Achieving value in home care through the interdisciplinary team

Health system transformation in Ontario is grounded in organizing care around the person and improving the health outcomes of individuals. New provincial initiatives will strengthen both team and system integration so that Ontarians with health challenges receive seamless, coordinated health care from a collaborative interdisciplinary team (e.g. nurse, therapist, doctor, personal support worker). In all health and social care settings, the team will be focussed on achieving the best health outcomes for the client, both clinical and experiential. At the same time, there is a great need in Ontario to “bend the cost curve” in health care.

Sustaining the quality agenda and managing the fiscal challenges will drive a continued focus on “value for money”. This means gaining a better understanding of the impact of care provided by the health care team over time.

An efficient and effective home care system appropriately utilizes and integrates all members of the team to achieve value and to assist Ontarians who wish to receive care at home and remain independent. Providing the full array of home care services, including access to case management, family physicians, nursing, therapies, community pharmacists and personal support is essential to support good health outcomes. Therefore, any shift in a singular home care service, as has occurred in therapy,¹ is concerning and could negatively impact a specific group of individuals in need of health care support; and/or compromise the ability of the team to maximize its effectiveness.

The Ontario Home Care Association (OHCA) recognizes and values the important contribution that the interdisciplinary team makes to home and community care. Each interdisciplinary member has a unique body of knowledge and scope of practice which must be respected and leveraged in order to maximize their effectiveness for client care.² The team based approach ensures that the outcomes realized are greater than the sum of the parts – in other words, value is realized.

Within home care, various “constellations” of service providers work together to address Ontario’s health priorities. Home care providers address:

- **ALC reductions** – by ensuring that time in the acute care setting is kept to a minimum and recovery to self care at home is expedited

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² A number of papers describing the role and value of the various members of the home care team are available at [www.homecareontario.ca/public/about/publications-home-care-team.cfm](http://www.homecareontario.ca/public/about/publications-home-care-team.cfm)
• **Emergency Department avoidance** – by providing proactive support to forestall a health related crisis and hospital admission; and being available 24/7 to respond to care needs as they arise in the community

• **Palliative and end-of-life care** – by supporting pain and symptom management and providing caregiver support so that a person can have a peaceful death at home

• **Children’s treatment** – by enabling children with health related risk (medical, developmental, social, or mental) to maximize their potential both at home and at school

• **Chronic disease management** – by proactively assisting individuals so they can effectively self-manage at home, circumventing the need for hospitalization, and delaying loss of function and independence.

Providing quality health care to Ontarians is a fundamental principle on which the government of Ontario bases health care policy development. The *Excellent Care for All Bill* is intended to strengthen health care organizations’ accountability for quality and to reinforce principles of organizing care around the individual.³ Best evidence and standards of care are will be better linked to ensure the efficient use of resources and achieve value for the individuals served.⁴

OHCA believes that continued research is required in order to understand the best mix of services to achieve the greatest outcomes within the home care sector. Mounting evidence demonstrates the value of the interdisciplinary team.⁵ The singular reduction of therapy services should therefore be carefully considered in the context of system needs and client outcomes. Short-term cost savings can create unintended long-term effects on health system utilization and more importantly, quality of life for the person and their caregivers.

Given these potential outcomes, the OHCA recommends:

1. A detailed examination of the recent downward shifts in the provision of therapy volumes
2. Patient-centred funding that supports the realization of clinical outcomes from the full array of the home care interdisciplinary team.
3. Adoption of initiatives that facilitate the management of ambulatory care sensitive conditions in the community
4. Targeted investments to prevent the need for reductions of volumes at a time when Ontario’s priority populations need it the most.

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⁴ Brown, A. 2010. *Excellent Care for All Strategy.* Presentation

OHCA supports the government’s efforts to tip the balance of care provision to the community so that Ontarians of all ages are able to confidently cope at home. The Association will continue to work with all stakeholders to understand the mix of services required to realize this critical paradigm shift.

About the OHCA
The Ontario Home Care Association (OHCA), the voice of home care in Ontario™, is an organization of home health and social care service providers. Association members deliver nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. OHCA members are contracted by all three levels of government, Community Care Access Centres, insurance companies, institutions, corporations and private individuals. OHCA members are accredited through the Accreditation Canada and/or the International Standards Association (ISO).

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