



A SYSTEM IN NEED OF **REBALANCING**

**Helping Ontarians live well at home
through home and community care**

OCSA
Ontario Community
Support Association

**2020 PRE-BUDGET CONSULTATION
SUBMISSION**

INTRODUCTION

At the heart of our health care system are Ontarians who need and receive critical health services at home and in their communities. This point is often lost in the discussions about hallway health care, the alternate level of care (ALC) issue and health system transformation. This submission will tell the stories of Eric, Joy and Albert to illustrate the way the current health care system shapes the lives of everyday Ontarians and how the impact of home and community services can help to rebalance outcomes.

In 2019, a record 5,400 patients in Ontario hospitals were designated ALC and in June, there were over 1,000 people being treated in hospital hallways across the province.¹ Not only is this an ineffective use of limited resources, it is a situation that no patient or family member wants to experience. In fact, the cost of caring for a single patient using an ALC bed for one year is comparable to three people living safely and independently at home and in their communities in the same period.

Our health system needs to be drastically, yet safely, rebalanced to better serve people. Home and community care services have untapped potential to help end hallway health care and reduce the demand for more expensive institutional settings like hospitals and long-term care. A recent study found that the biggest concern of people transitioning home from hospital was not enough publicly funded

home care services to meet their needs.² The development of Ontario Health and Ontario Health Teams (OHTs) are a key opportunity to strengthen the home and community care sector by enhancing integrated care across the entire health care system.

We know that if no changes are made, the waiting list for long-term care is expected to balloon to 40,000 people over the next few years. This is a situation that can be alleviated. Last year, almost 18,000 people living in long-term care homes could have continued to live at home and in their communities if the proper supports were available and appropriately funded.³

Ontarians, like Joy and Eric, wish to receive care at home and in their community, but systemic issues can prevent that from happening, costing all of us in the long run.

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SUMMARY OF RECOMMENDATIONS

In order to ease the rates of hallway health care and enable people to live well at home, the province should support the following four recommendations:

1

Increase service volumes by 5% by investing \$208 million in 2020-2021.

2

Issue a directive from the Ministry of Health that all Ontario Health Teams (OHTs) must provide a comprehensive and equitable basket of home and community care services that include home care services, community support services and independent living services.

3

Direct an average of \$156 million a year for 5 years to close the wage gap for frontline home and community care workers.

4

Invest a much needed \$125 million directly into the base budgets of home and community care providers.

This investment of \$489 million is one of the most cost-effective ways to keep people living well at home and in their communities; where they want to be.



To ensure that there is enough capacity across the health system to treat people with the right care at the right time, the province needs to make the following investments across the entire spectrum of home and community care services:

RECOMMENDATION #1

Increasing funding to home and community care services by \$208 million in 2020-2021. This should be followed by 5% annual increases for the next 5 years to create and expand the comprehensive and equitable basket of services across the province that will enable people to live well at home and in their communities.

- Target \$75 million of this investment for immediate relief of hallway health care through community based transitional care units and supportive housing programs. This targeted investment could realize potential health system savings between \$28 million and \$114 million based on the service model used.
- Invest \$57 million of this increase into the expansion of Assisted Living for Frail Seniors programs to ensure appropriate geographic coverage across the province and review its policy to ensure this program's impact is maximized. This expansion would enable an additional 2,500 seniors to live at home safely rather than in long-term care and could create health system savings of up to \$109 million.¹⁰

RECOMMENDATION #2

Ensure that all OHTs provide an equitable and consistent basket of home and community care services that include home care services, community support services and independent living services through a Ministry of Health directive to OHTs. We need to ensure that a person's postal code does not determine a client's ability to stay safely at home.



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 against decline and more serious needs in the future.

CARING FOR PEOPLE AT THE RIGHT PLACE

JOY AND ALBERT'S STORY

Joy and Albert have lived together for 50 years. Last year, everything changed when Joy was diagnosed with dementia. Their plans for a long comfortable life at home changed completely.

Albert is really struggling with all the changes that came with Joy's diagnosis. Maintaining a healthy diet, a clean home, keeping track of all the different services available for Joy and bringing Joy to her medical appointments is overwhelming for him. Caregiving has started to impact his own health and their daughter Jennifer, who lives 2 hours away, can only help so much.

Jennifer must also take care of her own young family and is experiencing extra stress trying to help her aging parents. Jennifer notices that her parents are more and more socially isolated and Albert's not sure where to turn next and is starting to feel burned out.

Last week Joy fell and tripped on the area rug in the living room and had to go to the hospital for treatment. Doctors believe that she could be safely discharged home but only with additional supports. Before that can happen, the family must wait for an assessment to see what supports she is qualified to receive. In the meantime, Joy is designated as an 'alternative level of care' (ALC) patient. She now joins the list of over 5,400 people in Ontario who are in hospital but would be better served elsewhere.⁴



The delay in starting home and community care services makes Albert start to feel that it may be time to consider placing Joy in long-term care even though he feels that it's too soon. Albert doesn't feel that Joy is quite ready and he is worried about Joy declining further in long-term care. He's also worried about the long waitlist he's heard about in the news. The family thinks about a retirement home, but they cannot afford the exorbitant monthly fees. The family believes that with the right services, they could support Joy at home for a good amount of time.

Once the assessment takes place, the next steps in Joy's journey will be decided in large part by the health system. The health system could place Joy on a waitlist for long-term care while she stays in hospital or the system can offer them a comprehensive set of home and community supports that would enable Joy to stay living well at home for the considerable future, an option preferable to the family and more economical for the health system.



CAREGIVERS ARE IN DISTRESS

Caregiver programs offered by the home and community care sector play an essential role in supporting the broader health system; **of the care in Ontario home care is provided by caregivers.**

70%

In 2019, 56% of caregivers found caregiving difficult, a large increase compared to 39% in 2018.

There is a clear need for more supports for caregivers.⁵

2018

2019

39%

56%

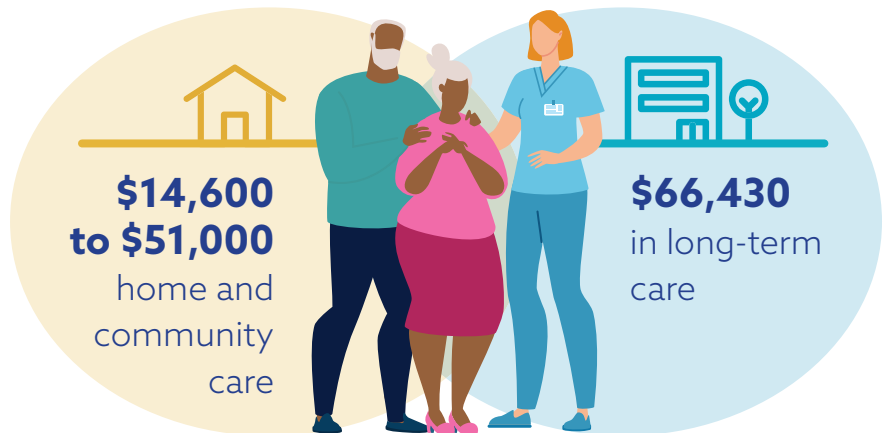


Every year approximately 25,000 people, like Joy, are diagnosed with dementia in Ontario and the number is predicted to grow.⁶ For less than the cost of long-term care, Joy could be kept living well at home through a comprehensive basket of home and community care services. These services can cost between \$40 to \$140 a day based on the client's needs compared to \$182 per day for long-term care.⁷

Annual cost of care for a person with low to medium needs

\$14,600 to \$51,000
home and community care

\$66,430
in long-term care



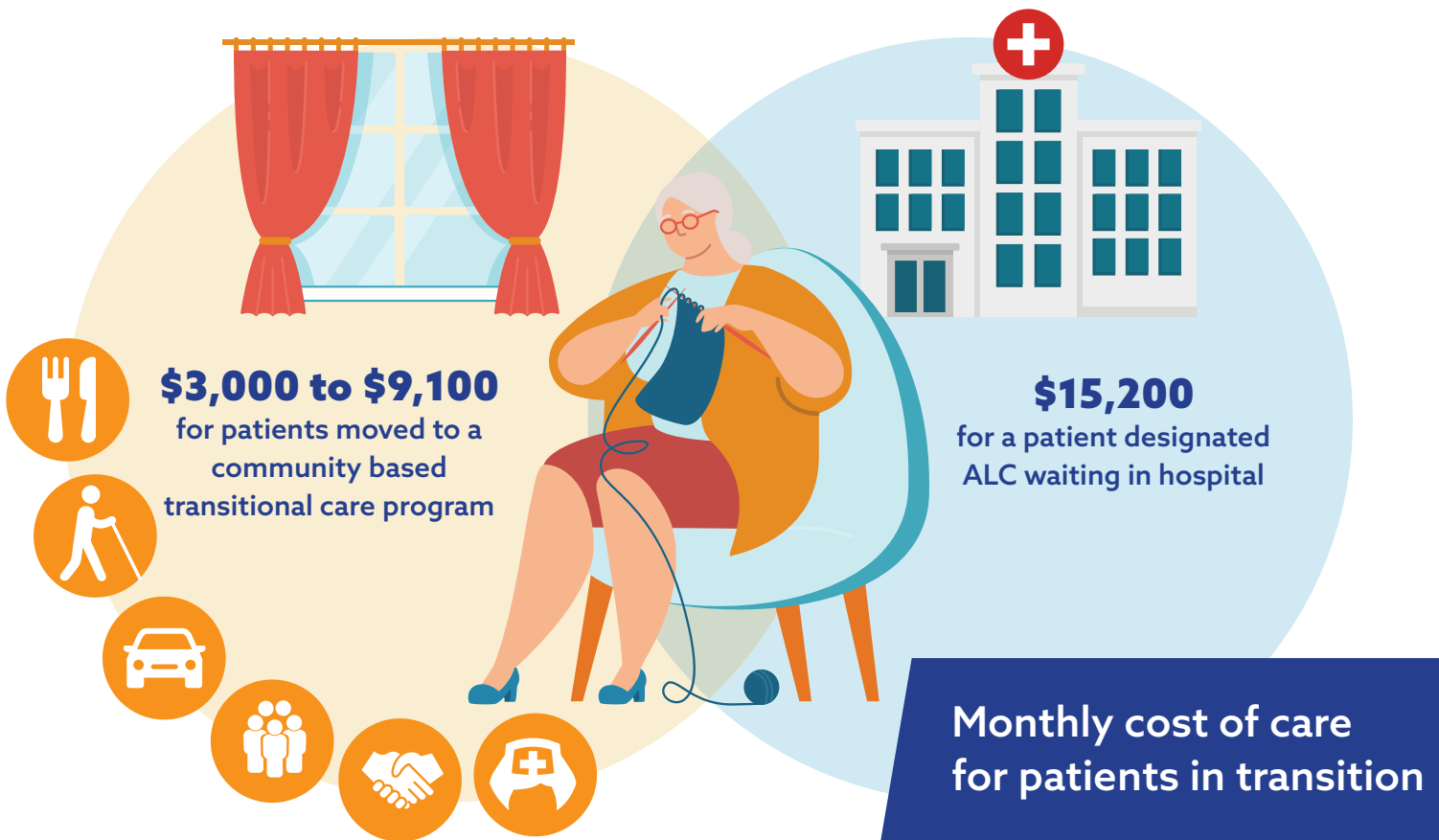
Community support services keep people living at home safely. Adult day programs can provide Joy with social stimulation while transportation to medical appointments can ensure that she doesn't miss appointments with her family physicians. Meals on Wheels deliveries can ensure a healthy balanced diet with safety checks while slight home modifications and personal supports can create a safer home environment.

As her care needs continue to evolve, Joy and Albert could eventually be supported at home thanks to an assisted living service provider in their neighbourhood. This program has a comprehensive set of services including planned and 24/7 personal support services (PSW care, assistance with meal preparation, medication reminders). Assisted living services in supportive housing for frail seniors are an underutilized program in Ontario. The cost for this program

averages \$62 per day, based on intensity of the services required and are part of an essential basket of services.⁸

For others who are designated as ALC patients, long-term care isn't the right solution for them just yet. However, some patients need a bit more care before they can safely return home. Home and community care services can support a person's transition to the most appropriate care setting.

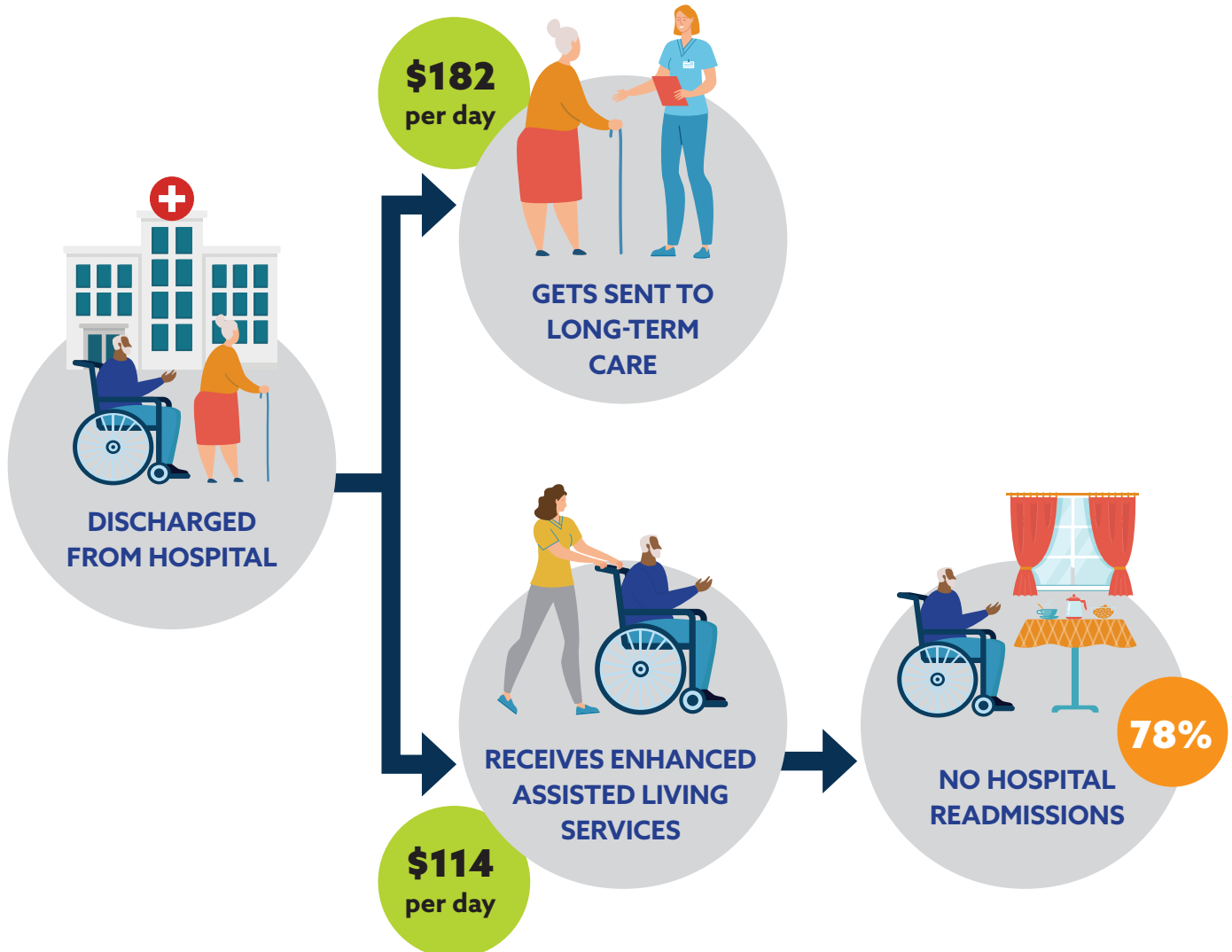
There are several different models for these transitional care programs, including reactivation care centers, supportive housing, congregate care and enhanced home care, that have proven successful at transitioning people from the hospital back into their home or community with additional supports. **These program costs range from \$100 to \$300 per day, much lower than the estimated \$500 per day for a patient designated ALC in a hospital.**⁹



Assisted living services can reduce demand for long-term care and help reduce ALC rates in hospitals while the province builds 15,000 new long-term care beds.

Assisted living services provide frail seniors with 24-hour urgent response services, personal care, medication prompts and compliance, light housekeeping and other services that allow them to live well at home. A similar program exists for those with acquired brain injuries (ABI). There are currently over 24,000 seniors and 4,500 adults with ABI living well across the province in these settings.¹¹ One OCSA member agency has saved the health system \$4 million over two years by delaying long-term care admissions and diverting 225 emergency department visits.¹²

In Ottawa, a pilot project called Enhanced Assisted Living Services has enabled people who were ALC, waiting to be placed into basic long-term care, to return home safely. The enhanced care program costs \$114 per day, which is 37% less costly than long-term care and produces better results. **Being at home proved to be the right care setting for most of these clients; 56% of those enrolled in the program saw their health condition improve and 78% experienced no hospital readmissions following entry into the program.**¹³



An overview of home and community care services

Service Type	Funding Source	Delivered By	Access Pathway
Home Care Services			
Nursing Allied Health Services Personal support Homemaking services	Public funding with many clients supplementing their hours of care with private purchase of additional services volumes	Not-for-profit and for-profit service provider organizations (SPOs)	LHIN Home and Community Care Branch
Independent Living Services			
Attendant outreach Supportive housing Acquired brain injury services Vision impaired care services Deaf, deafened and hard of hearing care services	Public funding and charitable fundraising	Not-for-profit Health Service Providers (HSPs) with Multi-Service Accountability Agreements (M-SAAs)	Program dependent with combination of self-referral, primary care referral and central access
Community Support Services			
Meals and Housekeeping Meals on Wheels Congregate dining Home help Home maintenance Rides and Transportation Assisted living services Day services Adult day services Friendly visiting/ Security checks Seniors gentle exercise programs Alzheimer dementia services Alzheimer day programs Individual counselling Caregiver support Respite (in home/ overnight) Hospice palliative care	Public funding with client co-pay and charitable fundraising	Not-for-profit Health Service Providers (HSPs) with Multi-Service Accountability Agreements (M-SAAs)	Program dependent with combination of self-referral, central access and LHIN Home and Community Care Branch



The province needs to ensure that there is enough capacity including health human resources across the entire system to enable clients to flow through the system properly. Reducing the wage disparity across health sectors for frontline workers would help prevent staffing shortages and ensure that people can receive care in the appropriate setting.

RECOMMENDATION #3

To close the wage gap between frontline home and community care workers and their counterparts in the hospital and long-term care sectors, the government needs to invest an average of \$156 million a year for five years.¹⁸

HEALTH HUMAN RESOURCES ISSUES NEED TO BE RESOLVED TO ACHIEVE A SUCCESSFUL TRANSFORMATION

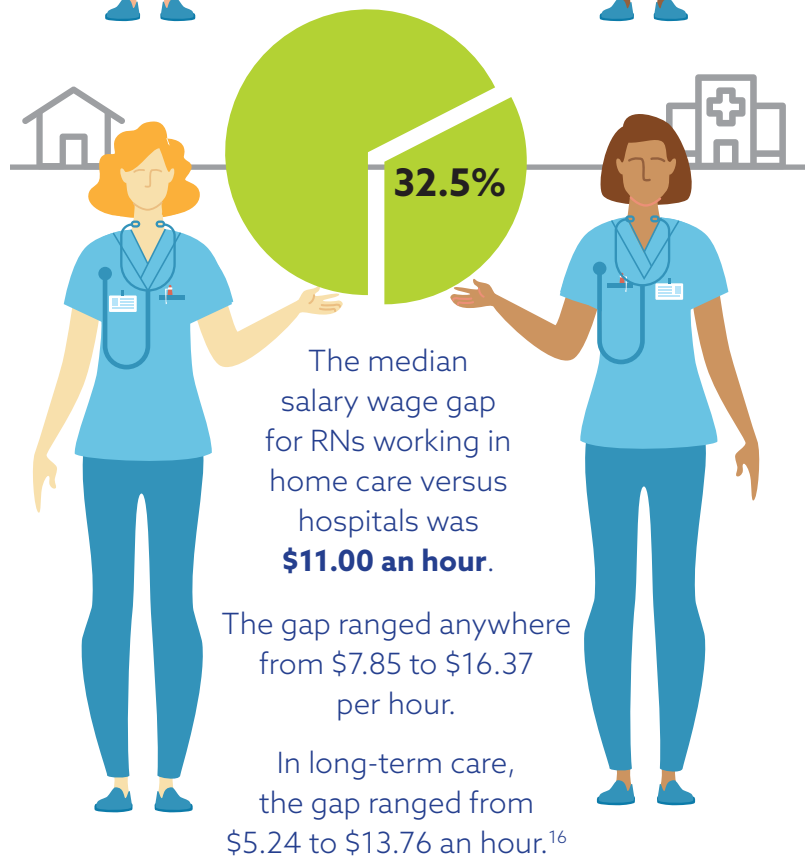
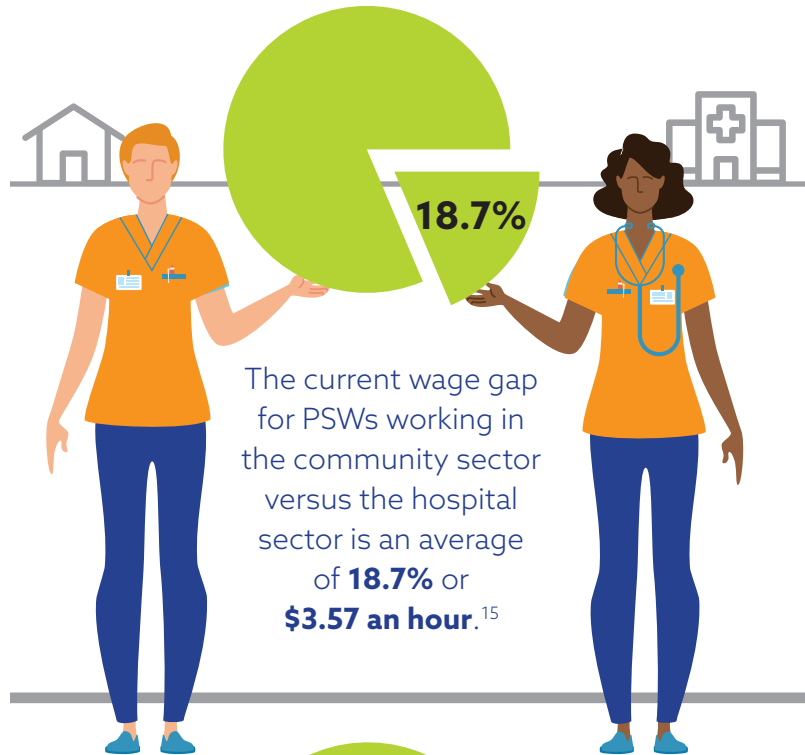
The home and community care sector is a key part of the solution to ending hallway health care. However, the sector will only be able to play its proper role if the recruitment and retention of health human resources challenges are addressed.

The entire health system is impacted by the province-wide shortage of Personal Support Workers (PSWs). Without the proper support in place for clients in their homes and communities, they will be left with nowhere else to turn to for care other than Ontario's overburdened hospitals and long-term care homes. As was highlighted in recent news stories, patients are having their hospital stays needlessly extended due to a lack of qualified human resources available in the community.¹⁴

Currently the sector finds itself at a disadvantage when hiring staff due to significant compensation gaps between various health sectors. These gaps have grown over the years as a result of little to no increases in the rates paid by the government for services. Our sector has been forced to limit its compensation growth more than other sectors. Between 2004 and 2019, the maximum annual wage growth for Registered Nurses (RNs) 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 government wage increase cap brought in by Bill 124 will only further exacerbate this situation.

These challenges are expected to worsen as the growth in demand for home care is projected to be nine times the growth rate of the workforce.¹⁷ The creation of additional long-term care beds will place further strain on the limited supply of PSWs across the province and impact the entire health system's ability to deliver care if not addressed.

Frontline Wage Gap





It is time to shift our approach to funding the health sector, with an eye towards both expanding services and building the capacity of these agencies to meet the ever-growing and changing needs of clients in a more sustainable way.

RECOMMENDATION #4

The province urgently needs to invest \$125 million in the base budgets of home and community care providers and adjust its funding formulas to expand their capacity and address the growing acuity of their clients.

SERVICE PROVIDERS NEED APPROPRIATE FUNDING TO CONTINUE TO ENABLE PEOPLE TO LIVE WELL AT HOME

ERIC'S STORY

Due to his physical disability and multiple health conditions, Eric, who is now in his late 50s, has had many encounters with the health system. Eric has lived most of his childhood in a hospital, but he's managed to live well in the community in a supportive housing setting most of his adult life thanks to services provided by a local independent living agency.

Eric receives support from a specialized rehabilitation centre, which helped set up his computer and voice activated software, as well as assistance with his wheelchair, bed, lift and phone from an occupational therapist with a home care program. Eric also keeps up his strength by participating in a weekly exercise class designed specifically for individuals who are in a wheelchair.

As Eric ages, his needs are becoming increasingly more complex. Being in his late 50s, Eric does not want to have to move into long-term care, but the local agency is starting to struggle to offer enough services to meet his needs in his current environment. They do not want to let Eric down but aren't sure how they will be able to continue to care for him.

When Eric first entered the agency's care, the funding the agency received to take care of him adequately met his needs. The agency has not received a base funding increase in nearly a decade and the amount of funding they receive hasn't changed to reflect his changing needs. This means that his services can't be adapted to properly meet his evolving needs.

After nearly a decade of being asked to do more with less, the agency is reaching a breaking point. The cost of everything including wages, technology and supplies have gone up while funding has stayed the same. Over the years, he has seen many of his caretakers leave the organization for higher paying jobs in the hospital or long-term care sector. As a result, Eric risks falling through the cracks. If the status quo is maintained, Eric will likely be placed into long-term care.

Eric would continue to live well at home with increased supports and better coordination with other health service providers; this could be achieved with investments into building up the capacity of community-based service providers through changes to funding formulas that reflect the increased needs of those being cared for in the community.



Eric, the agency and the health system all want the same thing. For him to live well at home. However, as the system is currently set up, this is an unlikely outcome.

The home and community care sector has undergone a period of rapid growth and we are proud to see the emergence of innovative technologies, creative models of care and improvements in client satisfaction and outcomes. Community service providers require supports and enhanced IT infrastructure in order to participate in the development of Ontario Health Teams as they struggle to build capacity to keep up with rapidly growing demand and the increasing, complex needs of their clients.

Transformation in health care will depend on a strong and sustainable home and community sector. While over the past few years home and community service hours have grown, the necessary operational supports have not kept pace. Funding has seriously fallen behind the rate of inflation. **Almost all providers have only received one cost of living adjustment in the past decade.** This has resulted in agencies having to limit access to services by creating waitlists and increasing client fees.

Over this same period the clients served by the home and community care sector have drastically changed. However, the funding formulas used by the government have not changed to reflect this increased client need.



Care in the community has changed



Between 2003 and 2018 the proportion of home care and community support service clients who are high risk or very high risk of an adverse event **HAS ALMOST DOUBLED.**



ONE IN THREE CLIENTS served by the sector have moderate to very high medical complexity¹⁹

The creation of Ontario Health and Ontario Health Teams is a key opportunity to strengthen the home and community care sector by strengthening the operations of these service providers.



CONCLUSION

The stories of Eric, Joy and Albert are common examples of how our health system desperately needs to be rebalanced. These stories were created by building on the lived experience of millions of Ontarians. The recent restructuring of our health system shows promise as health service providers from across the health system are working together in new and innovative ways. However, this initiative will only succeed if the proper investments are made and the right capacity is built across the home and community care sector.

The stories of Joy and Eric present a choice of two possible paths for their healthcare journeys; the government is also facing a similar choice – invest in expanding services and build capacity in the home and community care sector or continue to have people like Joy, Eric and many others receive health care in hospital hallways or fall through the cracks and move into costly long-term care homes prematurely.

ENDNOTES

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6. Alzheimer Society of Canada <https://alzheimer.ca/en/on/Get-involved/Advocacy/National/Latest-info-stats>
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17. North Simcoe Muskoka LHIN. Personal Support Services Examining the Factors Affecting the Gap between Supply and Demand in North Simcoe Muskoka. October 2017.
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ABOUT OCSA

The Ontario Community Support Association (OCSA) represents over 220 not-for-profit organizations that provide home care and community support services to over one million Ontarians. Our members help seniors and people with disabilities live independently in their own homes and communities for as long as possible. These proactive 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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