

## Report on the OHCA Roundtable on Rehabilitation in Home Care

### **Executive Summary**

The Board of the Ontario Home Care Association 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. A special OHCA Roundtable on Rehabilitation was held in response to concerns regarding the reduction of therapy services to Ontarians. As these reductions will affect individual health outcomes and impact the smooth functioning of the system, the OHCA Board believed this issue was necessary to review and analyse.

The Roundtable meeting included OHCA members and research colleagues from ideas For Health<sup>1</sup> and InfoRehab<sup>2</sup>. The purpose of the Roundtable was to understand the current research and evidence on determining the need for home care services, particularly therapy services, in order to support good clinical care and improved health. In this report the OHCA offers an analysis and advice to support Ontarians in their wish to live safely and confidently in their own homes and communities.

OHCA has long advocated for multi-year funding for Community Care Access Centres (CCACs) to establish consistent and continuous support for home care services across the province. The current twelve month budget cycle during which the CCAC must respond to unexpected demand surges often leads to withdrawal of care for people during the last quarter of the fiscal year. These service decreases create uncertainty for clients, instability in the home care human resource pool, and impact the smooth function of hospitals and nursing homes as vital partners within the broader health care system.

The OHCA believes that all strategies to allocate limited home care resources must be based on clinically sound methodology that considers the care needs of individual clients, broader health populations and the impact on the function of the entire health care system.

The OHCA Roundtable participants recognize the value of the whole team and do not ascribe greater value to any one service. All services are important and understanding the "right home care service mix" can be realized through evidence-based experience using a common set of tools.

OHCA Roundtable participants recommend that:

- RAI-HC be adopted as the predominant assessment instrument and common language in home care. In so doing, front line clinicians must be educated on the RAI tools and supported to work collaboratively with case managers using the common assessment tools to generate sound data as the basis of all clinical care decision-making, quality and funding.

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<sup>1</sup> ideas FOR HEALTH is a new research and education cluster based at the University of Waterloo with a focus on promoting ideas – innovations in data, evidence and application systems for the health sector. <http://ideas.uwaterloo.ca/>

<sup>2</sup> InfoRehab is a Canadian Institutes of Health Research-funded research program aimed at enhancing musculoskeletal (MSK) rehabilitation through more effective use of health information. <http://www.inforehab.uwaterloo.ca/?section=1&page=64>

- CCACs receive multi-year funding to enable consistency of home care service to Ontarians over the budget cycle.
- A Centre for Home Care Excellence be established in order to expand the research in home care in Ontario, particularly as it relates to the impact of the full array of quality clinical care, improved health outcomes, and home care's critical role in health system reform and sustainability.
- The Ontario Health Quality Council (OHQC) be tasked with monitoring home care programs and conducting regional comparisons in order to determine the equity of home care services (particularly access to the full array of services, including therapy services) available to Ontarians across CCACs.
- Improved public education be conducted so that Ontarians understand their own home care needs within the context of the full array of services and are informed as to how to plan for their needs as they age.
- Broader engagement of LHINs, MOHLTC, CCAC, researchers and providers be undertaken in order to develop strategies for policy and funding of the full array of services for those at home, as is available to recipients of care across the health system.

### **Introduction**

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 sustain good health outcomes.<sup>3</sup> Strategies to allocate limited home care resources must be based on clinically sound methodology that considers both the care needs of individual clients and those of the broader health populations. A reduction in a single home care service could negatively impact recipients of health care and/or compromise the ability of the team to maximize its effectiveness.

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<sup>3</sup> A health outcome is a change in health status attributable to an intervention (for an individual) per Michael Wolfson, Canada Research Chair in Population Health Modelling, presentation October 2010

Concern regarding the reduction of therapy services to Ontarians was the basis for the OHCA Roundtable meeting of members and research colleagues from Ideas For Health<sup>4</sup> and infoRehab<sup>5</sup> in September 2010. The purpose of the Roundtable was to understand the leading research and evidence on determining home care services, particularly therapy services, which are available in order to support good clinical care and improved health.

From the data on Table 1, combined therapy services represent 5.3 percent of the overall clinical home care in 2008/09, down from 7.2 percent in the previous year. Nursing is 28.5 and 26.9 percent of services. Personal Support Worker services<sup>6</sup> amount to 64.2 and 67.7 percent of the total.

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

**TABLE 1 – CCAC Funded Services**

Apr 1 to Mar 31	2007/08	2008/09
Individuals Served:	572,950	586,423
<b>Services</b>		
Personal Support/Homemaking Hours:	17,063,415	18,777,549
Nursing Visits:	5,892,707	5,981,762
Shift Nursing Hours:	1,698,887	1,480,078
Occupational Therapy Visits:	736,134	556,147
Physiotherapy Visits:	572,725	519,168
Speech-Language Therapy Visits:	461,484	274,068
Dietician Services Visits:	59,690	58,584
Social Work Visits:		79,278

Retrieved from

<http://www.ccac-ont.ca/Content.aspx?EnterpriseID=15&LanguageID=1&MenuID=138>

<sup>4</sup> John Hirdes, Ontario Home Care Research and Knowledge Exchange Chair and Professor, Department of Health Studies and Gerontology, University of Waterloo

Jeff Poss, Assistant Research Professor, Department of Health Studies and Gerontology, University of Waterloo

Leslie Eckel, Knowledge Exchange Associate, Health Studies and Gerontology, University of Waterloo

<sup>5</sup> Paul Stolee, Associate Professor, Department of Health Studies and Gerontology, University of Waterloo

Katherine Berg, Chair and Associate Professor, Department of Physical Therapy and Graduate Department of Rehabilitation Science, University of Toronto

<sup>6</sup> Personal support services are provided by Personal Support Workers (PSWs) are those who have completed a standardized training program. Reference to the PSW and personal support services in this document reflects the broadest scope of definition and includes personal care – assistance with activities of daily living which may include help with dressing, bathing, grooming, feeding, toileting, mobilization and transferring; and homemaking – essential housekeeping tasks necessary to enable the individual to remain at home in a safe and acceptable environment, including cleaning, laundry, meal preparation, shopping, banking and transportation. The term home support services, used in much of Canada, describes 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.

their effectiveness for client care.<sup>7</sup> The team based approach ensures that the outcomes realized are greater than the sum of the parts – in other words, value is realized.

**Background**

OHCA has long advocated for multi-year funding for CCACs in order to establish consistent and continuous support for home care services. The current twelve month budget cycle during

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*

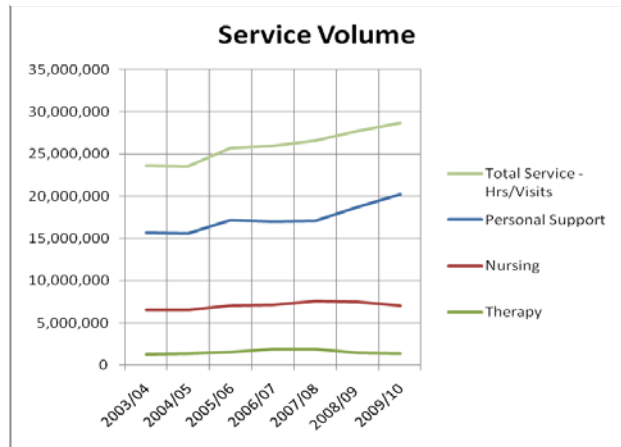
which the CCAC must respond to unexpected demand surges (e.g. H1N1, policy shifts) frequently leads to withdrawal of care for people during the last quarter of the fiscal year. These service decreases create uncertainty for the clients served, instability in the home care human resource pool, and impact the smooth function of hospitals and nursing homes as vital partners within the broader health care system.

Stories from the public demonstrate uncertainty as to what home care can offer. Families report seeking to understand

how and why services are approved, and, to know their “assessment score” so they can reconcile the services they receive with their perceived need and those of others.<sup>8</sup>

OHCA members report confusion amongst clinicians and other health care stakeholders as to the seeming incongruity between perceived need of clients and the allocation of home care services. There is concern that certain services, particularly therapy services, are not understood or valued and therefore not utilized. Evidence suggests that were one lives can heavily influence the likelihood of receiving therapy services. For example, receipt of physical or occupational therapy for a newly referred home care client is three times more likely from one CCAC to another.<sup>9</sup>

**Table 2 – Service Volume Trend Lines**



Retrieved from Portraits of Home Care in Canada, OACCAC data and Ministry of Health & Long-Term Care Staff

Based on OHCA’s research, therapy services in 2009/10 represented 4.8 percent of clinical home care services purchased by CCACs, a further reduction from the preceding two years as noted above. Nursing services have also been slightly reduced and personal support services are

<sup>7</sup> 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)

<sup>8</sup> Letters and emails to the OHCA

<sup>9</sup> Analysis of 2007/08 OACCAC RAI-HC and service data, Jeff Poss, University of Waterloo

up to 70.5 percent of the total numbers of hours/units of care purchased. In order to stretch funding and meet the growing demands for care, there would appear to be an assignment/delegation to the least expensive service – personal support or in some cases home support.<sup>10</sup>

The OHCA expresses concern that this strategy will have costly long term ramifications in both quality of care for people and system utilization. Additional supportive personal care is not a substitute for the clinical intervention delivered by highly qualified professional staff. The full array of service must be available in home care as it is in other parts of the health system. While serving greater numbers of people through lower cost services can, at first, seem to increase overall access to home care, the strategy may contribute to greater clinical needs later (e.g. an absence of rehabilitation for musculoskeletal disorders or post stroke will result in decreased functioning and related sequelae which are not only costly but affect an individual’s quality of life).

Decisions to reduce the frequency of service (such as therapies) or make changes to specific services in the absence of clearly articulated clinical goals reflect a system issue that must be addressed. To address this concern, the OHCA believes that clinicians and case managers must work together using common assessment tools that generate sound data as the basis of clinical care decision-making, quality and funding.

OHCA also believes that home care needs to be adequately resourced to provide the level of

It is particularly important to provide effective home care to persons at imminent risk of nursing home placement because, once admitted, the likelihood of return to the community declines substantially and the formal costs of care grow substantially.

*Hirdes, et al*

service required to address the growing demand, supported by research, for interventions at home. There is evidence to support the efficacy of therapy for those with active and immediate needs.<sup>11</sup> Rehabilitation at home has also been shown to improve functional status and decrease mortality.<sup>12</sup>

Research highlights the value of rehabilitation services to expedite discharge from acute care, and reduce readmission rates<sup>13</sup>; the efficacy of nursing visits to keeping individuals at home<sup>14</sup>; and the impact of a small amount of personal and

community support to sustaining independence of the elderly<sup>15</sup>. The home care sector has become adept at supporting individuals with complex needs to manage independently with minimal support. Home care is also cost effective for a large number of individuals.<sup>16</sup>

<sup>10</sup> In Champlain, for example, home support services have been reintroduced.

<sup>11</sup> Paul Stolee, Associate Professor, Department of Health Studies and Gerontology, University of Waterloo and Investigator, infoRehab, as presented at the OHCA Roundtable on September 10, 2010

<sup>12</sup>Ibid

<sup>13</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>14</sup> Markle-Reid, M., Weir, R., Browne, G., Henderson, S., Roberts, J., Gafni, A. (2004)

<sup>15</sup> Markle-Reid, M., Browne, G., Weir, R., Gafni, A., Roberts, J., Henderson, S. (2008)

<sup>16</sup> Boston Consulting Group (2010)

It is however impossible to attribute outcomes to one service. Therefore, OHCA members believe that those receiving their health care at home should be afforded the full mix of services available across the health system determined by the use of existing clinically proven assessment and management tools.

Increasingly, home care is seen as a ‘protective factor’ in the health care system, supporting the smooth function of acute care and long term care.<sup>17</sup> In recent years, the focus of home care in Ontario has been to protect the acute care sector from inappropriate utilization and congestion. Helping more people to remain at home at the lowest possible cost to the health care system has been the priority.

The success of our health system will be to shift the focus away from segmenting the team and attributing value for the individual component services. Attention must be focused on setting priorities and allocating health dollars to achieve the best results of care for clients and client populations. This shift will facilitate the adoption of strategies for care for identified populations based on agreed upon health outcomes. The OHCA believes this is how the true value of the ‘health system’ is defined.

The only truly effective way to address value is to reward ends or results rather than means such as process steps<sup>1</sup>. Integrated care measures must be established and used to address the full set of health outcomes achieved by the patient over the care cycle. Total costs for the care of the patient’s condition, not just the costs borne by a single provider need to be assessed.

*Porter*

### **Access to Data**

Through the employment of standardized interRAI assessment tools,<sup>18</sup> home care stakeholders have access to massive amounts of client information. InterRAI instruments are a family of assessment tools which have multiple applications. They include care planning protocols, outcome measures, quality indicators and resource allocation indicators. These applications can inform decision-making and policy-making from the level of front-line care planning by health care providers, through to high-level health care policy defining by administrators. All of the instruments include a common core set of measures. This standardization of data collection and related applications allows data comparison for administrative decisions - including quality benchmarking, and identifying best practices both within and across organizations and health

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<sup>17</sup> Home care offers supports to people in their community and protects both the acute care sector and the long term care sector from inappropriate utilization and congestion. While it is seen as a ‘lower cost’ solution to institutionalization, it is also seen by most Ontarians as the most desirable care setting. – Caplan, Grunfeld, Hollander

<sup>18</sup> InterRAI is a collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled. The goal is to promote evidence-based clinical practice and policy decisions through the collection and interpretation of high quality data about the characteristics and outcomes of persons served across a variety of health and social services settings. <http://www.interrai.org/section/view/>?

care sectors. Algorithms, such as the MAPLe<sup>19</sup>, serve as sound decision-support tools that can inform choices related to allocation of resources and prioritization of clients.

To date, the home care tool, RAI-HC<sup>20</sup>, has been the exclusive responsibility of the CCAC case manager. While assessments are sometimes forwarded (in full or in part) to frontline home care and primary care clinicians, there is currently limited opportunity for contributing to, and/or leveraging the client information generated through the RAI-HC or interRAI Contact Assessment by service providers, clients, or other care providers ( for example primary care settings).

RAI -HC is the standard tool for long-stay home care clients – however there is no provincial solution /standard practice for sharing the information with service providers.

Clinicians believe that they must repeat an assessment using their own tools thus losing the opportunity to effectively collaborate on best use of limited resources, as well as protecting the client from unnecessary assessment.

Additionally, clients and families report having limited information about the RAI other than to realize that their “score” may influence services. As 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 it seems critical that clients understand their assessments and actively engage in their short and long-term care planning.

Decisions about the allocation of resources for care of the frail elderly in the community are often subjective and inconsistent when assessment tools are not standardized, have not been tested for reliability and validity, and are not accompanied by decision-support algorithms that aid in the interpretation of assessment results.<sup>21</sup> The mismatch between assessed needs and care allocation decisions can trigger poor outcomes for clients, provider frustration and inappropriate system utilization.

<sup>19</sup> The MAPLe differentiates clients into five priority levels, based on their risk of adverse outcomes. The MAPLe algorithm is based on a broad range of clinical variables in the HC. Clients in the low priority level have no major functional, cognitive, behavioural, or environmental problems. They can be considered self-reliant. The high priority level is based on presence of ADL impairment, cognitive impairment, wandering, behaviour problems, and the nursing home risk CAP. Research has demonstrated that the five priority levels are predictive of risk of adverse outcomes. Clients in the high priority level are nearly 9 times more likely to be admitted to a long term care facility than are the low priority clients. MAPLe also predicts caregiver stress. - <http://www.interrai.org/section/view/?fnode=30>

<sup>20</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). The Home Care assessment system, or HC, was developed to provide a common language for assessing the health status and care needs of frail elderly and disabled individuals living in the community.

<sup>21</sup> Hirdes, Poss, Curtin-Telegdi

### **Developing a Common Language**

It is time to adopt the use of a common language that supports effective and sound clinical decision-making across the system so that hand-offs at transition points can be seamless and that clients can be assured of receiving the right care to achieve the best health outcome.

InterRAI instruments all share a common language, that is, they refer to the same clinical concept in the same way across instruments.<sup>22</sup> Using common measures enables clinicians and providers in different care settings to improve continuity of care, as well as to integrate care/supports for each individual. Common language also allows families, advocates and public payers to track the progress of program participants across settings and over time. Such information can yield important findings regarding what works to improve an individual's quality of life.<sup>23</sup>

Within home care there must be a commitment to sharing and using RAI-HC data in accessible and readily comprehensible formats. The team needs to know which CAPs have been triggered so that care plans can be developed, implemented and evaluated based on the findings of the objective assessment. Clients need to understand their RAI assessments and their CAPS information so their families can effectively support and advocate for them as they more clearly recognize when and how the health system can intervene. A common language will provide the opportunity to enhance collaboration within our system of care.

#### **Clients can leverage their CAPs information**

The CAPs identify client specific problems either because they are at risk of decline or show potential for improvement. The CAPs also outline evidence based approaches to addressing the identified problem areas. This is empowering information, supporting client / caregiver self-management.

### **Conclusion and Recommendations**

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.<sup>24</sup> Mounting evidence demonstrates the value of the interdisciplinary team in the home care setting and that 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.

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<sup>22</sup> Each instrument in the interRAI family of tools and applications has been developed for a particular population and are designed to work together to form an integrated health information system

<sup>23</sup> <http://www.interrai.org/section/view/>

<sup>24</sup> The *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/)

The OHCA Roundtable participants recognize the value of the whole team and do not ascribe greater value to any one service. All services are important and understanding the “right mix” can be realized through evidence-based experience using a common set of tools.

OHCA Roundtable participants recommend that:

- RAI-HC be adopted as the predominant assessment instrument and common language in home care. In so doing, front line clinicians must be educated on the RAI tools and supported to work collaboratively with case managers using the common assessment tools to generate sound data as the basis of all clinical care decision-making, quality and funding.

This would require that:

- training be provided to all home care stakeholders, including service providers, on the RAI-HC and interRAI Contact Assessment, and their related applications including the quality indicators, client assessment protocols, outcome measures and scales and a case mix system<sup>25</sup>
- frontline clinicians support the use of a common tool

As part of this recommendation it would be expected that:

- RAI assessments on discharge from home care be completed so that the individual’s status can be quantified
  - a RAI summary be made available to Ontarians so they can know their risks and develop mitigation strategies
- CCACs receive multi-year funding to enable consistency of home care service to Ontarians over the budget cycle.
  - A Centre for Home Care Excellence be established in order to expand the research in home care in Ontario, particularly as it relates to the impact of the full array of quality clinical care, improved health outcomes, and home care’s critical role in health system reform and sustainability. The Centre would be positioned to support independent analysis of new home care approaches.
  - The Ontario Health Quality Council (OHQC) be tasked with monitoring home care programs and conducting regional comparisons in order to determine the equity of home care services available to Ontarians (particularly access to the full array of services, including therapy services) across CCACs.
  - Improved public education be conducted so that Ontarians understand their own home care needs within the context of the full array of services and are informed as to how to plan for their needs as they age.

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<sup>25</sup> OHCA is undertaking educational programming of the tools for its members

- Broader engagement of LHINs, MOHLTC, CCAC, researchers and providers be undertaken in order to develop strategies for policy and funding of the full array of services for those at home, as is available to recipients of care across the health system.

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. Through engagement of all stakeholders, including the general public, on the nature and capacity of home and community care and through the application of common tools and terminology, Ontarians will be able work together to "bend the cost curve" in health care.

### **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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