



More Nights at Home

Home Care Ontario's Pre-Budget Submission

January 2015

Home Care Ontario acknowledges and thanks the government for the three-year investment in home and community care in 2013 and the funding to increase PSW wages announced in 2014. The government recognizes the importance of shifting the funding paradigm to the community as a priority in order to transform the health system. As the 'voice of home care in Ontario', Home Care Ontario is pleased to offer pre-budget recommendations to support the government's agenda to "deliver better access, better quality and better value" for Ontario's health system while maintaining fiscal prudence.

Our submission addresses the need for: 1) continued investment; 2) capturing efficiencies within the current system; and, 3) education to position Ontarians to better plan for future care needs. Home Care Ontario recommends that the government:

- Commit to continued investment to support home care service delivery in order to enable more nights at home.
 - Provide funds expressly for direct home care service providers (SPOs) to achieve an increase in service delivery rates for government-funded home care through the CCACs.
 - Plan additional multi-year funding for home care service to support more nights at home for Ontarians at end-of-life.
 - Invest in more hours of home care respite for families.
 - Offer further relief through tax benefits for those who purchase from reputable¹ providers such as members of Home Care Ontario.
 - Support implementation of a modern approach to funding home care by establishing a financial reserve to bridge the transition to bundled reimbursement.
 - Strengthen system wide analysis of cost and impact in order to end the siloed financial accountability that drives decisions today.
 - Play a leadership role through funding the transition to new models and providing financial and research analysis at the system level.
- Challenge the sector to identify efficiencies and financial savings that can expand direct care service at home.
 - Ensure that SPOs are exclusively responsible for clinical care at the frontline.
 - Continue to fund and support home care demonstration and pilot projects through to full scale implementation.
 - Convene an expert panel to continue the process toward establishing harmonized rates across the province and to examine various models of funding care at home.
 - Appoint an ADM for home care to drive the growth and the role of the home care sector within health care transformation.

¹ Defined as organizations that, for example, are established with a Canada Revenue Agency business number, have WSIB and liability protection for staff, conduct thorough reference checks, and supervise their staff.

- Undertake an education campaign for health care professionals and the public regarding the need for a personal aging strategy that includes a strong understanding of the capacity and expectations of a modernized home and community care system.
 - Support families by offering tax benefits for privately purchased home care from approved home care service provider organizations.
 - Undertake a public awareness program on the fundamental care requirements for seniors and the qualities of high performing home care providers..

Discussion

The health care system consumes a significant proportion of the total provincial budget and home care services administered by Community Care Access Centres (CCACs) represent 4.8% of the health budget.² This small sector of government funded home care provides almost 38 million visits/hours³ of high quality care to close to 700,000 Ontarians per year⁴.

1. Continued investment in service delivery at home

As one of the least expensive forms of health care, the return on investment in home care is significant, largely because of the family contribution to provide care. Home care currently costs the government considerably less than the cost of a day in hospital or long-term care. For example, caring for terminally ill patients at home is estimated to cost 10 times less than providing care in an acute-care hospital.⁵

In Ontario, home care costs approximately \$45 per day⁶

Increasing Demand

A plan of continued investments in home care is not only required to keep pace with demand as the system increasingly shifts to the community, but also to compensate and support the organizations and their staff that make it possible for Ontarians to have more nights at home.

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.⁷

Service provider organizations (SPOs) have been harshly impacted by cost containment strategies in recent years and their staff have, in part, borne the impact.

In the Fee-for-Service Market Assessment report by Accenture in 2013, it is noted “SPOs are struggling to serve patients at existing rates such that there is insufficient financial capacity to invest in service improvement options, build additional service

capacity or even be incented to maintain provision of service.”⁸ Further the report states that the home care sector has the lowest compensation, and that the disparity has “created

² Ministry of Health and Long-Term Care Health Data Branch Web Portal, total revenue and expenses (Table 1) and Ministry of Finance Public Accounts of Ontario 2013/2014, Ministry Statement and Schedules Volume 1. Retrieved from <http://oaccac.com/Quality-And-Transparency/Fast-Facts>

³ MOH Health Data Branch Web Portal. Analysis of 2013/2014 YE 2013/2014 YE reports.

⁴ MOH Health Data Branch Web Portal. Analysis of 2013/2014 YE 2013/2014 YE reports.

⁵ Auditor General of Ontario (2014). 2014 Annual Report of the Office of the Auditor General of Ontario, p261

⁶ OACCAC. (2014) Making Way For Change: Transforming Home And Community Care For Ontarians A white paper from the Ontario Association of Community Care Access Centres., p2

⁷ Canadian Medical Association. (2013) 13th Annual National Report Card on Health Care. p13

⁸ Accenture. (2013) Fee-for-Service Market Assessment Report, Recommendations for a Pricing Model for Home Care Services in Ontario. Toronto. P 3

significant recruitment and retention issues for SPOs.”⁹ Home care service delivery by SPOs in Ontario has been sustained through creativity, flexibility and an intrinsic desire to care for the vulnerable at home.

In order to sustain a high quality home care program the government must provide funds expressly for SPOs to achieve an increase in service delivery rates for home care. As the 2013 report by Accenture found, “*the province and taxpayers can be assured that there is no overpayment for home care services*”¹¹. Funding SPOs through service delivery rate increases is vital so that organizations can address their specific infrastructure and programming costs that have been depleted and yet continue to provide exemplary care.

SPOs are utilizing their fees to deliver direct patient care¹⁰

Because a larger percentage of Ontario’s population will be nearing their end of life, and may also be living longer with advanced illnesses, this will create greater need for the provision of palliative care.¹²

With the shifting population demographics, and the recently identified need for more palliative care at home, government should plan additional multi-year funding to support more nights at home for Ontarians at end-of-life.

The government must:

- provide funds expressly for SPOs to achieve an increase in service delivery rates for home care.
- plan additional multi-year funding to support more nights at home for Ontarians at end-of-life.

Supporting family caregivers

Research has found that family caregivers provide the majority of care at home. While most undertake this responsibility for a loved one willingly, such reliance on family caregivers can only be sustained with the provision of adequate respite service. Despite measures already taken by government, there must be more investment in hours of home care respite for families.

The government acknowledges the important contributions of family caregivers and has introduced measures to protect employment (Bill 21) during this demanding time. Recognizing that many families will choose to purchase additional home care service, to supplement government services, the government should offer further relief through tax benefits for those who purchase from reputable¹³ providers such as members of Home Care Ontario. Any reduction in tax revenue through this policy change would be offset by the avoidance of more intensive and costly publicly funded care, for instance long term care or visits to emergency, that occur when an exhausted family can no longer cope. The added benefit for Ontarians would be in securing services that are established and accountable.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Auditor General of Ontario (2014). 2014 Annual Report of the Office of the Auditor General of Ontario, p 260

¹³ Defined as organizations that, for example, are established with a Canada Revenue Agency business number, have WSIB and liability protection for staff, conduct thorough reference checks, and supervise their staff.

The government must:

- increase the investment in hours of home care respite for families.
- offer tax benefits to those who purchase from reputable providers such as members of Home Care Ontario.

A New Model of Funding Services

The current fee-for-service funding model for CCAC services is outdated and assumes the need for extensive oversight when a modernized home care program would involve use of evidence based practice and evaluation based on regular monitoring of clinical and client satisfaction parameters.

Family and friends assume an estimated 80 percent of care that is provided to the ill, frail and dying at home¹⁴

Recent initiatives in Ontario, and beyond, have demonstrated success by the appropriate involvement of paramedics, pharmacists, technology and new treatment modalities. SPOs, as the clinical leaders in home care, must have the latitude and flexibility to partner and marshal the best mix of resources to achieve the desired outcomes. Modifying the reimbursement model for home care services will augment the successes of care delivery for an increasingly complex patient population in the home and community sector.

The home care sector is in a position to move forward with a bundled payment system based on evidence and best practice for specific patient populations. The foundational contractual work has been completed and quality metrics have been established. The challenge is that costs for home care service may increase and there is no process in place to recognize the system wide return on investment. Evidence suggests that a modernized home care system with population based care and funding must be evaluated according to system wide savings that will be realized, for example, through decreased use of other sectors (e.g. hospital).

The government should support implementation of this modern approach to funding home care by establishing a financial reserve to bridge the transition. The government should also strengthen system wide analysis of cost and impact in order to end the siloed financial accountability that drives decisions today.

While this recommendation focuses on an integrated approach with accountability for outcomes within the government funded home care system, it aligns with the government's plan to undertake integrated care pilots across the province in 2015.

Government should play a leadership role through funding this transition and providing financial and research analysis at the system level.

¹⁴ Fast, J., Niehaus, L., Eales, J., & Keating, N. (2002a). *A profile of Canadian chronic care providers*, submitted to Human Resources & Development Canada

2. Challenge the sector to identify efficiencies and concomitant financial savings that can be realized in order to expand direct care service at home

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.

The Role of the SPO

The SPO is responsible for direct clinical care at the frontline (“bedside”) and is accountable for clinical expertise and evidence-based practice, risk, performance and quality management and patient outcome.

SPOs under contract to the government have invested in well-honed care delivery procedures and processes. They have financed training, education and clinical practices specific to the home setting. SPOs have established risk management mechanisms and liability protection.

As experts in care delivery, the SPOs should exclusively manage the home care service delivery pathway of Ontarians in order to achieve evidence-based health outcomes for the client. SPOs do not require oversight related to the time of the visit, the type of staff to send, or the type of supply to use.

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.¹⁵

The Role of the CCAC

Within the government system of home care, CCACs serve as the point of access for care in the community. The role of the CCAC case manager is as the administrator and patient navigator.

Blurred Roles

The creep by CCACs into clinical service provision has, in part, been a result of workarounds where over many years where policy has not evolved to support practice imperatives. The blurring of duties between two distinct and important functions creates duplication and confusion. Clinical care by CCACs mitigates the future role of the case manager as envisioned by the OACCAC.^{16 17} Research has demonstrated the value of case management and has cautioned that it is dependent on implementation.¹⁸ Home Care Ontario has found that service provision by CCACs marginalizes the investment and expertise within SPOs and fragments employment opportunities resulting in more part-time work.

It is time to re-align the home care sector and re-establish clarity of role and function within the sector.

¹⁵Health Quality Ontario. (2012) Retrieved on Aug 16, 2013 from: <http://www.hqontario.ca/public-reporting/home-care>

¹⁶ OACCAC. (2014) Making Way for Change: Transforming Home and Community Care for Ontarians. Retrieved from: <http://oaccac.com/Policy/White%20Paper/OACCAC-Whitepaper-FINAL.pdf>

¹⁷ Ibid

¹⁸ Ontario Medical Association. (2014) Home Care Paper. P9

Realizing Efficiencies

Streamlining business processes within the government funded home care system to reduce redundancies and establish role clarity will release capacity within the system. Home Care Ontario has identified opportunities through streamlining case management roles and devolving clinical decision-making to SPOs. As a purchaser of a contracted government service, CCACs should audit performance based on established health outcomes for home care patients. This shift would reduce the extensive amount of reconciliation currently required to prove each activity, visit, and/or supply order. “The province is receiving value on a financial basis for services purchased from SPOs.”¹⁹

Service Delivery Innovation

SPOs have worked collaboratively with CCACs to respond to the demands for more care at home. They have developed new models of service delivery to support rapid response programs, clinics, cluster care, and 24hr seven day per week access. SPOs have invested in technology to increase administrative efficiency, improved reporting at the bedside, remote monitoring, and staff tracking. SPOs have partnered on research to test the impact of current practice and new approaches. Many successes have been adopted as practice. However, just as many have been halted because of funding, policy and practice barriers. There is a need for investment that supports implementation of best practices to sustain proven successes.

Ensure that SPOs are exclusively responsible for clinical care at the frontline.

The government should continue to fund and support demonstration projects through to full-scale implementation.

Harmonizing Bill Rates

Another opportunity to improve home care efficiency is in harmonizing the hundreds of billing rates established by CCACs as a means of containing costs through the old RFP approach. Because of the extended freeze on billing rates, the net initial effect of this work will be an overall increase in home care service delivery costs. However, there is a need to remedy the tenuous SPO viability in many areas as outlined in the Accenture report. The cost will in part be achieved through the administrative efficiencies that will be realized.

The government should convene an expert panel of SPOs, economists, CCACs, stakeholder associations and researchers to build on the work of the Pricing & Payment subcommittee of the Quality & Value In Home Care initiative. This group must continue the process toward establishing harmonized rates across the province.

The expert panel should also be tasked to examine various models of funding care at home, including the concept of co-payment for lower acuity care as suggested by Dr. Sinha²⁰.

¹⁹Accenture. (2013) Fee-for-Service Market Assessment Report, Recommendations for a Pricing Model for Home Care Services in Ontario. Toronto. P 3

²⁰ Sinha, Dr. S. (2012) Living Longer, Living Well. p86

A Pillar of the Health Care System

Home Care has emerged as a fundamental pillar of the health care system in Ontario. The government is investing in the sector and the Minister of Health is tasked specifically with “continuing to expand home and community care to ensure that people receive care as close to home as possible”²¹. As the home care sector grows and evolves to respond to the demands of the system there is a need for legislative and regulatory change to support the emerging practice. Leadership within government is essential to driving the change that is required.

The government should appoint an ADM for Home Care to drive the growth and role of the home care sector within health care transformation.

3. Undertake an education campaign for providers and the public

Currently there is no clear understanding by the public and even amongst health system professionals within physician offices, hospitals, clinics, for example, of the rationale for the amount and type of CCAC services. One of the recommendations by the Ontario Medical Association (OMA) in their paper on Home Care was for “*the availability and eligibility of all Home Care resources to be made publicly accessible to inform and help manage expectations of patients and physicians and to identify gaps in services.*”²²

Given that the premise of government funded home care is to supplement the care provided by families, it is vital that Ontarians understand what they can expect from the system. Health system partners providers need information to adequately prepare their patients for transitions in care.

Families are entitled to understand the full range of services that are available prior to making life-altering decisions such as initiating admission to a long-term care facility. They also need to be prepared for the emotional, physical, mental and financial toll that prolonged caregiving may have.

Providers must be accountable to families for full disclosure of all the service options that are available. Too often, people go without or cobble together a care strategy by themselves. Many reach out to SPOs and to Home Care Ontario and are surprised to learn that additional care can be privately purchased. A small amount of privately retained home care can have a significant impact on the ability to keep a family member at home.

*Eighty-four percent 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.*²⁴

Families must be able to have an honest conversation with the health care team in order to understand the real home care needs, what the system can offer and receive some help with alternative options. They need to know the full results of the home care assessment, including potential risks that have been identified. Tools such as the interRAI assessment that is conducted by CCAC case managers need to be

*The average family caregiver spends twenty hours per week caring for a period of four years; one quarter of caregivers spends forty hours per week.*²³

²¹The Premier of Ontario. (2014) Mandate letter to Minister Hoskins. Retrieved on October 1, 2014 from <https://www.ontario.ca/government/2014-mandate-letter-health-and-long-term-care>

²² Ontario Medical Association. (2014) Home Care Paper. P8

²³ MOHLTC 2009 Long Range Scenario planning for family caregiving

²⁴ Canadian Medical Association. (2013) 13th Annual National Report Card on Health Care. p15

accessible in plain language. Members of the health care team need to be equally informed and able to provide families with educated options.

It is time to include information about the availability of private home care services as part of the service offered to Ontarians. The health care team should encourage the purchase of care from reputable home care service provider organizations²⁵, such as those registered with Home Care Ontario.

Government can influence families by offering financial incentives such as tax benefits for privately purchased home care from approved home care service provider organizations.

A public awareness program on the fundamental elements of care of seniors and of high performing providers of home care services should be undertaken by government to assist Ontarians to prepare for this phase of the life course.

Conclusion

There is no question that as more Ontarians choose to remain at home through all stages of illness, recuperation, as they age and at end-of-life, there is a need to invest in the sector in order to increase the amount of care available and achieve “best value for dollar spent”.

Home Care Ontario believes that significant progress can be made to modernize home care in Ontario through continued investment; capturing efficiencies; and educating Ontarians.

²⁵Defined as organizations that, for example, are established with a Canada Revenue Agency business number, have WSIB and liability protection for staff, conduct thorough reference checks, and supervise their staff.

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 58 million hours of publicly and privately purchased home care service is provided annually across the province.

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Appendix 1 – Home Care in Ontario

The Ontario Home Care Association, operating as Home Care Ontario, advocates for the creation of a strong, reliable and accessible home care system which fully supports Ontarians to remain independent at home for as long as possible. Home care is critical to supporting individual health needs, managing chronic illness and system sustainability. A robust system incorporating both government 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 spend “more nights at home”, home care service is more desirable, cost effective and health effective.

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. 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.

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.

Government 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 government funded care. This care is paid by privately-insured employment plans and/or direct private purchase.

Home care services are intensely personal and provided at a time when individuals are most vulnerable. As such, home care providers carefully recruit, educate and support their staff emphasizing a strong customer service orientation.

Home care in Ontario, both government 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 Ontario works collaboratively with health system stakeholder to create seamless transitions within and across publicly and privately funded providers of health care. To do otherwise is to compromise health outcomes for those for who need support and want to remain at home.