



The Road Home

Home Care Ontario's Pre-Budget Submission November 2016

Home Care Ontario commends the government for being a strong advocate of home care and introducing legislation to enable the necessary reforms to improve access to home care. Members of Home Care Ontario are eager to share innovative practices¹ and welcome the opportunity to work with LHINs and be measured on the outcomes achieved. With the passage of Bill 41², LHINs will have the opportunity to work directly with existing providers within the Home Care and Community Services Act, 1994 and harness the innovation of those providers not yet known to them.

As the 'voice of home care in Ontario'TM, the Association represents member home care organizations that deliver front-line home care (nursing, therapy and personal support) to Ontarians in their homes and communities across all parts of this large and diverse province. Home Care Providers are accountable for direct clinical care at the frontline, responsible for clinical expertise and evidence-based practice, risk, performance, quality management and the achievement of patient outcomes.

Recommendation

Home Care Ontario is pleased to offer pre-budget recommendations to support the government's agenda of "putting patients first." The Association advises that the government budget carefully consider both the current increasing complexity of care needs and numbers of people receiving home care services in Ontario. It is vital that the goal of serving more Ontarians be balanced in light of the substantial growth of the amount and nature of the complex services required to remain at home.

Publicly funded home care has hovered around 5% of Ontario's total health care budget since 1999/2000. As total budgets for health care in Ontario have increased to over \$50B, home care funding has also grown, but never to more than about 5% of the total. The result is that despite an intentional shift to support home care, the sector's proportional share of the overall health care budget has remained stagnant for the past 15 years. Put simply, while the total home care funding has increased year over year it has not been enough to keep pace with the aging population, the chronicity and complexity of care required, and the long term goal of serving more Ontarians at home.

¹ Innovation is often limited by existing policy and oversight.

² Bill 41: An Act to amend various Acts in the interests of patient-centred care. (2016). Ordered to Standing Committee on Legislative Assembly Oct 27, 2016, 41st Parliament, 2nd Session. Retrieved on Nov 21, 2016 from http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4215&detailPage=bills_detail_status

Accordingly, Home Care Ontario asks that the Government:

1. Break the 5% barrier by increasing the funding for home care to 6% of the total health care budget in 2017 – an estimated increase of \$600M to the sector.

This funding would enable:

- Additional services at home, specifically for people with palliative care and dementia support needs.
- Enhanced technology in the home and improved connectivity between home care and the rest of the health care team.
- Increased respite services to support family caregivers who provide most of the care at home.
- The means to undertake a ‘rate refresh’ for the provision of services to address staff compensation and offset the inflationary pressures of the past five years.
- The development and implementation of a health human resource strategy for home care.

Home Care Ontario understands that the Government has pending legislation to pass and complex transitions to organize. This process will require diligence, strong leadership and cooperation by all providers. The goal of ‘Patients First’, is compelling and will “build Ontario up”³ in a way that is “responsible and sustainable”⁴.

Discussion

Home is where Ontarians want to remain, if possible, and the growth of home care in Ontario is a success story. Treatments and care plans that just a few years ago would have required a hospital stay are now managed successfully at home. Families are increasingly confident, society more receptive and technology more enabling. Investments by government have helped to increase the numbers of Ontarians to achieve their goal of remaining at home. In 2015/16, over 729,000 individuals received home care services⁵ - an increase of more than 115,000 in five years. Additionally, in the same time frame, there has been an increase of 95.3% more patients with higher needs.⁶

The policy shift to health care at home is also working. More people know about home care and in a recent poll there was strong support for an increase in personal taxes to pay for home care.⁷ The number of referrals from hospital has increased 17% since 2008/2009.⁸

³ Office of the Premier.

⁴ Office of the Premier.

⁵ OACCAC.

⁶ OACCAC.

⁷ Nanos Survey.

⁸ OACCAC.

Home care currently costs the government considerably less than the fee for a day in hospital or long-term care. For example, caring for terminally ill patients at home is estimated to cost over 10 times less than providing care in an acute-care hospital.⁹ Most importantly, home is where people want to be. As one of the least expensive forms of health care, largely because of the family contribution to care, the return on investment in home care is significant.

However, while a 10% increase in each of the PSW, nursing and therapy hours would cost in total less than \$200M and provide about 4 million additional hours of service, this investment is not sustainable without funding to support education, clinical practice, technology, and career development – necessary infrastructure investments that are essential to the management and oversight required to deliver quality home care. Home Care Ontario believes that Bill 41 provides the means to eliminate duplication in home care, freeing funds and improving processes, and should be adopted and implemented quickly.

The Funding Story

The health care system consumes a significant proportion of the total provincial budget but funding of public home care services still represents only 5% of the health care budget.¹⁰ This reflects the same percentage of total funding as in 2000.¹¹

While the total home care funding has increased year over year it has not been enough to keep pace with the aging population, the chronicity and complexity of care, and the emphasis on shifting care to the home. Nor has the funding kept pace with the average Consumer Price Index in Ontario, which has increased 9.1% in the past five years.¹² Wage restraint has meant that front line Home Care Providers have not received an increase in bill rates to offset operating costs, education and wage increases during this period of over 9% inflation. PSW wage enhancement introduced in 2014, has had the effect of driving down the overall front-line Home Care Provider bill rate because related non-statutory overhead costs were not included in the funding.

The result is that despite an intentional shift by government to invest in home care, the sector's share of the overall health care budget has remained stagnant for the past 15 years. Ontario's health care system is on a collision course, as front line Home Care Providers tasked with keeping people home longer, bringing people home from hospital sooner, and helping people palliate at home to the end of their lives, try to keep pace with care needs, funder demands, and economic pressures.

⁹ Auditor General of Ontario. (2014) p261

¹⁰ Auditor General of Ontario. (2015) p72

¹¹ Canadian Home Care Association. p72

¹² Statistics Canada.

Funding for Care

As has been stated, care at home is more complex than ever before. Treatments and care plans that just a few years ago would have required a hospital stay are now managed successfully at home. Families are increasingly confident, society more receptive and technology more enabling.

Using projections from Ontario's 2016 Budget¹³ of a total healthcare budget of \$51.8B, the investment in home care should increase to \$3.1B per year, an increase of approximately \$600M in 2017. This level of commitment is essential to deliver safe care at home and deflect inappropriate use of institutional based resources. Increased funding for care will enable:

- First dollar coverage for palliative care at home, including access to equipment, supplies, support programs, and community based palliative care Secondary Level Outreach Consultation teams to offer families and paid home care staff with 24-hour backing and access to a physician or NP with prescribing authority
- Improved support for patient populations with high needs, such as patients with COPD, congestive heart failure, or renal failure who would benefit from fewer trips to hospital.
- Better care for patients with dementia, including access to Behavioural Supports Ontario (BSO) making it possible for families to keep their loved one safe at home longer.
- Proactive support of the elderly so they can remain at home longer without an acute event.
- Increased respite to sustain families during what is typically a caregiving responsibility that averages twenty hours per week for a period of four years.¹⁴
- The elimination of the three-month waiting period for OHIP coverage and hence access to home care, as proposed in Bill 54.¹⁵
- Improved compensation of staff to narrow the gap across the health care system and ensure that the sector continues to attract the brightest and the best.
- Adoption of the recommendations by Home Care Ontario to integrate frontline Home Care Providers into the province's health technology strategy as contained in *Bringing Home Care into Ontario's Technology Strategy*¹⁶

¹³ Ministry of Finance. p283

¹⁴ MOHLTC. (2009) p6

¹⁵ Bill 54: An Act to amend the Home Care and Community Services Act, 1994 in respect of funded services for new residents. (2016) Ordered to Standing Committee on Justice Policy Nov 17, 2016, 41st Parliament, 2nd Session. Retrieved November 21, 2016 from http://ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4298&detailPage=bills_detail_status

¹⁶ Home Care Ontario. (2016)

Supporting Families

Family caregivers are key to the success of Ontario's home care program and research evidence confirms that family caregivers provide most of the care at home. Approximately eight million Ontarians provide care to a chronically ill, disabled or aging family member every year.^{17 18} While family members typically undertake this responsibility for a loved one willingly, families need to be better informed and supported. Family and friends assume an estimated 80% of care that is provided to the ill, frail and dying at home.¹⁹

Given that the premise of government funded home care is to supplement the care provided by families, it is vital that Ontarians understand what they can expect. Providers need information to adequately prepare their patients for transitions in care. Families are entitled to understand the full range of services that are available prior to making life-altering decisions such as initiating admission to a long-term care facility. They need to be prepared for the emotional, physical, mental and financial toll that prolonged caregiving may have.

This means that, notwithstanding measures already taken by government, there must be more investment in hours of home care respite for families and recognition of the contribution of families who purchase privately retained home care can have a significant impact on the ability to keep a family member at home.

In launching a campaign to educate Ontarians about the limited capacity of the government funded service and the options that are available to support them as family caregivers the Government must:

- Provide families the opportunity to have an honest conversation with the health care team to understand care needs, what the system can afford and alternative options. All health care providers in the system (family and specialist physicians, hospital staff, long term care, retirement homes, CHCs and public health) should be able to provide information about services that support government funded delivery, including the provision of private home care service.
- Encourage the private purchase of care from reputable home care service provider organizations²⁰, such as those registered with Home Care Ontario, to mitigate risks inherent in the underground delivery system, including loss of tax revenue and potential health system misuse. The health care team should be knowledgeable about the limits of the public system and offer information about the purchase of care from reputable home care service provider organizations as opposed to leaving families to search on their own for care options.

¹⁷ Sinha, M. (2013) Extrapolation of Canada wide data.

¹⁸ Ministry of Finance. Ontario Population Projections. In 2013: total population minus those under 15 years of age was 29.1 million. 28% is 8.1 million.

¹⁹ Fast, J., Niehaus, L., Eales, J., & Keating, N.

²⁰ 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.

- Adopt the Family Caregiver Day in Ontario²¹ to demonstrate the importance of the caregiving responsibility to all Ontarians.
- Introduce tax credits /exemptions for families who purchase care from approved home care service provider organizations. Any reduction in tax revenue through this policy change would be offset by the avoidance of more intensive and costly publicly funded care, for instance long term care or visits to emergency, that occurs when an exhausted family can no longer cope.

Attracting the Best Staff

Home Care Providers recognize that their staff is admitted into the client’s home at each visit as a guest. Staff works in the setting, and to a large extent, with the resources that the client provides. The staff manages the delicate balance of creating a safe working environment and providing safe care for patients while respecting their individual rights within their own homes.

Home care staff demonstrates flexibility, autonomy and excellent problem solving skills in working effectively in the home - an unregulated environment, which is controlled by others. They are also effective at teaching and supporting unregulated care providers, volunteers, families and friends to follow through on the established plan of care. As an organization and as staff, successful home care delivery is built on trust and respect.

While home care staff are uniquely qualified and practice autonomously managing increasingly complex patients, recruitment to the sector and retention are challenging. Anecdotal reports indicate that the issue relates to an overall shortage of health human resources resulting in employers within and across the health care system competing for a small pool of staff.

Home Care Ontario supports the development of an updated human resource plan centred around the patient and the family, their needs and role as members of the health team. Care delivery models need to be defined and scopes of practice, roles and responsibilities optimized. Care teams need to reflect the needs of the patient and Home Care Providers must have the latitude to determine the composition of a team based on the patient and family.

A health human resource strategy addressing the home care sector will:

- Enable planning and data gathering to support the transition to health care at home and predict future growth in home care human resource needs.
- Provide for intentional redeployment of personnel and expertise as the CCACs transition into the LHINs.

²¹ Bill 66: An Act to proclaim Family Caregiver Day. (2016) 1st Reading Nov. 15, 2016, , 41st Parliament, 2nd Session. Retrieved on Nov 22, 2016 from http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4359&detailPage=bills_detail_the_bill

- Provide the framework for provincial discussions about staff compensation in home care vis-à-vis the rest of the system and enable the development of community, as opposed to institutional, approaches to staffing, compensation and career advancement.
- Provide the opportunity to engage health care workers, professional colleges, and colleges and universities in the development of the strategy.
- Address innovative technology as a lever to attract human resources to home care.
- Provide recommendations to market the home care sector to prospective new graduates and to support testing new models of home care delivery.

Conclusion

The Road Home has spanned decades. Today the Government can establish a home care program for which Ontarians can be proud and that others will want to study and emulate. The strategy, the commitment and the legislation have been established. Now is the time for the funding and education to bring home care service ahead of the curve and safely home.

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, service provider organizations are responsible for providing nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. An estimated 58 million hours of publicly and privately purchased home care service is provided annually across the province.

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Appendix 1 – Home Care in Ontario

The Ontario Home Care Association, operating as Home Care Ontario, 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. Home care is critical to supporting individual health needs, managing chronic illness and system sustainability. A robust system incorporating both government and privately funded 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 spend “more nights at home”, home care service is more desirable, cost effective and health effective.

Home care was formally established in Ontario in 1970. Since establishment, the home care system has gone through a number of changes, evolving and maturing to the comprehensive program of today. In Ontario, service provider organizations (SPOs) are responsible for providing nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. SPOs are usually incorporated entities, and can be a non-profit organization, a private corporation, a municipal government or an aboriginal organization.

Ontario’s publicly funded and privately purchased home care programs are vital to sustaining the publicly insured health system by enabling early discharge of patients from hospitals, reducing hospital congestion and non-acute emergency room visits – two key health care issues that currently challenge the province’s health system capacity.

Government funded home care services are designed to complement and supplement, but not replace, the efforts of individuals to care for themselves with the assistance of family, friends and community. A fundamental component of home care is that family and/or friends will provide care to supplement the publicly funded service. Home care service providers are often contracted to deliver additional hours that supplement government funded care. This care is paid by privately-insured employment plans and/or direct private purchase.

Home care services are intensely personal and provided at a time when individuals are most vulnerable. As such, home care providers carefully recruit, educate and support their staff emphasizing a strong customer service orientation.

Home care in Ontario, both government and privately funded, is a vital component of the health care system and integral to the broader health system transformation in the province. Home Care Ontario works collaboratively with health system stakeholder to create seamless transitions within and across publicly and privately funded providers of health care. To do otherwise is to compromise health outcomes for those for who need support and want to remain at home.

Citations

- Auditor General of Ontario. (2014) 2014 Annual Report of the Office of the Auditor General of Ontario, Ch 3, Section 3.08 p 258 – 288 http://www.auditor.on.ca/en/reports_en/en14/308en14.pdf
- Auditor General of Ontario. (2015) 2015 Annual Report of the Office of the Auditor General of Ontario, Ch 3, Section 3.01 p70-115 http://www.auditor.on.ca/en/reports_en/en15/3.01en15.pdf
- Beer, C. (2015). Funding Ontario’s Healthcare System: Budget 2016 and Beyond.
- Canadian Home Care Association. (2003) Portraits of Home Care, A Picture of Progress and Innovation. Ottawa.
- Fast, J., Niehaus, L., Eales, J., & Keating, N. (2002a) A profile of Canadian chronic care providers, submitted to Human Resources & Development Canada
- Hollander, M.L., Guiping, L., Chappelle, N.L. (2009) Who cares and how much?: The imputed economic contribution to the Canadian healthcare system of middle-aged and older unpaid caregivers providing care to the elderly. *Healthcare Quarterly*. 12.2, p42-49
- Home Care Ontario. (2016) Bringing Home Care into Ontario’s Technology Strategy. Retrieved on November 21, 2016 from <http://www.homecareontario.ca/home-care-reports/home-care-ontario-publications/position-papers-statements>
- Ministry of Finance. (2016) Jobs for Today and Tomorrow, 2016 Ontario Budget. p283
- Ministry of Finance. Ontario Population Projections, Retrieved on January 4, 2016 from <http://www.fin.gov.on.ca/en/economy/demographics/projections/>
- MOHLTC. (2009) Caring-About Caregivers: Caregiving for the future of Ontario. Long-Range Scenario Planning Supporting Caregiving into 2033. Toronto, Ontario
- MOHLTC. (2015) Patients First: A Roadmap to Strengthen Home and Community Care. Toronto, Ontario <http://www.health.gov.on.ca/en/public/programs/ccac/roadmap.pdf>
- Nanos Survey. (2016) Opinions on funding for Canadian health care. The Globe and Mail
- OACCAC. Fast Facts. Retrieved on November 21, 2016 from <http://oaccac.com/Quality-And-Transparency/Fast-Facts>
- Office of the Premier. (2016) Speech from the Throne. September 12, 2016. Retrieved on November 21, 2016 from <https://news.ontario.ca/opo/en/2016/09/speech-from-the-throne.html>
- Ontario Home Care Association. (2013) Private Home Care – A Vital Component of the Health Care System in Ontario. Retrieved from <http://www.homecareontario.ca/docs/default-source/position-papers/position-papers/private-home-care---a-vital-component---oct-2013e81a79fdc99c68708e32ff0000f8dac8.pdf?sfvrsn=10>
- Sinha, Marie. (2013) Portrait of caregivers, 2012. Statistics Canada, Social and Aboriginal Statistics Division. <http://www.statcan.gc.ca/pub/89-652-x/89-652-x2013001-eng.htm>
- Statistics Canada. (2015) Consumer Price Index, by province (Ontario) Retrieved on November 21, 2016 from <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/econ09g-eng.htm>