Ontario's Home Care System in 2008: A Growing History of Quality and Excellence

An overview by the Ontario Home Care Association,
The Voice of Home Care in Ontario®

JUNE 2008

Ontario Home Care Association
Bringing Health Care Home

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Prepared by the Ontario Home Care Association.

ONTARIO HOME CARE ASSOCIATION
BRINGING HEALTH CARE HOME

The Ontario Home Care Association

The Ontario Home Care Association (OHCA) is a provincial association representing home health and social care service providers. Association members have been delivering nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home since the beginning of Ontario's home care program in the late 1960's. Ontario Home Care Association members are contracted by all three levels of government, Community Care Access Centres, insurance companies, institutions, corporations and by private individuals. OHCA members are accredited by Accreditation Canada and/or the International Standards Association (ISO).

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EXECUTIVE SUMMARY

Home care is a publicly funded, not a publicly insured, service. In Ontario, publicly funded home care falls under the jurisdiction of the Ministry of Health and Long-Term Care (MOHLTC) and is locally administered by Community Care Access Centres (CCACs).

Home care was formally established in Ontario in 1970 and is considered to be a new and growing part of the formal health care system. Since establishment, the home care system has gone through a number of changes, evolving and maturing to the comprehensive program of today. As has been the case ever since the inception of the publicly-funded home care system in Ontario, service provision is based on a private sector delivery model where the corporate status of service provider agencies is varied. Separating the direct service provision and the service authorization responsibilities of the CCACs guards against conflict of interest and provides a system of 'checks and balances' for the recipients of care.

Home care provider organizations are selected through an objective procurement process which has been developed through the efforts of home care providers, associations and governments intent on creating a system that is driven by quality and evaluated on several dimensions. The rigorous standards by which home care providers are measured leaves no room for anything less than a solid continuous quality improvement culture. As such home care providers attract high caliber staff that command competitive wages and are able to secure the type of employment that meets their needs related to balancing work and home life.

The Ontario Home Care Association (OHCA) believes that the interests of clients are best served through such an objective process – a process that is devoid of third party agendas and is driven by facts presented to a team of unbiased evaluators. The procurement process drives quality and innovation. In the past decade the competitive process has spurred innovation in technology, quality and new models of care across the entire home care sector. Over the years the OHCA has made many suggestions to improve the competitive process. Improvements can be made to further strengthen industry standards, to ensure measurement of outcomes for better client care and to stimulate accreditation processes which further increase quality and consumer confidence.

Home care is vital to the transformation agenda in Ontario. People want to receive care at home for as long as possible and with an aging population all parts of the health care system need to work together to in order to maximize limited human resources and respond to the chronic care needs of the older adult. The home care provider organization of the 21st century must be responsive, innovative and committed to service excellence. The provider must be willing to partner and critically examine its current practice, independent of and as a member of the broader health care team, in order to facilitate continuous quality improvement and enhanced patient outcomes.

This paper highlights the growth and evolution of the home care sector in Ontario, emphasizing the accomplishments and opportunities that must be pursued in order to build on our system of exemplary care. The OHCA believes that we should be proud of our system in Ontario and committed to further developments that build on solid principles of excellence, accountability and resourcing so that Ontarians are better able to remain in their home and/or desired community.

As part of our commitment to home care in Ontario, the OHCA continues to develop recommendations for the way forward, building on thirty-five years of learning in order to respond to the imperatives of today. The OHCA's recommendations include:

- Increasing home care service maximums and introducing greater flexibility to the service allocations in order to provide enhanced care to 'at risk' seniors
- Expanding and redefining the meaning of 'respite care' so that it responds more appropriately to the expressed needs of families and caregivers that have exhausted their physical and emotional ability to care for their loved ones
- Providing more meals, transportation and social supports as part of structure of care offered within the home care system through the CCACs
- The adoption by all CCACs of the 2007 Quality Template for home care
- Establishing a 'care guarantee' as a key component to the procurement process particularly for vulnerable clients
- Incentives to support integration initiatives across the health system
- Improved and stabilized funding to the home and community care sector so that Ontarians can exercise the option to age at home safely with adequate publicly funded health care support
- Investment in technology to enable improved care in the home and enhanced communication within home care and between providers across the system
- Increased investment in home care research and the establishment of a Centre for Quality and Research in Home Care.

Ontario should be commended for its progress in home care. We cannot rest however, there is much work to be done.

A SHORT HISTORY OF STRUCTURAL REFORM IN THE ONTARIO HOME CARE SYSTEM

Home care is not part of the Canada Health Act which means that it is a publicly funded, not publicly insured service. In Ontario, publicly-funded home care falls under the jurisdiction of the Ministry of Health and Long-Term Care (MOHLTC). The Ontario home care system has been undergoing reform of its structure and model of service delivery for the past 35 years and has always been funded publicly and delivered privately to a greater or lesser, degree. At the beginning of the Home Care Program, service delivery in the home care sector (nursing, homemaking, therapy, medical equipment and supplies) was provided through the Home Care Program (HCP). The majority of Home Care Programs were administered by Public Health Departments in regional municipalities and the remainder was administered by public hospitals and the Victorian Order of Nurses. Budgets for each Home Care Program were determined by the Ontario Ministry of Health, based on area demographics, and yearly shortfalls were absorbed at the provincial level.

Significant change in the long term care sector delivery model was instituted with the passage of the Long Term Care Act Statute Law Amendment Act 1993. Interestingly, the introduction of this Act was preceded by a decade of consumer criticism, and government consultations about the performance of the existing delivery system.[1]

> *"It is the overall assessment of our Seniors' Consumer Panel that the existing long-term care system (in 1992) is: uncoordinated with acute and primary care services; fragmented at both the provincial and local levels; insensitive to the needs of consumers; poorly managed; regionally inequitable; lacking an appropriate balance between 'health' and 'social service' perspectives and, lacking a meaningful orientation to consumers' real needs."* (Senior Citizens' Consumer Alliance For Long Term Care Reform)

Concerns were expressed in government-sponsored forums about the unevenness of service provision and frustration many Ontarians experienced when trying to find appropriate long-term community services.[2] Across the province, consumers requested a more responsive, flexible system and better fiscal management to ensure that there was value for resources spent in the sector.

1. While the Conservatives have undertaken significant reform in the sector, and the New Democratic Party legislated change in 1995, it is important to remember that the process of long-term care reform is non-partisan, having spanned the tenure of all three political parties. See: 1) Strategies for Change: Comprehensive Reform of Ontario's Long-Term Care Services, 1990 (Liberal) and, 2) Redirection of Long-Term Care and Support Services in Ontario, 1991 (New Democratic Party) and 3) Partnerships in Long-Term Care: A New Way to Plan, Manage and Deliver Services and Community Support, 1993, (New Democratic Party).
2. MOH, 1993

"What consumers want is: the right service, from the right provider, at the right time, in the right place--at an affordable cost to the taxpayer." (Senior Citizens Consumer Alliance for Long Term Care)

The proposed structural reform, introduced by the provincial NDP government, at the end of its mandate, was the Multi-Service Agencies (MSAs). The MSA model was widely opposed and rejected by the home care service provider community at the time because it was believed it would erode the level of service and in particular, the volunteer base of many existing charitable organizations.

> The majority of CCACs and agency management perceived that quality of care had either remained the same or improved with the introduction of competitive bidding.
>
> Doran

A competitive procurement process for the fair selection of home care providers was introduced in Ontario in 1996 as an alternative to the introduction of the Multi Service Agencies (MSAs). The competitive process, introduced with the change of provincial government to Conservative in 1994, was intended to ensure that home care would be delivered by service providers offering high quality at best price to the public following a competitive procurement process. The new structures introduced to managed and control the competitive process were the 42 Community Care Access Centres, which have since been realigned to only 14 across the province.

In today's home care scene, the MOHLTC is now a steward, not a manager, of the health system and local health services are planned, integrated and funded by new structures called Local Health Integration Networks (LHINs). Accountable to the LHINs are 14 Community Care Access Centres (CCACs) which provide determination of eligibility and access to government-funded home and community services and long-term care homes.[3]

3. Ministry of Health & Long-Term Care, Ontario's New Community Care Access Centres http://www.health.gov.on.ca/english/public/contact/ccac/ccac_mn.html

PRINCIPLES

The Ontario Home Care Association (OHCA) 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 vision – "A health care system that helps keep people healthy, gets them good care when they are sick, and will be there for our children and grandchildren"[4]
- 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
- the contribution of home care service provision that is currently available in addition to the publicly funded and publicly administered home care system
- and believes that all home health care service providers must be held equally accountable to deliver the highest standard of care in the home.

GOAL OF THE PUBLICLY FUNDED HOME CARE SYSTEM

The OHCA accepts the Canadian Home Care Association's definition of home care:

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 informal (family) caregiver.

649,244 clients received home care services funded by the CCACs in 2005/06
OACCAC

The OHCA believes that the home care system should provide fair and equitable access to community-based services so that Ontarians are better able to remain in their home and/or desired community.

4. MOHLTC

ACCESS

Eligibility for publicly funded home care is determined through the CCAC and care is still delivered directly by service provider agencies that have now met high standards of excellence and performance through a rigorous competitive process. Any Ontarian that meets the eligibility criteria for publicly-funded home care service can receive the service regardless of income.

670,000 case management visits by CCAC staff for assessments, reassessment and coordination of care were conducted in 2005/06

OACCAC

Service provider agencies can also be contracted by private individuals and through other privately-insured employment plans and/or government programs to deliver care. As elsewhere in Canada, the OHCA estimates that the majority of home care is still given to loved ones by their families and other concerned unpaid caregivers.

The OHCA believes that a balance of care that favours the community must be adopted so that seniors who are 'on the fringe' can stay at home. This requires that there be an:

- Increase of home care service maximums and introduction of greater flexibility to the service allocations in order to provide enhanced care to 'at risk' seniors – those on the fringe of admission to an institution
- Expansion and redefinition of the meaning of 'respite care' so that it responds more appropriately to the expressed needs of families and caregivers that have exhausted their physical and emotional ability to care for their loved ones
- Provision of more meals, transportation and social supports as part of structure of care offered within the home care system through the CCACs.

PROVIDERS OF SERVICE

As has been the case ever since the inception of the publicly-funded home care system in Ontario, service provision is based on a private sector delivery model where the corporate status of service provider agencies is varied. Recipients of home care services benefit from the diversity of providers who collaborate to ensure the provision of socially responsible, ethical and skilled home care.[5]

5. Ontario Association of Community Care Access Centres, Ontario Community Support Association, Ontario Home Health Care Providers' Association, *The Role and Value of Homemakers/Personal Support Workers in the Health Care System*

MANAGED COMPETITION

For over a decade, the province of Ontario has been using a competitive procurement process to choose providers of home care. This rigorous process has been carefully designed to facilitate the objective evaluation of organizations seeking the right to provide home health care services to the frail and vulnerable living at home. The OHCA believes that the interests of clients are best served through such an objective process – a process that is devoid of third party agendas and is driven by facts presented to a team of unbiased evaluators. Through the procurement process, the history and experience of home care providers are identified. All proponents are treated equally and must pass a series of steps in order to demonstrate their capacity on a go-forward basis.

The OHCA believes that the competitive process as a selection process for home care services in Ontario is fundamentally sound. As stated in the Kirby, Keon report (2004), *"the introduction of competition in health care delivery is not an end in itself. It is the means of encouraging improvements in productivity that will lead to a much more efficient and cost-effective delivery system"*.[6] The competitive process challenges the status quo and drives a quality agenda which supports the integration envisioned in a transformed health care system in Ontario. In the past decade the competitive process has spurred innovation in technology, quality and new models of care across the entire home care sector. Home care organizations competing for CCAC contracts are highly motivated to invest and to stimulate their organizations to achieve outstanding performance. Each home care service provider is eager to find ways of distinguishing their organization from others in order to be successful.

A few examples of new and innovative approaches to home care that have been integrated into the delivery system as a direct result of competition include:

- Telephony
- GPS Systems
- Digital Wound Photography
- Electronic Point of Care documentation
- Telemonitoring
- Personal Digital Assistants in the home
- Leadership Excellence Programs for Staff
- Accreditation
- Experiential research linking care to quality outcomes for clients
- New models of care (e.g. home care infusion clinics, home care in the ER, home care linkages in primary care, nurse practitioners in home care, adapting environments and providing supports to rehabilitate and

Innovation is the result of competition.

6. Kirby, Keon, 2004

enable independence in the home and community through falls prevention programs and comprehensive functional/cognitive assessments)

In 2005, during a province-wide review of the competitive process by the Honourable Elinor Caplan, the OHCA made a series of recommendations for improvement which corresponded to the OHCA's belief that a well-managed competitive process in home care can develop into a 'mature purchasing framework'.[7] Mature purchasing relationships are those which *"recognize the special nature of health and social care services, especially those services provided to the most vulnerable of users in the most vulnerable of settings - their own homes"*. This framework is characterized as the *'deepening development of a recognition of mutual dependence, goodwill, long-term commitment and investment between both purchaser and provider'*.[8] A mature purchasing framework recognizes the need for stability in client care and workforce retention. The establishment of a mature purchasing framework is highly dependent on the competency and skill base of those administering the procurement and evaluation process and is enabled by strong sector-wide leadership in the service provider community.

The final recommendations of the Caplan report addressed the many suggestions for improvement to the competitive process made by associations and providers and were endorsed by the home care industry in Ontario. Notably the Caplan recommendations addressed issues that would increase greater continuity of care for clients, staff and the sector in general. The OHCA believes that the Caplan Report recommendations lay the foundation for a more functional and steady competitive system in the province.

Improved procurement processes contribute to the selection of the best providers independent of ownership type. Improvements can be made to the process to further strengthen industry standards, to ensure measurement of outcomes for improved client care and to stimulate accreditation processes which further increase quality and consumer confidence. The OHCA makes the following recommendations:

To Improve Client Care

1. All CCACs should adopt the 2007 Quality Template.

   The 2007 Template is a quality-seeking contract which measures and monitors client satisfaction rates and continuity of care by providers on a quarterly basis.

   The 2007 Template allows for more flexibility to re-adjust

> The majority of clients are satisfied with their home care services
>
> Caplan

7. Wistow and Hardy, 1996
8. Hardy and Wistow, 1998

volumes of care within the contract. With proper extension rates, the adoption of the Template will allow providers to continue to invest in their organizations and maintain local staff compensation package levels at competitive rates.

2. All CCACs should have implemented the 2007 Quality Template for one year before they begin an RFP process. This would allow all organizations the opportunity to gain comfort and familiarity with the performance metrics that are required as part of the procurement quality indicator process.

3. Within a procurement process, there should be an establishment of a 'care guarantee' for vulnerable clients (eg. longer term) so that they can maintain their home care worker for a specific period of time. The 'care guarantee' should be part of the competitive aspect of the RFP.

4. As part of the procurement process, all successful and unsuccessful respondents should be announced at same time. Strong consequences for organizations that mislead and alarm vulnerable home care clients about the intent of the government procurement process should be established.

To Improve Continuity of Care

5. All providers should be assessed on all the quality elements of the procurement process (written document, site visit, interview) before a decision is made.

6. As part of a larger education campaign about the role and value of home care, the government should establish a fact sheet on home care service provision in Ontario that would explain why the sector uses procurement as part of a quality- seeking function.

7. All CCACs should develop consistent community engagement and communications plans for clients, the general public and health care stakeholders prior to, during, and following a local procurement process.

To Improve Worker Retention

8. All staff affected by a procurement process will receive fair and equitable employment practices and competitive compensation.

A CONTINUUM OF CARE

Integration of health care is the most effective way to address the needs of an aging population which typically has more frequent interactions with the health care system and uses a broader array of services. It is imperative that providers coordinate care and that clients/patients are supported to be key members of the integrated team. Many seniors are particularly vulnerable to the lack of coordination and communication between different sectors in the health care system.[9] Recent hospitalization and poor transition planning following discharge from acute care is a known precursor of loss of independent living.[10] This occurs because appropriate supports to enable a durable discharge are not planned and communicated to the next caregiver. An integrated and effective health system addresses the transition points of care and works to ensure safe and consistent bridging of services and/or sectors.[11]

> Investing in home-based care can save money, improve care and improve quality of life for people who would otherwise be hospitalized or institutionalized.
>
> Chappell and Hollander

In Ontario, LHINs have the legislated authority to achieve integration. Notwithstanding, however, the OHCA believes that there needs to be additional impetus from the government to support this dramatic and necessary change to the health system. Home care plays a vital role in supporting an integrated system. Improved outcomes for clients/patients have been realized through the integration of home care in emergency departments, primary care and palliative care to name a few examples. The OHCA believes that the mandate and funding for home care in Ontario needs to be expanded to achieve better integration with system partners. The OHCA continues to work with the health system partners to advance solutions that will provide Ontarians with "the right care at the right place" and ultimately enable a more effective health system.

FUNDING

The OHCA 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. The OHCA supports improving and stabilizing the funding to the home and community care sector so that Ontarians can exercise the option to age at home safely with adequate publicly funded health care support.

9. McWilliams, 1993
10. Hollander, Chappel, 2002
11. VanderBent, 2004

Aging in Ontario and more home care support for those with chronic diseases

> The elderly represented **58.5%** of admissions in 2005/06; Adults **32.1%**, Children **9.5%**
>
> OACCAC

Ontario's growing active senior population is a testament to a progressive health care system and to our success as a society. Our seniors play an invaluable role in their own families and contribute significantly to the social fabric of their communities. One of the greatest health care priorities facing our province is the need to respond to the changing societal norms regarding seniors' expectations to live and age independently in their own homes. While seniors of the future are predicted to be among the healthiest in history, it is also known that the likelihood of developing chronic conditions increases with age and can compromise the prospect of independence. As a result, our social services and in particular, the home care system, must retool to respond to the needs of our growing senior population so they can remain in the home and community setting.

Most, if not all people, wish to remain independent during their older years. Successful aging requires a holistic approach – avoiding disease and disability; maintaining cognitive ability; and engaging with life.[12] One of the most significant and least desirable outcomes for a community-dwelling senior is to be prematurely institutionalized[13] because of the lack of home and community care based health and social support options.

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. A clearly identifiable trigger point for imminent loss of independence occurs when families decide, with the support of the CCAC or family physician, to activate the search for placement for the senior to a retirement or long term care facility. This activity is often initiated for individuals at the 'fringe' - those needing a little more support than offered within the community system and not really requiring the full scope of services offered in the facility. It is at this point where enhanced and focused services delivered in the home could make a major difference in the quality of life for both the senior and their families.

With the incidence of chronic disease increasing dramatically (in Ontario almost eighty percent of Ontarians over the age of 45 have a chronic condition)[14], it makes sense that home care become more actively involved in health strategies that prevent or delay deterioration. As demonstrated in the Canadian Home Care Association's

12. Rowe, J. W., & Kahn, 1997
13. For the purposes of this paper, institutionalization is understood to be a setting where decision-making related to ADLs (such as meals, baths and bedtimes) are outside of the control of the individual
14. Jain, 2007

National Partnership Project[15], the OHCA believes that home care's mandate and concomitant funding should be expanded to address the needs of those with chronic disease. In so doing, not only can home care better serve those traditionally referred, but it can help pre-empt those who would need acute care services at a later time.[16]

The OHCA believes that by drawing on the expert knowledge of home and community resources and applying strategies to support independence, individuals with chronic disease can be positioned to self-manage their condition effectively and responsibly. This proactive management could significantly enhance quality of life by reducing the need for institutionalization and acute care utilization.

By increasing consumer access to a 'virtual' team in the home - physicians, nurses, therapists, personal support workers, case managers, community pharmacists and required medications, medical equipment and supplies - individuals can be supported to maintain their health despite the downward trajectory of their chronic illness. This virtual team must be aligned and committed to care pathways that draw on the expertise of the right health care professional at the right team across the health care continuum. Based on evidence informed clinical guidelines, the care pathway identifies multiple opportunities for health promotion and illness prevention and also promotes consistency amongst the team thereby instilling consumer confidence in the health system, and as importantly, improving clinical outcomes and quality of life for individuals.

Better Information Technology to Support Aging at Home

The OHCA believes that to provide more home care, the system needs competent organizations with strong internal infrastructures to support the work and educational needs of a largely decentralized, mobile workforce serving over 500,000 Ontarians annually. These organizations require accurate information systems that are focused on continuous improvement, innovation and best practices.

Home care does not operate independently of the rest of the health care system in Ontario. By strengthening the home and community team through enhanced communication systems and strategies to achieve productive collaboration, many of the inefficiencies and costly redundancies of the health care silos can be eliminated. The OHCA endorses sophistication in information technology that produces better support for:

- a more sophisticated approach to procurement that emphasizes stability and continuity of care for staff and clients
- the needs of health human resources
- the advancement of information technology

15. Canadian Home Care Association, 2006
16. Ibid

- the introduction of new business processes between purchasers of care and providers of care
- the achievement of meaningful accreditation processes, outcome measures for client care and client satisfaction surveys.

HEALTH HUMAN RESOURCES

Home care advocates, represented broadly by the sector associations, believe that the government's health care transformation agenda is fundamentally dependent on the home and community care sector to function effectively. There are currently many barriers and issues related to ensuring that home and community care, as a collective, is able to attract, recruit and retain an adequate workforce to perform services for Ontarians in their homes and communities.

These barriers stem primarily from a general lack of public knowledge about the need for health care at home and the opportunities for new health care workers to choose the community as a site of choice. Many potential new home care workers do not receive specific educational opportunities to learn within the home environment and information while in school and information about home and community care is not featured to any great degree on university and college curricula.

Further, the home and community sector is often challenged by the inability to access new provincial initiatives that take into account the unique structure and labour delivery models found within the Ontario health care system.

The Ontario government has committed to helping "more Ontarians receive care closer to home..." and to doing "...more to help seniors who want to stay in their own homes."[17] These goals will in part be realized through greater efforts at a broad provincial level to provide leadership directed at guiding and supporting more people to choose and sustain a career in the home care sector. Accordingly the government, through HealthForceOntario, is funding a roundtable of provincial stakeholders, including OACCAC, APACTS, OACRS, OCSA, OHCA, CHCPN, in order to develop a shared understanding of the challenges and opportunities and to develop recommendations for the government on effective strategies to ensuring adequate home and community care resources to meet the growing demands of today and in the future.[18]

17. Government of Ontario, 2007
18. OACCAC – Ontario Association of Community Care Access Centres; APACTS – Alliance of Professional Associations for Community-Based Therapy Services; OACRS- Ontario Association of Children's Rehabilitation Services; OCSA - Ontario Community Support Association; OHCA – Ontario Home Care Association; CHCPN – Community Healthcare Providers Network

SHARING BEST PRACTICES

The Honourable Elinor Caplan stated that the establishment of a Centre for Quality and Research in Home Care (CQR) was the greatest need of the sector in order to inform decisions regarding future policies and funding mechanisms in home care. The OHCA strongly supported and endorsed this recommendation. The work of the Centre would have reported on guidelines for client outcomes, the establishment of benchmarks, the dissemination of best practices and encouraged innovation and excellence in home care. A formal Centre for Quality and Research in Home Care was not established.

Instead, the Ontario government appointed Dr. John Hirdes, University of Waterloo, to the post of Chair, Home Care Research and Knowledge Exchange in 2007. The OHCA has been very supportive of Dr. Hirdes' new role in facilitating interest in home care research that will address health system issues such as improvement of client outcomes, safety in the home and managing resources through the judicious selection of client populations such as those with chronic diseases.

The OHCA would, however, still strongly support the Caplan recommendation for a Centre for Quality and Research in Home Care which would provide greater funding for the establishment of a provincially funded organization to better exponentiate the outcomes possible using Dr. Hirdes' vast knowledge and experience in the field of home care.

CONCLUSION

The internal controls within the home care sector and the rigorous standards by which home care providers are measured leaves no room for anything less than a solid continuous quality improvement culture. The OHCA embraces and supports Ontario's home care system, one that is driven by quality and evaluated on several dimensions, including a very formal procurement process every five to ten years.

The competitive process and additional funding in home care form an important part of the agenda to transform Ontario's health care system. The sector is responding to meet the changing demands of the 21st century health care system. Home care of the future will rest on a solid foundation of strong, capable organizations that will care for more people in their own homes and communities.

APPENDIX - HOME CARE IN ONTARIO – FACT & FIGURES

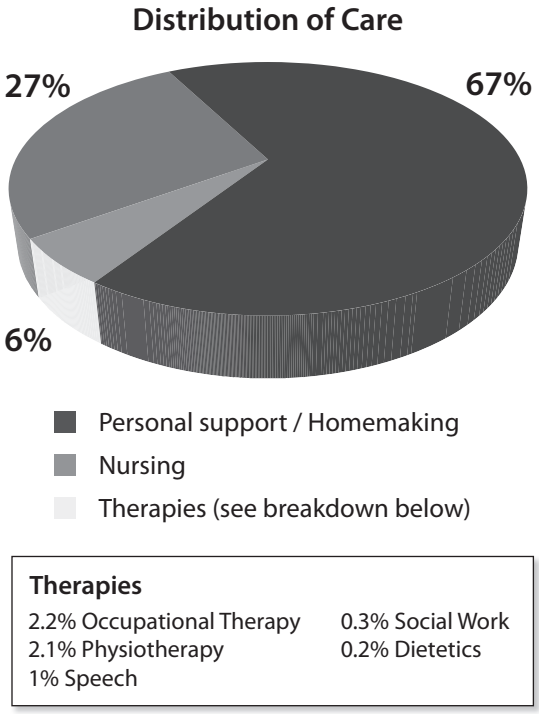
14 Community Care Access Centres in Ontario have been established by the Ministry of Health and Long-Term Care to provide access to government-funded home and community services and long-term care homes.[19]

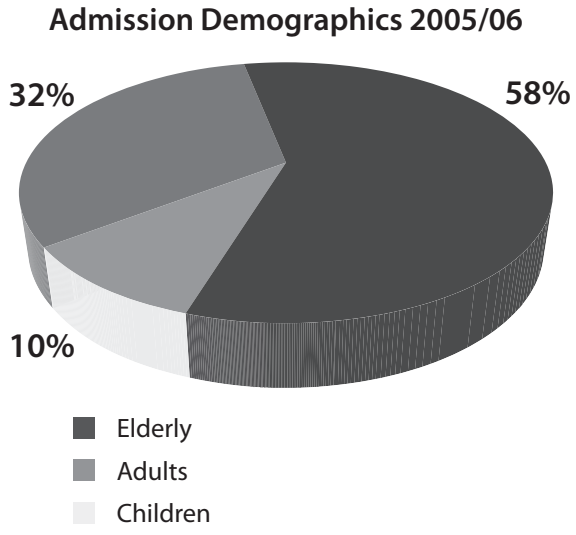
649,244 clients received home care services funded by the CCACs in 2005/06 (note a client who is transferred or re-admitted may be counted more than once)[20]

185,000 Ontarians (approximately) are receiving services through CCACs on any given day[21]

25,766,724 visits/hours of care were delivered in 2005/06[22]

670,000 case management visits by CCAC staff for assessments, reassessment and coordination of care were conducted, in addition to the hours of care delivered[23]





19. Ministry of Health & Long-Term Care, http://www.health.gov.on.ca/english/public/contact/ccac/ccac_mn.html
20. OACCAC, *CCAC Sector At a Glance 2005/06*
21. OACCAC, *Building Bridges to Better Health*
22. OACCAC, *CCAC Sector At a Glance 2005/06*
23. Ibid

$1.41 billion was spent by CCAC in 2005/06[24]

$88.8 million spent on equipment and **$22.8 million** on supplies in 2003/04[25]

Over $108 million of drugs provided for home care services in 2004/05[26]

88% of Ontarians surveyed indicate a preference for home care for themselves[27]

The majority of clients are satisfied with their home care services[28]

Investing in home-based care can save money, improve care and improve quality of life for people who would otherwise be hospitalized or institutionalized[29]

There is no evidence to support the superiority of either the for-profit or not-for-profit agencies in delivering service to clients[30]

There is no conclusive evidence to show that corporate structure determines cost effectiveness[31]

Differences in nurses' work enjoyment, satisfaction with time for care and job security varies by agency but is not related to corporate structure[32]

87% of home care workers surveyed indicated that their job change subsequent to a contract change was 'positive' or 'somewhat positive' for them[33]

$12.50 per hour is the minimum wage for Personal Support Workers for CCAC funded home care[34]

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[35]

Innovation is the result of competition[36]

24. Ibid
25. Caplan
26. Ibid
27. Pollara, p28
28. Caplan, p22
29. Chappell and Hollander, 2002
30. Caplan, p42
31. Ibid
32. Doran, et al., 2004
33. Pollara, p55
34. MOHLTC, Choosing Quality, Rewarding Excellence, p12
35. OHCA, Creating an Age-Friendly Ontario
36. OHCA, Competition sparks Innovation

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