Submission to the Standing Committee on Social Policy

Local Health System Integration Act Review

February 2014

Home Care Ontario

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HOME CARE ONTARIO

Home Care Ontario is the operating name for the Ontario Home Care Association, *the voice of home care in Ontario™*. Home Care 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. Members include those engaged in and/or supportive of home-based health care.

In Ontario, service provider organizations (SPOs) are responsible for providing 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. SPOs are usually incorporated entities, and can be a non-profit organization, a private corporation, a municipal government or an aboriginal organization.

Members of Home Care Ontario:

- Deliver excellence in care and service to all clients
- Use quality improvement principles to continuously improve care processes
- Have organizational mission, vision and value statements which guide practice, decision-making and provide the basis from which to address ethical issues related to service and practice
- Incorporate established methods of quality management principles into all daily practice
- Have written policies and procedures to direct activities and enable quality of care
- Use both internal quality processes and external accrediting bodies to ensure excellence in client care
- Use performance measures to evaluate performance and benchmark these measures against industry standards
- Incorporate services and processes that are based on best practices, utilize current published home health care research and participate in research opportunities
- Have formalized performance management systems within their quality management system
- Conduct on-going professional development and training for staff as well as participating in providing educational opportunities for health care students

Home Care Ontario members commit, through the annual membership renewal process, to adhere to the Association's "Standards for Home Care Service Organizations" and further, to complete the Quality Template that establishes a self-evaluated level of compliance with Home Care Ontario's approved Standards.[1]

[1] Reflective self-assessment and evaluation is an accepted form of measurement by health professional colleges (e.g. College of Nurses) and organizations as a way of encouraging life-long learning and continuous quality improvement. Accepted practice in organizational reviews of quality measurement processes begins with objective self-reviews followed by periodic assessments against standards.

Home Care Ontario endorses:

- The principles of the Canada Health Act and the Canadian health care system which delivers a range of essential health care services available to all residents of Canada on the basis of need, not ability to pay.
- Ontario's goal - "*to make Ontario the healthiest place in North America to grow up and grow old*."[2]
- And advocates for, the funding and resourcing of a strong publicly funded home care delivery system in Ontario made available through public administration and delivered by the private sector. In this system, individual home care service plans are determined by the Community Care Access Centre (CCAC) and delivered by the service provider organizations chosen by the CCAC.
- And advocates for, contribution of home care service provision that is currently available in addition to the publicly funded and publicly administered home care system. Currently, in Ontario, all home health care providers offer home care service beyond the levels provided through the publicly funded and publicly administered system in order to respond to the growing needs of individual Ontarians.
- And believes that all home health care service providers must be held equally accountable to deliver the highest standard of care in the home.

Recommendations

Home Care Ontario supports the work of the Local Health Integration Networks (LHINs) and believes that now is not the time for structural reform. Our members offer the following as legislative enhancements to strengthen the ability of the LHINs to improve the health of Ontarians.

- **Broaden the scope of LHINs** so they can truly address the achievement of health in their communities through engagement of the full range of health providers, which is inclusive of privately retained organizations, municipalities, aboriginal funded services, and family caregivers.
- **Establish a means for LHINs to harness the innovation of the private sector** through engagement in planning processes, consultations, demonstration initiatives and direct funding.
- **Continue to strengthen and support increased home-based services** as central to the approach to care in Ontario.
- **Align LHIN accountability for health system performance to the health of the communities they serve.**

Discussion

Local Health System Integration Act, 2006 (LHSIA)

The LHINs were established under the *Local Health System Integration Act* (LHSIA), 2006, with a mandate to "engage their communities, proactively plan an effective service system, facilitate integration and system transformation, and manage the overall funding of the health system within their devolved authority."[3] LHIN authority extends to CCACs; however has no influence over

[2] MOHLTC. (2012) Ontario's Health Action Plan

[3] KPMG (2008). *MOHLTC—LHIN Effectiveness Review Final Report*.

service provider organizations providing home care on contract to the CCAC or through private purchase.[4]

As stated in 2006, Home Care Ontario sees the potential of LHINs to organize care that reflects local context and aligns with provincial strategy. LHINs do not provide direct care, and are therefore well positioned to advance the interests of patients and families without an organizational bias. However with the mandate of LHINs contained to health service delivery, the opportunity to influence the broader health of the community is limited.

Recommendation: Broaden the scope

Ontario's Health Action Plan establishes improved health of Ontarians as its fundamental goal and the purpose of the LHINs is to "…improve the health of Ontarians…".[5] This goal suggests that the scope of LHINs to engage its communities needs to be broadened in order to leverage ancillary providers, non-transfer payment providers and community wide initiatives that support improved well-being of the citizens in their catchment area. An effective health care system for the 21st century focuses on health promotion and illness prevention as much as it does treatment. With the increasing incidence of chronic disease, it is essential that health planning extend beyond traditional service provider boundaries.

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.

The engagement of the family caregivers and service provider organizations that provide health care to individuals outside of the publicly funded and administered system offers the opportunity to better understand the person's needs and preferences. LHINs can better plan when positioned to soften the boundaries between care for illness and health care activities that keep people independent and at home.

Recommendation: Harness the innovation of the private sector

Home Care Ontario estimates that 150,000 Ontarians purchase an additional 20 million visits/hours of home care services annually.[6] Organizations providing privately purchased home care service are usually incorporated entities and can be one of the following: a non-profit organization, a private corporation, a municipal government or an aboriginal organization.[7] These providers work diligently every day for the right to provide care. They deliver exceptional care; pay vigilant attention to continuous quality improvement; invest in education, staff development and accreditation. They invest and innovate in order to excel and to provide service that supplements

[4] Some service provider organizations are designated government transfer payment agencies and as such have a accountability relationship with the LHIN for non-CCAC government funded work.
[5] Local Health System Integration Act, 2006. Part I, Purpose of the Act
[6] 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
[7] MOHLTC. Retrieved on January 27, 2014 from website: http://www.health.gov.on.ca/en/public/programs/ltc/5_glossary.aspx

the publicly funded care. It is essential that LHINs be able to tap directly into the expertise and innovation of the home care service provider as partners in improving the health of Ontarians. By working directly with the private sector, LHINs can leverage the important contributions of all providers.

Recommendation: Continue to strengthen home-based services

Home care was formally established in Ontario in 1970. Since establishment, the home care system has gone through a number of changes, evolving and maturing to the comprehensive program of today.[8] Home care in Ontario, both publicly and privately funded, is a vital component of the health care system and integral to the broader health system transformation in the province. Home care research indicates that people want to remain at home for as long as possible and families will try to find ways to ensure that loved ones can maintain independence.

Home care is defined as an integrated "array of services, provided in the home and community setting, that encompass health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for the family caregiver". [9]

With the aging population 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. Investment in supportive care to enable optimum functioning for individuals at the 'fringe' of admission to a care facility can help to tip the balance of care to the community thereby avoiding the often rapid dependence on others which arises out of care in other settings. 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. LHINs need to understand how to best resource the services in their jurisdictions in order to realize the transformation to home-based care.

Recommendation: Align the LHIN's accountability for health system performance to the health of the communities they serve

Home Care Ontario believes that LHINs should work collaboratively with all health system stakeholders to create seamless transitions within and across publicly and privately funded providers of health care. By linking with and engaging ancillary health care providers and community partners, LHINs can begin to align the health of their communities across the broader health care delivery system.

Tracking performance at care transitions, specifically looking at patient preferences in care planning, patient understanding of health self-management, the purpose for home medications and adherence to care plans are ways that LHINs can evaluate the impact to the community. Examining adverse events, health outcomes, innovation and patient satisfaction by LHIN, regardless of setting of care, shifts the emphasis to a truly integrated responsibility and accountability to the community.

[8] See Facts & Figures at Appendix 1
[9] Canadian Home Care Association

Conclusion

The LHIN legislation provides an effective framework for linking provincial health care priorities to local community context. While the purpose includes the promotion of health, the legislation limits the LHIN authority to specific health providers thereby restricting the LHIN scope. Home Care Ontario therefore concludes that enhancements to the current legislation that allow for broader direct engagement of all providers and accountability for outcomes community-wide would serve to further enrich the health system in Ontario and the health of Ontarians.

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, service provider organizations are responsible for providing 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. An estimated 54 million hours of publicly funded and privately retained home care service is provided annually across the province.

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For the latest in news and information about the home care sector in Ontario, subscribe to "House Call" or follow us on Twitter.

Appendix 1
Home Care in Ontario – Facts & Figures

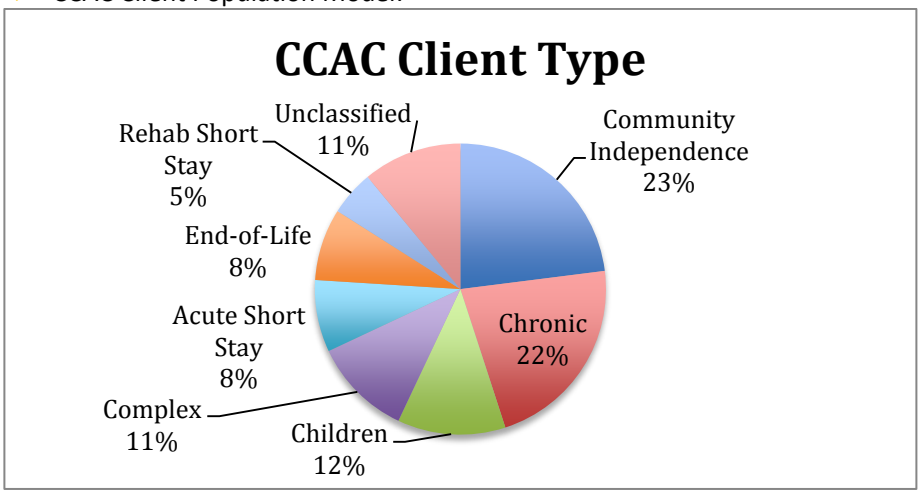
- Home care services help people with a frailty or with acute, chronic, palliative or rehabilitative health care needs to independently live in their community and co-ordinate and manage an admission to facility care when living in the community is not a viable alternative.
- Home care services include 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 organizations that meet high standards of excellence identified through a rigorous performance monitoring process.
- Any Ontarian that meets the eligibility criteria for publicly funded home care can receive the service.
- In Ontario, publicly funded home care falls under the jurisdiction of the MOHLTC, which provides stewardship of the health system. Local health services are planned and funded by Local Health Integration Networks (LHINs).
- Fourteen 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.[i]
- In 2012-13[ii]:
  - CCACs employed approximately 6,220 full time employees
  - 653,730 clients received home care services funded by the CCACs (Note, a client who is transferred or re-admitted may be counted more than once)
  - CCAC client age groupings were:
    - Elderly 58%
    - Adults 27%
    - Children 15%
  - 34,473,802 visits/hours of care were delivered by Service Provider Organizations
    - 72.3% of care delivered was personal support / homemaking
    - 23.9% of service was nursing (shift and visits)
    - 3.8% of visits/hours were provided by therapy providers
      - Occupational Therapy – 1.5%
      - Physiotherapy – 1.3%
      - Speech – 0.7%
      - Social work – 0.14%
      - Dietician Services – 0.15%
- In home care, it is 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.[iii]
- Service Provider Organizations 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.[iv]

- Differences in nurses' work enjoyment, satisfaction with time for care and job security varies by agency but is not related to corporate structure.[v]
- "Home care is where we can get the best value for money and the highest quality of care for people." Deb Matthews, Minister of Health & Long-Term Care in the Legislature, March 20, 2012
- There is no conclusive evidence to show that corporate structure determines cost effectiveness.[vi]
- 84% of Ontarians agree with the provincial government promoting home care as an alternative to health care in institutions such as hospitals and long-term care facilities.[vii]
- A well-resourced home care system is imperative to address the aging population in Ontario, which will mean more people with chronic conditions and fewer health care providers.[viii]
- 55% of Ontarians are more likely to say that they will need to rely on a public system for home or health care in their retirement years.[ix]
- Trends in CCAC services[x]:

Apr 1 to Mar 31	**2005/06**	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Individuals Served:	649,244	572,950	586,423	603,535	616,952	637,727	653,730
Client Age: Age 65+	58%	53%	54%	54%	56%	56%	58%
Age 19-64	32%	30%	29%	30%	28%	28%	27%
Age 0-18	10%	17%	16%	16%	16%	16%	15%
Clients Placed in Long-Term Care Homes:	-		25,867	26,367	25,761	26,589	25,890
Full-Time Employees (approx.):	-	5,072	5,370	5,603	5,701	6,052	6,220
Services							
Total Units	25,766,724	26,485,043	27,726,634	29,419,559	29,821,293	32,806,689	34,473,802
Personal Support/Homemaking Hours:	17,263,705	17,063,415	18,777,549	20,358,189	20,965,448	23,349,790	24,926,360
Total Nursing	6,957,015	7,591,594	7,461,840	7,697,234	7,606,320	8,149,821	8,241,067
Nursing Visits:		5,892,707	5,981,762	5,962,097	5,799,127	6,172,865	6,135,730
Shift Nursing Hours:		1,698,887	1,480,078	1,735,137	1,807,193	1,976,956	2,105,337
Occupational Therapy Visits:	566,868	736,134	556,147	506,154	482,051	513,290	521,497
Physiotherapy Visits:	541,101	572,725	519,168	483,163	426,690	444,054	435,521
Speech-Language	257,667	461,484	274,068	251,740	242,998	245,782	250,147

Apr 1 to Mar 31	**2005/06**	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Therapy Visits:							
Dietician Services Visits:	51,533	59,690	58,584	52,877	45,384	47,954	48,681
Social Work Visits:	77,300	-	79,278	70,202	52,402	55,998	50,529

- CCAC Client Population Model:[xi]



- In the last three years, the number of clients deemed:
  - *Complex* has increased by 5%
  - *Chronic* has increased by 3%
  - *Acute short stay* has decreased by 2%
  - *Community independence* has decreased by 5%[xii]

- Nine out of ten people who were referred to home care services from the community (by a family physician, social worker, community organization or self/ family member) waited 12 days or less for their home services to start after agreeing to receive these services.[xiii]
- 14% of home care clients discharged from the hospital experienced an unplanned return to hospital within 30 days after being discharged.[xiv]
- 25% of individuals had an unscheduled emergency department visit within 30 days after being discharged from the hospital and referred for home care services.[xv]
- Approximately one quarter of home care clients reported that they did not receive an influenza vaccine in the preceding two years.[xvi]
- Nine out of ten home care clients have a positive experience with nursing, personal support, physiotherapy, occupational therapy, speech and language therapy, and nutrition and social work services arranged by CCACs.[xvii]

[i] Ministry of Health & Long-Term Care. http://www.health.gov.on.ca/en/public/contact/ccac/
[ii] OACCAC. Provincial Data, http://www.ccac-ont.ca/Content.aspx?EnterpriseID=15&LanguageID=1&MenuID=1378
[iii] Health Council of Canada. (2008). *Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada*. Toronto: Health Council. p8
[iv] 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
[v] Doran, et al. (2004) *Management and Delivery of Community Nursing Services in Ontario: Impact on the Quality of Care and the Quality of Worklife of Community-Based Nurses*, Canadian Health Services Research Foundation
[vi] Caplan, *Realizing the Potential of Home Care*, 2005, p42
[vii] Canadian Medical Association. (2013) *13th Annual National Report Card on Health Care*. p15
[viii] OHCA. (2007) *Creating an Age-Friendly Ontario*, Retrieved from http://www.homecareontario.ca/public/about/publications-position-papers.cfm
[ix] Canadian Medical Association. (2013) *13th Annual National Report Card on Health Care*. p13
[x] OACCAC. Provincial Data, http://www.ccac-ont.ca/Content.aspx?EnterpriseID=15&LanguageID=1&MenuID=1378
[xi] OACCAC. Client Health Record Information System, 2010/11
[xii] MOHLTC Health System Strategy and Policy Division Health Policy and Care Standards Branch. Presentation January 15, 2013 – Developments in Home Care
[xiii] Health Quality Ontario. Home Care Reporting – January to March 2012. http://www.hqontario.ca/public-reporting/home-care
[xiv] Ibid
[xv] Ibid
[xvi] Ibid
[xvii] Ibid