Where biosimilars for biologics are available, promoting their prescription over brand-name alternatives would substantially reduce spending. Where appropriate, care pathways that maximize the use of less costly therapies	10, 11
Dementia and awaiting community placement	Long-term inpatient stays	Improving care in the community	A combination of clinical and non-clinical services aimed at allowing persons living with dementia to age at home, including early and ongoing case management and care navigation, community support services, and home adaptations. Greater number of, and accessibility to, long term care placements	12, 13
Chronic obstructive pulmonary disease or other respiratory conditions	Reducing inpatient stays	Reducing reliance on inpatient services	Improving access to outpatient multidisciplinary clinics, pulmonary rehabilitation and tailored exercise programs	14, 15
Treatment for cancers	High cost of medication	Drug policy	No significant association has been found between clinical benefit and price for cancer drugs, jurisdictions may benefit from more stringent price negotiations and applying value frameworks that identify therapies providing high clinical benefit	16
Unstable housing situations and/or substance abuse disorders	Reducing inpatient stays	Improving care in the community	Improve access to low-income housing options, substance abuse prevention and rehabilitation programs, and programs promoting harm reduction, focused case management and relationship-based care	17, 18

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