

The Future is Now – Bring Health Care Home

Over the past two decades, the Ontario health system has been undergoing a gradual transformation to deliver more care in the home. Today, largely due to demographics, the demand for home care is increasing exponentially. The Ontario Home Care Association (OHCA) calls on the next government of Ontario to move quickly to make care in the home easily accessible and a *service priority for all Ontarians*. Health care strategy and planning must begin with the premise that the community is where lives are lived and where the health system must be truly focussed in order to make the most difference to Ontarians.

OHCA recommends that:

- **An Ontarian’s ‘Right to Home Care’ be created** as a promise to families and a campaign to increase public awareness regarding the need for “advance planning” and the establishment of a personal ‘aging strategy’ be launched. Ontarians must believe that remaining at home is more than an option, but rather a commitment by the health system that serves them. Health professionals should be mandated to find a home based solution as priority and programs such as Home First should be expanded.
- **The contribution of families be recognized** and measures to sustain families caregiving be strengthened. Family grants to make home modifications, protected time away from work, tax exemptions (HST zero rating for home care services, HST exemption on privately purchased services, tax credits for purchasing care from approved home care providers) are some of the measures that need to be implemented to demonstrate the value placed on family contributions and, more importantly, provide meaningful support.
- **Support for technology and innovation be included** in home care as central to care delivery. Innovation labs within home care need to be created so that ways of leveraging technology to support individuals to continue to live their lives at home can be developed. Examples include incentives for individuals to install components of “smart homes”; support for providers to conduct virtual visits; establishment of the electronic health record.
- **Research in home care be strengthened** through the establishment of a Centre for Quality and Research specific to home care. This would enable more research to be conducted and system stakeholders to have objective information to understand the best mix of services, programs and settings to achieve the greatest outcomes for individuals and the best risk management and return on home care investment for the public.

Background

Now more than ever, home care is acknowledged as a vital part of the health care system in Ontario. Home care is critical to supporting individual health needs, improving the health of the population and contributing to the sustainability of the broader health system. Home care allows Ontarians of all ages the opportunity to recover or manage their health care issues and age at home surrounded by family, friends and their community to which they can continue to make a meaningful contribution. Home care services help people with a frailty or with acute, chronic, palliative or rehabilitative health care needs to independently live in their community and co-ordinate and manage an admission to facility care when living in the community is not a viable alternative.

| Average Cost of Care (for one week for 424 seniors) | |
|--|---------------|
| Hospital Bed: | \$2.5 million |
| Long-term Care Bed: | \$374,000 |
| Care at Home: | \$125,000 |

Source: North East LHIN Home First Program

Home care services include nursing, personal support/homemaker, therapy (including physiotherapy, occupational therapy, speech language pathology, social work, nutrition/dietetics), medical supplies and equipment, and case management. With the exception of case management services, home care is delivered by service provider agencies that have met high standards of excellence identified through a rigorous competitive process. Home care providers must be able to meet the rising demand for increasingly complex care within constrained resources. Today, there are a number of measures designed to provide stability to the system, ensure that home care staff is valued for the work that they do, and most importantly, enable excellence in client care.

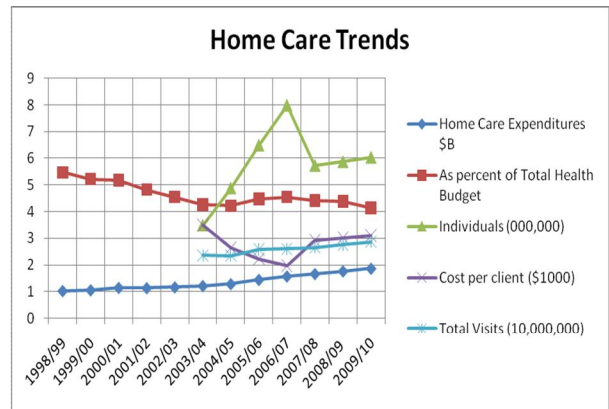


Chart A – Home Care Trends

Notwithstanding the importance of home care and the increased investments to expedite discharge from hospital, home care continues to be a discretionary service. Services are funded by the province at a rate slightly lower than a decade ago – see chart A.^{ii iii iv} The type and amount of service inversely correlates to the number of individuals served. As chart B shows, the PSW component of home care services has increased significantly since 2003/04. In the same time period nursing services have dropped from 27.7% of the total to 24.7% and therapies have dropped from 5.6 to 4.8 percent.^v The Auditor General found longstanding challenges have not been remedied. Funding methodologies, service inequities and long wait-lists for home care assessments and/or various home care services continue in the home care sector. For example, fifty percent of ALC patients who could have been discharged if home-care services were available have to wait in hospital for an average of six days for service.^{vi}

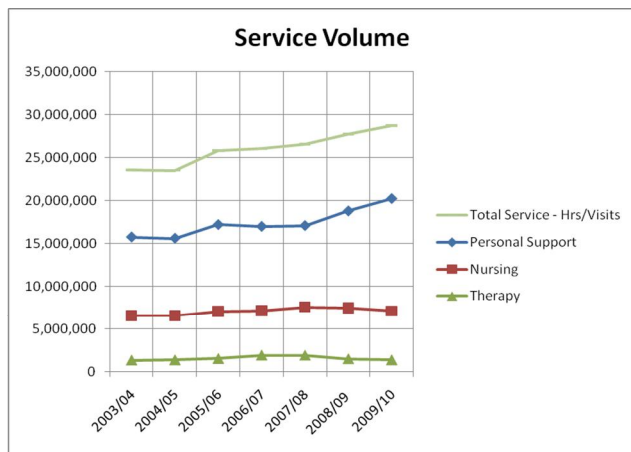


Chart B – Service Volume

Home care services are particularly effective when provided to the elderly at risk of hospitalization, nursing home placement or death. Enhanced and focused services delivered in the home can, and do, make a major difference in the quality of life for both the senior and their families.^{vii} The challenge in Ontario is that not enough resources are available to provide clinical services to people in the community to avoid these adverse outcomes. As shown, nursing and rehab services have declined in the past seven years.

Hospitalization too often results in a crisis response where nursing home placement happens prematurely.

For the overwhelming majority who prefer to remain in their community, home care service is more desirable, cost effective and health effective. The activities of the past ten years have been directed at providing more Ontarians with flexibility and independence to stay at home maintaining their valuable contributions to communities and families. However, the need and demands on the health system continue to challenge the pace of change. It is time for courageous policy decisions and a significant reallocation of health spending in home care. By ‘tipping the balance’ to the home and community sector and improving the integration with health and social system partners, Ontarians will be able to receive

“the right care at the right time in the right place”. Furthermore, the sustainability of the whole health system will be more readily achieved.

The Ontario Home Care Association calls on the next government of Ontario to make home-based care and services a priority for all Ontarians.

In the future home care is no longer a discretionary service. The future is now. The expectations of our leaders are simply to help Ontarians to live their lives at home.

Welcome to the future.

About Ontario Home Care Association (OHCA)

The OHCA, *the voice of home care in Ontario*, is a membership association representing providers of quality home care services from across Ontario. OHCA members represent an estimated 25,000 staff collectively serving 300,000 Ontarians per year. OHCA works with families as integral partners in the delivery of home care services and as such estimates that 1.2 million Ontarians are impacted by members. OHCA is dedicated to promoting the growth and development of the home and community health care sector by helping to shape health care policy, supporting members to excel, and being a leading source of information on home and community care. OHCA members are accredited through Accreditation Canada, CARF, and/or registered with the International Standards Association (ISO).

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For the latest in news and information about the home care sector in Ontario, subscribe to the Ontario Home Care Association’s “House Call” at www.homecareontario.ca or follow us on [Twitter](#).

ⁱ North East LHIN. (2011) HOME First Shifts care of Seniors to HOME. LHInfo Minute, Northeastern Ontario Health Care Update. <http://www.nelhin.on.ca/WorkArea/showcontent.aspx?id=11258>

ⁱⁱ Canadian Home Care Association. (2003) *Portraits of Home Care – A Picture of Progress and Innovation*. Ottawa, p72

ⁱⁱⁱ OACCAC, CCAC Report of Measurements, retrieved from <http://www.ccac-ont.ca/Content.aspx?EnterpriseID=15&LanguageID=1&MenuID=138>

^{iv} Ministry of Health & Long-Term Care, http://www.health.gov.on.ca/english/public/contact/ccac/ccac_mn.html>

^v OACCAC, CCAC Report of Measurements, retrieved from <http://www.ccac-ont.ca/Content.aspx?EnterpriseID=15&LanguageID=1&MenuID=138>

^{vi} Auditor General. (2010) An Annual Report of the Office of the Auditor General, p66

^{vii} Challis, D and Hughes, J. (2002) *Frail old people at the margins of care: some recent research findings* British Journal of Psychiatry 180 126-130