



## Self-Directed Care: Balancing Individual Autonomy and Value Based Home Care

The members of Home Care Ontario welcome Minister Hoskins' "ten steps to strengthen home and community care" outlined in *Patients First: A Roadmap to Strengthen Home and Community Care*. The Plan demonstrates the importance the government places on the home and community care sector being the place where Ontarians live, work and play and where they receive the majority of their health care services.

*Ontarians want and deserve a health care system that helps them live independently at home – where we know they want to be.*  
Message from the Minister of Health & Long-Term Care (Patients First: A Roadmap)

### Step #5 of the Roadmap: Offer Self-Directed Care

*"Putting patients first means giving clients and caregivers greater say in choosing a provider and how that provider delivers services. Over the next two years, we will begin to offer a self-directed care option, in which clients and their caregivers are given funds to hire their own provider or purchase services from a provider of their choice."*

The commitment to pilot self-directed care service delivery models is evidence of the understanding of how home-based care is fundamentally different than the episodic targeted interventions of the acute care system.

Undertaking pilots of the model, will provide the opportunity to carefully establish a program that achieves the desired results and minimizes unintended consequences. Self-directed care is a concept often described in seemingly related terms, such as self-directed funding, personal budgets, individualized funding, self-managed care, direct payments, cash payments and individualized budgets.<sup>1</sup> There currently exist in Ontario models of "direct funding" for people with disabilities and for others with extraordinary circumstances, on a case-by-case basis.

The motivation for self-directed care as a step in the government's "Patients First" doctrine is for better care where patients are empowered to direct their care and where providers can be responsive to the patient first as opposed to system demands that focus on schedules, reports and rules that limit what a provider can do. It is not abdication by government.

To be successful, government should build on the quality and value processes established within the home care system. Overarching principles must be established to guide the implementation of self-directed care, which, if well developed, will reflect a success of all stakeholders to realizing a system of care that is respectful and accountable.

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<sup>1</sup> Australia in Control. (2009) Self-Directed Funding Frequently Asked Questions. Retrieved on June 23, 2015 from [www.in-control.org.au/doc\\_viewer.asp?RID=39](http://www.in-control.org.au/doc_viewer.asp?RID=39)

### ***Definition***

Self-directed care (SDC) is based on the premise that giving individuals control of a budget with which to acquire services allows them to tailor care to meet their specific needs. A budget of service hours authorized for payment by government should be the concept that underpins the model.

### ***Principles***

As a funder of service, the government must demonstrate good use of taxpayer funds. The Triple Aim<sup>2</sup> dimensions must be applied:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care.

The home care sector has successfully introduced processes and measures to address all three dimensions. This work can, and must continue, as patients opt for self-directed care. The program must be governed by the following principles:

- Safety – service must be delivered by “approved” providers<sup>3</sup>.
- Accountability – for funds spent; care delivered; supervision; and, appropriately trained staff.
- Client Choice – to direct care within assessed requirements, such as treatments by clinicians, hours of service.
- Effectiveness – as reflected in levels of client satisfaction; and, reduction of “waste” in the system.
- Evidenced-informed – implementation must be based on research and the experiences within the home care system; and, become part of the Health Quality Ontario agenda.

Members of Home Care Ontario are entrusted to provide care in the homes of thousands of Ontarians every day. Whether service is funded by government or purchased privately, patients and their families want to be treated uniquely. They want their circumstances to be understood and respected and they want safe, accountable care providers.

### ***Conclusion***

Service provider organizations (SPOs) understand the delicate balance of creating a safe working environment and providing safe care for patients while respecting their individual rights within their own homes. SPOs believe that the home care system can continue to improve as patients and their families are provided with their choice of provider.

Representing the province’s high caliber SPOs, Home Care Ontario will be actively involved in working with all stakeholders across the province to develop and implement self-directed care pilots that balance individual autonomy and value based home care.

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<sup>2</sup> Retrieved on Jun 29, 2015 from <http://www.ihi.org/engage/initiatives/tripleaim/Pages/default.aspx>.

<sup>3</sup> 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.