

Home Care in Brief 2010

THE ISSUE

Ontarians want more access to home care so that they can recuperate or spend their last days surrounded by loved ones in a setting that is familiar to them. However, notwithstanding that the majority of health care provided to Ontarians is in the community, the health system in Ontario is still largely funded and oriented toward acute care delivery. The current system focus must be re-oriented to meet the growing needs of citizens who require access to more care in their homes and communities.

BACKGROUND

- Our growing, active senior population is a testament to a progressive health care system and 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.
- Successful aging requires a holistic approach – avoiding disease and disability; maintaining cognitive ability; and engaging with life.ⁱ
- Most, if not all people, wish to remain independent during their older years.
- One of the most significant and least desirable outcomes for a community-dwelling senior is to be prematurely institutionalized because of the lack of home and community care based health and social support options.
- 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.
- The first publicly funded home care was launched in Ontario in 1970.ⁱⁱ
- In Ontario, publicly-funded home care falls under the jurisdiction of the MOHLTC. The MOHLTC provides stewardship of the health system and local health services are planned and funded by Local Health Integration Networks (LHINs).
- Community Care Access Centres (CCACs) are accountable to the LHINs and provide access to government-funded home and community services and long-term care homes.
- Eligibility for publicly-funded home care is determined through the CCAC and care is delivered by service provider agencies that have met high standards of excellence through a rigorous competitive process. Service provider agencies can be privately-owned or non-profit organizations.
- Any Ontarian that meets the eligibility criteria for publicly-funded home care service can receive the service.
- Home care allows Canadians 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.
- While the majority home care recipients are over 65 years of age, there is a wide range of caring situations which involve children and adults.ⁱⁱⁱ
- Expenditures on publicly funded home care in Ontario as a percent of total health expenditures was at its highest in 1999 – 5.48%.
- In Ontario in 2008/09, 586,423 individuals received 27,726,634 visits/hours of care at home funded by the MOHLTC.^{iv}

- Notwithstanding the amount of home care provided, almost one in five seniors who used a combination of both formal and informal home care report unmet needs.^v
- Today home care is seen as a health care priority across the country.
- 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.
- An efficient and effective home care system appropriately utilizes and integrates all members of the team to achieve value and to assist Ontarians who wish to receive care at home and remain independent. Providing the full array of home care services, including access to case management, family physicians, nursing, therapies, community pharmacists and personal support is essential to support good health outcomes.^{vi}
- Reductions or increases in a singular home care service, as has recently occurred in therapy in Ontario, is concerning and could negatively impact a specific group of individuals in need of health care support; and/or compromise the ability of the team to maximize its effectiveness.
- In home care, it is assumed, and in fact expected, that the family and/or friends will provide care to supplement the formal service provision. An estimated 26% of Canadians cared for a family member or close friend with a serious health problem in 2006.^{vii}
- Growing numbers of community-dwelling seniors are 'at risk' for loss of independence because they need more help than is currently available in the health care system to age at home.
- Service provider agencies can be contracted to deliver care to private individuals and through other privately - insured employment plans and/or government 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.^{viii}
- Telehealth and other forms of technology have been shown to enhance access to home care and leverage the capacity of the clinician.
- Information Communication Technology in home care is primarily focused on administrative applications.^{ix}
- Home care and primary care collaboration has been demonstrated to enable proactive interventions which have been proven to avoid the need for hospitalization and prevent health related crises.^{x xi}
- Recent Canadian and international research suggests that community-based services that are integrated and co-ordinated across the health care system can be a cost-effective way to maintain people's independence and prevent admissions to hospitals and long-term care facilities.^{xii xiii}
- Home care is, and will increasingly be, challenged to provide care for an aging population as a result of the shifting dependency ratio which will reduce the available caregiving population.
- In a 2010 Ontario study, significant savings to the health system and improvements to quality of life for frail individuals over the age of 75 years were realized by providing home care services. Using the results from the study population, it was extrapolated that \$150M per year in savings to the health system could be realized. The cost savings arose from the avoidance of hospital (acute) care, long term care home and assisted living and supportive housing services utilization.^{xiv}

THE WAY FORWARD

The Ontario Home Care Association (OHCA) believes that it is time for courageous policy decisions and a significant reallocation of new health spending to the community. The government of Ontario could undertake to make care at home and in the community its priority making it a ***fundamental right of all Ontarians to receive home care***. Currently the Ministry of Health & Long-Term Care funds home care services for those who are assessed to be eligible. While an invaluable service to those who qualify, the benefits are limited by an approval process, eligibility criteria and service limits. The Ontario Home Care Association proposes that the Ontario government: 1) commit to entitling Ontarians to home care; and 2) shift the health system emphasis to the community.

1. **Entitlement to home care** would mean that, as in the acute care and primary care system, home care services are initiated immediately upon presentation of need; subject only to proper verification of Ontario residency and OHIP registration. Services would be allocated based on evidence-based clinical criteria to achieve best health outcomes. The assessment and development of a care plan, once completed, would be shared with the individual / substitute decision maker, their primary care practitioner, service provider and other supports as identified by the home care recipient.
2. **Shifting the health system emphasis to the community** would require a restructuring of health care funding and policy modification. Ontario's HBAM^{xv} methodology should be applied as a means for establishing a balanced allocation of public dollars so that there is adequate resource in order to keep individuals at home as long as safely possible. Collaboration and integration of the public health system with the broader network of care in the community will need to be undertaken in order to leverage the capacity and contribution of both the private and public systems in our society.

The Ontario Home Care Association

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

ENDOTES

- ⁱ Rowe, J. W., & Kahn, R. L. *Successful aging*. *Gerontologist*, 37, 433–440, 1997
- ⁱⁱ Canadian Home Care Association. (2008) *Portraits of Home Care in Canada*, p79-97
- ⁱⁱⁱ In 2008/09, recipients of publicly funded home care comprised 54% of the caseload, adults 29% and children 16%, retrieved from <http://www.homecareontario.ca/public/about/home-care/system/facts-and-figures.cfm>
- ^{iv} OACCAC, CCAC Report of Measurements, retrieved from <http://www.ccac-ont.ca/Content.aspx?EnterpriseID=15&LanguageID=1&MenuID=138>
- ^v Statistics Canada, 2006d
- ^{vi} Ontario Home Care Association. (2010) *Achieving value in home care through the interdisciplinary team*. Retrieved from <http://www.homecareontario.ca/public/about/publications-position-papers.cfm>
- ^{vii} Health Council of Canada. (2008). *Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada*. Toronto: Health Council. p8
- ^{viii} Ontario Home Care Association. (2009) *Creating an Ontario Home Care Rebate to Prevent Additional Costs to the Frail and Vulnerable*. <http://www.homecareontario.ca/public/about/publications-presentations.cfm>
- ^{ix} Canadian Home Care Association. (2008) *Integration through Information Communication Technology for Home Care in Canada*
- ^x Canadian Home Care Association. (2006) *Partnership in Practice – Two key strategies involving home care yield high impact benefits for primary care in Canada*
- ^{xi} OCFP. (2010) Vision 2020: Partnering in the Quest for the “Healthcare Gold Medal”
- ^{xii} Hollander, M., Chappell, N. (2002) *Final Report of the National Evaluation of the Cost-Effectiveness of Home Care*, Health Transition Fund (2a)
- ^{xiii} Hollander, M.J., Chappell, N.L., Prince, M., Shapiro, E. (2007) *Providing Care and Support for an Aging Population: Briefing Notes on Key Policy Issues*. *Healthcare Quarterly* Vol. 10, No. 3: 34-45.
- ^{xiv} The Boston Consulting Group. (2010) *Valuing Home and Community Care*. Co-Sponsored by the Community Provider Associations Committee (CPAC) and the Change Foundation. Retrieved from <http://www.homecareontario.ca/public/about/publications-HCC.cfm>
- ^{xv} HBAM (Health-Based Allocation Model) is a population health-based funding model and management tool. The model has two main components - a utilization model which estimates annual use of health services, taking into account each Ontario resident’s clinical, social, and demographic conditions; and a cost model which determines unit costs for each health service provider.