

Standing Senate Committee on Social Affairs, Science and Technology

May 30, 2017

Speaking Notes: Dale Clement, CHCA Board Member, Ontario

Good afternoon, as a member of the board of directors of the Canadian Home Care Association, it is my privilege to share our work and thoughts on Bill-C44, specific to the area of home care funding.

Publicly funded home care provides health and supportive services in individual's homes, retirement communities, group homes, and other community settings. These services are offered to individuals with acute, chronic, palliative, or rehabilitative health care needs. The types of services provided through publicly funded home care programs include assessments, education, therapeutic interventions (nursing and rehabilitation), personal assistance with daily living activities, help with instrumental activities of daily living, and carer respite and support.

Canadians believe that home, not a hospital or long-term care facility, is the best place to recover from an illness or injury, manage long-term conditions, and live out ones' final days. For many Canadians, this is not possible because the demand for home care services is outpacing resources and funding, resulting in limited or no access to necessary care and supports. Home care is a priority for all Canadians—for patients and their carers, for health care providers, and for governments. The federal government has identified home care as a key health care priority - as reflected in Minister Philpott's mandate letter – *“to support the delivery of more and better home care services. This includes more access to high quality in-home caregivers, financial supports for family care, and, when necessary, palliative care”*. Provinces and territories have publicly stated the importance of home care to the sustainability of our health care system and to meeting the needs of our aging population.

What does better home care look like?

As an individual with a complex, chronic, disabling condition affecting my health, mobility and cognitive abilities, better home care means:

- I can stay healthy and independent in my own home;
- I can return safely after a hospital visit;
- and when the time comes, I can choose to die in the familiar surroundings of my home, surrounded by my loved ones.

What do we need to make home care better?

In 2016, the Canadian Home Care Association, in partnership with the Canadian Nurses Association and the College of Family Physicians of Canada held a series of consultations with frontline stakeholders across the country. We wanted to understand what is working well and what's not at the frontline and listen to patients and carers about how we to improve home care services. We hosted 4 invitational consultations (Halifax, Ottawa, Whitehorse, and Calgary) with more than 160 participants representing all levels of government, health administration organizations, home care providers, home care recipients, doctors, nurses, and other allied health care providers. Recognizing that we could not hold consultations everywhere, we hosted an online survey through our dedicated Better Home Care website to gather ideas and stories. This added a breadth of perspectives and we received over 180 respondents, many from home care recipients and their carers.

The Better Home Care: A National Action Plan was the result of this work. It outlines 16 actions, includes measurable indicators, and identified current work that is happening across the country. The most interesting result of developing the plan was the consistency we heard from jurisdictions on their common challenges and opportunities that would be advanced through targeted federal investments.

- The need for increased access to high quality home care services
- Great integration and collaboration with primary health care to better service individuals in the community
- Accelerated implementation of technology to increase efficiency and make accessing information easier for patients and providers
- National principle-based home care standards to provide clarity for patients and families, set norms for high quality care and establish provider competency and skills.

So we know what better home care is, and how we can make it happen? Our challenge now is to take the words from Nike to “Just Do It”.

As of March 10 of this year, the federal government has agreed to new targeted federal funding over 10 years for investment in home care. The 2017 federal budget reinforced these agreements through an announcement of \$6 billion over 10 years for home care. And statement that these targeted investments “have the potential to make a real difference in the lives of all Canadians. And through this this funding, Canadians can expect improved access to home, community and palliative care services. “

This is all great news for seniors with a frailty, individuals with chronic disabling conditions and individuals at end of life who want to receive care and support in the comfort and familiarity of their own homes. It was welcomed by home care providers doctors, nurses and caregivers who are struggling with increased demand

So why is Bill C-44 not a catalyst for achieving better home care?

Through our examination of Bill C-44, we have identified three areas of concern that I would like to bring forward:

1. Extremely small funding allocation in 2017-18

The current formula of $\$200 \text{ million} \times \text{the population of the province (on July 1, 2016)} / \text{the total of the population of all provinces (on July 1, 2016)}$ = an average of only 3% of the total committed home care funds. This equates to less than \$1 million for PEI, \$77 million for Ontario (whose provincial home care budget is more than \$3.1 billion).

The fundamental challenge with the limited funds in 2017-18 is that home care demand is currently outpacing resources. The federal investment will have very limited impact on frontline client services. It is not large enough to effect significant change. Given the current formula and limited funds, it will be extremely difficult for the federal government to ask the provinces to commit to outcome indicators and home care measures when the resources are uncertain. Instead, this first infusion of money could act as a stimulus for focused planning, and identified on new ways to provide home care services that could be piloted and tested by the provinces.

It was our understanding that that the federal investment was to be “back-end” loaded with significant funds released in the later term of the 10-year investment timeframe, however we did not anticipate that only 3% of the investment would happen in year one. Rather an investment of 10 – 15% would certainly be more effective in gaining ongoing commitment from the provinces and improving access to home, community and palliative care services

2. Home Care Client Base is Seniors

2 Standing Senate Committee on Social Affairs, Science and Technology, May 30, 2017 (Speaking Notes: Dale Clement)

The funding formula does not take into consideration the aging population. It is clearly documented that the majority (over 70%) of home care recipients are 65 year and older.

In fact, the increased demand and growth areas for home care are focused on meeting the increasing needs for seniors with a frailty and their complex health care conditions. The formula in Bill – C44 is based on general population numbers. The result is New Brunswick a province with a significantly older population is receiving \$28 / senior while Alberta with a younger population is receiving \$47 / senior. A more realistic and equitable formula would include an accelerate that reflects the aging population or a separate funding stream to ensure seniors across the country have equitable access to necessary home care services.

3. Fundamental nature of home care must include rural and remote considerations

Home care, by nature requires financial considerations of traveling to rural and remote destinations. The current funding formula does not recognize or differentiate the challenges of providing in these areas.

For example, the land mass of Saskatchewan (591,000 sq. km) is almost double that of Newfoundland (373,000 sq km) and the % of the population that lives in an urban center is 67% and 58% respectively. This means that Saskatchewan home care providers travel greater distances and assume greater costs to service the same clients. The challenges are even greater in the territories, as seen in NWT where the land mass is 1.18 million sq km and 58% of the population live in urban areas. The reality is that home care is not centralized and sustainable funding models must include an awareness of and inclusion of travel considerations.

In conclusion, I would like to re-iterate that Canadians believe that home, not a hospital or long-term care facility, is the best place to recover from an illness or injury, manage long-term conditions, and live out ones' final days. To make this statement a reality for all Canadians no matter where they live, we must consider the following:

- **Ensure sustainable and predictable funding** - How was the formula in Bill C-44 derived? If only 3% is allocated in 2017-18 (the first year of a 10 year commitment), what dollars can be anticipated in subsequent years.
- **Address the most pressing need** – the demand for home care is due to our aging population and increased life-expectancy for adults with a frailty. Why is the 65 & over population per province not a factor? Atlantic provinces will receive less home care dollars for seniors than younger provinces.
- **Manage expectations** - How does this initial minimal funding for P/T's solve critical home care problems like supporting patients to be discharged from hospitals (ALC) or implementing much needed technology to increase efficiency and streamline processes. At this investment rate how can Home Care be made more accessible, integrated and accountable?

Recognize the uniqueness of home care – geographic – traveling to rural and remote locations is a fact of life in home care. Jurisdictions should not be penalized and individuals deserve equitable access to home care.

Thank you for allowing me to share the opportunities in home care and the concerns we have moving forward. look forward to our discussion.