

## Rural and Northern Health Care

### *The OHCA's Response to the Rural and Northern Health Care Framework/Plan Stage 1 Report*

Ontario prides itself in maintaining a health care system that is “one of the best in the world” accessible to all Ontarians in their community. The development of the rural and northern health care plan is intended to identify and recognize the unique challenges of these areas and help improve access to care (Ministry of Health & Long Term Care).

The Rural and Northern Health Care Panel conducted a series of day-long sessions, an environmental scan and jurisdictional review, had numerous discussions with health care organizations in Ontario, and carried out online public engagement. That work led to the release of a report that identifies a vision for the Rural and Northern Health Care Framework, and contains 12 recommendations for consultation.

The Panel report articulates a vision for rural and northern health care in Ontario - ***A health care system that provides appropriate access and achieves equitable outcomes for rural, remote and northern Ontarians*** (Fjeldsted). Twelve recommendations are made to help the government in the development of its Rural and Northern Health Care Framework.

The Ontario Home Care Association (OHCA) believes that the recommendations and messages regarding the need to provide care ‘closer to home’ in the Panel report should be significantly strengthened to expressly mention and include the provision of formal home care services and address the key role of the Community Care Access Centres (CCAC) in the care continuum.

## Background

Under the leadership of the Ontario government, the province’s health system has been transformed to address the needs of the population and ensure that a good system of care is in place for generations to come. Home care has emerged as an increasingly vital part of the broader health care system in Ontario. Home care is critical to supporting individual health needs, improving the health of the population and contributing to the sustainability of the broader health system. 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.

Home care allows Ontarians of all ages the opportunity to recover or manage their health care issues and age at home surrounded by family, friends and their community to which they can continue to make a meaningful contribution. 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 agencies that have met high standards of excellence identified through a rigorous competitive process.

Home care providers must be able to meet the rising demand for increasingly complex care within constrained resources. Today, there are a number of measures designed to provide stability to the system, ensure that home care staff is valued for the work that they do, and most importantly, enable excellence in client care.

Notwithstanding the importance of home care and the increased investments to expedite discharge from hospital, including the \$1.1B 'Aging at Home' strategy, the Auditor General of Ontario found that province-wide:

- 50% of patients who could have been discharged if home-care services were available, had to wait in hospital for an average of six days for service; and,
- only \$45M of Aging at Home Strategy funding flowed to home care through the CCACs (McCarter 113-176).

Additionally the longstanding home care issues identified in previous audits (2004, 1998) still remain. These include:

- historically based funding methodologies as opposed to needs based funding;
- service level inequities in home care across the province;
- long wait-lists for home care assessments and/or various home care services (McCarter 113-176).

## Observations & Recommendations

As noted in the Report, there are no standard definitions for 'rural', 'remote', 'and north' or 'northern'. The issue is not only one of quantification (distance and population) but can also be defined by the individual's connectedness to a social support network of any kind, and to the health care system (Canadian Home Care Association). As indicated in the Panel report, time and effort to access or provide care are key elements of the rural and remote context. It is important to note that the challenges of providing care in remote setting can be experienced in urban centres as well. From the isolation perspective, individuals who are economically disadvantaged or are in a minority experience many of the same issues described by those with geographic barriers to health care (Canadian Home Care Association). It is therefore prudent to consider the needs of Ontarians across the province in terms of access barriers and to support knowledge transfer of successful practices.

Home care in collaboration with other healthcare sectors effectively bridges access to care. For example, home care services link individuals to primary care, emergency support and acute care. In

developing strategies to realize the vision for rural and northern health care in Ontario, the inclusion of home care must be expressly addressed. Accordingly, as the 'voice of home care in Ontario', the OHCA offers the following recommendations:

1. **Enhanced CCAC flexibility.**
  - The challenges of access to care are also challenges of delivery. The use of creative delivery models (e.g. telephony, telehomecare, group and/or extended visits) is essential. Creative inter-professional care models and cross training of staff and the use of technology to provide oversight to assistants and family should be permitted.
2. **Family enrichment plan.**
  - The outward migration of the youth in search of employment and the inward migration of the elderly desiring to return to their roots create a care imbalance that challenges the basic home care premise of family participation. OHCA suggests that an enhanced program be offered for those without the requisite family support; and/or enhanced support for those with limited family.
3. **Multi-year health allocation based funding model (HBAM).**
  - Multi-year funding is needed across the province to establish consistent and continuous support for home care services (e.g. acute care relief and chronic disease management for people of all ages, aging at home and palliative care). The current 12 month budget cycle during which the CCACs respond to unexpected demand surges (e.g. H1N1) often leads to withdrawal of care for people during the last quarter of the fiscal year and upsets the equilibrium of the health care sector.
  - Funding that follows the individual across the continuum of care is necessary in order enable Ontarians of all ages to live and age successfully in their own homes and communities.
4. **Northern Ontario Premium.**
  - A premium for home care providers needs to be added to the current reimbursement model so that the additional costs that impact virtually all aspects of operations (regardless of sector) and the extraordinary travel distances unique to home care providers is addressed. This would level the playing field so that those providers who excel in home care can expand to the north with the assurance of consideration for costs unique to the northern context.

Home care is vital to supporting Ontarians as they age to remain independent at home maintaining 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. By specifically addressing home care service provision within the Rural and Northern Health Care Framework/Plan, the government will demonstrate its commitment to equitable access to health care across the province as is intended in the *Excellent Care for All* Act (Matthews).

## About Ontario Home Care Association (OHCA)

The OHCA, *the voice of home care in Ontario*, is a membership association representing providers of quality home care services from across Ontario. OHCA members represent an estimated 25,000 staff collectively serving 300,000 Ontarians per year. OHCA works with families as integral partners in the delivery of home care services and as such estimates that 1.2 million Ontarians are impacted by members. OHCA is dedicated to promoting the growth and development of the home and community health care sector by helping to shape health care policy, supporting members to excel, and being a leading source of information on home and community care. OHCA members are accredited through Accreditation Canada, CARF, and/or registered with the International Standards Association (ISO).

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For the latest in news and information about the home care sector in Ontario, subscribe to the Ontario Home Care Association's "House Call" at [www.homecareontario.ca](http://www.homecareontario.ca).

## Works Cited

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