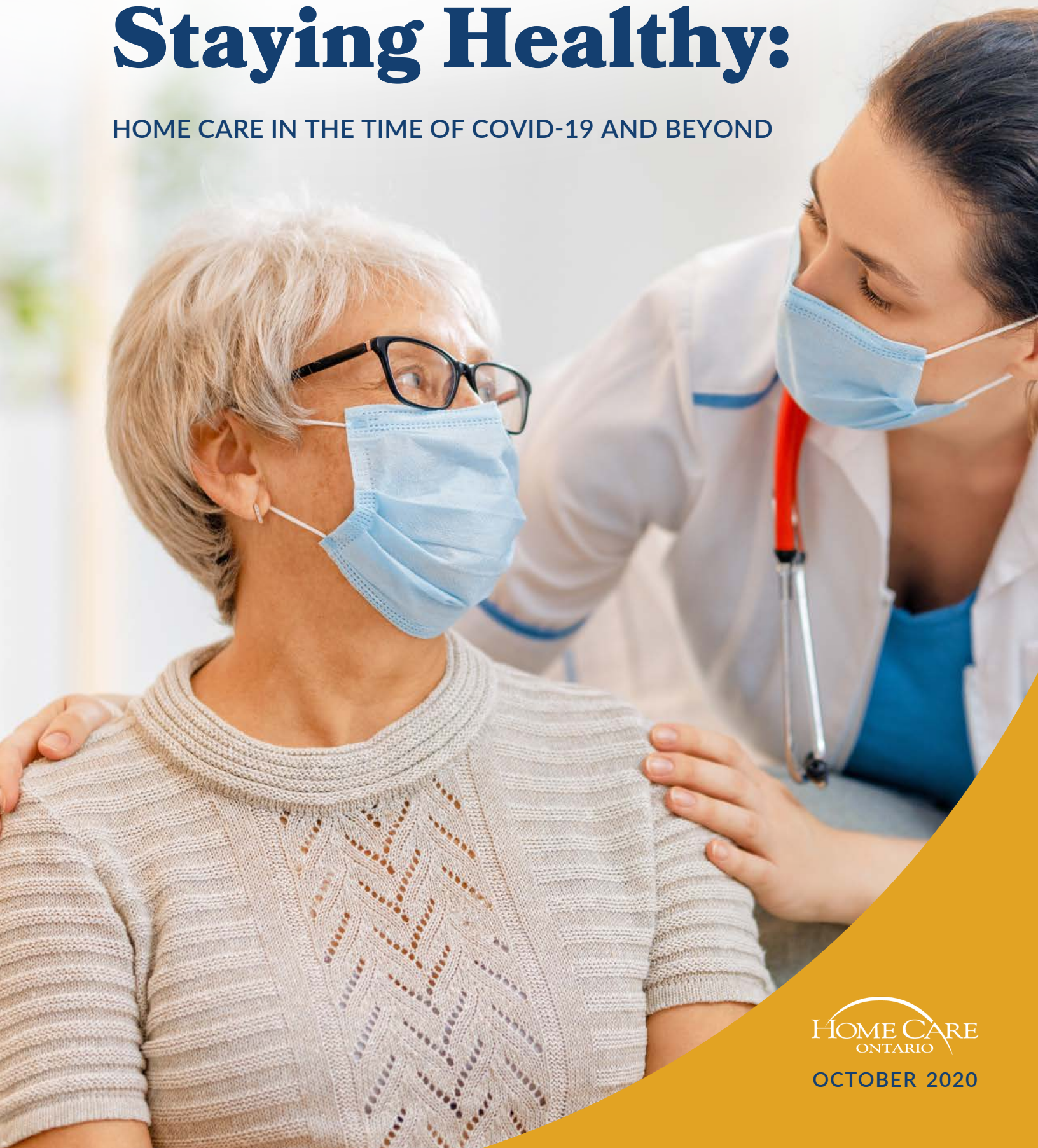


Staying Home & Staying Healthy:

HOME CARE IN THE TIME OF COVID-19 AND BEYOND



HOME CARE
ONTARIO

OCTOBER 2020

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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, Home Care Providers are responsible for delivering nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, respiratory therapy, infusion therapy, speech language therapy and medical equipment and supplies to individuals of all ages. An estimated 59 million hours of publicly and family funded home care service is provided annually across the province.

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**For the latest in news and information about
the home care sector in Ontario, subscribe
to “House Call” at homecareontario.ca and
follow us on Twitter: [@HomeCareOntario](https://twitter.com/HomeCareOntario)**

Introduction

COVID-19 has been a wakeup call. Throughout the pandemic, the way Ontario cares for its seniors has become a central focus for government, families, and patients. Although home care is often overlooked, a robust home care system is the clear solution to reduce reliance on acute care and keep seniors safe.

Seven months into the pandemic, it is clear that home care has been a key part of Ontario's fight against COVID-19. Home care has supported vulnerable groups, particularly elderly populations who are at greater risk, to stay healthy at home where they have the least likelihood of exposure to the virus. Indeed, the pandemic has demonstrated that the best place for everyone to stay healthy is at home. This epidemiological reality is also supported by recent research data which overwhelmingly shows that seniors want to live in their home as long as

possible.¹ To create a sustainable health care system that can withstand future pandemics and the pressures of Ontario's aging population, an urgency exists for Ontario to reduce the number of non-essential visits to hospitals and give seniors health care options that allow them to stay away from crowds and congregate settings. In short, there is an urgent need for Ontario to build a more robust home and community care system.

In this paper, Home Care Ontario highlights the desire of seniors to live at home and presents public opinion evidence supporting the need for increased availability of home care services. It then explores how a well-functioning system can support seniors, even through pandemics. Key learnings from other provincial and international jurisdictions will be examined to underscore the opportunity to better care for our seniors through increased use of home care. It concludes by making key recommendations for the province to achieve a sustainable and well-functioning home care system:

- 1 Fund Personal Support Workers (PSWs) and other critical home caregivers at parity with the long-term care sector**
- 2 Establish surge capacity for future pandemic waves by utilizing home care**
- 3 Increase home care capacity by introducing a Home Care Tax Credit in partnership with a public awareness campaign**

¹ Home Care Ontario Study July 2020.Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+(Final).pdf).

Seniors Choose Home Care

Every year in Ontario, approximately 440,000 seniors receive home care services. Home care has proven to be not only the most reliable form of care, but the preference for families and patients themselves. Seniors in Ontario want to stay in the comfort of their own homes or apartments for as long as possible and the home care system supports and enables them to do so.

Home care is patient-centered, personalized, and engages the family in every decision. It brings peace of mind to families and ensures seniors are able to engage as active, participating members of their communities, able to socialize freely with friends and family and contribute to society.



93% of Ontario seniors would prefer to stay at home with additional care support than move into LTC²

Home care permits seniors to live independently because of the in-home supports provided by Ontario's 35,000 skilled home care professionals.

According to a 2020 study conducted by Campaign Research Inc. on behalf of Home Care Ontario, if seniors were destined to move into a long-term care facility but additional supports could be provided to keep them at home or living with a family member, 93% of seniors would prefer to stay at home.³

From the perspective of the elderly patient, seniors living at home with the appropriate supports are happier, less likely to experience clinical complications, and more likely to live longer.⁴ Home Care Ontario's poll demonstrates that virtually all Ontario seniors (91%) hope to stay in their own home or apartment as long as possible, and 95% believe being in their own home with the support of home care is the safest environment for them to live during a pandemic.⁵

²Home Care Ontario Study July 2020.Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home_Care_Study_July_25th_2020_for_Media_Release_\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home_Care_Study_July_25th_2020_for_Media_Release_(Final).pdf).

³Home Care Ontario Study July 2020.Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home_Care_Study_July_25th_2020_for_Media_Release_\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home_Care_Study_July_25th_2020_for_Media_Release_(Final).pdf).

⁴Living Longer, Living Well: Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on Recommendations to Inform a Seniors Strategy for Ontario. Report. December 20, 2012. http://www.health.gov.on.ca/en/common/ministry/publications/reports/seniors_strategy/docs/seniors_strategy_report.pdf.

⁵Home Care Ontario Study July 2020.Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home_Care_Study_July_25th_2020_for_Media_Release_\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home_Care_Study_July_25th_2020_for_Media_Release_(Final).pdf).

“I don’t know any patient who wants to stay in hospital, so I’d like to create a home care system robust enough that a patient could leave the hospital the day of their operation to recuperate at home.”

- KEVIN SMITH, DPHIL., PRESIDENT AND CEO, UNIVERSITY HEALTH NETWORK

95%

of Ontario seniors believe staying in their homes with the support of home care is the safest setting during a pandemic.⁹

The research also demonstrates that across demographics, Canadians would like to see all provincial governments prioritize home care investments. A study published by the Canadian Medical Association found that 61% of Canadians agreed that promoting home care as an alternative to receiving health care in an institution was a step in the right direction.⁷ In Ontario, when seniors were asked to identify their first and second priority for additional government investments, publicly-funded home care was tied as a first choice (28%) with long-term care (28%).⁸

In comparison to other care settings, home care is also the most affordable professional care available to most seniors. The Institute on Ageing found that, in comparison to other alternatives, home care is the most cost-effective solution and should be the preference for seniors requiring a basic level of care.¹⁰ The flexibility of home care equips seniors and their families with the freedom to invite a Personal Support Worker (PSW) or other home care professional into their home for a specified time and frequency based on their individual health care needs, rather than committing to the expenses of a full-time long-term care or retirement home.

Ontario’s population is aging, and it is critical that the province builds a system that is able to respond to the needs of seniors who desire to live independently in their homes with the safe and reliable supports available. It is estimated that one-quarter of Canadians will be over the age of 65 by 2035, and with the expected increased prevalence of chronic conditions, home care will become an even more essential component of Ontario’s continuum of care.¹¹

Home care is a key priority for many seniors and their families and is the preferred form of care for the overwhelming majority.¹² As Ontario’s population continues to age and as provincial governments apply lessons learned from COVID-19 and look to the future of health system preparedness, it is essential that access to high-quality home care services increase.

⁶Smith, Kevin. "The Post-pandemic Future: Home Care Will Ease the Burden on Hospitals." Toronto Life, August 19, 2020. <https://torontolife.com/city/the-post-pandemic-future-home-care-will-ease-the-burden-on-hospitals/>.

⁷2015 National Report Card: Canadian Views on a National Seniors' Health Care Strategy. Report. August 2015. <https://www.ipsos.com/sites/default/files/publication/2015-08/6959-report.pdf>.

⁸Home Care Ontario Study July 2020.Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home-Care-Study-July-25th-2020-for-Media-Release-\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home-Care-Study-July-25th-2020-for-Media-Release-(Final).pdf).

⁹Home Care Ontario Study July 2020.Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home-Care-Study-July-25th-2020-for-Media-Release-\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home-Care-Study-July-25th-2020-for-Media-Release-(Final).pdf).

¹⁰How Cost Effective Is Home Care Compared to a Nursing Home? Report. July 17, 2016. <https://blog.ioaging.org/home-care/how-cost-effective-is-home-care-compared-to-a-nursing-home/>.

¹¹Feeling at Home: A Survey of Canadians on Senior Care. Report. July 2016. https://www.conferenceboard.ca/temp/c482a503-2be0-4275-82f5-666a1a1c1513/8057-Survey-of-Canadians-on-Senior-Care_BR.pdf.

¹²Home Care Ontario Study July 2020.Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home-Care-Study-July-25th-2020-for-Media-Release-\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home-Care-Study-July-25th-2020-for-Media-Release-(Final).pdf).

Impact of COVID-19 on Senior Care

THE COVID-19 PANDEMIC HAS SHONE A LIGHT ON SOME OF THE GAPS AS WELL AS THE OPPORTUNITIES TO IMPROVE ONTARIO'S CONTINUUM OF CARE AND INCREASE PREPAREDNESS FOR ANY FUTURE CHALLENGES.

The nature of congregate care settings differ from the way care is delivered in people's homes. As such, the COVID-19 experience has been vastly different for seniors residing in congregate care, where COVID-19 challenges have been widespread and well documented; thousands of patients in institutional care died tragically. In home care, the experience has been markedly different. Due to the reduced exposure and one-on-one care that home care patients receive, the number of home care deaths from COVID-19 is in the single digits.¹³ The Canadian Institute for Health Information (CIHI) found that, amongst OECD countries, Canada had the highest proportion of deaths occurring in long-term care at 81%, compared to an average of 42% in all other OECD countries. Canada also experienced very high infection rates amongst health care workers in long-term care, partially due to a pre-existing staffing crisis which was only exacerbated by the pandemic.¹⁴

“If you were a senior at home with the same vulnerabilities, you were one hundred times less likely to die than you were if you were in a long-term care institution.”

- DR. SANDY BUCHMAN, PRESIDENT, CANADIAN MEDICAL ASSOCIATION

Seniors living at home and receiving care did not experience many of the issues that were highlighted by the Working Group on Long-Term Care. This is explained by the fact that many older long-term care homes were designed for efficiency of care rather than to support stringent infection control practices. As the pandemic has illustrated, this situation is an important policy issue to be addressed.¹⁴

With this in mind, it is important to note that an improved health care system does not require choosing one type of care setting over another. Rather, these findings suggest that to deliver excellence in patient-centred care, Ontario must ensure that patients who can be cared for at home should receive those services and if congregate care is required, that setting is also designed to support necessary infection control. Both types of care must be used to full potential to benefit Ontarians.

As the demographic of Ontarians over the age of 65 grows, demand will rise in every part of the health system. Ontario's health care system cannot afford a resurgence of hospital 'hallway health care' by leaving acute care institutions to become overcrowded, nor

can it stand by while long-term care settings are overwhelmed, with staff and health practitioners experiencing alarming rates of burnout while residents endure inadequate care services.

Clearly, the solution to this increased pressure on Ontario's acute and institutional care settings is to deliver more care in the home where people want to be.¹⁷ Currently, home care is only operating at a fraction of its potential capacity, while other care settings such as long-term and acute care are also struggling to cope.

Of Ontario's \$64 billion annual health care budget, approximately \$1.88 billion was spent on direct home care services in the 2018-2019 fiscal year¹⁸, with \$4.3 billion dedicated to long-term care. Remarkably, the home care budget was spread thinly across the province and provided home care services to 730,000 patients. Meanwhile, the long-term care budget supported only 100,000 Ontarians living in long-term care homes, because of the increased cost of care delivery in that setting.¹⁹ As a society, we can do better to care for our seniors and vulnerable populations in their own residences and communities.

¹⁴ Picard, Andre. "In the Stay-at-home Era, Why Have We so Sorely Neglected Home Care?" Opinion, June 15, 2020. <https://www.theglobeandmail.com/opinion/article-in-the-stay-at-home-era-why-have-we-so-sorely-neglected-home-care/>.

¹⁴ Pandemic Experience in the Long-Term Care Sector: How Does Canada Compare With Other Countries? Report. June 2020. <https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf>.

¹⁵ Dyer, Evan. "There's No Quick Post-pandemic Fix for Canada's Long-term Care Facilities, Say Experts." Analysis, June 30, 2020. <https://www.cbc.ca/news/politics/covid19-long-term-care-facilities-2020-1.5631060>.

¹⁶ Restoring Trust: COVID-19 and The Future of Long-Term Care - A Policy Briefing by the Working Group on Long-Term Care. Report. Royal Society of Canada. June 2020. https://rsc-src.ca/sites/default/files/LTC_PB_ES_EN.pdf.

"Given that the taxpayer cost to build a new long-term care bed sits at around \$150,000 and the annual average cost to provide the care to a single resident is \$47,940 or \$131.34 per day, the cost implications of the associated changing demands for long-term care will be significant."

- DR. SAMIR SINHA, MD, DPHIL FRCPC, DIRECTOR OF GERIATRICS,
SINAI HEALTH SYSTEM AND UNIVERSITY HEALTH NETWORK²⁰

"It costs about \$182 a day to house a high-needs person in a long-term care home, compared to about \$103 a day to provide at-home care... A shift to home care would save taxpayer money from being wasted building unnecessary beds—not to mention set us up for success in the event of an infectious outbreak."

- DR. SAMIR SINHA, MD, DPHIL FRCPC, DIRECTOR OF GERIATRICS,
SINAI HEALTH SYSTEM AND UNIVERSITY HEALTH NETWORK²⁰

During the pandemic, seniors receiving care at home have been able to receive high-quality care without concerns that they will be infected by other residents, or the fear and anxiety that comes with unsafe living conditions, sharing rooms or bathrooms, inadequate staffing, or lack of visitations and social interaction from family members and friends.

Home care has supported seniors to remain healthy, happy, and safe within a familiar environment, with the help and skill of home care staff, family, and community members who followed the appropriate public health protocols.

Improving access to home care will not only allow seniors to live according to their wishes, but will protect the entire health care continuum in the event of future pandemic or challenges arising from surge capacity. In the near term, immediately increasing home care availability would provide essential support to Ontario's acute settings while they recover from the backlog of surgeries. Any increase in home care reduces the number of non-essential visits to hospitals while continuing to keep at-risk populations, including seniors, away from crowds and congregate settings.

¹⁷ Home Care Ontario Study July 2020 Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+(Final).pdf).

¹⁸ LHIN Audited Financial Statements

¹⁹ Picard, Andre. "In the Stay-at-home Era, Why Have We so Solely Neglected Home Care?" Opinion, June 15, 2020. <https://www.theglobeandmail.com/opinion/article-in-the-stay-at-home-era-why-have-we-so-solely-neglected-home-care/>.

²⁰ Living Longer, Living Well: Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on Recommendations to Inform a Seniors Strategy for Ontario, Report, December 20, 2012. http://www.health.gov.on.ca/en/common/ministry/publications/reports/seniors_strategy/docs/seniors_strategy_report.pdf.

²¹ Sinha, Samir. "The Post-pandemic Future: We Will Stop Warehousing Older People in Care Homes." Toronto Life, August 19, 2020. <https://torontolife.com/city/the-post-pandemic-future-we-will-stop-warehousing-older-people-in-care-homes/>.

Learning from Others

Currently, Canada's rates of institutional care are some of the highest among developed countries while the prevalence of home care is one of the lowest.²² But within some parts of Canada, as well as in select jurisdictions globally, the potential of home care to improve senior care and underpin a more efficient, cost-effective health system can be observed. The following best practices from similar jurisdictions lay the groundwork for Ontario to explore innovative, proven, and cost-effective solutions to strengthen home care.

This section outlines what is possible with the right supports in place and offers a roadmap on how to achieve positive results. Each of the international case studies are in countries with senior populations similar to Ontario's: Denmark, the United States, and Australia. Within Canada, this section will show how New Brunswick, Quebec, and British Columbia have achieved success using innovative models of home care delivery. These models demonstrate measured and achievable outcomes when health care systems prioritize home care as a prime method of service delivery focused on the wellbeing of the patient.

Several common themes emerge from these best practices, including the importance of increased investments in home care, the possibilities for modernization and innovation, opportunities for long-term cost savings, the necessity of system-wide care coordination, and, ultimately, the availability of better care to patients.

Home Care Ontario is not specifically advocating for one particular model and encourages Ontario to explore a combination of approaches, to increase home care access more broadly and achieve the benefits other jurisdictions have gained.

²² Picard, Andre. "In the Stay-at-home Era, Why Have We so Sorely Neglected Home Care?" Opinion, June 15, 2020. <https://www.theglobeandmail.com/opinion/article-in-the-stay-at-home-era-why-have-we-so-sorely-neglected-home-care/>.

²³ Mary Stuart, ScD, Michael Weinrich, MD, Home- and Community-Based Long-Term Care: Lessons From Denmark, *The Gerontologist*, Volume 41, Issue 4, 1 August 2001, Pages 474–480, <https://doi.org/10.1093/geront/41.4.474>

²⁴ Living Longer, Living Well: Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on Recommendations to Inform a Seniors Strategy for Ontario. Report, December 20, 2012. http://www.health.gov.on.ca/en/common/ministry/publications/reports/seniors_strategy/docs/seniors_strategy_report.pdf.

²⁵ The 2015 United States of Aging Survey National Findings. Report. The National Association of Area Agencies on Aging, National Council on Aging and UnitedHealthcare. 2015. <https://www.ncoa.org/wp-content/uploads/USA15-National-Fact-Sheet-Final.pdf>.

²⁶ Providing More Long-term Support and Services at Home: Why It's Critical for Health Reform. Report. AARP Public Policy Institute, Public Policy Institute. June 2009. https://www.aarp.org/health/health-care-reform/info-06-2009/fs_hcbs_hcr.html.

²⁷ Providing More Long-term Support and Services at Home: Why It's Critical for Health Reform. Report. AARP Public Policy Institute, Public Policy Institute. June 2009. https://www.aarp.org/health/health-care-reform/info-06-2009/fs_hcbs_hcr.html.

Denmark: Investing in Home Care for Future Savings

Between 1985 and 1997, Denmark acted as a trailblazer for innovative models of care for seniors and has since witnessed the benefits of early action. When faced with an aging population, Denmark began extensively increasing investments into home care and supportive housing. Denmark was able to reduce the number of long-term care beds per thousand people aged 80 and older by 45%. Additionally, as local municipalities began focusing on providing assistance with daily living activities, there was a staggering 185% increase in the percentage of seniors receiving fewer than 4 hours of home care per week, and a reduction in those who received 4-6.9 hours of care per week. At the same time, the percentage of those having 13 or more hours of help per week rose by 196% as people shifted out of long-term care settings.²³

Denmark's investments into home care and municipal housing proved to be extremely rewarding. As a nation, Denmark was able to drastically decrease expenditures on housing and caring for the senior population over time, while ensuring security and safety for elderly populations and their families.

"Denmark spends about 65% of its long-term care budget on home care; in Canada, it is roughly 13%. That's a huge ideological difference and a huge difference in approach."

- SENATOR STAN KUTCHER (STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY, JUNE 10TH, 2020)

It is striking that Denmark's experience in the 1980s bears so much similarity to the need for similar action in Ontario in 2020. As Denmark's example demonstrates, significantly more must be invested in home care to support Ontarians to live and age at home. Considering the parallel, this serves as a valuable model for Ontario as it examines the long-term preparedness and sustainability of its approach to senior care.²⁴ Ontario should commit to adopting lessons learned from the COVID-19 pandemic and the proven successes of jurisdictions such as Denmark which have transitioned to a system which allows a strong and well-supported home care sector to flourish.

United States: Providing Hospital Services at Home

Although health care services are administered differently in the United States, several states have experimented and had meaningful success in finding cost savings and efficiencies by increasing access to home and community-based services. Americans also share similar attitudes towards living at home, with one study by the United States National Council on Ageing finding that 58% of older adults have not changed their residences in more than 20 years.²⁵

Another report by the American Association of Retired Persons Public Policy Institute found that nearly 90% of Americans over 50 years of age want to remain in their homes as long as they can and found that the expansion of home and community-based long-term care services (HCBS) can make a significant impact in addressing the health care needs of seniors.²⁶ The report analyzed state spending on HCBS and concluded that those states which invest in HCBS over time slow their Medicaid health coverage spending compared to those which remained reliant on traditional nursing homes. On average, the report found that the cost of serving a single senior in a nursing home would equate to three individuals in home and community-based services.²⁷

At Johns Hopkins University Schools of Medicine and Public Health, researchers and clinicians set out to move more hospital services into people's homes. They developed a Hospital at Home model which provided home

care services in patients' homes as a full substitute for acute-level hospital care. Patients are assessed by a clinician to determine eligibility, transported home with any necessary equipment, set up with a nurse at home and an on-call physician, and eventually develop a discharge plan with their care team which includes their family and/or caregiver and the physician.²⁸

“The average cost of one week of care for seniors in hospitals is 20 times more expensive than the same services provided through home care.”

SOURCE: HOME CARE ONTARIO, 2018²⁹

Hospital at Home patients were found to experience less complications and were less likely to be prescribed sedative medications, while family members were found to experience less stress compared with those whose loved ones received traditional acute hospital care.³⁰ Analysis of satisfaction found that patients and their families experienced much greater levels of satisfaction with Hospital at Home than in inpatient care in acute hospitals.³¹ The Hospital at Home model is now being adapted and applied in health systems across the United States and has achieved tremendous success. This model, if implemented in Ontario, could alleviate the pressure on hospitals and long-term care settings without compromising any level of care for patients or their loved ones.

Australia: Delivering Better Care at Home

Australia has also adapted the Johns Hopkins University findings to create a Hospital in the Home (HITH) model that is now running in nearly all its state hospitals. In just the state of Victoria, more than one in twenty (20) acute multiday discharges involved some degree of Hospital at Home services. If not for these at-home services, nearly 500 additional beds would have been required to accommodate patients in acute settings.³² The model was not only proven to be safe and effective, it was also overwhelmingly preferred by patients, caregivers, and staff, who identified some of the main benefits as reduced disruption to the patient's normal life, a sense of comfort, family-centered approach, and the flexibility of service provision.³³

The HITH model was also found to be extremely cost-effective. A report by the Home Society of Australasia concluded that home care services could result in an average savings of 22% over inpatient

care for 6 different health conditions: treatment of infectious disease; treatment of diabetes, respiratory failure, complex chronic illness; parental nutrition, blood transfusion, and percutaneous endoscopic gastronomy; complex wound care and ulcer management; cardiac treatment and rehabilitation; home infusion therapy; oncology and palliative care; and post-surgical care.³⁴

“Cost savings are substantial, and patient outcomes are consistently as good, if not better, than the outcomes of hospital inpatients who are treated for the same conditions.”

- HOME SOCIETY OF AUSTRALASIA, LTD, 2011³⁵

The implementation of HITH has brought significant benefits to patients, families, health care professionals, and the system as a whole.

²⁷Providing More Long-term Support and Services at Home: Why It's Critical for Health Reform. Report. AARP Public Policy Institute, Public Policy Institute. June 2009. https://www.aarp.org/health/health-care-reform/info-06-2009/fs_hcbs_hcr.html.

²⁸Living Longer, Living Well: Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on Recommendations to Inform a Seniors Strategy for Ontario. Report. December 20, 2012. http://www.health.gov.on.ca/en/common/ministry/publications/reports/seniors_strategy/docs/seniors_strategy_report.pdf.

²⁹More Home Care for Me and You: Preparing Ontario's Home Care System for the Challenges of Tomorrow. Report. Home Care Ontario. January 24, 2018. <https://www.homecareontario.ca/docs/default-source/position-papers/home-care-ontario-more-home-care-for-me-and-you-february-28-2018.pdf?sfvrsn=16>.

³⁰"Hospital at Home Care Is Safe." John Hopkins Medicine - Safety and Quality. <http://www.hospitalathome.org/about-us/safety-quality.php>.

³¹Leff, Bruce, MD, Lynda Burton, ScD, Scott Mader, MD, Bruce Naughton, MD, Jeffrey Burl, MD, Rebecca Clark, BA, William

Greenough, MD, Susan Guido, RN, Donald Steinwachs, PhD, and John Burton, MD. "Satisfaction with Hospital at Home Care." The American Geriatrics Society. doi:54:1355-1363.

³²Montalto, Michael. The 500-bed Hospital That Isn't There: The Victorian Department of Health Review of the Hospital in the Home Program. Report. Health Care Reform. November 15, 2010. <https://doi.org/10.5694/j.1326-5377.2010.tb04070.x>.

Pressure on hospital emergency departments and beds has been alleviated, acute care settings are now enabled to focus on elective surgery, and risk of infection has been reduced—all while high-quality services are delivered safely to patients.³⁶

New Brunswick: Leading in Care Coordination

Closer to home, New Brunswick has also introduced innovative methods of increasing access to home care services by improving care coordination. Facing increased demand for home care from patients with chronic conditions, the province found a way to guarantee patient safety while creating efficiencies in the delivery of care.

New Brunswick sought opportunities to develop an integrated approach in which a multidisciplinary team of health care professionals, led by a case

manager, supported the delivery of home care. The case manager ensured that the patient experienced a consistent quality of services throughout the planning and delivery phases and felt no significant shift in the level of care.

The model allows patients to remain at home safely and transition through the health care system smoothly, avoiding barriers to quality care and maintaining their sense that they are well-supported.³⁷

Quebec: Self-Directed Care for Seniors

In Quebec, supporting the autonomy of seniors is seen as the primary objective for the delivery of home care services. Seniors are encouraged to seek their own home care provider and utilize financial assistance programs and a refundable tax credit for these self-directed programs.³⁸ Quebec also emphasizes the need to reduce hospital visits and prioritizes home care as the initial care setting following an illness or surgery rather than acute settings, with the support of a personalized care plan outlining the services the individual patient required.³⁹

British Columbia: Home is Best Approach

British Columbia's Better at Home model (previously known as Home is Best) is similar to Ontario's Home First program and also focuses on keeping seniors independent for as long as possible. With a focus on proactive discharge planning, increasing home and community care services, and integration of a primary physician and surveillance nurse, the model promotes system coordination and community partnership in caring for seniors.⁴⁰ Better at Home emphasizes the active

role that seniors play in their community and offers supports to keep them living at home for longer with assistance in their everyday tasks, reducing social isolation and maintaining the dignity of the individual.⁴¹

This model successfully decreased the period of time to admit patients into home and community supports and reduced ALC patients, hospital days, and emergency department visits.⁴²

³³⁻³⁶Bersch, Carren. "Australia's 'Hospital in the Home' Care Model Demonstrates Major Cost Savings and Comparable Patient Outcomes." Dark Daily. December 5, 2011. <https://www.darkdaily.com/australias-hospital-in-the-home-care-model-demonstrates-major-cost-savings-and-comparable-patient-outcomes-120511/>.

³⁷A Safe Model for Home Care: Designing a Hospital Without Walls. Report. Canadian Federation of Nurses, October 2017. <https://nursesunions.ca/wp-content/uploads/2017/10/A-Safe-Model-for-Home-Care.pdf>.

³⁸Enabling the Future Provision of Long-Term Care in Canada. Re-

port. National Institute on Ageing, September 2019. https://cnpea.ca/images/futureoflong-termcare_v7_final-09-09-2019.pdf.

³⁹Johnson, Shanthi, Juanita Bacsu, Tom McIntosh, Bonnie Jeffery, and Nuelle Novik. Home Care in Canada: An Environmental Scan-Supporting Ageing in Place. Report. Saskatchewan Population Health and Evaluation Research Unit, October 2017. https://spheru.ca/publications/files/HomeCare_complexCare_environmental%20Scan18Oct2017.pdf.

⁴⁰Enabling the Future Provision of Long-Term Care in Canada. Report. National Institute on Ageing, September 2019. https://cnpea.ca/images/futureoflong-termcare_v7_final-09-09-2019.pdf.

https://cnpea.ca/images/futureoflong-termcare_v7_final-09-09-2019.pdf.

⁴¹Health, Ministry Of. "Better at Home." Province of British Columbia. December 12, 2013. <https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/health-care-programs-and-services/better-at-home>.

⁴²Enabling the Future Provision of Long-Term Care in Canada. Report. National Institute on Ageing, September 2019. https://cnpea.ca/images/futureoflong-termcare_v7_final-09-09-2019.pdf.

Recommendations for Ontario

Today's seniors want to stay at home for as long as possible.⁴³ The lessons learned from the COVID-19 pandemic—and from jurisdictions around the world that have invested in home and community care—point the way forward. Ontario should be emboldened to invest in a well-functioning and innovative home care system. Home care is an internationally proven, cost effective way to alleviate pressure on acute and long-term care settings while supporting seniors and their families. As Ontario moves through the first wave of a global pandemic, the time to make these investments is now.

In order to implement and achieve an expanded home care approach in Ontario, three key policy changes are needed:

1

Ensure PSWs and other critical care givers are paid at parity with the long-term care sector

2

Establish surge capacity in the health care system

3

Create further capacity by introducing a Home Care Tax Credit for people who personally retain home care services for themselves or their parents, in partnership with a new public awareness campaign to educate consumers about the importance of choosing safe, qualified, properly trained home care providers.

While there are additional changes that could further improve the system, by implementing these three initial steps Home Care Ontario is confident the government will begin to develop a higher-quality home care system that can support the delivery of health care services to more Ontarians in their home

⁴³ Home Care Ontario Study July 2020.Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home_Care_Study_July_25th_2020_for_Media_Release_\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home_Care_Study_July_25th_2020_for_Media_Release_(Final).pdf).

Recommendation 1

ENSURE PSWs AND OTHER CRITICAL CARE GIVERS ARE PAID AT PARITY WITH THE LONG-TERM CARE SECTOR

Ontario's publicly-funded home care workers are already paid considerably less than those working in long-term care and causes staff to choose employment in long-term care over home care for understandable personal economic reasons. The impact of this labour disruption is simple. If home care workers are not supported with pay rates at parity with long term care, patients and families will experience a shortage of workers and lack of services will dramatically impact patient health and well-being. Unfortunately, this problem is already occurring.

Right now, the government is looking at how to better support workers in the long-term care system. Changes continue to be announced as the province reviews its response to the COVID-19 pandemic. This need is very important; however, Ontario's long-term care workforce is interconnected to its home care workforce; changes to the wages and working conditions of one group impact the other causing labour disruption. As experienced recently in Quebec, where the two systems are also interconnected, there can be disastrous consequences to labour force availability if the government takes steps to support workers in one system and not the other.⁴⁴

"69% of Ontario seniors believe that professional caregivers such as personal support workers should be paid at the same rates regardless of whether they work in home care, long-term care or in hospital."

- SOURCE: HOME CARE ONTARIO PUBLIC OPINION SURVEY, JULY 2020 ⁴⁵

⁴⁴ Caruso-Moro, Luca, and Selena Ross. "Wage Gap Creating Shortage of Quebec Home Health Aides at the Worst Time: Advocates." CTV News Montreal, August 6, 2020. <https://montreal.ctvnews.ca/wage-gap-creating-shortage-of-quebec-home-health-aides-at-the-worst-time-advocates-1.5054657>.

The government must ensure Personal Support Workers (PSWs) and other critical home caregivers are paid at parity with those same occupations in the long-term care sector. This was the practice during the first wave of COVID-19, when thousands of home care workers were redeployed temporarily to support the long-term care system. In order to facilitate this redeployment and to treat workers fairly, the government provided temporary wage increases to pay those home care workers at long-term care wage levels. Additionally, the government increased overall billing rates to cover the costs of increased administration and employment costs. This practice must continue, and home care wages must be increased to match those in LTC.

COVID-19 Temporary Home Care Wage Increases	
Profession	Incremental Wage Increase to Match LTC
PSW (Hour)	\$4.00
RPN (Hour)	\$5.50
RN (Hour)	\$7.00
Physiotherapy (Hour)	N/A
Occupational Therapy (Hour)	\$3.00

Proposed Solution

There is simply no way to build an accessible, robust home care sector when the essential workers required can earn more by moving to long-term care. Therefore, home care workers must be paid at parity with those in the long-term care system. To do this, the government should introduce increased wages using the temporary wage rates set during the pandemic.

Additionally, as Ontario moves to improve working conditions in long-term care, it must replicate those changes in the home care system to ensure that no greater disparity is unintentionally created.

⁴⁵Home Care Ontario Study July 2020.Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+(Final).pdf).

Recommendation 2

ESTABLISH SURGE CAPACITY IN THE HEALTH CARE SYSTEM

Ontario's health care system faces two interrelated issues: the need to maintain at least 10% of acute care bed capacity in each region of the province, and the need to restart elective surgeries which were delayed as a result of the COVID-19 preparedness. To achieve this, Alternate Level of Care (ALC) patients must be moved out of hospitals as soon as possible following treatment and postoperative patients need to move home as quickly as possible to recover in a safe environment.

In a study by the Canadian Institute for Health Information (CIHI), 1 in every 5 seniors (22%) who entered long-term care but who were found to have low to moderate MAPLe scores could have delayed or avoided admission into long-term care altogether. The CIHI report also found that, overall, seniors wait longer for home care when they are in hospital as ALC patients, unnecessarily occupying beds and creating an issue of surge capacity.⁴⁶

Of the seniors who were initially assessed in hospital, over 80% were designated as needing an alternate level of care (ALC) and unnecessarily occupied a hospital bed in an acute care setting. With rapid availability of more robust home care supports, these patients could have been discharged to the safety of their own homes without overwhelming the resources acute care.

Both the need to maintain acute care bed capacity and the need to establish surge capacity require increased hours of home care, especially for higher needs patients such as recent ALC patients. Utilizing a 'surge capacity' approach would both stabilize patients and help optimize the workday for home care workers.

Additionally, by increasing the hours of available home care, vulnerable groups, particularly seniors, can stay healthy at home and avoid crowds where COVID-19 spreads. This in turn helps reduce the number of non-essential visits to hospitals.

⁴⁶Seniors in Transition: Exploring Pathways Across the Care Continuum. Report. Canadian Institute for Health Information. 2017. <https://www.cihi.ca/sites/default/files/document/seniors-in-transition-report-2017-en.pdf>.

HOSPITAL ALC RATES ARE CLIMBING, AND 10% ACUTE CARE BED CAPACITY NEEDS TO BE MAINTAINED TO RESTART ELECTIVE SURGERIES.

Proposed Solution

Many Ontario hospitals are prepared to encourage a shift to increased home care, with some estimating the move would reduce the number of emergency visits by as much as 30% allowing them to focus care on the patients who do require inpatient care.⁴⁷

With the right supports, home care can be utilized to move many recent ALC patients from acute care back to their homes, where they can safely recover. Specifically, the government should:

1. Offer recent ALC patients increased hours of care to return home and have their needs supported through a variety of in-home and community support services;
2. Reestablish care for those patients whose care was put “on-hold” during the early part of the pandemic. This would both support ALC patients to go home and would help providers offer full shifts to their workforce; and,
3. Expand on the concept of cluster care and establish block funding for neighbourhood home care in urban environments.

If further home care capacity is required to support this shift, the province should also consider tapping into the pool of pre-qualified home care providers who do not currently hold LHIN contracts. This would allow patients and families to access timely and quality care in their homes without adding pressure to Ontario’s acute care sector.

⁴⁷Smith, Kevin. “The Post-pandemic Future: Home Care Will Ease the Burden on Hospitals.” Toronto Life, August 19, 2020. <https://torontolife.com/city/the-post-pandemic-future-home-care-will-ease-the-burden-on-hospitals/>.

Recommendation 3

CREATE FURTHER CAPACITY BY INTRODUCING A HOME CARE TAX CREDIT FOR PEOPLE WHO PERSONALLY FUND HOME CARE SERVICES (FOR THEMSELVES OR AGING PARENTS), SUPPORTED BY A NEW PUBLIC AWARENESS CAMPAIGN TO EDUCATE CONSUMERS ABOUT THE IMPORTANCE OF CHOOSING SAFE, QUALIFIED, PROPERLY TRAINED HOME CARE PROVIDERS.

Every year in Ontario, over 150,000 Ontario residents purchase more than 20 million hours of family-funded home care. This contribution creates further capacity across the health system and the families who can take this step should be supported and encouraged to do so.

In a 2015 national survey, 63% of Canadians said they are not in a good position (financially or otherwise) to care for elderly family members if they need long-term care and that it worries them greatly⁴⁸. This puts families in a difficult position where they may face a precarious financial situation in order to support their loved ones. Therefore the need for a strong, robust publicly-funded home care system is equally necessary and critical to the well-being on Ontarians and their loved ones.

Choosing safe, qualified home care providers is critical to the safe provision of family-funded care. Reputable home care organizations, such as those which belong to Home Care Ontario, ensure the safety and quality of care being delivered to seniors and meet provincial standards. Government must be aware, however, there is a growing grey market for home care services through online marketplaces, such as Craigslist, that must be addressed.

77% of Ontario seniors believe the government should financially support seniors and families who purchase additional home care services from reputable organizations through something like a new tax credit or other relief measures.

SOURCE: HOME CARE ONTARIO PUBLIC OPINION SURVEY, JULY 2020 ⁴⁹

There is a need to educate Ontarians about what to look for when choosing supplemental care and encourage them to retain care through reputable providers. Further capacity can, and should be created through support and education around family-funded home care.

Proposed Solution

The Ontario government should introduce a Home Care Tax Credit for people who retain home care services from reputable employers who provide quality care and comply with Ontario laws and standards.

The tax credit should reimburse 15% of home care costs, up to a maximum of \$10,000 in annual retained home care services, with a minimum qualifying threshold of \$1000. This would make the maximum benefit to a provincial taxpayer \$1500.

This tax credit should be paired with a public awareness campaign to educate consumers about the importance of choosing safe, qualified, properly trained home care providers. The province should begin an enforcement program on illegal providers, with particular attention to understand labour law protections and tax compliance.

75%

of Ontario seniors believe the government has a role to play to ensure people make informed, safe decisions about what to look for when purchasing additional home care services.⁵⁰

⁴⁹Home Care Ontario Study July 2020, Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+(Final).pdf).

⁵⁰Home Care Ontario Study July 2020, Report. August 7, 2020. [https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+\(Final\).pdf](https://static1.squarespace.com/static/5ed5ba488f3def4cae17ed81/t/5f2c7b3ba3553d76af3a0b9a/1596750653006/Home+Care+Study+July+25th+2020+for+Media+Release+(Final).pdf).

Conclusion

The COVID-19 pandemic has been a painful chapter, with many families losing loved ones and many more losing their livelihoods and sense of security. Despite this, it has provided an opportunity to review and reimagine Ontario's current delivery of health care and explore methods of improvement that would allow staff to feel supported, families to be confident, and patients to remain healthy and safe.

Now more than ever, Ontario's home care sector must be empowered to provide valuable services to the province's most vulnerable patients.

Seniors want to age at home for as long as possible, and Ontario has the capability to create new public policies to make this happen. With the right investments, Ontario can achieve accessible home care that saves long-term costs and allows institutional settings to excel by providing care only where, and when, it is needed.

While Ontario continues to transition into a new Ontario Health Team (OHT) model and learn from the lessons of the COVID-19 pandemic, other jurisdictions have clearly demonstrated that increasing investments and improving access to quality home care can help alleviate pressures in the rest of the health care system.

Together, these suggestions will produce a streamlined approach to Ontario's health care system and will create:

Capacity- A strong home care system will support hospitals to keep operating while reserving 10% bed capacity by moving patients quickly back home.

Savings- Ensuring the delivery of more care at home and in the community is the quickest and most cost-effective way to stabilize people at home, ending hospital overcrowding and hallway health care.

Safety- Data from the COVID 19 pandemic has shown that home care patients experienced significantly lower rates of infection than those in institutionalized settings and that providers are able to maintain safe and reliable care, even during a pandemic.

Stability -By compensating home care workers in line with those in LTC, the province will improve recruitment and retention efforts and will create a more stable home care workforce.

By following the recommendations outlined in this paper and exploring the possibilities of expanded safe and reliable home care, Home Care Ontario believes that patients, families, health care professionals and Ontario taxpayers, will benefit and the province will be better prepared for the impending future growth of senior care.