

# INTEGRATED HOME AND COMMUNITY-BASED CARE

## A Vision of Health, Independence & Dignity

The Canadian Home Care Association's (CHCA) vision of health care is an integrated system that provides accessible, responsive services to enable people to safely stay in their homes with dignity, independence and quality of life. Within this integrated system, home and community-based care provide health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration, and support for the family caregiver. An integrated health system provides seamless patient- and family-centred care and supports for older adults living with frailty, individuals with complex, chronic disabling conditions, and individuals who require palliative care. Integrated home and community-based care enables the following:

- Patients access the care and support services they need, when they need them and where they choose to have them provided.
- Patient and health care team members work together, communicate and share health information.
- Caregivers are recognized as partners in care, are involved in care provision when they choose and know where and how to access resources and support.
- Individuals' health care wishes are shared, understood, respected and acted upon.

### **DRIVING FACTORS FOR INTEGRATED CARE INCLUDE:**

- An aging population with increased frailty
- Increasing chronic disease
- Greater expectations for health and well-being and increasing demand to age at home
- Rising costs and greater strains on public health expenditures
- Reduction in family caregivers and support networks
- Declining community support and "volunteerism"
- Increasing use of technology to support integrated care and communication
- Lack of health human resources, including challenges in recruitment and retention

The benefits of integrated care are increased quality of life and satisfaction with care, enhanced service coordination, improved health outcomes, reduced duplication and a more efficient health system.

### **WHAT MATTERS TO CANADIANS?**

**My health care team works together to help me get the care and support I need where I choose to live.**



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## MAKING INTEGRATION HAPPEN

Effective integrated home and community care models require:

- Changing e health system planning and funding from an episodic and acute care focus to long-term community-based care.
- Identification of vulnerable populations that will benefit from integrated care.
- Patient and family engagement in the co-creation of integrated models and shared decision making about care planning and delivery.
- Alignment of financial incentives to support collaboration and ensure resources (financial and human) are available in the home and community.
- Multidisciplinary teams of health care providers (e.g., generalists and specialists, regulated and unregulated).
- Care pathways and clinical guidelines that promote best practice and facilitate clinical decision making among providers.
- Engaged leadership that understands resource needs and the ongoing process of integrated care.
- A collaborative culture that emphasizes and rewards teamwork and measures coordinated patient-centred care.
- Shared performance accountability of providers and patients supported by data collection, analysis and reporting.
- User-friendly information technology that supports information sharing between health care providers, patients and their caregivers, and system planners.

## MEASURING SUCCESS

The benefits of integrated home and community-based care will be realized when:

- All provincial and territorial government actively support the adoption and implementation of integrated home and community-based models of care that demonstrate improvements in patient care, population health and value-for-money.
- Individuals with complex, chronic, disabling conditions (including end-of-life care) have their care needs met through integrated home and community-based approaches as measured by increased patient satisfaction and positive provider experience.
- Hospitals experience a reduction in unnecessary emergency room visits, admissions for complex older adults living with frailty and the length of stay for alternate level of care (ALC) patients.

### ABOUT THE CANADIAN HOME CARE ASSOCIATION

#### **Working together to strengthen integrated home and community-based care**

The Canadian Home Care Association (CHCA) is a national non-profit membership association dedicated to advancing excellence in home and community care. Through our diverse membership base, the CHCA represents public and private organizations who fund, manage and provide services and products in the home and community sector. Our vision is an integrated health and social care system that provides seamless patient- and family-centred care that is accessible, accountable, evidence-informed and sustainable.

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August 2019