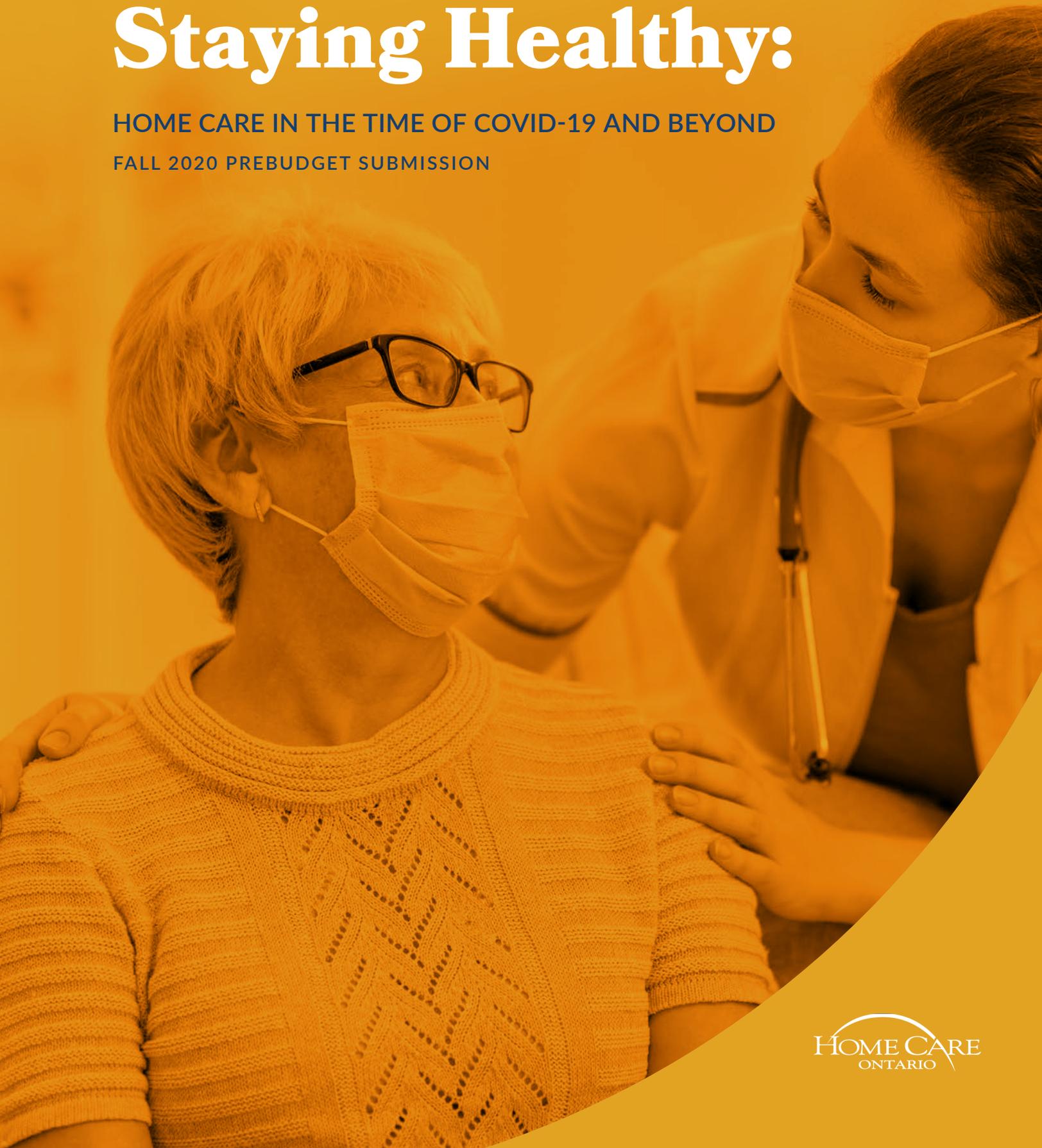


Staying Home & Staying Healthy:

HOME CARE IN THE TIME OF COVID-19 AND BEYOND

FALL 2020 PREBUDGET SUBMISSION



Introduction

This year, COVID-19 has been a wakeup call, and we were all served notice that the shift to home and community-based care cannot happen fast enough. The pandemic has laid bare the cracks in Ontario's health care system, but it has also shown us the way forward.

For years, we have been talking about a health care shift that needs to happen. A shift from expensive, acute, in-hospital care, towards distributed, widely available home and community-based care. In an aging province like Ontario, this shift is the only way to support seniors in their nearly universal desire to live at home for as long as possible. It is the only way to put our health system on a sustainable footing, freeing up hospital space for those who really need to be there for acute care.

Throughout the pandemic, the way Ontario cares for its seniors has become a central focus for government, families, and patients. Although home care is often overlooked, a robust home care system is the clear solution to reduced reliance on acute care and one of the best ways to keep seniors safe.

Currently, Canada's rates of institutional care are some of the highest among developed countries while the prevalence of home care is one of the lowest.² But across the world, and within some select parts of Canada, the potential of expanded home care programs to improve senior care and underpin a more efficient, cost-effective health system can be found.

In Ontario, care for frail seniors is not the only crisis where increased home care supports are urgently needed. Restarting elective surgeries is a critical issue for the government, the health care system, and patients across the province. Elective surgeries were put on hold during the first wave of the COVID-19 pandemic and today there are more than 148,000 surgeries that need to be rescheduled.³

Unfortunately, there are a number of compounding issues that make restarting surgeries difficult. With over 5,300 Alternate Level of Care (ALC) patients in acute care, ALC rates are nearing an all-time high. Meanwhile, long-term care homes have been asked by the government to reduce the number of beds available, by eliminating the use of beds in three and four-bed units. At the same time, hospitals and regions must reserve at least 10% of acute care capacity in anticipation of future needs because of COVID-19.

Given this environment, it is critical the government create capacity in the home care system to reduce the growing level of ALC patients and return postoperative patients back home quickly. It must establish a sustainable health care system that can withstand future waves of COVID-19 and the increasing pressures of Ontario's rapidly ageing population.

¹ Home Care Ontario Study July 2020.Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/1/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/1/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+(Final).pdf).

HOME CARE IS AN INTERNATIONALLY PROVEN, COST EFFECTIVE WAY TO ALLEVIATE PRESSURE ON ACUTE AND LONG-TERM CARE SETTINGS WHILE SUPPORTING SENIORS AND THEIR FAMILIES. AS ONTARIO FIGHTS BACK AGAINST THIS GLOBAL PANDEMIC, THE TIME TO MAKE THESE INVESTMENTS IS NOW.

Snapshot of Home Care in Ontario

Family Funded

+150,000 RESIDENTS
A YEAR

+20 MILLION HOURS
OF CARE A YEAR

AVERAGE COST PER FAMILY =
\$17,600 PER YEAR



Publicly Funded

+730,000 PATIENTS
SERVED A YEAR

59 MILLION HOURS
OF CARE A YEAR

1.88 BILLION BUDGET
(2018-19)

² Picard, Andre. "In the Stay-at-home Era, Why Have We so Sorely Neglected Home Care?" Opinion, June 15, 2020. <https://www.theglobeandmail.com/opinion/article-in-the-stay-at-home-era-why-have-we-so-sorely-neglected-home-care/>.

³ CMAJ 2020. doi: 10.1503/cmaj.201521; early-released September 1, 2020. <https://www.cmaj.ca/content/cmaj/early/2020/09/01/cmaj.201521.full.pdf>

IN ORDER TO IMPLEMENT AND ACHIEVE AN EXPANDED HOME CARE SYSTEM IN ONTARIO, THREE KEY POLICY CHANGES ARE NEEDED:

1

Ensure PSWs and other critical care givers are paid at parity with the long-term care sector

2

Establish surge capacity in the health care system

3

Create further capacity by introducing a Home Care Tax Credit for people who personally retain home care services for themselves or their parents, in partnership with a new public awareness campaign to educate consumers about the importance of choosing safe, qualified, properly trained home care providers.

The time to make these investments is now.

Together, these suggestions will produce a streamlined approach to Ontario's health care system and will create:

CAPACITY- A strong home care system will support hospitals to keep operating while reserving 10% bed capacity by moving patients quickly back home.

SAVINGS- Ensuring the delivery of more care at home and in the community is the quickest and most cost-effective way to stabilize people at home, ending hospital overcrowding and hallway health care.

SAFETY- Data from the COVID 19 pandemic has shown that home care patients experienced significantly lower rates of infection than those in institutionalized settings and that providers are able to maintain safe and reliable care, even during a pandemic.

STABILITY -By compensating home care workers in line with those in LTC, the province will improve recruitment and retention efforts and will create a more stable home care workforce.

While there are additional changes that could further improve the system, by implementing these three initial steps, Home Care Ontario believes that patients, families, health care professionals, and Ontario taxpayers will benefit, and the province will be better prepared for the impending future growth of senior care.

Recommendation 1

ENSURE PSWs AND OTHER CRITICAL CARE GIVERS ARE PAID AT PARITY WITH THE LONG-TERM CARE SECTOR

Ontario's publicly-funded home care workers are already paid considerably less than those working in long-term care and causes staff to choose employment in long-term care over home care for understandable personal economic reasons. The impact of this labour disruption is simple. If home care workers are not supported with pay rates at parity with long term care, patients and families will experience a shortage of workers and lack of services will dramatically impact patient health and well-being. Unfortunately, this problem is already occurring.

Right now, the government is looking at how to better support workers in the long-term care system. Changes continue to be announced as the province reviews its response to the COVID-19 pandemic. This need is very important; however, Ontario's long-term care workforce is interconnected to its home care workforce; changes to the wages and working conditions of one group impact the other causing labour disruption. As experienced recently in Quebec, where the two systems are also interconnected, there can be disastrous consequences to labour force availability if the government takes steps to support workers in one system and not the other.⁴

"69% of Ontario seniors believe that professional caregivers such as personal support workers should be paid at the same rates regardless of whether they work in home care, long-term care or in hospital."

- SOURCE: HOME CARE ONTARIO PUBLIC OPINION SURVEY, JULY 2020 ⁵

⁴ Caruso-Moro, Luca, and Selena Ross. "Wage Gap Creating Shortage of Quebec Home Health Aides at the Worst Time: Advocates." CTV News Montreal, August 6, 2020. <https://montreal.ctvnews.ca/wage-gap-creating-shortage-of-quebec-home-health-aides-at-the-worst-time-advocates-1.5054657>.

⁵ Home Care Ontario Study July 2020, Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+(Final).pdf).

The government must ensure Personal Support Workers (PSWs) and other critical home caregivers are paid at parity with those same occupations in the long-term care sector. This was the practice during the first wave of COVID-19, when thousands of home care workers were redeployed temporarily to support the long-term care system. In order to facilitate this redeployment and to treat workers fairly, the government provided temporary wage increases to pay those home care workers at long-term care wage levels. Additionally, the government increased overall billing rates to cover the costs of increased administration and employment costs. This practice must continue, and home care wages must be increased to match those in LTC.

COVID-19 Temporary Home Care Wage Increases	
Profession	Incremental Wage Increase to Match LTC
PSW (Hour)	\$4.00
RPN (Hour)	\$5.50
RN (Hour)	\$7.00
Physiotherapy (Hour)	N/A
Occupational Therapy (Hour)	\$3.00

Proposed Solution

There is simply no way to build an accessible, robust home care sector when the essential workers required can earn more by moving to long-term care. Therefore, home care workers must be paid at parity with those in the long-term care system. To do this, the government should introduce increased wages using the temporary wage rates set during the pandemic.

Additionally, as Ontario moves to improve working conditions in long-term care, it must replicate those changes in the home care system to ensure that no greater disparity is unintentionally created.

Recommendation 2

ESTABLISH SURGE CAPACITY IN THE HEALTH CARE SYSTEM

Ontario's health care system faces two interrelated issues: the need to maintain at least 10% of acute care bed capacity in each region of the province, and the need to restart elective surgeries which were delayed as a result of the COVID-19 preparedness. To achieve this, Alternate Level of Care (ALC) patients must be moved out of hospitals as soon as possible following treatment and postoperative patients need to move home as quickly as possible to recover in a safe environment.

In a study by the Canadian Institute for Health Information (CIHI), 1 in every 5 seniors (22%) who entered long-term care but who were found to have low to moderate MAPLe scores could have delayed or avoided admission into long-term care altogether. The CIHI report also found that, overall, seniors wait longer for home care when they are in hospital as ALC patients, unnecessarily occupying beds and creating an issue of surge capacity.⁶

Of the seniors who were initially assessed in hospital, over 80% were designated as needing an alternate level of care (ALC) and unnecessarily occupied a hospital bed in an acute care setting. With rapid availability of more robust home care supports, these patients could have been discharged to the safety of their own homes without overwhelming the resources acute care.

Both the need to maintain acute care bed capacity and the need to establish surge capacity require increased hours of home care, especially for higher needs patients such as recent ALC patients. Utilizing a 'surge capacity' approach would both stabilize patients and help optimize the workday for home care workers.

Additionally, by increasing the hours of available home care, vulnerable groups, particularly seniors, can stay healthy at home and avoid crowds where COVID-19 spreads. This in turn helps reduce the number of non-essential visits to hospitals.

⁶Seniors in Transition: Exploring Pathways Across the Care Continuum. Report. Canadian Institute for Health Information. 2017. <https://www.cihi.ca/sites/default/files/document/seniors-in-transition-report-2017-en.pdf>.

HOSPITAL ALC RATES ARE CLIMBING, AND 10% ACUTE CARE BED CAPACITY NEEDS TO BE MAINTAINED TO RESTART ELECTIVE SURGERIES.

Proposed Solution

Many Ontario hospitals are prepared to encourage a shift to increased home care, with some estimating the move would reduce the number of emergency visits by as much as 30% allowing them to focus care on the patients who do require inpatient care.⁷

With the right supports, home care can be utilized to move many recent ALC patients from acute care back to their homes, where they can safely recover. Specifically, the government should:

1. Offer recent ALC patients increased hours of care to return home and have their needs supported through a variety of in-home and community support services;
2. Reestablish care for those patients whose care was put “on-hold” during the early part of the pandemic. This would both support ALC patients to go home and would help providers offer full shifts to their workforce; and,
3. Expand on the concept of cluster care and establish block funding for neighbourhood home care in urban environments.

If further home care capacity is required to support this shift, the province should also consider tapping into the pool of pre-qualified home care providers who do not currently hold LHIN contracts. This would allow patients and families to access timely and quality care in their homes without adding pressure to Ontario’s acute care sector.

⁷Smith, Kevin. "The Post-pandemic Future: Home Care Will Ease the Burden on Hospitals." Toronto Life, August 19, 2020. <https://torontolife.com/city/the-post-pandemic-future-home-care-will-ease-the-burden-on-hospitals/>.

Recommendation 3

CREATE FURTHER CAPACITY BY INTRODUCING A HOME CARE TAX CREDIT FOR PEOPLE WHO PERSONALLY FUND HOME CARE SERVICES (FOR THEMSELVES OR AGING PARENTS), SUPPORTED BY A NEW PUBLIC AWARENESS CAMPAIGN TO EDUCATE CONSUMERS ABOUT THE IMPORTANCE OF CHOOSING SAFE, QUALIFIED, PROPERLY TRAINED HOME CARE PROVIDERS.

Every year in Ontario, over 150,000 Ontario residents purchase more than 20 million hours of family-funded home care. This contribution creates further capacity across the health system and the families who can take this step should be supported and encouraged to do so.

In a 2015 national survey, 63% of Canadians said they are not in a good position (financially or otherwise) to care for elderly family members if they need long-term care and that it worries them greatly⁸. This puts families in a difficult position where they may face a precarious financial situation in order to support their loved ones. Therefore the need for a strong, robust publicly-funded home care system is equally necessary and critical to the well-being of Ontarians and their loved ones.

Choosing safe, qualified home care providers is critical to the safe provision of family-funded care. Reputable home care organizations, such as those which belong to Home Care Ontario, ensure the safety and quality of care being delivered to seniors and meet provincial standards. Government must be aware, however, there is a growing grey market for home care services through online marketplaces, such as Craigslist, that must be addressed.

77% of Ontario seniors believe the government should financially support seniors and families who purchase additional home care services from reputable organizations through something like a new tax credit or other relief measures.

SOURCE: HOME CARE ONTARIO PUBLIC OPINION SURVEY, JULY 2020 ⁹

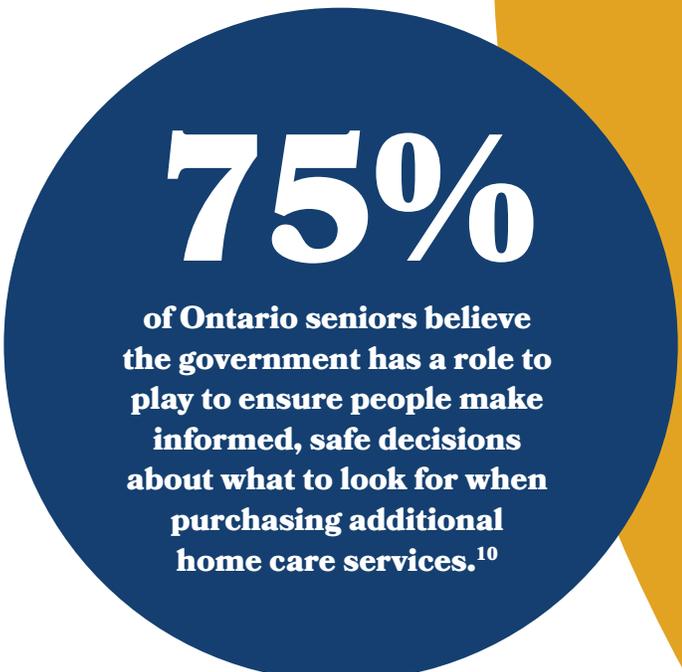
There is a need to educate Ontarians about what to look for when choosing supplemental care and encourage them to retain care through reputable providers. Further capacity can, and should be created through support and education around family-funded home care.

Proposed Solution

The Ontario government should introduce a Home Care Tax Credit for people who retain home care services from reputable employers who provide quality care and comply with Ontario laws and standards.

The tax credit should reimburse 15% of home care costs, up to a maximum of \$10,000 in annual retained home care services, with a minimum qualifying threshold of \$1000. This would make the maximum benefit to a provincial taxpayer \$1500.

This tax credit should be paired with a public awareness campaign to educate consumers about the importance of choosing safe, qualified, properly trained home care providers. The province should begin an enforcement program on illegal providers, with particular attention to understand labour law protections and tax compliance.



75%

of Ontario seniors believe the government has a role to play to ensure people make informed, safe decisions about what to look for when purchasing additional home care services.¹⁰

⁹Home Care Ontario Study July 2020.Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+(Final).pdf).

¹⁰Home Care Ontario Study July 2020.Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+(Final).pdf).

About Home Care Ontario

Home Care Ontario, the voice of home care in Ontario™, is a member-based organization with a mandate to promote growth and development of the home care sector through advocacy, knowledge transfer, and member service. Home Care Ontario members include those engaged in and/or supportive of home-based health care. In Ontario, Home Care Providers are responsible for delivering nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, respiratory therapy, infusion therapy, speech language therapy and medical equipment and supplies to individuals of all ages. An estimated 59 million hours of publicly and family funded home care service is provided annually across the province.

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the home care sector in Ontario, subscribe
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