

How Do We Achieve the Delivery of Integrated Home Care in Ontario?

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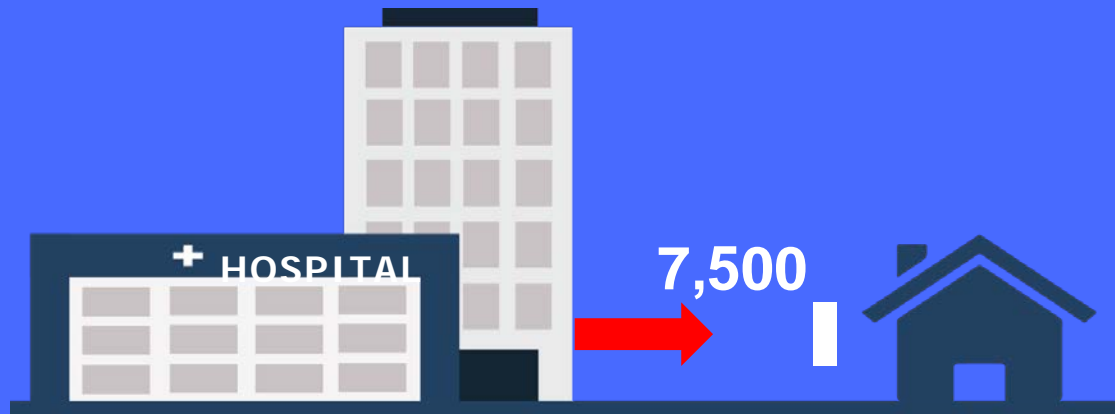
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CHCA Toronto Home Care Summit

31 October, 2017

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CANADIANS STUCK EACH DAY IN HOSPITAL | +



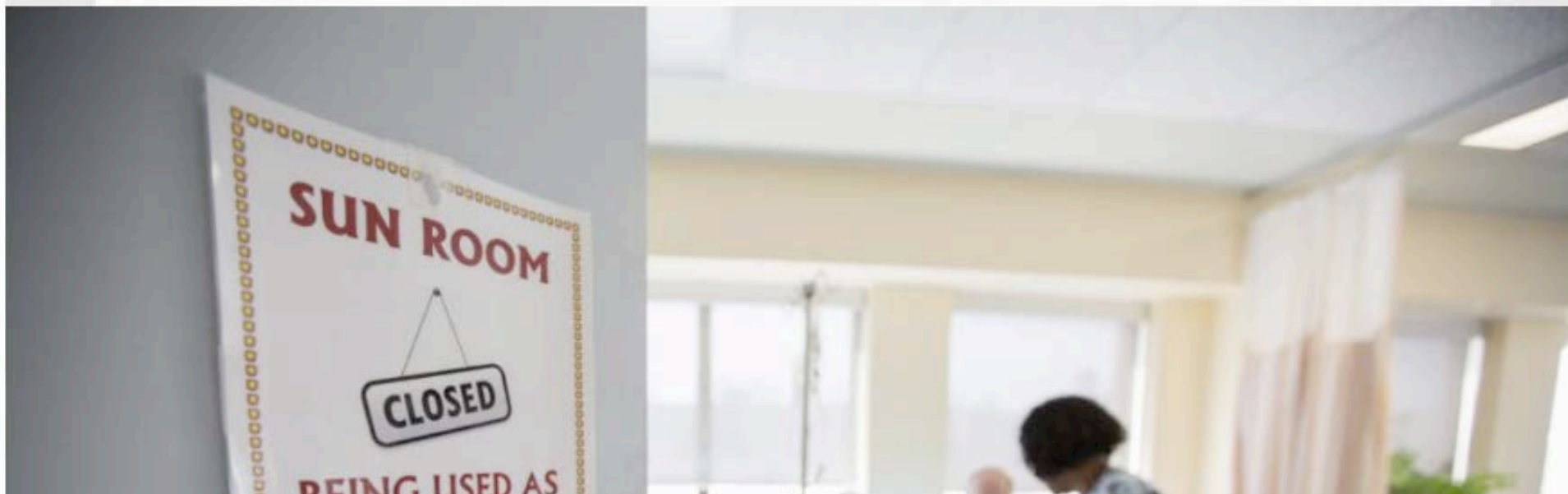
ANNUAL COST OF WAITING TO GO ELSEWHERE | 🏠





Hospitals getting more beds, more funding

Health Minister Eric Hoskins has announced \$140 million in funding to take pressure off of overwhelmed hospitals.





Is Ontario on the Right Path?

“We know from the feedback that we have received from literally thousands of individuals and families that the care that they are currently receiving is **patchy, uneven and fragmented.**”

(Minister Hoskins, 2015)

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A golden chance to fix home-care mess: Hepburn

Urgent action needed to help Ontario patients trapped in a confusing, underfunded system.



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FRANK GUNN / THE CANADIAN PRESS FILE PHOTO

Premier Kathleen Wynne and Health Minister Eric Hoskins have been handed a golden opportunity to fix the home-and community-care sector in Ontario. Two recent reports have pointed out that urgent action is needed to remedy the chaos in the system.

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The Top 5 System Barriers to Integrating Care for Older Adults

Issue 1: *We Do Little to Empower Patients and Caregivers with the Information They Need to Navigate the System.*

Issue 2: *We Don't Require Any Current or Future Health or Social Care Professional to Learn About Care of the Elderly.*

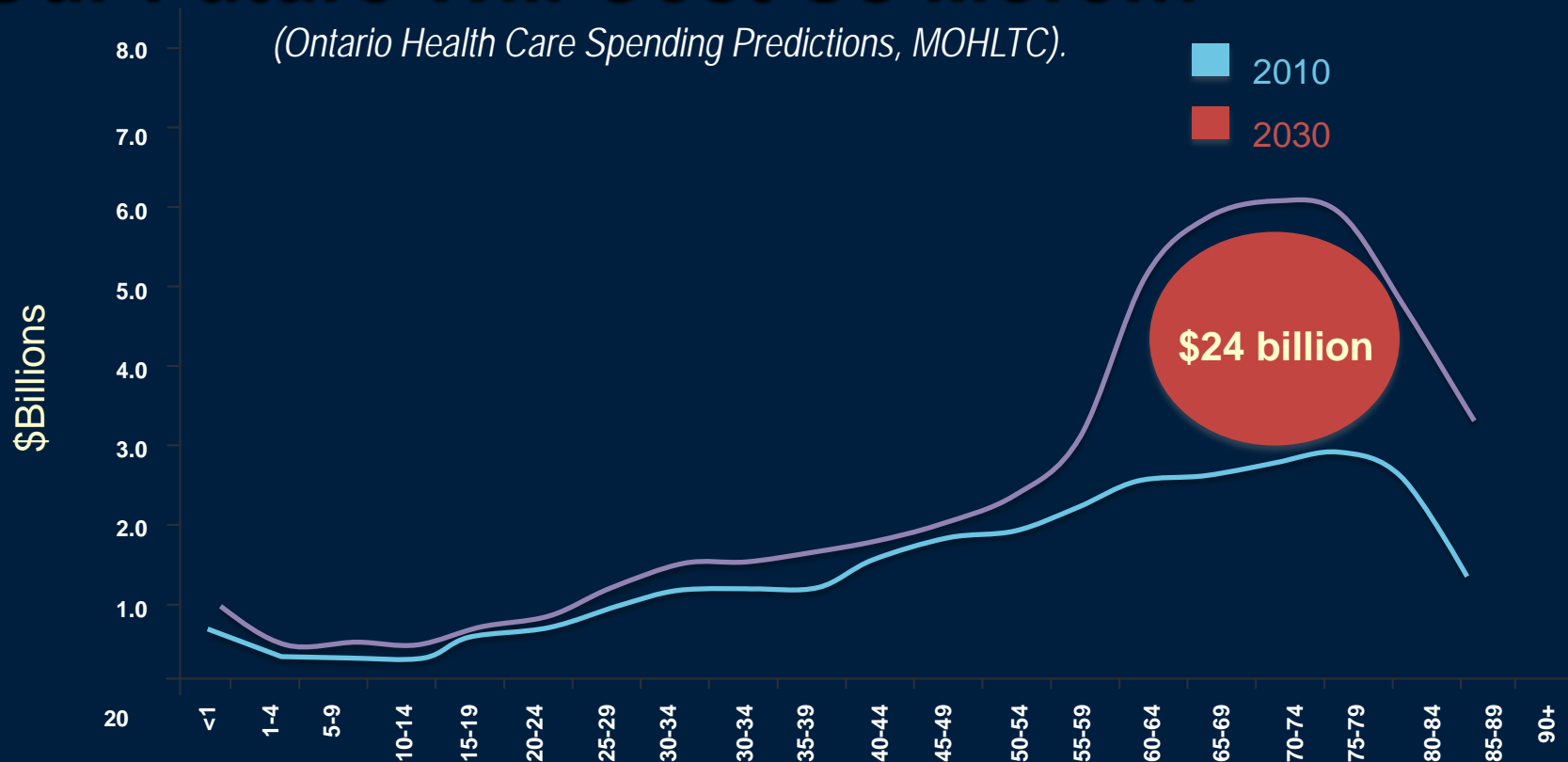
Issue 3: *We Don't Talk to Each Other Well Within and Between Sectors and Professions.*

Issue 4: *We Work in Silos and Not as a System.*

Issue 5: *We Plan for Today and Not for Tomorrow with Regards to Understanding the Mix of Services we Should Invest In to Support Sustainability.*

Our Future Will Cost Us More...

(Ontario Health Care Spending Predictions, MOHLTC).



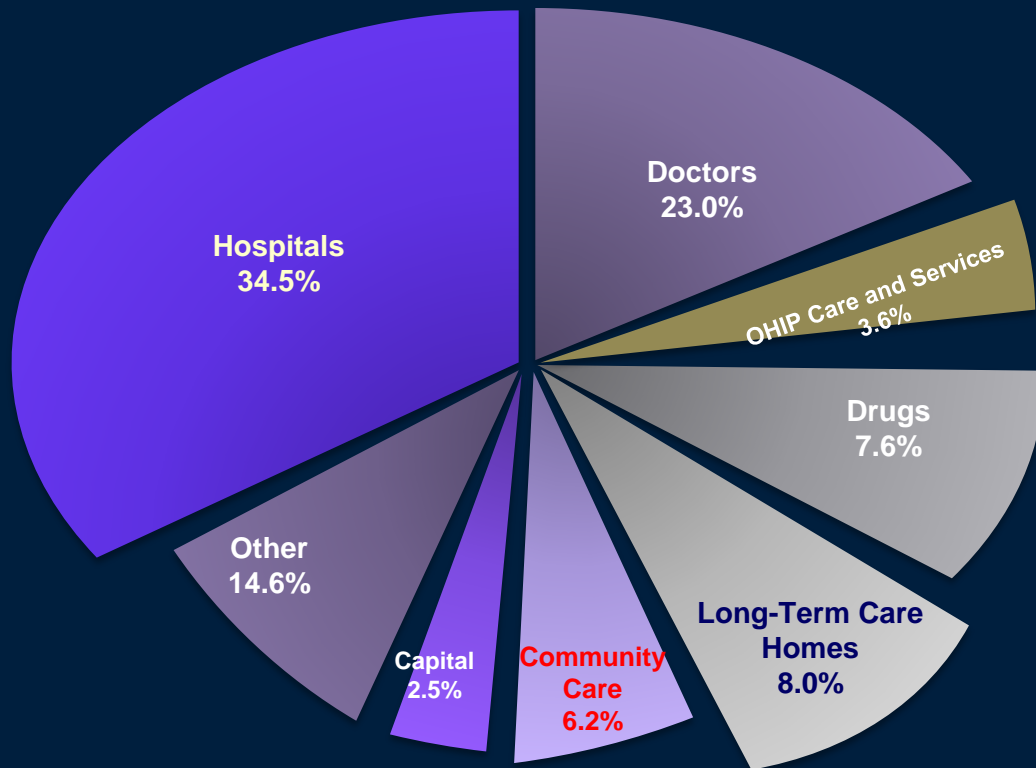


Our Dilemma

The way in which our cities, communities, and our health care systems are currently designed, resourced, organised and delivered, often disadvantages individuals with chronic health and functional issues.

As Ontarians and Canadians, our Care Needs, Preferences and Values are evolving as a society, with increasing numbers of us wanting to age in place.

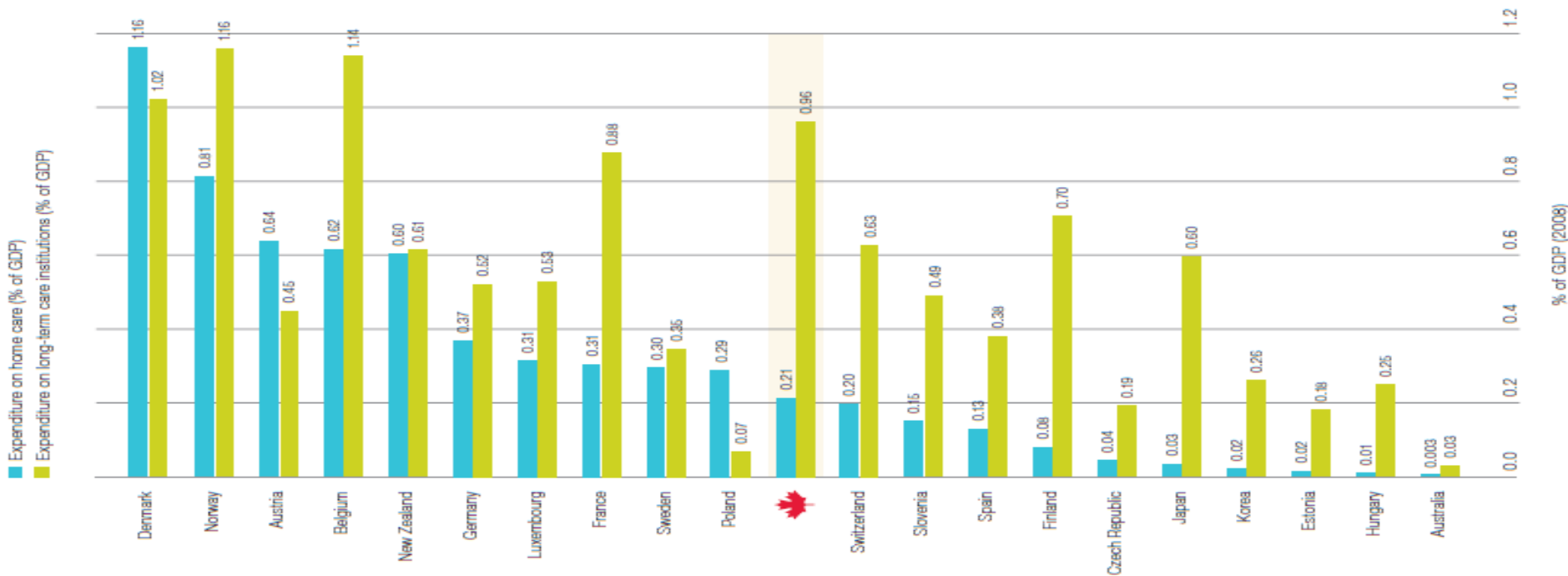
Our Future Requires Choices...



(Ontario Health Care Spending, MOHLTC).

Spending on Home and Long-Term Care

Across OECD Nations



Source: Organisation for Economic Co-operation and Development (OECD)
Health Data 2011 (data collected in 2008). http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT

We Have Choices and Options...

- One Day in Hospital Costs ~ \$1000
- One Day in Long-Term Care Costs ~ \$160
- One Day of Supportive Housing or Home and Community Care Costs ~ \$55
- Denmark avoided building any new LTC beds over two decades, and actually saw the closure of thousands of hospital beds, by strategically investing more in its home and community care services.
- The Ontario government while freezing its hospital and physician budgets has committed to at least an annual 5% increase in the Home and Community Care Budget from 2012 through to 2018.

Improving Home
Care is *just* about
More Money right?

Improving Home Care Requires...

- Greater Integration with Primary Care
- An Appreciation for Our Growing Diversity
- Recognition of and Support for Caregivers
- Flexibility in How Care Can be Delivered
- Clear Delineations on Who, What and How Much Things are Covered and When...
- Capacity Planning for Today and Tomorrow

Greater Integration with Primary Care

100,000 Canadians are Home-Bound

- *Accessing Traditional Office-Based Primary Care is a Challenge and Needs a Different Approach*
- *The Majority of Older Canadians will still be well-served by office-based care but even that needs to be integrated with home care services provision.*

The Evidence Suggests...

- *Primary Care for Frail Elders Needs to be Interprofessional and Team Based whether in the Home or Office Setting*
- *HBPC is a model that improves patient and system outcomes.*

An Appreciation for Our Growing Diversity

The Diversity of Care Recipients and Caregivers is Increasing...

- *Our Diversity is Expanding Well Beyond What We See...*
- *Our Assumptions Around How “Others” Care for Each other is often Incorrect (Williams 2015).*
- *16% of Unpaid Caregivers are non-relatives of Care Recipients (Sinha 2012).*

The Evidence Suggests...

- *Culturally Sensitive Care is More Effective Care.*
- *Future Home Care Supports Need to Reflect Diverse Needs.*

Recognition and Support for Caregivers

98% of Home Care Recipients have an Involved Unpaid Caregiver who provide 70% of their Overall Care...

- *Most Caregivers Report Not-Being Formally Included in Home Care Planning for those they Care for.*
- *Only 14% and 5% of Spousal and Children Caregivers report receiving any financial assistance (Turcotte, 2013).*
- *Financial Supports for Caregivers can reduce Nursing Home Admissions by 56%! (Keefe 2015).*

Recognition and Support for Caregivers

The Evidence Suggests...

- *Units of Home Care Provision Must Reflect Caregiver Needs*
- *Appropriate Financial Supports are Impactful in Many Ways*

Flexibility in How Care Can Be Delivered

Home Care Recipients and Caregivers are Demanding a Greater Level of Flexibility and Choice in How Care Can Be Delivered...

- *The Demand for Flexibility and Choice can be seen as a desire to be included and have greater control of how one's care is received.*
- *Not Everyone Wants nor Has the Capacity to Direct their own Care.*

Public health concerns mount as 'personal health budgets' imposed on 10,000 chronically ill patients

CAROLINE MOLLOY 13 March 2015

Patients across the country are to have their health funding rolled into their social care funding and be expected to manage both themselves. Is this empowerment, or something more sinister, health experts wonder?

About the author

Caroline Molloy is Editor of OurNHS and a freelance writer. In 2011/12 she was part of a successful campaign which reversed one of the largest planned NHS privatisations in the country, involving 9 Gloucestershire hospitals. Since then she has been

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Flexibility in How Care Can Be Delivered

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The Evidence Suggests...

- *Self-Directed Care Works Well for Some, But Not All...*
- *Increased Flexibility and Choice Can Be Achieved in Many Ways Beyond Personal Budgets.*

Clear Delineations of the Social Contract

We have NO Guaranteed Minimums but we do have Guaranteed Ceilings and even that isn't clear....

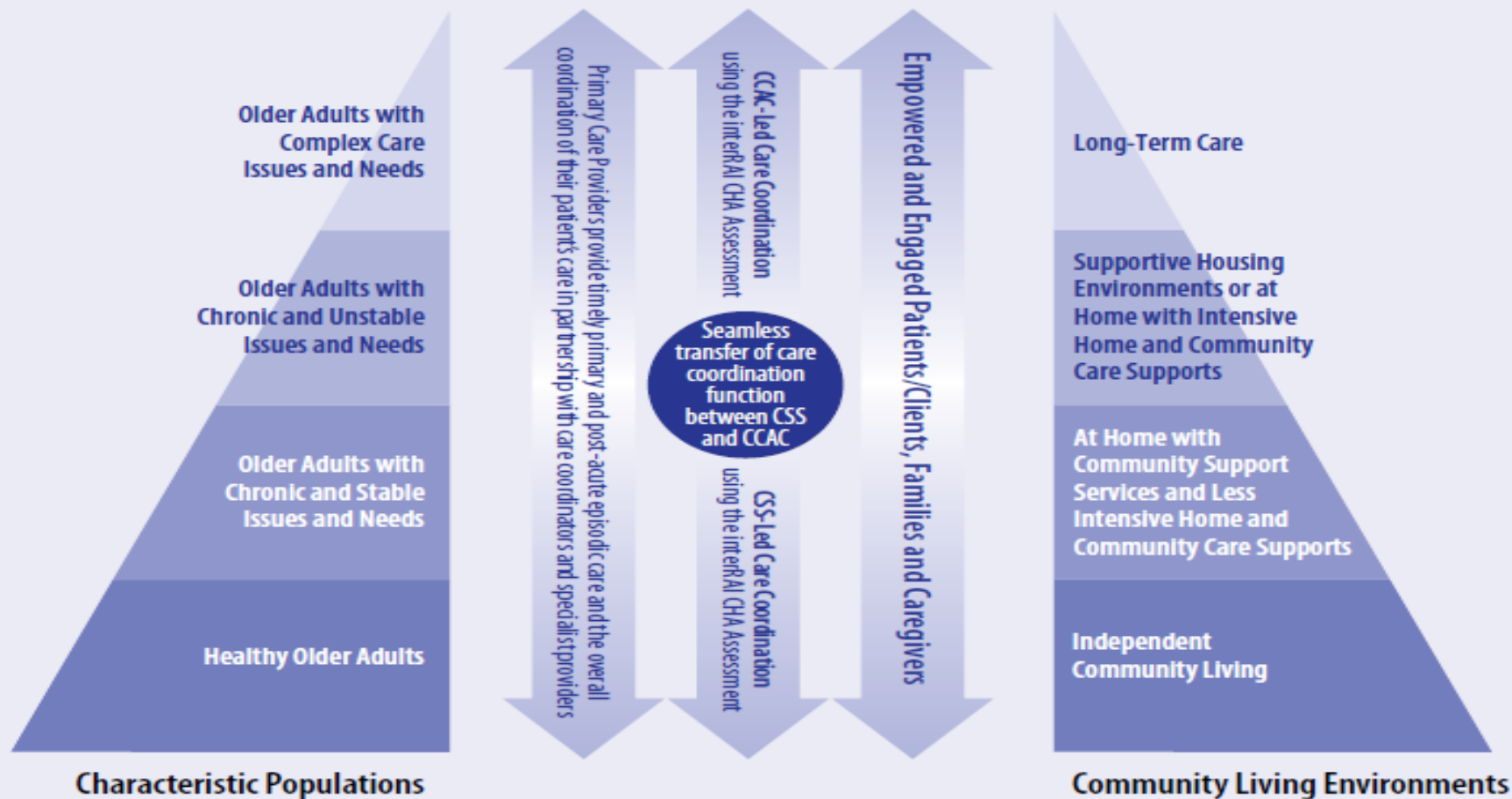
- *38% of Ontario Caregivers are not familiar with the publically funded available home care services.*
- *A Lack of Transparency makes it hard for care recipients, caregivers and home care providers to plan for future needs.*
- *The Ontario Government has responded to the 2015 Bringing Care Home Report by its Expert Panel on Home and Community Care with a 10 Point Roadmap including a recently Published Charter and Levels of Care Framework.*

Clear Delineations of the Social Contract

The Evidence Suggests...

- *Making Entitlements and Eligibility Transparent Reduces Confusion and Establishes Expectations.*
- *A Clear Single Point of Access (ie 211) Reduces Stress and Improves Access to Information and Services.*

Figure 4.1 A Conceptual Framework Supporting a Collaborative and Integrated Community-Based Care Coordination Model



Capacity Planning for Today + Tomorrow

We Cannot Plan Health Care based on 4 year Political Cycles and What the *Star*, *Globe* or *Spectator* Focus On...

- *We do know with Certainty that the 65+ and those Living with Dementia will double, and the 85+ will quadruple.*
- *Capacity Planning needs to reflect our evolving needs, preferences and capacities for delivering care.*

The Evidence Suggests...

- *Its not about More or Less, but When, Where and How.*
- *Educating Current + Future Care Providers Needs to be considered essential to Capacity Planning.*

The 3 Ingredients to Making Change

- Evidence to Support the Change
- Experience in Appreciating if and how the Change Can Happen
- Political Will





Its Time to Go National

A National Seniors Strategy for Canadians

You are here: Home / THE FOUR PILLARS

THE FOUR PILLARS

A NATIONAL SENIORS STRATEGY SHOULD:

 <p>Independent, Productive & Engaged Citizens</p> <p>Should enable older Canadians to remain independent, productive and engaged members of our communities</p> <p>Access</p>	 <p>Healthy & Active Lives</p> <p>Should support Canadians to lead healthy and active lives for as long as possible</p> <p>Quality</p>	 <p>Care Closer to Home</p> <p>Should provide person-centered, high quality, integrated care as close to home as possible by providers who have the knowledge and skills to care for them</p> <p>Value</p>	 <p>Support for Caregivers</p> <p>Should acknowledge and support the family and friends of older Canadians who provide unpaid care for their loved ones</p> <p>Choice</p>	<p>Equity</p>
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Older Canadians are now the fastest growing segment of our population with their numbers expected to double over the next two decades so that by then, one in four Canadians will be older than 65 years of age. This unprecedented demographic shift will present both challenges and opportunities.



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Great to See @RobertGhiz and Canada's Premiers calling for a NATIONAL SENIORS STRATEGY! [globalnews.ca/video/1803715/...](https://globalnews.ca/video/1803715/)
@Kathleen_Wynne @CMA_Docs

Expand



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14h

80% of Older Canadians VOTE, and 87% want a NATIONAL SENIORS STRATEGY! ow.ly/i/5ad2q
@CMA_Docs @CanadaNurses @CarpAdvocacy



87% of respondents in key ridings **agree** that federal political parties should make the issue of seniors care a **top priority** in the next federal election.

Tweet to @DrSamirSinha



This is Our Time To Lead

Thank You

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