Ontario home-care clients with Congestive Heart Failure and their use of health-care services
Who are they and what do they need?

Chronic disease is on the rise and is a major cost driver in our health-care system. Eighty-nine per cent of older (65 +) home-care users in Ontario live with two or more chronic conditions. Congestive Heart Failure (CHF) is the fourth most common chronic disease, affecting 15% of seniors using home-care services in Canada. Over the next three decades, it is expected that the number of people with CHF will double. Less than a third of them (29%) are on the right medication regimen, which is a major cause of unnecessary hospital visits. Timely and targeted home care and community supports and appropriate medication management are needed to keep seniors with this chronic condition at home longer, and to ease growing pressures on our health-care system.

Facts

- More people develop CHF as they age; 86% of those living with this condition in Ontario are 75 and older. Women are more affected than men (64% vs. 36%). Thirty-five per cent of seniors with CHF are married; most have an informal caregiver (87%).
- Seniors living with CHF have multiple health problems. Many (45%) live with more than five other chronic conditions, hypertension being the most prevalent (63%). Other major health issues include daily pain (49%) and incontinence (43%). Compared to general home-care users, more people with CHF have unstable health (21% vs. 13%). However, fewer have cognitive impairment (10% vs. 13%).
- The unstable health of CHF sufferers can lead to the heavy use of acute care services. Within 90 days of discharge from hospital, 38% of them will be back and 22% will visit an emergency department (Figure 1).
- Seniors with CHF require more help across the board than others receiving home care. They particularly need help with daily living. Personal support is the most frequently requested service (67% vs. 60%), followed by homemaking (46% vs. 41%). They also need more nursing services compared to general home-care users (39% vs. 31%) (Figure 2).
- Seniors with CHF are also heavy users of medications. Sixty-eight per cent are taking nine or more drugs at a time (Figure 3). However, only 29% are on the right medication regimen; and another 29% are not getting any of the recommended drugs (Figure 4). Ensuring appropriate medication use will help stabilize the health of those who have CHF and will decrease return visits to the emergency department.

The Change Foundation is an independent policy think tank intent on changing the health-care debate, the health-care practice, and the health-care experience in Ontario. Established in 1996, the Foundation leads and leverages research, analysis, quality improvement and strategic engagement to enable a more integrated health-care system designed with patients and caregivers top of mind.

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4. at risk of serious health decline
Figure 1: Use of services by home-care clients with CHF (65+) vs. all home-care clients (65+). Ontario 2004-2007

![Bar chart showing the percentage of home-care clients with CHF and all home-care clients using emergent care, ED use, and hospital admission.]

Source: ideas for health, University of Waterloo, 2011

Figure 2: Use of home care and support services by home-care clients with CHF (65+) vs. all home-care clients (65+). Ontario 2004-2007

![Bar chart showing the percentage of home-care clients with CHF and all home-care clients using nursing, homemaking, personal support, and physiotherapy.]

Source: ideas for health, University of Waterloo, 2011

Figure 3: Number of medications used by home-care clients with CHF (65+) vs. all home-care clients (65+). Ontario 2004-2007

![Bar chart showing the percentage of patients/clients using 0 to 4, 5 to 8, and 9+ medications.]

Source: ideas for health, University of Waterloo, 2011

Figure 4: Recommended medication use by seniors with CHF. Ontario 2004-2007

![Bar chart showing the percentage of home-care clients with CHF using 0 to 9+ recommended medications.]

Source: ideas for health, University of Waterloo, 2011