

# Ontario Home Care Association

Submission to Drummond Commission

October 2011



## EXECUTIVE SUMMARY

Home care is a publicly funded, not a publicly insured, service. In Ontario, publicly funded home care falls under the jurisdiction of the Ministry of Health and Long-Term Care (MOHLTC) and is locally administered by Community Care Access Centres (CCACs).

Home care is critical to supporting individual health needs, managing chronic illness and system sustainability. A robust system incorporating both publicly and privately funded home care services can give Ontarians flexibility and independence as they age; and can help them to maintain their valuable contribution to communities and families. For the overwhelming majority who prefer to remain in their community, home care service is more desirable, cost effective and health effective.

Ontario's publicly funded and privately purchased home care programs are vital to sustaining the publicly insured health system by enabling early discharge of patients from hospitals, reducing hospital congestion and non-acute emergency room visits – two key health care issues that currently challenge the province's health system capacity.

Home care is vital to realizing a sustainable health system in Ontario. The challenges lie in the massive shift in policy and investment that needs to occur. The health system in its current form is not financially sustainable without enormous change.<sup>1</sup> Ontario's health care system is straining right now to meet the new and emerging health care needs of its citizens as the changing demographics will surely dictate. Hospital Emergency Departments are filled with people seeking primary care. Hospital beds are used to care for non-acutely ill people while they wait for beds in long term facilities. Growing numbers of people live with a chronic condition and need help to cope. The mandate and funding for home care needs to be broadened so that the potential of the sector can be realized. Health system reform depends on this expansion.

The Ontario Home Care Association (OHCA) believes that it is time for courageous policy decisions and a significant reallocation of health spending to the community. 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 place". Furthermore, the sustainability of the whole health system will be more readily achieved.

This submission to the Commission on the Reform of Ontario's Public Services offers insight into how home care can support efficient and effective health care for Ontarians – a system that is affordable and accountable.

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<sup>1</sup> Drummond, Burleton.

## RECOMMENDATIONS

The Commission has the opportunity to make care at 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. In so doing, the government can move away from hospital centric service to a higher yield community based system. The OHCA recommends that the Ontario government:

- **Create an Ontarian’s ‘Right to Home Care’** 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.
- **Initiate competitive procurement throughout health care** as a strategy to support quality so that excellence is rewarded and outstanding performance acknowledged and encouraged – within a patient population; a provider group; and organization.
- **Recognize the contribution of families** and strengthen measures to sustain families who fulfill caregiving responsibilities in order to keep loved ones at home. 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.
- **Institute multi- year funding for CCACs and policy changes** to establish consistent and continuous support for home care services vital to health system transformation (e.g. acute care relief and chronic disease management for people of all ages, aging at home and palliative care). The current 12 month budget cycle during which the CCACs respond to unexpected demand surges (e.g. H1N1) often leads to withdrawal of care for people during the last quarter of the fiscal year and upsets the equilibrium of the home care sector.
- **Implement health allocation based funding models** where funding follows the individual across the continuum of care (e.g. HBAM) based on shared standardized assessment data. Financial analysis of the continuum of health care is conducted in order to establish guidelines for the appropriate balance of public funds to enable Ontarians of all ages to live and age successfully in their own homes and communities.
- **Direct support for technology and innovation** 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.

- **Strengthen research in home care** 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.

By tipping the balance to the home and community sector, the sustainability of the whole health system is possible, and more importantly, the health care needs of Ontarians will be met in a manner that aligns with their values.

## **A SHORT HISTORY OF HOME CARE IN ONTARIO**

Home care was formally established in Ontario in 1970 and is considered to be a critical component of the formal health care system. Since establishment, the home care system has gone through a number of changes, evolving and maturing to the comprehensive program of today. As has been the case ever since the inception of the publicly funded home care system in Ontario, service provision is based on a private sector delivery model where the corporate status of service provider agencies is varied. Separating the direct service provision and the service authorization responsibilities of the CCACs guards against conflict of interest and provides a system of ‘checks and balances’ for the recipients of care.<sup>2</sup>

A competitive procurement process for the fair selection of home care providers was introduced in Ontario in 1996 as an alternative to the introduction of the Multi Service Agencies (MSAs). The competitive process was intended to ensure that home care would be delivered by service providers offering high quality at best price to the public following a competitive procurement process.<sup>3</sup>

The Ontario Home Care Association (OHCA) believes that the interests of clients are best served through such an objective process – a process that is devoid of third party agendas and is driven by facts presented to a team of unbiased evaluators. The procurement process drives quality and innovation. In the past decade the competitive process has spurred innovation in technology, quality and new models of care across the entire home care sector.

Universal coverage, together with value-based competition is vital to achieving improvements in efficiency and effectiveness of health care delivery.

Michael Porter

Over the years the OHCA has made many suggestions to improve the competitive process. In 2005, an extensive review of the home care sector in Ontario that was conducted by the Hon. E Caplan.

<sup>2</sup> Ontario Home Care Association, 2008.

<sup>3</sup> Ibid

In the course of her work, Ms. Caplan travelled the province, met with over 200 groups and organizations, received over 80 submissions and 50 letters and undertook research among home care clients, home care workers and the general public. Ms. Caplan’s review, entitled, “Realizing the Potential of Home Care – Competing for Excellence by Rewarding Results” made 70 recommendations to enhance quality, client choice and outcomes, and establish a more satisfied workforce. These and other recommendations have been adopted to ensure excellence in the selection of home care providers and delivery of services. OHCA believes that improvements can be made to further strengthen industry standards, to ensure measurement of outcomes for better client care and to stimulate accreditation processes which further increase quality and consumer confidence. Of note, Ms. Caplan found no evidence to support the superiority of either the for-profit or not-for-profit agencies in delivering service to clients noting that when there are appropriate and effective monitoring mechanisms in place, excellent results can be achieved with any ownership structure.

### IT IS TIME FOR A SERIOUS COMMITMENT TO HOME CARE IN ONTARIO

The demographic profile of Ontario is one of an aging society. In 2009, 6.5 percent of Ontarians were over the age of 75 years, up from 4.6 percent in 1991.<sup>4</sup> Projections indicate that in twenty years, 10.6 percent of the population will be over 75 years old.<sup>5</sup> The total dependency ratio (*the ratio of the population aged 0-19 and 65+ to the population aged 20-64*) will be up to 79.2%.<sup>6</sup> This shift is, in part, a testament to our success as a society. Seniors play an invaluable role in their own families and contribute significantly to the social fabric of their communities – both locally and globally.<sup>7</sup>

"If you require care, want it in your home and that care costs less than sending you to a hospital or nursing home, we will make sure you get it."  
Dalton McGuinty, 2003

Seniors, as a group, are healthier and more active; and the seniors of the future are predicted to be amongst the healthiest in history. However, a consequence of aging is that the likelihood of developing chronic conditions and long term illness increases and can compromise the prospect of independence.

Home Care is an array of services for people of all ages, provided in the home and community setting, that encompasses health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for the family caregiver.  
Canadian Home Care Association

The health system has already begun to plan for the shifting demographic and associated health care needs. Recognizing the different drivers for care, the Ministry of Health & Long-Term Care (MOHLTC) has

<sup>4</sup> Ontario Ministry of Finance. Demographic Quarterly: Highlights of First Quarter 2010. Retrieved from <http://www.fin.gov.on.ca/en/economy/demographics/quarterly/dhiq1.html>

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> Grandmothers to Grandmothers campaign of the Stephen Lewis Foundation is an example

undertaken initiatives that will transform the health system from one that is reactive and focused on cure to one that is proactive and driven to support individuals to live independently and to self-manage their conditions as well as possible.

Home care, as a relatively newer addition to the health care landscape, has an important role to play in helping the growing number of older people who are coping with the management of longer-term illnesses and health conditions. The critical need for a better system of care in the home will grow exponentially in the next 20 years.

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.

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. (For more on the operation of home care in Ontario, see Appendix 1)

*Ontario's publicly funded provincial home care program and privately purchased home care services are vital to supporting the publicly insured health system by enabling early discharge of patients from hospitals and providing an alternative to long-term care homes.*

Evidence indicates that people want to remain at home for as long as possible, and if given a choice would prefer early discharge from hospital followed by provision of home care.<sup>8</sup>

<sup>9 10</sup> Publicly funded home care services are designed to complement and supplement, but not replace, the efforts of individuals to care for themselves with the assistance of family, friends and community. A fundamental component of home care is that family and/or friends will provide care

to supplement the formal service provision. This effectively contains costs for the public system but creates challenges for families who are struggling to balance raising children, maintaining formal employment, saving for retirement and caring for a loved one. An estimated 26% of Canadians cared for a family member or close friend with a serious health problem in 2006.<sup>11</sup>

<sup>8</sup> Caplan, p2

<sup>9</sup> Grunfeld, p1101-1105

<sup>10</sup> In the Continuing Care Research Project, undertaken by Hollander for Veterans Affairs Canada and the Government of Ontario, satisfaction levels were found to be greatest for those receiving home care, followed by those in supportive housing and then by those in facility care.

<sup>11</sup> Health Council of Canada. (2008)

Home care service provider organizations can be contracted to supplement the publicly funded care by

Regardless of government efforts to control costs going forward, health care is one industry that is almost sure to expand over the long run.

Drummond, 2010

delivering service to individuals through private pay or through privately-insured employment plans and/or government programs (such as respite programs). OHCA estimates that 150,000 Ontarians purchase an additional 20 million visits/hours of home care services annually in order to remain at home.<sup>12</sup>

Ontario’s publicly funded provincial home care program and the privately purchased home care services are vital to supporting the publicly insured health system by enabling early discharge of patients from hospitals and providing an alternative to long-term care homes. “For the overwhelming majority who prefer to remain in their community, home care is more desirable, cost effective and more *health effective*.”<sup>13</sup>

## AFFORDING HOME CARE

Success in health care through research and innovation has resulted in expansion of health programs and services for individuals. More treatment options and an increase in pharmaceuticals, coupled with the demographic shifts, are dramatically driving up overall health care costs. In the 2000s, utilization (quantity of health services used per person on an age-adjusted basis influenced by factors such as advances in medical technology, treatment decisions by physicians and hospitals, the underlying health of the population, information technology and drug coverage) became the number one driver of health spending, while the impacts from population growth and general inflation decelerated.<sup>14</sup> If current trends prevail, health care expenditures would make up 80 per cent of total program spending by 2030, up from 46 per cent today.<sup>15</sup>

*By investing in home care today, we are ensuring a hospital system for those who need it.*

### 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<sup>1</sup>

The Canada Health Act recognizes home care as an element in the category of “extended health services”, and, as such, it is not an insured health service to which the principles of the Act apply. Health care policy has, therefore, focused on hospitals and physicians.

<sup>12</sup> Ontario Home Care Association, (2009) *Creating an Ontario Home Care Rebate to Prevent Additional Costs to the Frail and Vulnerable*.

<sup>13</sup> Caplan, Message from the Chair

<sup>14</sup> Drummond, Burleton. p14

<sup>15</sup> Ibid. Executive Summary

Acute care institutions have dominated the health care system for the past 80 years providing critical life-saving surgeries and emergency medical treatments to younger, episodically-ill patient populations. The mandate of acute care has not changed, but the patient population they were designed to serve so well, has. Recognizing the need to shift away from an acute centric model, the federal government, provinces and territories committed in 2004<sup>16</sup> to support post acute home care.

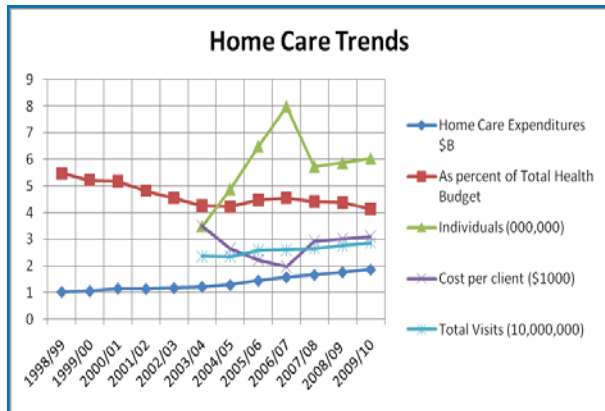


Chart A – Home Care Trends

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 (as a percentage of total health budget) slightly lower than a decade ago – see chart A.<sup>17 18 19</sup> 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.<sup>20</sup>

Overall there has been a:

- 73% increase in the number of clients served
- 54% increase in funding
- 22% increase in units of service
- cost per client increase of 44%.

OHCA’s interpretation of the data is that the Ontario public system is serving more individuals at a rate of 1.5 times the rate of funding increase. The funding increase is 2.5 times the rate of increase in service. There has been no change in the amount of service per client because the number served is three times the rate of increase in units (but offset by funding).

<sup>16</sup> In the 2004 10-year Plan to Support Health care, the First Ministers agreed to provide first dollar coverage by 2006 for certain home care services, based on assessed need, specifically to include: short-term acute home care for two-week provision of case management, intravenous medications related to the discharge diagnosis, nursing and personal care; short-term acute community mental health home care for two-week provision of case management and crisis response services; and end-of-life care for case management, nursing, palliative-specific pharmaceuticals and personal care at the end of life.

<sup>17</sup> Canadian Home Care Association. (2003) *Portraits of Home Care – A Picture of Progress and Innovation*. Ottawa, p72

<sup>18</sup> OACCAC, CCAC Report of Measurements, retrieved from <http://www.ccac-ont.ca/Content.aspx?EnterpriseID=15&LanguageID=1&MenuID=138>

<sup>19</sup> Ministry of Health & Long-Term Care, [http://www.health.gov.on.ca/english/public/contact/ccac/ccac\\_mn.html](http://www.health.gov.on.ca/english/public/contact/ccac/ccac_mn.html)>

<sup>20</sup> OACCAC, CCAC Report of Measurements, retrieved from <http://www.ccac-ont.ca/Content.aspx?EnterpriseID=15&LanguageID=1&MenuID=138>

One concern arising from this funding picture is that the potential of home care will be compromised if the continuing emphasis is on the provision of low acuity (PSW) care thus preventing appropriate shifts to the community for treatments such as home renal dialysis, infusion therapy and complex clinical care. In many cases, these services could be more appropriately provided to people in the community setting.

While home care as an integral component to the health care system has been increasingly acknowledged, the challenges lie in the massive shift in policy and investment that needs to occur. The health system in its current form is not financially sustainable without enormous change.<sup>21</sup>

Ontario's health care system is straining right now to meet the new and emerging health care needs of its citizens as the changing demographics will surely dictate. Hospital Emergency Departments are filled with people seeking primary care. Hospital beds are used to care for non-acutely ill people while they wait for beds in long term facilities. Growing numbers of people live with a chronic condition and need help to cope. Seventy percent of these Ontarians have *at least* two chronic conditions.<sup>22</sup> (The number of chronic conditions has been found to be the strongest determinant of the frequency with which seniors consult physicians and use medications.<sup>23</sup> Having chronic conditions increases the likelihood of being hospitalized and receiving home care.<sup>24</sup> )

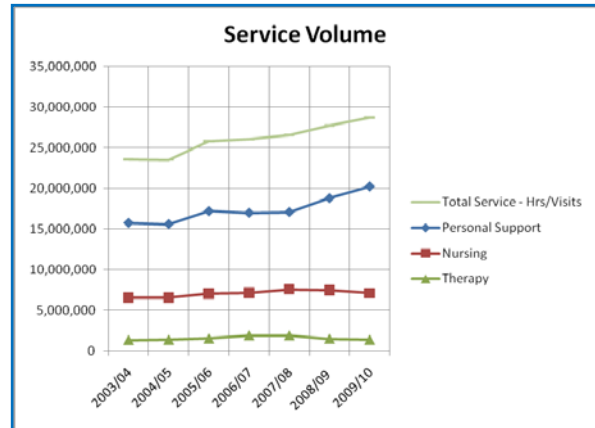


Chart B – Service Volume

The system must change to help these people get more appropriate care through a well resourced and well-coordinated home care system that is integrated with the broader health sector. Home care plays

*Health system sustainability largely depends on substantial reform of the current delivery system from one that is largely hospital-focussed to one that is significantly more community-based.*

a vital role in supporting an integrated system. Improved outcomes for clients/patients have been realized through the integration of home care in emergency departments, primary care and palliative care.<sup>25</sup>

How well we make this shift as a society is critical to meeting the changing needs of people and, indeed, to supporting the financial sustainability of the health care system as a whole. Home care is an important part of the solution.

<sup>21</sup> Drummond, Burlington.

<sup>22</sup> Ministry of Health and Long-Term Care. *Preventing and Managing Chronic Disease: Ontario's Framework*, May 2007.

<http://www.health.gov.on.ca/english/providers/program/cdpm/index.html#1>

<sup>23</sup> Rotermann, M. p 44

<sup>24</sup> Ibid

<sup>25</sup> Canadian Home Care Association - High Impact Practices

Home care is vital to the reduction of non-acute Emergency Department visits and to the management of hospital bed congestion. There is no doubt that a system of health care that offers anticipatory primary care and values keeping people at home as a priority is foundational to system sustainability.

## **EMERGENCY DEPARTMENT AND ACUTE CARE AVOIDANCE**

The sheer numbers of elderly people in the population requiring care, coupled with family caregiver fatigue, may challenge the acute care system in terms of growing ER presentations for care that potentially requires admission. OHCA believes that in addition to working to relieve the acute care system and intervening within the ER to return individuals to home, greater effort and resource needs to be focused on the avoidance of hospital utilization for non-acute issues using people and technology.

Hospital avoidance requires a well resourced proactive primary care system that allows for timely intervention in the community. The full range and mix of the home and community health care team must be available and leveraged to maximize members' individual contributions (i.e. family physicians, community pharmacists, nurses, therapists, personal support workers, case managers, homemakers and mental health workers). Significant investment in technology is also needed so that individuals and their families feel confident that they are supported and can access the health system to resolve care needs in a timely and effective manner.

Families, as integral to care at home need to be effectively supported. The work undertaken by the MOHLTC on the future needs of family caregivers<sup>26</sup> needs to be adopted now. Of immediate importance is safeguarding the health and wellbeing of family caregivers and increasing the flexibility and availability of respite care.

Research has shown that home care, which includes professional and home support services, can prevent admission to hospitals and long-term care facilities; and can improve clinical outcomes for people. A 2004 meta-analysis of research on the effectiveness of community based rehabilitation showed that post-discharge support for older people with chronic heart failure significantly reduced readmission rates.<sup>27</sup> A 2008 study by Professor Markle-Reid and colleagues from McMaster University demonstrated the pivotal role of home support services in preventing, delaying, or substituting for admission to institutional care, at a lower cost. Markle-Reid's work shows that for a sizeable proportion of older people 75 years of age or more, minimal levels of home support services are associated with improvements in health and related quality of life.<sup>28</sup> Dr. Markle-Reid and colleagues have also

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<sup>26</sup> MOHLTC. (2009) *Caring About Caregivers – Policy Implications of Long- Range Scenario Planning*

<sup>27</sup> Phillips, Wright, et al. (2004). A randomized controlled trial of intensive home rehabilitation with occupational therapy in Montreal allowed for earlier hospital discharge by three (3) days, and higher levels of overall physical health, home management skills, and social reintegration, at one and three months post hospital discharge for persons with a stroke.

<sup>28</sup> Markle-Reid, M., Browne, G., Weir, R., Gafni, A., Roberts, J., Henderson, S. (2008)

demonstrated the effectiveness of proactive nursing to provide health promotion and preventive care to a general population of elderly home care client and their caregivers.<sup>29</sup> These are but a few examples of the growing body of evidence that presents innovative solutions for maintaining those individuals who are “at the margins” of requiring institutional care in their own homes.

Home care programs need to be supported to provide proactive interventions which have been proven to circumvent the need for hospitalization and more importantly forestall a health related crisis.

## ALC REDUCTIONS

People want to be at home and it is generally the best place for people of all ages to recuperate from an illness, manage a long term care condition or to live out their final days. ALC is fundamentally about achieving the “appropriate” level of care – from the perspective of broader health system planning and more importantly from those in need – the most vulnerable in Ontario.<sup>30</sup> The decision on where care will be most appropriate for a senior should not be made at a time of crisis. Clearly a well resourced, flexible and anticipatory home care system is required to sustain individuals within the community for as long as possible; and provide the best circumstances to determine a long term care plan.

Our healthcare system should avoid caring for individuals in places that are more expensive than others and where the alternatives provide as good if not better care.

Ontario Health Quality Council, 2010

Growing numbers of community-dwelling seniors face loss of independence and premature institutionalization (either planned or emergency) because they may need more help than is currently available in the home care system to age at home safely. Yet, even though they are ‘at risk’ in the community, many individuals improve with a modest increment of service in the home. With extra care at home they do not need, or want, the full scope of services offered in a facility. Enhanced and focused services delivered in the home can make a major difference in the quality of life for both the senior and their families.<sup>31</sup>

It is imperative that providers coordinate care and that clients/patients are supported as key members of the integrated team. Many seniors are particularly vulnerable to the lack of coordination and communication between different sectors in the health care system.<sup>32</sup> Recent hospitalization and poor transition planning following discharge from acute care is a known precursor of loss of independent living.<sup>33</sup> This occurs because appropriate supports (such as assessments and care plans) to enable a durable discharge are not planned and communicated to the next caregiver. An integrated and effective

<sup>29</sup> Markle-Reid, M., Weir, R., Browne, G., Henderson, S., Roberts, J., Gafni, A. (2004)

<sup>30</sup> Ontario Home Care Association. (2009) *Finding the “Appropriate” Level of Care – ALC in Ontario.*

<sup>31</sup> Challis, D and Hughes, J. (2002) p 126-130

<sup>32</sup> McWilliams, C.(1993)

<sup>33</sup> Hollander, M., Chappell, N. (2002)

health system addresses the transition points of care and works to ensure safe and consistent bridging of services and/or sectors.<sup>34</sup>

## THE CASE FOR FUTURE INVESTMENT IN HOME CARE

Because home care relies on family to support care delivery and uses the family's resources to support the basic shelter and nutrition needs, expansion of publicly funded home care is, in part, a transfer of

*Almost one in five seniors who used a combination of both formal and informal home care reported unmet needs.*

cost from the government to the individual. The publicly funded home care system assumes support and care provision by family and friends. An estimated 80 percent of care provided to the ill, frail and dying at home is assumed by family and friends.<sup>35</sup> It has been calculated that it would cost

\$25B to replace the contribution of families to the health care system in Canada.<sup>36</sup> All things being equal, Ontario with 38.9% of the population, would incur an additional cost of \$9.7B if family and friends were reimbursed as employees. Additional health system savings are realized when the individual is at home assuming responsibility for paying for living costs (eg. heating, hydro, food, laundry).

However the rate of investment in home care has not kept pace with the health system increases in general.<sup>37</sup> Today Ontario spends \$1.9 billion on home care, a modest 4.1 percent of total health expenditures.<sup>38</sup> In 2009-10, the publicly funded home care service provided approximately 29.4 million hours of service to 603,535 individuals (4.6% of the total population in Ontario).<sup>39</sup>

The convergence of the aging population, the efforts to increase home care services and a need to contain health expenditures in part borne by home care programs is creating the potential for 'the perfect storm'. Over the past five years the number of individuals receiving home care has increased at 1.5 times the rate of funding.<sup>40</sup> As a result the home care program in Ontario has shifted to delivering a small amount of personal support care and fewer professional interventions to increasing numbers of Ontarians. If this trend continues, society risks an escalation in the numbers of exhausted caregivers and avoidable

A well-integrated health-care system means the process makes sense to you. It gives you confidence that all the providers you interact with are complementing each other's efforts, are respectful of each other's contributions, and are working together in your best interest.

Change Foundation, 2010

<sup>34</sup> VanderBent, S. (2004) Key Quality Processes and Outcome Measures. The Ontario Home & Community Care Council.

<sup>35</sup> Fast, J., Niehaus, L., Eales, J., & Keating, N. (2002a).

<sup>36</sup> Hollander, M., Liu, G., Chappelle, N. (2009)

<sup>37</sup> Based on home care expenditures retrieved from MOHTC Health Data Branch and expenditures quoted in *Ideas and Opportunities for Bending the Health Care Cost Curve Advice for the Government of Ontario*.

<sup>38</sup> Email from MOHLTC Staff and calculation using Ministry of Finance Estimates and Statistics Canada data

<sup>39</sup> Retrieved from MOHLTC Health Data Branch

<sup>40</sup> Based on analysis from MOHLTC Health Data Branch

health care crises among the elderly. Ultimately the cost implications will be great, but more importantly the quality of life for the affected seniors will be unnecessarily compromised.

In 2009, home care stakeholders<sup>41</sup> undertook a project to provide evidence to substantiate the provincial government's stated policy goal and related investment to provide health care closer to home and ensure that Ontarians receive the right care at the right time in the right place. Referred to as the *Valuing Home and Community Care (VHCC)* project, the study provided evidence of significant net savings to the provincial health system and provide compelling evidence for increasing investment in the sector and for supporting families who care for individuals at home.<sup>42</sup>

Providing quality health care to Ontarians is a fundamental principle on which the government of Ontario bases health care policy development. The recent *Excellent Care for All Bill* is intended to strengthen accountability for quality within health care and to reinforce principles of organizing care around the individual.<sup>43</sup>

The goal is to ensure the right service at the right time and in the right location, the premise being that Ontarians want to remain independent at home for as long as possible and avoid unnecessary use of acute care, the most expensive part of the health care system. Key to the transformation is understanding the needs of individuals and tipping the balance of care provision in favour of the community so that Ontarians of all ages who are 'on the fringe' of presentation at, and/or admission to, a facility, or who turn to acute care for primary care support, can receive care and stay at home with confidence.

Home care has a unique position in the health care system serving as a bridge between various health settings supporting individuals of all ages across the full continuum of need. Continued research is required in order to understand the best mix of services, programs and settings to achieve the greatest outcomes for individuals. In Ontario, all sectors are being encouraged to link the best evidence and standards of care to ensure the efficient use of resources and achieve value for the individuals served.<sup>44</sup>

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<sup>41</sup> CPAC (composed of the Ontario Association of Community Care Access Centres, the Alliance of Professional Associations for Community-based Therapy Services, the Ontario Community Support Association, the Ontario Home Care Association, the Ontario Association of Children's Rehabilitation Services, and the Community Healthcare Providers' Network) and the Change Foundation.

<sup>42</sup> Boston Consulting Group (2010)

<sup>43</sup> The *Excellent Care for All Act*, 2010 was introduced May 3, 2010. [http://www.health.gov.on.ca/en/legislation/excellent\\_care/](http://www.health.gov.on.ca/en/legislation/excellent_care/)

<sup>44</sup> Brown, A. (2010). Presentation

## CONCLUSION

The Ontario Home Care Research and Knowledge Exchange Chair established by the MOHLTC in 2007 demonstrates the recognition of the importance of home care and a commitment to advancing home care research that will inform and improve the quality of home care services and inform home care policy in Ontario.<sup>45</sup> Continued research is required in order to understand the best mix of services, programs and settings to achieve the greatest outcomes for individuals and greatest return on investment for Ontarian taxpayers.

The OHCA believes that the Commission should consider the potential of home care in minimizing as an area of value in the public sector. Ontario can move away from hospital centric service to a higher yield community based system. The OHCA recommends that the Ontario government:

- **Create an Ontarian’s ‘Right to Home Care’** 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.
- **Initiate competitive procurement throughout health care** as a strategy to support quality so that excellence is rewarded and outstanding performance acknowledged and encouraged – within a patient population; a provider group; and organization.
- **Recognize the contribution of families** and strengthen measures to sustain families who fulfill caregiving responsibilities in order to keep loved ones at home. 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.
- **Institute multi- year funding for CCACs and policy changes** to establish consistent and continuous support for home care services vital to health system transformation (e.g. acute care relief and chronic disease management for people of all ages, aging at home and palliative care). The current 12 month budget cycle during which the CCACs respond to unexpected demand surges (e.g. H1N1) often leads to withdrawal of care for people during the last quarter of the fiscal year and upsets the equilibrium of the home care sector.
- **Implement health allocation based funding models where** funding follows the individual across the continuum of care (e.g. HBAM) based on shared standardized assessment data. Financial analysis of the continuum of health care is necessary in order to establish guidelines for the

<sup>45</sup> <http://www.ohcrn.org/about/history.cfm>

appropriate balance of public funds to enable Ontarians of all ages to live and age successfully in their own homes and communities.

- **Direct support for technology and innovation** 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.
- **Strengthen research in home care** 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.

By tipping the balance to the home and community sector, the sustainability of the whole health system is possible, and more importantly, the health care needs of Ontarians will be met in a manner that aligns with their values.

## APPENDIX 1

### Home Care in Ontario

Publicly funded home care was formally established in Ontario in 1970 and is considered to be a new and growing part of the formal health care system. Since establishment, the home care system has gone through a number of changes, evolving and maturing to the comprehensive program of today.

Home care is a publicly funded, not a publicly insured, service. In Ontario, publicly funded home care falls under the jurisdiction of the Ministry of Health and Long-Term Care (MOHLTC). The MOHLTC's vision for home care in Ontario is to provide Ontarians with fair and equitable access to community-based services so that Ontarians are better able to remain in their home and/or desired community; to facilitate partnerships with health care and broader human services so that different parts of the system work together; and to arrange cost-effective, well-managed services to eligible clients within available resources and in accordance with applicable legislation, regulations, and ministry policy.

Home care is locally administered by Community Care Access Centres (CCACs). There are 14 CCACs across the province<sup>46</sup> which serve to provide a simplified service access point and are responsible for determining eligibility for and buying on behalf of consumers the highest quality, best priced visiting professional and homemaker<sup>47</sup> services provided at home and in publicly-funded schools. CCACs also provide information and referral to the public on community-related services and authorize admissions to long-term care homes.<sup>48</sup>

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.

A standardized assessment process, the RAI-HC<sup>49</sup>, is used by CCAC case managers to determine eligibility for evaluating the needs, abilities and preferences of adult long stay, palliative and short stay individuals in the community. Standard assessment instruments for intake and other specialized client groups are

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<sup>46</sup> A listing of CCACs can be found at <http://www.ccac-ont.ca/Locator.aspx?MenuID=70&PostalCode=Enter%20Postal%20Code&LanguageID=1&EnterpriseID=15>

<sup>47</sup> Homemaker serves as the generic term to describe the person who provides personal care, homemaking services and/or respite to enable the individual to remain at home in a safe and acceptable environment.

<sup>48</sup> Canadian Home Care Association. (2008) Portraits of Home Care in Canada, p.79-97

<sup>49</sup> Resident Assessment Instrument – Home Care - is a standardized, multi-dimensional assessment system for determining client needs, which includes quality indicators, client assessment protocols, outcome measurement scales and a case mix system. (Central CCAC 2009 The Value of interRAI-HC for Planning).

being launched. The assessment serves to guide CCAC case managers in the allocation of home care services and serves as the basis for standardized data to inform evidence based care.

The OHCA believes that the home care system should provide fair and equitable access to community-based services so that Ontarians are better able to remain in their home and/or desired community.

Any Ontarian that meets the eligibility criteria for publicly-funded home care service can receive the service. In 2009/10, approximately 603,535 individuals received 29,419,559 visits/hours of care at home funded by the MOHLTC.<sup>50</sup> While most home care recipients are elderly (56% in 2009/10), there are a wide range of situations which involve children (16% of those served in 2009/10) and young adults (28% in 2009/10) that, when appropriately supported, enable individuals to remain integrated in their home communities.<sup>51</sup>

### **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](http://www.homecareontario.ca) or follow us on Twitter.

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<sup>50</sup> OACCAC, CCAC Report of Measurements, retrieved from <http://www.ccac-ont.ca/Content.aspx?EnterpriseID=15&LanguageID=1&MenuID=138>

<sup>51</sup> Ibid

## WORKS CITED

- Boston Consulting Group (2010) Valuing Home and Community Care Key findings and path forward. Retrieved from <http://www.homecareontario.ca/public/about/publications-HCC.cfm>
- Brown, A. (2010) *Excellent Care for All Strategy*. Presentation Breakfasts of the Chiefs, 2010
- Canadian Home Care Association. (2008) Portraits of Home Care in Canada, p.79-97
- Canadian Home Care Association website - <http://cdnhomecare.ca>
- Caplan, The Hon. E. (2005). *Realizing the Potential of Home Care*
- 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
- Drummond, D., Burleton, D. (2010) Charting a Path to Sustainable Health Care in Ontario - 10 proposals to restrain cost growth without compromising quality of care. TD Economics Special Reports
- Fast, J., Niehaus, L., Eales, J., & Keating, N. (2002a). *A profile of Canadian chronic care providers*, submitted to Human Resources & Development Canada
- Grunfeld, E., et al. (1997). *Caring for Elderly People at Home: The Consequences to Caregivers*, CMAJ
- Health Council of Canada. (2008). *Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada*. Toronto: Health Council. [www.healthcouncilcanada.ca](http://www.healthcouncilcanada.ca)
- Hollander, M., Chappell, N. (2002) *Synthesis Report: Final Report of the National Evaluation of the Cost-Effectiveness of Home Care*
- Hollander, M., Liu, G., Chappelle, N. (2009) *Who Cares and How Much? The imputed economic contribution to the Canadian healthcare system of middle-aged and older unpaid caregivers providing care to the elderly*. Healthcare Quarterly, Vol 12 No 2
- Markle-Reid, M., Browne, G., Weir, R., Gafni, A., Roberts, J., Henderson, S. (2008). Seniors at Risk: The Association between the Six-Month Use of Publicly Funded Home Support Services and Quality of Life and Use of Health Services for Older People Canadian Journal of Aging 27 (2): 207-224
- Markle-Reid, M., Weir, R., Browne, G., Henderson, S., Roberts, J., Gafni, A. (2004) - Frail Elderly Homecare Clients: The Costs and Effects of Adding Nursing Health Promotion and Preventive Care to Personal Support Services System-Linked Research Unit Working Paper S04-01

McWilliams, C.(1993) *Achieving the Transition from Hospital to Home: How Older Patients and their Caregivers Experience the Discharge Process*, Working Paper Series, Thames Valley Family Practice Research Unit Paper #93-1

Ministry of Health & Long-Term Care (2009) *Caring About Caregivers – Policy Implications of Long-Range Scenario Planning*

Ministry of Health & Long-Term Care. Health Data Branch

Ministry of Health and Long-Term Care. *Preventing and Managing Chronic Disease: Ontario's Framework*, May 2007. <http://www.health.gov.on.ca/english/providers/program/cdpm/index.html#1>

Ontario Association of Community Care Access Centres website <http://www.ccac-ont.ca>

Ontario Home Care Association, (2009) *Creating an Ontario Home Care Rebate to Prevent Additional Costs to the Frail and Vulnerable*. Retrieved from <http://www.homecareontario.ca/public/about/publications-presentations.cfm>

Ontario Home Care Association. (2009) *Finding the "Appropriate" Level of Care – ALC in Ontario*. <http://www.homecareontario.ca/public/about/publications-position-papers.cfm>

Ontario Home Care Association. (2008) *Ontario's Home Care System in 2008: A Growing History of Quality and Excellence*. <http://www.homecareontario.ca/public/index.cfm>

Ontario Ministry of Finance. *Demographic Quarterly: Highlights of First Quarter 2010*. Retrieved from <http://www.fin.gov.on.ca/en/economy/demographics/quarterly/dhiq1.html>

Phillips, C. O., S. M. Wright, et al. (2004). "Comprehensive discharge planning with post discharge support for older patients with congestive heart failure: a meta-analysis." *JAMA* 291(11): 1358-67

Rotermann, M. (2005) *Seniors' health care use*. Supplement to Health Reports, Volume 16 Statistics Canada, Catalogue 82-003

VanderBent, S. (2004) *Key Quality Processes and Outcome Measures*. The Ontario Home & Community Care Council. Retrieved from <http://www.homecareontario.ca/public/about/publications-OHCCC.cfm>

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<sup>i</sup> 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>