

# LEVERAGING ONTARIO'S HOME AND COMMUNITY CARE SECTOR TO END HALLWAY HEALTH CARE

Ontario Community Support Association (OCSA) Policy Brief  
– October 2018

OCSA  
Ontario Community  
Support Association

## Introduction

---

The home and community care sector is an integral part of ending hallway health care. The best way to leverage the sector to achieve this goal is by expanding and more efficiently integrating its role within the health system and addressing its health human resource challenges.

## Summary of Key Facts

---

- A robust, well-resourced home and community care sector enables the appropriate use of hospital and long-term care.
- Home and community care alleviates demand for long-term care.
- Not-for-profit home and community care organizations are effective and lean.
- There is a province wide shortage of Personal Support Workers (PSWs) needed to deliver home and community care services.
- Caregivers are the backbone of the health system.

## Summary of Recommendations

---

- Implement health human resource strategies to attract and retain PSWs and other sector personnel.
- Expand home and community care to permanently help reduce high ALC rates, hospital overcrowding and demand for long-term care.
- Improve connectivity through the use of information management and internet technology to drive efficiencies.

## Key Facts

---

### Home and community care's key role is to ensure that people receive the health care they need in the community and only use hospitals and long-term care as appropriate.

- Home and community care make up about 5% and 2% respectively of the total health care investment, but we're able to punch above our weight because our services go beyond meeting a client's current needs – they also protect against decline and the need for more expensive care in the future.<sup>i</sup>
- Home and community care services encompass health promotion, preventative services and re-enablement services.
- Home and community care organizations are playing a growing role in helping people transition safely home from hospital as soon as possible – good examples are models such as Reactivation Centres and transitional housing. The regional transitional programs of the Toronto-Central LHIN managed to save 13,185 ALC days during the first 6 months of their pilot.<sup>ii</sup>
- The efficiencies that exist in the sector allow it to respond to needs at lower prices than other sectors. The average cost to care for one person in ALC is \$730/day. **In comparison, the average cost per day to support someone with home and community care in Ontario was estimated at \$55/day.**<sup>iii</sup> The average cost to the government in long-term care is \$150/day.<sup>iv</sup>
- Home and community care clients are able to return home from hospitals much faster than before. There has been a shift in Ontario in the acuity levels of people being cared for in the community. Clients with mild to very severe cognitive impairment being cared for in the community have increased from 38.1% to 62.2% over a 5 year period.<sup>v</sup>

### Home and community care alleviates demand for long-term care.

- **23% of people in Ontario LTC homes have low to moderate acuity needs – With the right level of support they could be appropriately cared for at a much lower cost in their homes and communities.**<sup>vi</sup>
- A CIHI study found that “In a health system with 30,000 residential care beds and an average length of stay of 20 months, by reducing each new client's length of stay by just 1 month, the system could serve nearly 1,000 more people within existing capacity.”<sup>vii</sup>
- The home and community care system cares for low, mid and high acuity clients. Patients supported in adult day programs and community independent living environments have average MAPLe scores of 4 and 5.<sup>viii</sup>
- Between 2003 and 2018 the proportion of home and community care clients who are at high or very high risk of an adverse event has almost doubled - from 33% in 2003 compared to 57% in 2018.<sup>ix</sup>

## Home and community care organizations are effective and lean.

- For most of the last decade home and community care organizations have operated with zero base funding increases and minimal provincial investment in infrastructure and information systems.
- Already lean organizations have taken extensive measures to reduce administrative costs in order to maintain front-line services. In 2018 OCSA members reported an average **reduction of 12.7% in administrative costs since 2011**, representing a potential \$30.8 million in funding for frontline services.<sup>x</sup>
- Home and community care organizations have been at the forefront of innovative cross-sector integrations. Over 50 organizations have integrated with partners to improve their service offering to clients over the past 6 years.<sup>xi</sup>
- In 2017, **our sector's volunteers delivered over 3 million hours of service at an estimated value of \$78 million** – an incredible return on investment.<sup>xii</sup>

## There is a province wide shortage of Personal Support Workers (PSWs) needed to deliver home and community care services.

- There have been historical inequities in salary and compensation between home and community care workers and other health sectors. Some initiatives have narrowed the gap, however competition from other sectors has limited the availability of all health human resources, in particular PSWs.
- Lack of full time work, extensive unpaid travel and the lack of consistent pension plans across the sector, are just a few examples that places the home and community care sector at a disadvantage compared to other health sectors.
- There are 34,000 PSWs working in the home and community sector. Only 38% of PSW positions were reported as full-time equivalents (FTE). In contrast, it is 65% for registered practical nurses.<sup>xiii</sup>
- **Home and community care services are being delayed as a result of PSW shortages** and this is having a direct impact on ALC rates.
- PSW home care demand growth is projected to be nine times the workforce growth rate.<sup>xiv</sup>

## Caregivers are the backbone of the health system.

- Home and community care is cost effective - 70% of the care in home care is provided by caregivers.<sup>xv</sup>
- Programs such as Alzheimer Adult Day Programs, and in-home/community based respite play an important role in supporting caregivers.
- In Ontario, there are 3.3 million family caregivers, and 48% are caring for a parent or in-law. Almost 850,000 provide more than 10 hours of care per week.<sup>xvi</sup>
- Caregiver programs play an essential role in supporting home and community care programs and the broader health system.

## Recommendations

---

### **Immediately implement health human resource strategies to attract and retain PSWs and other sector personnel.**

- Current contractual requirements in home care are fee-for-service based. This model limits the availability of full-time and regular part-time work. Funding models that encourage full-time work, such as global program funding, shift-based or clustered care will attract and retain staff.
- Lift restrictions to allow providers with LHIN home care contracts to utilize other professionals to deliver some aspects of care. This includes a broader use of homemakers and other trained health providers such as therapists and paramedics where appropriate as temporary measures.
- Instituting one fair wage for all PSWs across health care settings will narrow the gap between health sectors.
- Identify best ways to recognize credentials from out of province and internationally trained support workers.

### **Expanding home and community care is a cost effective and readily available solution to issues such as high ALC rates, hospital overcrowding and demand for long-term care.**

- Reduce current system constraints that create onerous reporting requirements with no direct link to improved client care. Incentivize the system to work more collaboratively across sector silos.
- Improve the integration of home and community care with the rest of the health system, especially hospitals.
- Expand innovative programs that have direct system wide impacts such as community based transitional care spaces that reduce ALC visits, assisted living for frail seniors that defer LTC placement and avoid ED visits, and accompaniment and navigation services that partner with primary care.
- Increasing all home and community care volumes a minimum of 3.3% from existing levels with an investment of \$125.5 million will enable the sector to markedly increase capacity to meet the true demand for services that could be delivered in the community instead of in hospital and institutions, freeing up much-needed capacity.<sup>xvii</sup>
- Supporting the 615 long-stay ALC patients that were facing a social barrier to discharge in March 2018 with enhanced home and community care would have potentially **saved the health system \$85 million.**<sup>xviii</sup>

## **Improve connectivity through the use of information management and internet technology to drive efficiencies.**

- Integrate current systems such as CHRIS and HPG as well as look for direct platforms to integrate hospital and community systems. Standardized EMR allow for data integration between hospital/primary care/home and community care. Work is underway by a number of vendors to utilize legacy systems that work across the sector for data integration.
- Expand the use of more patient-based funding envelopes tied to outcomes, which allow for bundled services.
- A relatively modest investment in core infrastructure for home and community care could right-size capacity in the health system, enabling the community sector to take on more clients and alleviate pressures on hospitals and LTC.

## **About OCSA and Home and Community Care**

---

The Ontario Community Support Association (OCSA) represents nearly 250 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.

These services range from supports for children with complex needs, to assisted living for people with physical disabilities and frail seniors, to meals and transportation services for seniors. They are the key to a sustainable health care system for Ontario.

- Home Care Services, including nursing, personal support services and Occupational Therapy, provide personalized, convenient care while transitioning out of hospital and over the longer-term.
- Nutrition Programs like congregate dining and Meals on Wheels provide more than a meal – they offer vital social contact and safety checks.
- Transportation Services enable seniors and people with disabilities to attend their medical appointments.
- Respite and Adult Day Programs give exhausted family caregivers much-needed rest and support.

Community support services mobilize volunteers to deliver many of these services – an incredible return on investment from citizens helping each other. CSS sector volunteers delivered over 3 million hours of service at an estimated value of \$78 million.<sup>xix</sup>

# Impact of Home Care & Community Support Services 2017-2018



INDIVIDUALS  
SERVED BY HOME CARE:  
**730,000**  


PERSONAL SUPPORT  
AND HOMEMAKING  
HOURS DELIVERED:  
**36.5 MILLION**  


MEALS DELIVERED BY  
**MEALS ON WHEELS:**  
 **3,145,449**

INDIVIDUALS  
SERVED BY CSS:  
**1,060,025**  


INDIVIDUALS  
SERVED BY HOSPICE:  
**23,982** 

CSS EMPLOYEES:  
**21,375**

NURSING VISITS:  
 **9.6 MILLION**

CLIENTS SERVED  
IN DAY PROGRAMS:  
 **49,708**

HOURS OF  
**VOLUNTEER**  
SERVICE DONATED:  
**3,114,929**  


RIDES PROVIDED BY  
TRANSPORTATION SERVICES:  
**1,910,425** 

INDIVIDUALS PROVIDED  
WITH ASSISTED LIVING SERVICES:  
**25,647** 

ESTIMATED VALUE OF  
VOLUNTEER SERVICES:  
**\$78 MILLION**

Sources: CSS OHSR Comparative Report YE 2017-2018  
/ KPMG Bill 148 Analysis 2017

## References

---

- <sup>i</sup> Better at Home: 3 Ways to Improve Home and Community Care, OCSA 2018.
- <sup>ii</sup> Data provided by Reintegration Care Models Steering Committee for OCSA Annual Conference Abstract.
- <sup>iii</sup> Ontario's Seniors Strategy, 2012.
- <sup>iv</sup> OLTCFA Facts and Figures.
- <sup>v</sup> InterRAI, Ontario Home and Community Care Client Population Profile, Prepared for OCSA, September 2018
- <sup>vi</sup> Seniors in Transition Exploring Pathways Across the Care Continuum.
- <sup>vii</sup> Ibid.
- <sup>viii</sup> MAPLe is a decision support tool that can be used to prioritize clients needing community or facility-based services and to help plan allocation of resources
- <sup>ix</sup> InterRAI Ontario Home and Community Care Client Population Profile
- <sup>x</sup> OSCA Budget 2018 Member Survey.
- <sup>xi</sup> CSS OHRS Comparative Reports 2017/2018 YE and 2011/2012.
- <sup>xii</sup> CSS OHRS Comparative Reports 2017/2018 YE.
- <sup>xiii</sup> OCSA Wage and Benefit Survey Final Report. Lough Barnes Consulting Group. 2017.
- <sup>xiv</sup> North Simcoe Muskoka LHIN. Personal Support Services Examining the Factors Affecting the Gap. between Supply and Demand in North Simcoe Muskoka. October 2017.
- <sup>xv</sup> Bringing Care Home. Report of the Expert Group on Home & Community Care. March 2015.
- <sup>xvi</sup> The Change Foundation. 2014. General Social Survey.
- <sup>xvii</sup> Better at Home: Pre-Budget Recommendations 2018, OCSA, 2018.
- <sup>xviii</sup> OCSA Calculations utilizing OHA data.
- <sup>xix</sup> CSS OHRS Comparative Reports 2017/2018 YE.