

# Ontario Home Care Association

Submission to the Minister of Finance

2012 Pre-Budget Consultation

December 13, 2011



The Ontario Home Care Association (OHCA) believes that the investments that have been made by the government need to be sustained and that a significant reallocation of health spending to the community needs to be made. 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.

## RECOMMENDATIONS

The Ontario government must take the opportunity to continue 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 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:

- **Assure a ‘Right to Home Care’** as a promise to Ontario families and launch a campaign to increase public awareness regarding the need for “advance planning” and the establishment of a personal ‘aging strategy’. Ontarians must believe that remaining at home is a commitment by the health system that serves them. Health professionals should be mandated to find a home-based solution as a priority and funding for programs such as Home First should be expanded.
- **Support a competitive process throughout the health care system** 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 an organization.
- **Strengthen the financial measures to sustain the contribution of families** who fulfill caregiving responsibilities 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 should be 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.

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

## The Current State

The demographic profile of Ontario is one of an aging society. In 2011, a projected 6.6 percent of Ontarians will be over the age of 75 years, up from 4.6 percent in 1991.<sup>i</sup> Projections indicate that in twenty years, 10.7 percent of the population will be over 75 years old.<sup>ii</sup> The total dependency ratio will be up to 79.8%.<sup>iii</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.

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.

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.

The health system has already begun to plan for the shifting demographic and associated health care needs by adopting a new approach to health care – one that is proactive instead of reactive; that is collaborative and client centred. By continuing to support the transformation agenda and transitioning the way that health care is funded and delivered, more Ontarians will be able to realize their goal of remaining at home for as long as possible. Tipping the balance of care provision in favour of the community will serve to contain more expensive health care options.

Avoiding premature institutionalization of the elderly ensures that the institutional bed is reserved for those with the greatest need and saves precious health system resources. Home and community care is a cost-effective infrastructure investment both in the short and long term, particularly when it is focused locally on specific populations at risk, such as our frail and vulnerable seniors with loving families who want to care for them at home. Research supports that even small amounts of home care will make a difference in people’s lives. To achieve the goals of the health system, transformative changes must be made to realize the role that a strong and robust home care service plays in maintaining balance in our fragile system of health care.

Average Cost of Care  
(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*

Ontario’s provincial home care program is vital to supporting the publicly insured 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 both cost effective and care effective.<sup>iv</sup> In 2010, 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>v</sup>

However, Ontarians continue to seek primary health care in hospital emergency departments and too many hospital beds are used to care for non-acutely ill people who could be at home with supports. 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. Improved outcomes for clients/patients have been realized through the integration of home care in emergency departments, primary care and palliative care.<sup>vi</sup>

### **The Case for Future Investment in Home Care**

Home care is critical to supporting individual health needs, managing chronic illness and achieving 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.

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 publicly funded service. Home care service providers are often contracted to deliver additional hours that supplement publicly funded care. Often, this care is paid by privately-insured employment plans and/or government programs (such as respite programs) and/or direct private purchase. The 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>vii</sup>

Ontario's publicly funded and privately purchased home care programs are critical to sustaining the publicly insured health system by enabling early discharge of patients from hospitals, reducing hospital

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.

congestion and non-acute emergency room visits – two key health care issues that currently challenge the province's health system capacity.

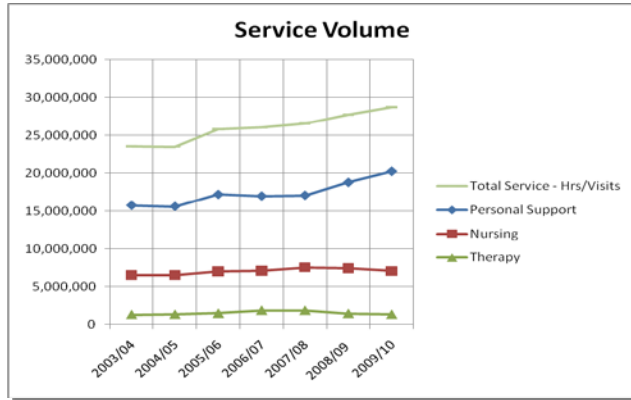
The challenges lie in the massive shift in policy and investment that needs to occur. Ontario's health care system is straining right now to meet the new and emerging health care needs of its citizens. The mandate

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.

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 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>viii</sup> It has been calculated that it would cost \$25B to replace the contribution of families to the health care system in Canada.<sup>ix</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 (e.g. heating, hydro, food, laundry).

### Keeping Pace

The rate of investment in home care has not kept pace with the health system increases in general.<sup>x</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>xi</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, Ontario risks an escalation in the numbers of exhausted caregivers and avoidable 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.

### Emergency Room 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 (e.g. family physicians, community pharmacists, nurses, therapists, personal support workers, case managers, homemakers and mental health workers). Targeted 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.

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

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>xii</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. 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>xiii</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.

Growing numbers of community-dwelling seniors face loss of independence and premature institutionalization (either planned or emergency) because they 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>xiv</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>xv</sup> Recent hospitalization and poor transition planning following discharge from acute care is a known precursor of loss of independent living.<sup>xvi</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 health system addresses the transition points of care and works to ensure safe and consistent bridging of services and/or sectors.<sup>xvii</sup>

.....Always putting the patient first will drive the quality of our system, lead to better value for the money we spend, and ensure that the excellent healthcare we enjoy today.

Minister Matthews  
April 2010

### ***The Evidence***

In 2009, home care stakeholders<sup>xviii</sup> undertook a project (*Valuing Home and Community Care (VHCC)*)<sup>xix</sup> 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. The VHCC project provided evidence of significant net savings to the provincial health system and provided compelling evidence for increasing investment in the sector and for supporting families who care for individuals at home. The VHCC study shows important cost implications to the publicly funded health system. Keeping seniors at home for as long as possible achieves a net savings to the health care system of approximately \$150M for a frail elderly population 75 years and older receiving Maintenance or Long Stay Supportive services from the CCAC and possibly other community support services.<sup>xx</sup>

### ***Excellent Care for All***

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 Act* is intended to strengthen accountability for quality within health care and to reinforce principles of organizing care around the individual.<sup>xxi</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>xxii</sup>

## **Conclusion**

The government of Ontario has the opportunity to create jobs and improve services through strategic investments that demonstrate that it is a *fundamental right of all Ontarians to receive home care*. In so doing, the Ontario government would raise awareness of home care and the related support of family caregivers as a vital to our society.

## **About the 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).

For more information, contact:

Susan D. VanderBent, BA, BSW, MSW, MHSc, CHE

Executive Director

Phone: 905-543-9474 Fax: 905-545

Email: [suevan@homecareontario.ca](mailto:suevan@homecareontario.ca)

---

## ENDNOTES

- <sup>i</sup> Ontario Ministry of Finance. Demographic Quarterly: Highlights of First Quarter 2011. Retrieved from <http://www.fin.gov.on.ca/en/economy/demographics/quarterly/dhiq1.html>
- <sup>ii</sup> Ibid
- <sup>iii</sup> Ibid
- <sup>iv</sup> VanderBent, S., Kuchta, B. (2010) *Valuing Home and Community Care*, p3
- <sup>v</sup> Retrieved from MOHLTC Health Data Branch
- <sup>vi</sup> Canadian Home Care Association - High Impact Practices. Retrieved from <http://www.cdnhomecare.ca/content.php?doc=46>
- <sup>vii</sup> 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>. The findings are based on results of an OHCA membership survey and polling data from OHCA members conducted in 2009. Reasonableness was affirmed as follows:
- 1) The Health Council of Canada estimates that 500,000 people across Canada purchase home care privately (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.cahttp://secure.cihi.ca/cihiweb/products/trends\\_home\\_care\\_mar\\_2007\\_e.pdf](http://secure.cihi.ca/cihiweb/products/trends_home_care_mar_2007_e.pdf), p8) and as Ontario represents approximately 39% of Canada's population, 150,000 is a conservative estimate
- 2) In an unpublished study, André Grenon from Health Canada estimated private home care spending in Canada at \$963.1 million in 2002-2003 (CIHI 2007- Public-Sector Expenditures and Utilization of Home Care Services in Canada: Exploring the Data , p3). OHCA assumed a growth rate on private home care spending from 2002 to 2010 and an average consumer cost of \$23.00 per hour, recognizing that approximately two thirds of purchased care is for home support.
- <sup>viii</sup>Fast, J., Niehaus, L., Eales, J., & Keating, N. (2002a). *A profile of Canadian chronic care providers*, submitted to Human Resources & Development Canada
- <sup>ix</sup> 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
- <sup>x</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* (April 2010).
- <sup>xi</sup> Based on analysis from MOHLTC Health Data Branch
- <sup>xii</sup> MOHLTC. (2009) *Caring About Caregivers – Policy Implications of Long- Range Scenario Planning*
- <sup>xiii</sup> Ontario Home Care Association. (2009) *Finding the "Appropriate" Level of Care – ALC in Ontario*.
- <sup>xiv</sup> Challis, D and Hughes, J. (2002) p 126-130
- <sup>xv</sup> McWilliams, C.(1993)
- <sup>xvi</sup> Hollander, M., Chappell, N. (2002)
- <sup>xvii</sup> VanderBent, S. (2004) Key Quality Processes and Outcome Measures. The Ontario Home & Community Care Council.
- <sup>xviii</sup> The home care stakeholders included the members of 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>xix</sup> The Valuing Home and Community Care project was conducted in 2009 by the Boston Consulting Group who were retained by the home and community care sector in Ontario, in partnership with the Change Foundation to conduct an economic valuation in order to demonstrate both the net and real value (or savings) created by the home and community care system in Ontario.
- <sup>xx</sup> VanderBent, S., Kuchta, B. (2010) *Valuing Home and Community Care*, p6
- <sup>xxi</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>xxii</sup> Brown, A. (2010). Presentation Breakfasts of the Chiefs, 2010