



Safe care happens in the
HOME AND COMMUNITY

OCSA
Ontario Community
Support Association

Pre-Budget Consultation 2021

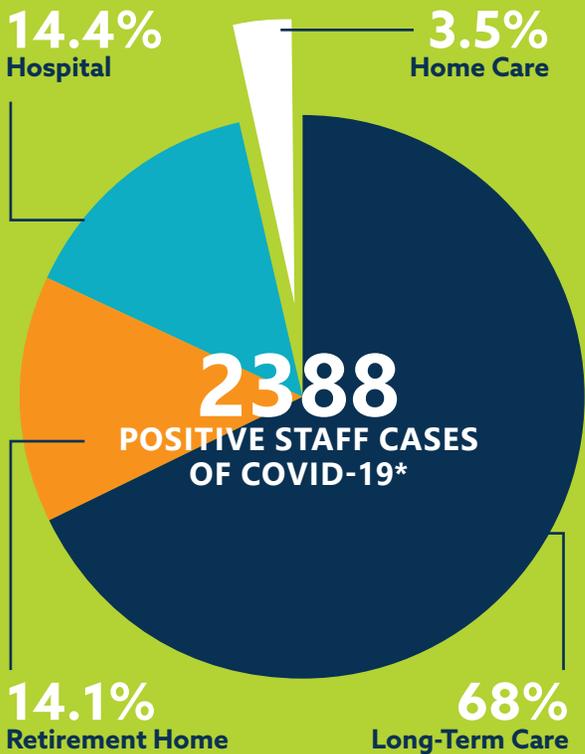


INTRODUCTION

The ongoing COVID-19 pandemic has illustrated that home and community is a safe place for vulnerable Ontarians to receive care, especially during a crisis. Our sector was able to adapt and continue to deliver services throughout the pandemic, by proactively adopting leading infection prevention and control practices, implementing comprehensive client and staff screening and utilizing a risk-based assessment process.



During the 4-month period between January 15, 2020 to May 15, 2020 there were 2388 positive staff cases of COVID-19 in the Long-Term Care, Retirement Home, Hospital and Home Care sectors. Of these cases the Home Care sector reported only 83 cases (3.5%).ⁱ



**from January 15, 2020 to May 15, 2020*

The home and community care sector could be better utilized by government to support the province's battle against the disease. Our members are here to help; however, during the peak of the pandemic, the home and community care sector in Ontario was not leveraged. From March to June 2020 home care client assessments were down 34% when compared to the same period in 2019. This was to the detriment of caregivers already on the brink of burnout.

Where the sector was properly utilized, it thrived. A few examples include:

- The \$11 million investment in the Ontario Community Support Program allowed organizations to almost double the monthly provincial output of Meals on Wheels, delivering close to 548,000 meals, food hampers and essentials between February 2020 and September 2020.
- The \$115 million investment in the High Intensity Supports at Home program leveraged partnerships and expertise in both home care and community support services to build multi-disciplinary teams that ensure that 850 Ontarians receive the services they need to stay safely at home, avoid unnecessary hospital visits and delay admission to long-term care (LTC).
- Care in congregate settings, such as Adult Day Programs, were transitioned to virtual offerings where possible.

Ontarians have been clear that they prefer to receive the care they need at home and in their communities. Traditional home and community care programs include nursing services, personal support, assisted living and supportive housing, independent living and attendant care services, Meals on Wheels and other community support services. Additionally, over the past few years, expanded partnerships and enhanced integration between home and community care providers have led to the establishment of several innovative programs that have enabled seniors and people with disabilities to stay safely at home longer. These community-based innovative programs include transitional care models that have been developed in close partnership with hospitals, primary care visits at home that leverage virtual care services including wearable technologies, as well as bundled care programs that offer wraparound services based on clients' needs.

In an increasingly over-stretched health system, the home and community sector remains the most cost-effective place to treat people, which is where Ontarians want to receive care. A robust and well-resourced home and community care sector can alleviate pressure off of the system and would enable the most appropriate use of acute care hospitals and long-term care facilities, as well as generate significant cost savings across the system.



A survey of home care patients showed that

93%

of respondents felt safe to receive home care from their home health care provider during the pandemic.ⁱⁱ



OCSA is recommending that government make three necessary investments in order to ensure that Ontarians can stay safe at home and in their communities.

OUR RECOMMENDATIONS

The province can take the first step towards meeting this goal and invest \$595 million in the 2021 budget by:

1



Taking a home first approach as the primary priority of the health system by investing \$350 million in home and community care organizations and services.

2



Achieving wage and job condition parity for staff across health sectors by infusing \$235 million into the salaries of key front-line staff.

3



Ensuring the sector plays a main role in the province's digital care strategy by doubling this year's sector investment to \$10 million in digital and virtual care.

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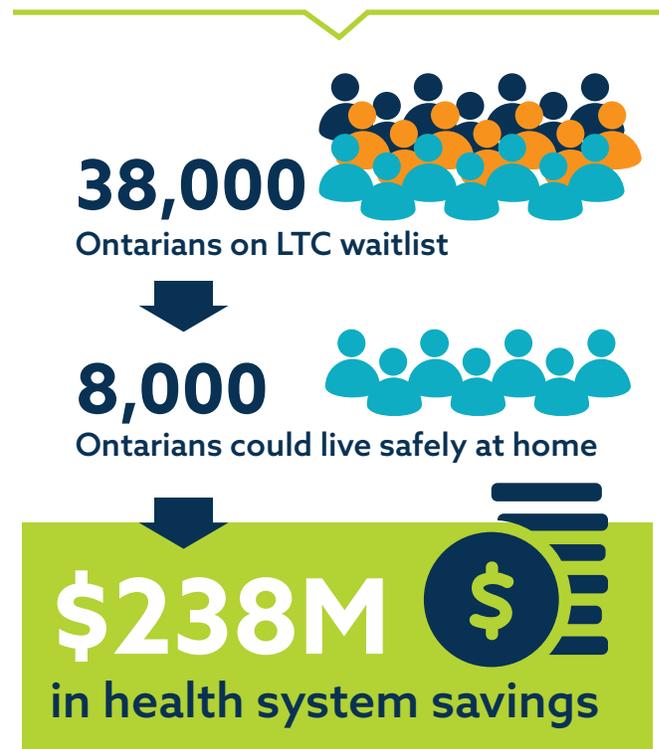


TAKING A HOME FIRST APPROACH AS THE KEY PRIORITY OF THE HEALTH SYSTEM

Our health system has faced significant capacity challenges for years. Before the pandemic, hospitals were already running at, or over, capacity with more than 5,000 alternative level of care (ALC) patients being unnecessarily cared for in hospitals, due to the chronic lack of resources across the rest of the health system. That's a delay that costs Ontarians hundreds of thousands of dollars, leaving our population to receive expensive hallway healthcare.

The Ontario government and health system stakeholders have long recognized the need to adopt a home first approach. Implementing a home first approach for the health system means resources would be prioritized and policies would be designed to enable all Ontarians that need care to stay living well at home and in their community for as long as they can. However, the actual allocation of health care resources will not meet this overall policy direction, given the aging demographics of the province.

Currently, there are about 38,000 Ontarians on a waitlist for long-term care.ⁱⁱⁱ The average wait time on this list is a staggering 147 days.^{iv} A recent report by the Canadian Institute for Health Information confirms that 8% of newly admitted residents to long-term care in Ontario could have been kept at home with the right supports in place; that's close to 8,000 Ontarians.^v Keeping these people at home would have lowered their risk of exposure to COVID-19 as well as generated health system savings of approximately \$238 million.

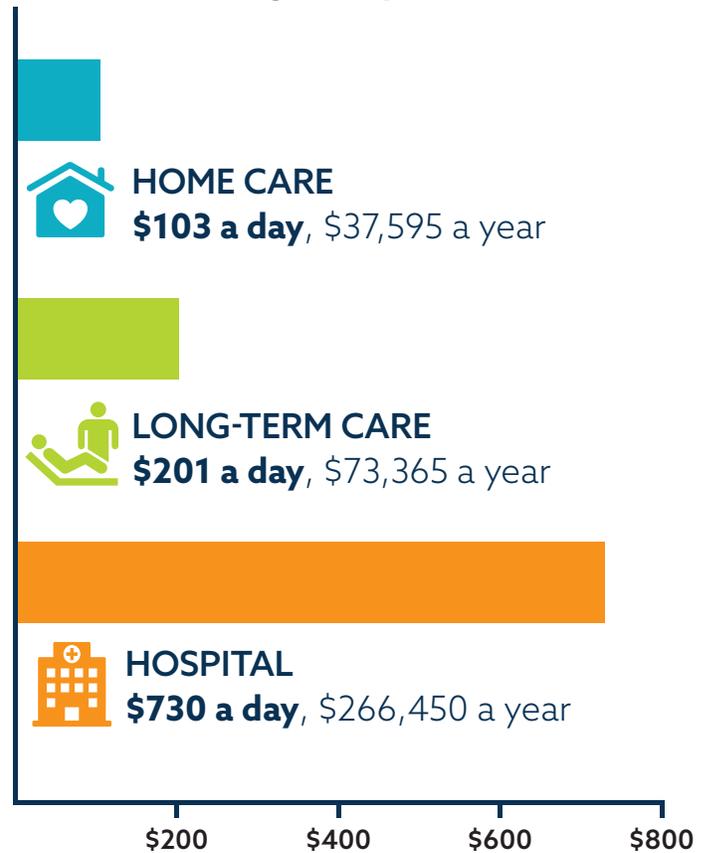


These are savings that do not take into account the capital costs related to long-term care new builds. A report by the National Institute on Ageing estimates that the province could save between \$212,259 and \$268,369 in capital costs for every long-term care bed it no longer needs to build due to enhanced home and community care services.^{vi}

In 2020, the province estimated that it would cost \$103 per day to provide care for a long-term care equivalent client at home with home and community care. This contrasts with \$201 per day to provide comparable service in long-term care and \$730 per day to support an ALC patient in hospital.^{vii}

A home first approach requires a systematic approach that would fundamentally shift the way services are funded and delivered. A failure to adequately shift resources and truly prioritize this model in a methodical and meaningful way will continue to hinder individuals from receiving the care they need and deserve wherever and whenever possible.

The Cost Savings of Living Safely at Home



Caregivers and COVID-19:

Caregiver programs play an essential role in supporting home and community care programs and the broader health system as, without caregivers, the health system wouldn't function.

70% of the care in Ontario home care is provided by caregivers.

More than half of caregivers (54%) have said caregiving has become more difficult due to COVID-19.

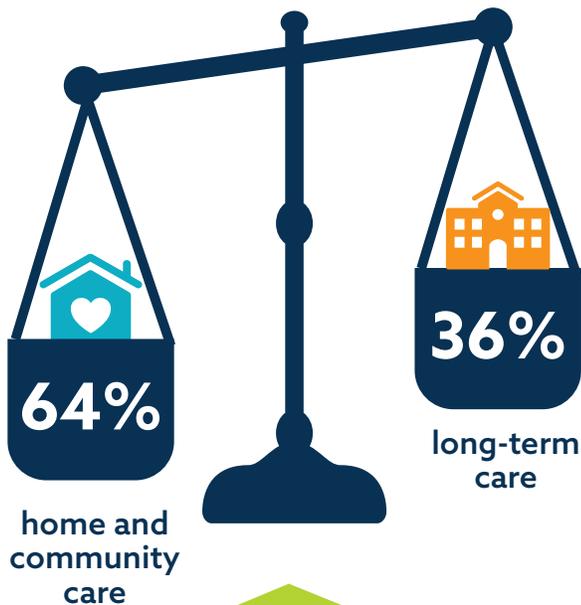
This includes **44%** who said they weren't able to take the breaks they need; which is a **15%** increase from numbers reported last year.^{viii}



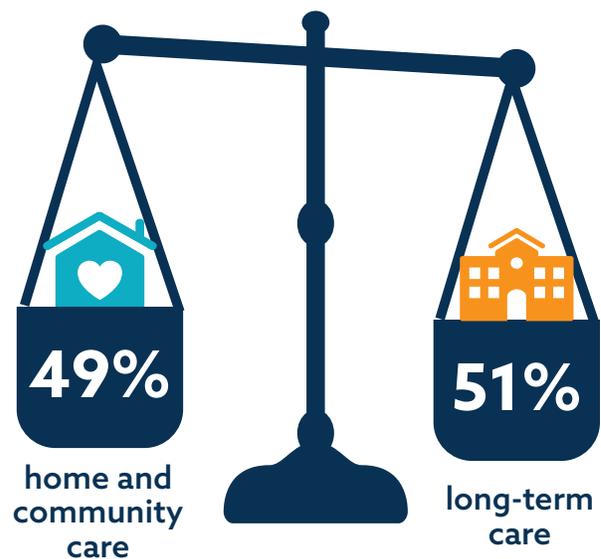
In examining home care policies across Europe the World Health Organization found that “home care provision has been demonstrated to be more effective and efficient than institutionalized care.”^{ix} For example, with substantial investments in the expansion of home and community care services Denmark avoided building any new LTC beds for over two decades and saw a 12% reduction in long-term care expenditures for taking care of those 80 and over.^x The country’s ratio of home and community care spending to institutional

long-term care spending is 64% to 36%. In Ontario that ratio is 49% home and community care spending to 51% institutional long-term care. A strategic rebalancing of health care spending can not only save the government money now, but for decades to come it would reduce the need for overbuilding once immediate waitlist needs are met. Overall, this strategy would conserve precious government resources while allowing more people to live safely at home; which is where they want to be.

DENMARK CARE EXPENDITURES



ONTARIO CARE EXPENDITURES



Denmark avoided building new LTC beds for over 20 years and saw a 12% reduction in LTC expenses for those over 80.

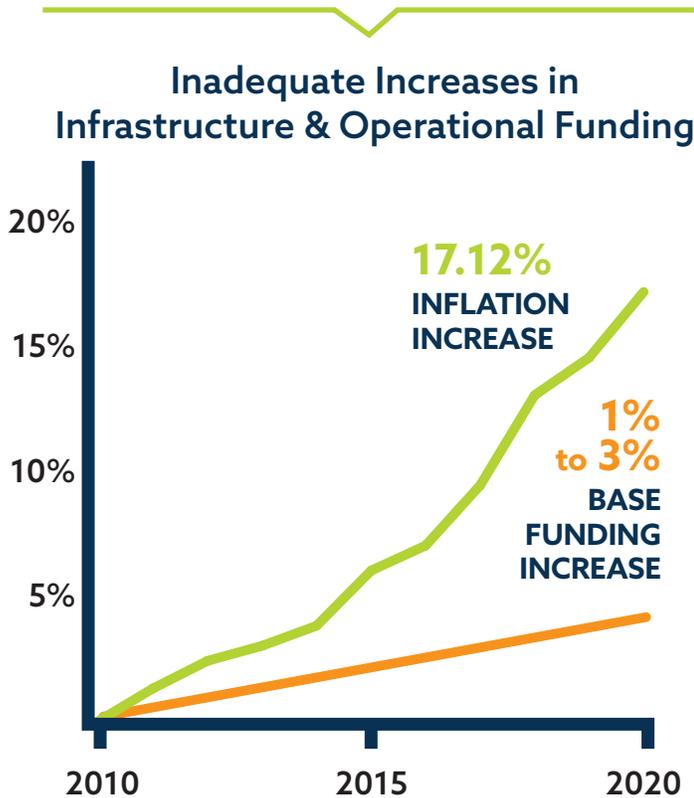
In 2018-2019, the Ministry of Health noted that to simply maintain our sector’s ratio of supporting 76% of Ontarians age 75 years or older at home and in community, the province needs to provide funding for over 23,000 more

clients.^{xi} As Ontarians continue to age, these funding pressures on our sector continue to grow at a rapid rate. The home and community care sector is more than able to keep people safe at home, when properly resourced.

Over the past decade, the province has invested in home and community care services. However, these investments have not kept up with demand due to our rapidly aging population. Additionally, over this same time period, only a limited number of home and community care organizations have received **one** base funding increase ranging from 1% to 3%. Over this period inflation increased by 17.12%.

The need for base funding increases can no longer be ignored. Organizations have reached a point where it is no longer sustainable for them to offer additional service volumes at the rates that services are currently being funded. The only sustainable way to increase service volumes in the sector is by also increasing the rate at which these services are funded.

COVID-19 has significantly increased costs to provide safe care. New infection and control practices, personal protective equipment, as well as the diminished numbers of volunteers have increased costs dramatically for our members. Simultaneously, the ability to generate revenue from donations and client fees has been severely restricted. Fundraising has been severely curtailed due to public health measures aimed at stopping the pandemic. Organizations have been forced to cancel or scale down many of their key fundraising initiatives. Across the sector, revenue from fundraising and client fees offset approximately 30% of the cost of direct care service delivery. Providers do more with less every day, but these expectations have reached a tipping point. It is no longer feasible for organizations to provide additional services at the current funding rates.



RECOMMENDATION 1

In order to go beyond the status quo, implement a home first policy and achieve real system transformation, the province must:

- Increase infrastructure and operational funding for all home and community organizations by 3% to reflect increased costs due to COVID-19 and lack of base funding over the years. This would enable increases to service volumes and would cost the province \$125 million.
- Increase investments to home and community care services volumes by \$225 million in 2021-2022. This should be followed by 5% annual increases for the next 5 years to create and expand sector capacity and to create a comprehensive and equitable basket of community-based health and social services across the province.

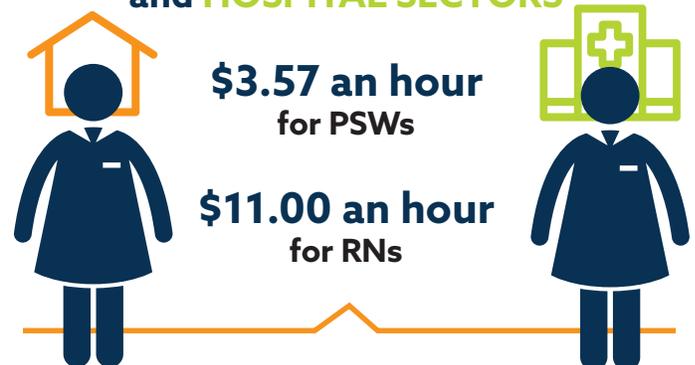


ACHIEVING WAGE AND JOB CONDITION PARITY FOR STAFF ACROSS HEALTH SECTORS

The pandemic has made it clear that wage parity is critical across the health system, particularly in home and community care, which allows people to live safely in their homes. The pandemic pay premium and the temporary wage enhancement for PSWs, as part of the COVID-19 response, are welcome first steps. However, these temporary measures do not go far enough to ensure the stability and growth of the sector. Changes to compensation policies are critically needed to protect the supply of PSWs in home and community who continue to be overworked and underpaid.

OCSA and other sector stakeholders have long advocated for the fair compensation of all our sector's workers. In fact, the reality is that wages in the home and community care sector for all front-line and support positions are significantly lower than those in the institutional sectors of the health system. For example, the current wage gap for PSWs working in the community sector versus the hospital sector was an average of nearly 19% or \$3.57 an hour. The median salary wage gap for RNs working in home care versus hospitals was \$11.00 an hour. These gaps have grown over the years as a result of little to no increases in the rates paid by the government for home and community services. Our sector has been forced to limit its compensation growth more than other sectors.

Salary wage gaps between COMMUNITY CARE and HOSPITAL SECTORS



Between 2004 and 2019, the maximum annual wage growth for Registered Nurses in home care was between 1.3% and 2.2%. This is comparatively lower than the hospital sector, which experienced an average annual growth rate of 2.7% during the same period.

The province currently has a shortfall of **6,000 PSWs** across the health care system.

If we do not address this shortfall and its impacts across all sectors, there is no way we can ensure everyone who wants to, can stay at home.



Additionally, the home and community care workforce was seriously impacted during COVID-19. This came as a result of the province introducing the much needed public health measures that limited a front-line health care employee to working for only one organization. The pre-existing disparities in compensation led many front-line workers to opt for working in other sectors that are better compensated. Some organizations in home and community care reported losing up to 50% of their front-line staff.

The recently announced Long-Term Care Staffing Plan outlines a long overdue and necessary increase in direct service hours for residents in LTC. However, this plan will have a further pronounced, negative impact on home and community's ability to retain staff. A recent survey of OCSA members found that for 60% of organizations low pay rates and opportunities in other health sectors were the primary reasons why PSWs left their organizations.

In addition to the gaps in compensation, there are also significant gaps in job conditions across the various sectors. For example, given the reduced referral volume, the fee-for-service funding model for home care made it nearly impossible for home care providers to guarantee full-time hours to their critical front-line staff. This funding model has resulted in only 38% of PSW positions currently being reported as full-time equivalents (FTE).^{xii} Funding models that discourage transactional work and favour full-time work, such as global program funding, shift-based or clustered care, can go a long way in attracting and retaining staff for further community service growth.

As it did with the pandemic pay premium and the temporary wage enhancement for PSWs, the province needs to provide the home and community care sector with a regulatory exemption to the *Protecting a Sustainable Public Sector for Future Generations Act, 2019*, in order to reduce wage parity between sectors.



69%

of Ontario seniors believe that front-line staff 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.^{xiii}



RECOMMENDATION 2

In order to maintain the appropriate health human resources that enable seniors and people with physical disabilities to remain safe at home and in their community, the province must:

- Ensure wage parity for staff across health care sectors. As a start, parity for workers in home and community with long-term care would cost the province approximately \$235 million.
- Develop a roadmap in collaboration with other sectors to improve working conditions, which would include improving the availability of full-time work, providing better pensions and benefits as well as recruiting and retaining talent.



ENSURING THE SECTOR PLAYS A GREATER PART IN THE PROVINCE'S DIGITAL CARE STRATEGY

The potential for technology in the home and community care space is immense in terms of its potential to enhance system efficiencies and ensure a fully integrated care system. These efficiencies could vastly improve and streamline front-line care, which would enable people to stay safely at home. However, one of the biggest barriers to adopting technology in the sector is the lack of integrated data between health care providers. The ability to expand virtual care offerings and to integrate these services across providers will be hugely dependant on meaningful investments in an appropriate digital platform in home and community services.

Integrated care will not be achieved without having clients' relevant information available not only to all care providers at the point of care, but also to clients themselves, through shared electronic health record systems. This is also why it is important that funding for digital care innovation include back end administrative functions. Appropriate funding is essential to ensure that key performance indicators, quality of care and system efficiencies can be properly monitored.

A poll by the National Institute on Ageing and TELUS Health found that

"95% of Canadians older than 75 years of age agree that wearable technologies could allow Canadians to live safely and independently in their own homes as they age."^{xiv}



The poll also indicates that while only 10% of Canadians have had experience with virtual care,

40% would like to have appointments with care providers virtually.^{xv}



During the pandemic, providers across the province moved quickly to enable the virtual delivery of certain home and community care services. This included delivering some adult day programs over virtual platforms, creating senior centres without walls and delivering some home care visits virtually. OCSA members reallocated funds internally in order to adapt to the changing environment and ensure that clients continued to receive care. This moving of funds was primarily enabled by temporarily cancelling certain congregate and other in-person programs. As providers continue to plan for restarting in-person programming when it is safe to do so, they will be faced with the difficult choice of whether or not to redirect funds away from new virtual service delivery models in order to ramp up in-person programming.

Therefore, the government must provide adequate funding to ensure the sustainability of programming across the sector and to improve the quality of digital programs.

Additionally, there continues to be a tremendous need for strategic investments that would help cover the maintenance and start-up costs of implementing newer digital technologies and ensuring cyber security protections. In October

2020, the province released an investment of \$5 million to enhance “home and community care organizational capacity to deliver high quality virtual care.”^{xvi} This was a great first step in helping sustain gains made by organizations during the pandemic. The sector has clearly demonstrated the need and appetite to ramp up these services. However, in order to continue this progression more needs to be done in order to build up capacity across the sector.

RECOMMENDATION 3

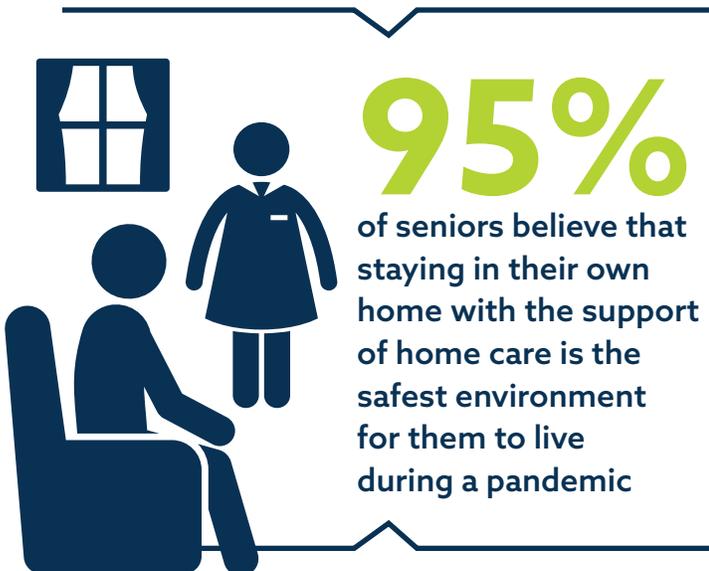
OCSA is calling on the province to double their initial investment and allocate \$10 million to ensure all home and community care organizations can expand their digital care offerings.

CONCLUSION

One of the key lessons learned during the first wave of the pandemic was that people are safer at home and that home is where Ontarians want to be. A public opinion poll conducted by Campaign Research for Home Care Ontario found that 95% of seniors believe that staying in their own home with the support of home care is the safest environment for them during a pandemic and that 91% want to stay in their own home or apartment as long as possible.^{xvii}

Driven by the ongoing pandemic, the recent changes in vulnerable Ontarians’ needs have underscored our obligation to adopt a different approach to health system policy, planning and resource allocation. COVID-19 has once again highlighted what many of us have been saying for decades; we need to take a home first approach to health service delivery across Ontario. The home and community care sector offer a sustainable and safe environment to receive the care Ontarians need.

In order to ensure that people are receiving care in the most appropriate setting, government must recognize that a minimum targeted investment of \$595 million into the home and community care sector is long overdue. Investing in the home and community care sector will help enable our province to weather the remainder of this pandemic and protect vulnerable Ontarians. This investment will also save money by diverting care out of hospitals and long-term care for years to come. Home and community care is the least expensive and most desired setting for Ontarians to receive the quality care they deserve and that will keep them safe.



End Notes

- i. Caring for Ontarians Safely at Home During COVID-19, OCSA, Home Care Ontario, Fall 2020
- ii. Caring for Ontarians Safely at Home During COVID-19, OCSA, Home Care Ontario, Fall 2020
- iii. About long-term care in Ontario: Facts and figures, Ontario Long-Term Care Association, 2020
- iv. Wait Times for Long-Term Care Homes, Health Quality Ontario, 2020
- v. Bringing Long-Term Care Home, National Institute on Ageing, 2020
- vi. Bringing Long-Term Care Home, National Institute on Ageing, 2020
- vii. Bringing Long-Term Care Home, National Institute on Ageing, 2020
- viii. 2020 Spotlight on Ontario Caregivers, Ontario Caregiver Organization, 2020
- ix. Home Care in Europe, World Health Organization, 2009
- x. Enabling the Future Provision of Long-Term Care in Canada, National Institute on Ageing, 2019
- xi. Bringing Long-Term Care Home, National Institute on Ageing, 2020
- xii. OCSA Wage and Benefit Survey, 2017
- xiii. Home Care Ontario Public Opinion Survey, 2020
- xiv. National Institute of Ageing/TELUS Health Survey, 2020
- xv. Virtual Care Recommendations for Scaling Up Virtual Medical Services, Canadian Medical Association, February 2020
- xvi. Ontario Health Virtual Care Proposal – Home and Community Care Initiatives, Ministry of Health, 2020
- xvii. Home Care Ontario Public Opinion Survey, 2020



ABOUT HOME AND COMMUNITY CARE

Made up of over 25 different services, home and community care encompasses health promotion, preventative services and services to get people back to independence when and where that is possible. Often the sector is referred to in three related but distinct service groups: home care, community support services and independent living services for those with physical disabilities.

Services range from in-home nurses and therapies for wound care and rehabilitation, adult day programs and assisted living programs, personal hygiene activities such as toileting and bathing, home making services such as meal preparation and light cleaning to transportation to medical appointments.

These services not only meet a client's current needs, but more importantly, they prevent decline and more serious needs in the future.

About OCSA

Ontario Community Support Association (OCSA) represents close to 230 not-for-profit organizations that provide home care and community support services that help seniors and people with disabilities live independently in their own homes and communities for as long as possible. These compassionate and cost-effective services improve quality of life and prevent unnecessary hospitalizations, emergency room visits and premature institutionalization. They are the key to a sustainable health care system for Ontario.

For more information, visit www.ocsa.on.ca

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