



MORE HOME CARE FOR ME AND YOU

*Preparing Ontario's Home Care System
for the Challenges of Tomorrow*

**For
HomeCare
&You**

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FOREWORD

Ontario's home care system is at a tipping point. Families want and need more care, but patient complexity, an aging population, and government underfunding has meant they are actually getting less, and professional home caregivers are being asked to do more with fewer resources. The health care system envisioned over sixty years ago, centered around hospitals, is under constant strain and never anticipated the challenges it is currently facing, or the rapidly aging population on the horizon.

Simply put, we cannot stay on the current health care delivery path. We must embrace new ideas and innovative solutions because Ontario needs a new approach that puts home care at the centre of a long-term sustainable solution. Now is the time to act. Through concerted government action, fostering partnerships with health leaders, and the right policies, we can keep seniors in their homes and communities longer, and deliver care more efficiently to free up existing resources for hospitals and long-term care homes – making the entire health care system stronger.

In this paper, *Home Care for Me and You: Preparing Ontario's Home Care System for the Challenges of Tomorrow* we outline a series of recommendations to transform Ontario's home care system to ensure it is sustainable, provides more care for those who want and need it, supports our skilled professional home caregivers, and truly puts patients first.

Sue VanderBent
CEO Home Care Ontario

“There are numerous opportunities to enhance and expand capacity in the home and community sector and we are supportive of the White Paper developed by Home Care Ontario that brings needed attention to the issues faced by patients who rely on our care. It is clear that continued recognition and funding for this critical sector needs to continue in order to support the growing numbers of Ontarians who want to live at home, receive medical and social care at home and if possible, end their days at home.”

- Deborah Simon, CEO, Ontario Community Support Association

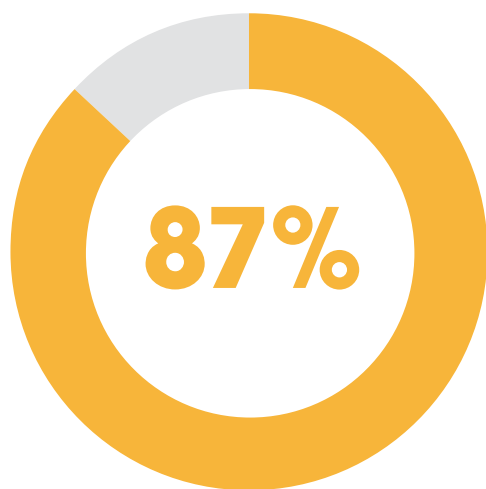
SUMMARY OF RECOMMENDATIONS

- 01** *Increase the annual funding for home care to 6% of the total health care budget in 2018 – an estimated increase of \$600M to the sector.*
- 02** *End 15-minute visits, rationing of care and wait listing for home care services by ensuring a proportional funding increase to meet the growing demand for home care services.*
- 03** *Develop a provincial standard of care that is based on patient needs and is equally available to Ontarians wherever they reside in the province independent of the administering LHIN.*
- 04** *Implement a marketing campaign profiling the work and contribution of the home and community sector, and promote the advantages of receiving care at home.*
- 05** *Launch a public awareness campaign about the value of hiring trained and qualified caregivers from reputable providers to deliver quality care to patients and help impede the underground economy in home care.*
- 06** *Implement a tax credit or caregiver allowance for those Ontarians who can and do wish to purchase care from reputable, legitimate Ontario home care providers that adhere to safe, and responsible health human resource, occupational safety and accreditation standards.*
- 07** *Create a comprehensive Health Human Resource strategy for home care that will address the unique training and educational needs of current and future professional home caregivers.*
- 08** *Empower frontline home care providers through more autonomy and flexibility of staff scheduling.*
- 09** *Close the compensation gap between home and community care and the rest of Ontario's health care sectors and explore alternative compensation models.*
- 10** *Provide for greater professional home caregiver autonomy and flexibility so the care needs of patients in the moment of distress can be addressed.*
- 11** *Strengthen the mechanisms for information exchange between all Health Service Providers, including frontline home care caregivers, and enable their HIC status to achieve continuity in approach and seamless, safe care for patients and families.*
- 12** *Ensure data standards and definitions are consistent across the health care system so that outcomes of care can be reliably assessed.*
- 13** *Embrace system-wide innovations in remote patient monitoring, virtual wards, remote care delivery, patient reported data and self-management.*
- 14** *Eliminate the unnecessary PSS (Personal Support Services) Agency, reduce costs and work with existing providers to implement a true quality-based self-directed care model that achieves its laudable goals.*

INTRODUCTION

Publicly-funded home care was formally established in Ontario in 1970¹ and has since become a cornerstone of the province's health care system. Home Care is defined as a broad set of services provided to people of all ages, in the home, workplace, schools and other community settings. Care can include curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration, as well as support for family caregivers.²

These critical services are requested more by the public, many of whom would rather be at home than receiving treatment anywhere else; providing comfort, continued freedom, independence, and choice that is crucial to physical, mental, and social well being as people age. These services are also increasingly relied upon by the government because the cost of care delivery is significantly lower than the delivery of care in other settings. For example, the average cost of one week of care for seniors in hospitals is 20 times more expensive than the same services provided through home care.³



87% OF CANADIANS AGE 55 YEARS AND OLDER WANT TO LIVE AT HOME FOR AS LONG AS POSSIBLE

CANADIAN INSTITUTE FOR HEALTH INFORMATION (2011). HEALTH CARE IN CANADA, 2011. A FOCUS ON SENIORS AND AGING. RETRIEVED FROM [HTTPS://SECURE.CIHI.CA/FREE_PRODUCTS/HCI_C_2011_SENIORS_REPORT_EN.PDF](https://secure.cihi.ca/free_products/HCI_C_2011_SENIORS_REPORT_EN.PDF)

As a result, the number of patients discharged to home care services has increased by 42% between 2008 to 2012.⁴ As of 2016, over 730,000 Ontarians received more than 39 million hours of publicly funded home care, while an estimated 150,000 Ontarians purchase an additional 20 million hours of care annually.⁵ Despite this increase in care visits, home care funding has not grown to keep up with the demand and to make matters worse, population changes will put even more pressure on the home care system in the future.

This demographic demand poses significant challenges for the system, as the population continues to age with the number of seniors aged 65 and over will double from 2.3 million, or 16.4% of population, in 2016 to 4.6 million, or 25%, by 2041. This drastic population change, combined with increasing demand and health care funding demands will pose significant pressures on the home care system.

The Government of Ontario has acknowledged the home care sector will continue to expand.⁶ However, despite this acknowledgement, there are significant structural challenges that stand in the way of the home care sector meeting the future demand of Ontarians. Unless these issues are addressed, Ontario's health care system may fail to serve the pending demographic shift.

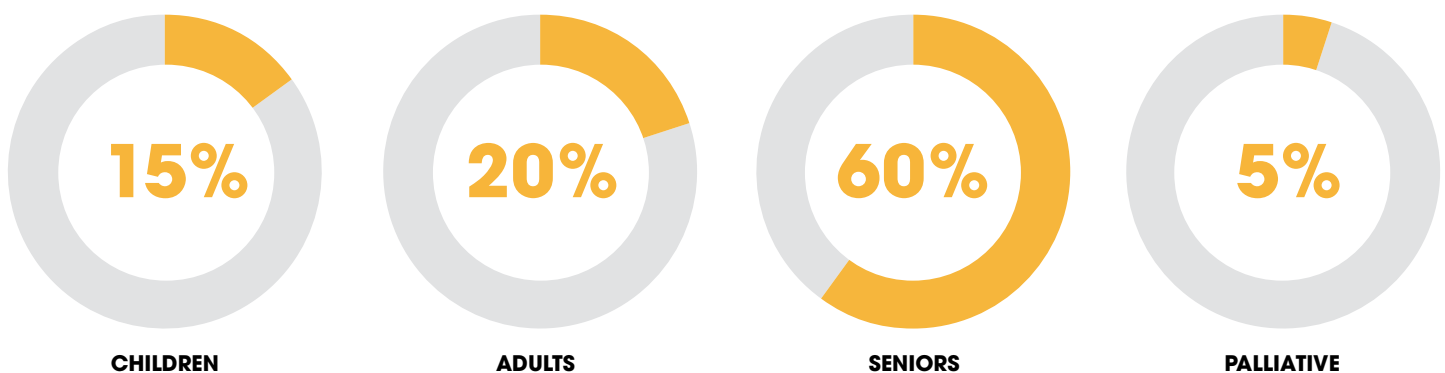
This paper examines the three main systematic challenges facing Ontario's home care sector. Specifically, it looks at and makes recommendations regarding:

1. the need for more care;
2. the need for more professional home caregivers; and,
3. the need to empower patients, families and caregivers.

Through an in-depth literature review and existing sector expertise and experience, the paper identifies the root causes of these issues, and makes a series of recommendations that if adopted, could transform the home care system and prepare it for the future.

Home Care Users

SOURCE: [HTTP://WWW.AUDITOR.ON.CA/EN/CONTENT/ANNUALREPORTS/ARREPORTS/EN15/2015AR_EN_FINAL.PDF](http://www.auditor.on.ca/en/content/annualreports/arreports/en15/2015ar_en_final.pdf)



THE NEED FOR MORE CARE

Even before factoring in the demographic challenges of the future, today's home care system is underfunded and stretched too thin. This underfunding is exacerbated by structural issues such as growing demand, and recent policy changes that drive the cost of delivery higher. Because of these financial pressures, the system now finds itself 'rationing care' which ultimately is putting other areas of our health care system under greater strain.

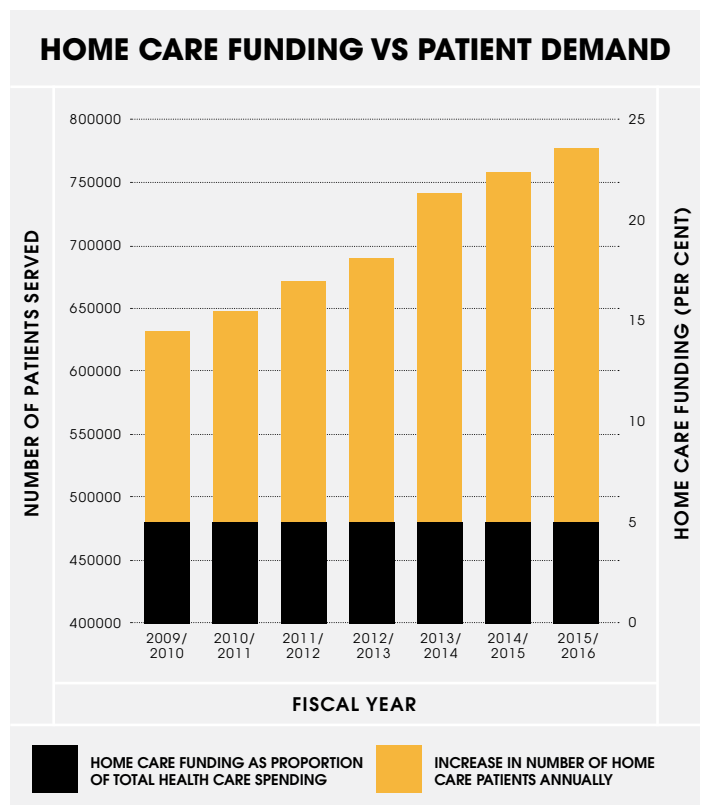
Ontario's hospitals are no longer able to keep pace with demand and 'hallway medicine' is on the rise and becoming commonplace. The Ontario Hospital Association (OHA) has warned the hospital sector is "on the brink," and foreshadows possible catastrophic outcomes if a holistic funding strategy, including home care, is not implemented.⁷ These issues are driven by increased Alternate Level of Care (ALC) rates in our hospitals where beds are taken up by patients who could be elsewhere if there were adequate home care or long-term care resources but instead are simply waiting. This is a direct indicator of declining functionality of the home care sector.

If the structural issues facing the home care sector were addressed, home care could make a substantial positive impact on lowering the province's ALC waiting lists by accelerating discharges from acute care beds and helping to prevent readmissions to reduce hospital overcrowding.

Current Funding Too Low for Demand

For years, the province has allocated approximately 5% of Ontario's total health care budget towards home care. To put that in perspective, home care accounts for \$2.7 billion out of the current \$53.9 billion spent on health care in Ontario annually.

While home care resources have increased as the health care budgets have gone up, they have never grown past 5% of the total health care budget. Home care budgets have stagnated for over ten years, even in the face of increased demand and strain on the system. This under investment in a vital pillar of Ontario's health care system has meant a rationing of care and growing wait lists, professional caregivers doing more with fewer resources which leads to burnout, and a lesser patient experience.



Rationing of Care and Wait Listing

The Ontario Ministry of Health and Long-Term Care (MOHLTC) allocates home care resources to each Local Health Integration Network (LHIN) based on the funding each network received in previous years. LHINs then award home care providers estimated volumes or annual billable hours, and the cost of the service they provide is measured based on one hour of caregiver service – including personal support workers (PSWs), nurses and therapists.⁸ Because LHINs have a greater demand for service than they have funding for, LHINs often ration the delivery of care by reducing the length of visits assigned for a particular task, such as wound care. For example, they might break down each hour of service into fragments of 15-minutes or shortening 30-minute visits down to just 15 minutes.

In reality, a 15-minute visit means that professional caregivers can do little more than ensure a patient has taken their medication or has their immediate medical need met, but does not provide adequate time to discuss their overall health, or any new issues that could be addressed early and possibly prevent hospital readmission.

This lack of funding also leads to wait lists for home care, and regional discrepancies have begun to appear as some patients with similar health conditions receive different levels of care solely based on where they live and what their LHIN can afford to provide them.⁹ This has created a patchwork system, where patients wait for longer, depending on where they live in the province.

DEFINITION: RATIONING OF CARE

A GROWING PHENOMENA IN ONTARIO HOME CARE, WHERE DEMAND FOR CARE OUTPACES THE GOVERNMENT'S HOME CARE BUDGETS. AS A RESULT, LOCAL FUNDING DECISIONS ARE MADE TO "RATION" FUNDING FOR PATIENTS TO SPREAD THE RESOURCES AS FAR AS POSSIBLE.

OFTEN, FUNDING IS RESTRICTED IN THE EARLY PORTION OF THE YEAR TO ENSURE BUDGETS ARE NOT DEPLETED, AND AS THE END OF THE YEAR GROWS NEAR, MORE CARE IS APPROVED.

“Upon taking this assignment, I quickly came to realize that the challenge is not limited to those who are occupying acute care beds when their needs could be better served in other care settings, but that our health care system needs to undergo a broader transformation in order to meet the care needs of an aging population”

– Dr. David Walker, Provincial ALC Lead

RETRIEVED FROM [HTTP://WWW.ONTLA.ON.CA/LIBRARY/REPOSITORY/MON/25009/312292.PDF](http://www.ontla.on.ca/library/repository/mon/25009/312292.pdf)

Caregiver Burnout

Given most home care patients are over 70 years old with complex health needs, professional home caregivers are often spending additional, unpaid time with patients, which not only affects caregivers' schedules and well being by demanding they operate under immense pressure, but also the quality of home care patients receive.¹⁰

The rationing of care, wait listing, and caregiver burnout ultimately means the government is not funding the current demand for home care properly, and the system cannot keep pace with future increases we know are coming. This, in turn, is having ramifications through the rest of the health care system, and is felt most strongly in hospitals across the province because patients who otherwise could be treated at home or in the community have nowhere to turn but hospital Emergency Departments.



MORE THAN 20% (1 IN 5) CANADIAN SENIORS WHO GO INTO RESIDENTIAL CARE MIGHT HAVE BEEN ABLE TO REMAIN AT HOME IF PROPER HOME CARE WAS PROVIDED TO THEM

THE CHANGE FOUNDATION (2011). BECAUSE THIS IS THE RAINY DAY: A DISCUSSION PAPER ON HOME CARE AND INFORMAL CAREGIVING FOR SENIORS WITH CHRONIC HEALTH CONDITIONS. RETRIEVED FROM WWW.CHANGEFOUNDATION.CA/SITE/WP-CONTENT

Hospital Overcrowding and Growing Alternate Levels of Care

In the summer of 2017, occupancy rates at half of Ontario's hospitals exceeded 100% according to the OHA. This is especially worrisome because summer is normally a slower season for the hospital sector. Whereas the international safety standard for hospital occupancy rates is 85%, some Ontario hospital rates were as high as 140%.¹¹ This hospital overcrowding has led to the emerging phenomenon of 'hallway medicine', where patients are treated on hospital beds in unconventional spaces such as hallways, lounges, staff classrooms and storage rooms.¹² These care settings are completely unacceptable, but are caused, in part, by very high ALC rates in hospitals.

Patients who do not require hospital resources, and who often remain hospitalized for the lack of home care and long-term care availability, are designated as ALC patients, and tracked separately by our health system. These ALC patients directly contribute to hospital overcrowding because they tend to stay a long time in an acute care bed waiting for a placement or to return home. In the 2015/2016 fiscal year, 13.9% of Ontario's hospital patients were designated ALC according to Health Quality Ontario.¹³ The province's ALC rate has grown 16% over the last two years. To put that into perspective, there are 18,750 acute care beds in Ontario, of which 4,570 of these patients are waiting to receive care in more appropriate settings, including their own homes with adequate support.

DEFINITION: ALTERNATE LEVEL OF CARE

ALTERNATE LEVEL OF CARE (ALC) IS A SPECIAL DESIGNATION USED BY THE PROVINCE TO HELP REDUCE WAIT TIMES. WHEN A PATIENT IS DESIGNATED ALC BY A PHYSICIAN OR DESIGNATE, IT MEANS THEY ARE OCCUPYING HOSPITAL BED BUT DO NOT REQUIRE THE LEVEL OF CARE PROVIDED BY THE CARE SETTING (ACUTE, MENTAL HEALTH, COMPLEX CONTINUING CARE, ETC.)

SOURCE: [HTTP://WWW.HEALTH.GOV.ON.CA/EN/PRO/PROGRAMS/WAITTIMES/EDRS/ALC_DEFINITION.ASPX](http://WWW.HEALTH.GOV.ON.CA/EN/PRO/PROGRAMS/WAITTIMES/EDRS/ALC_DEFINITION.ASPX)

Studies have shown that 37% of all ALC patients who remain in hospitals while they wait for long-term care placements require a level of care which could be provided at home.¹⁴ Every day these patients needlessly spend in acute care they become more at risk for infection, falls, decreased mobility and reduced cognitive function. This means, there are instances that those who could have gone home from acute care (maintaining their freedom and independence), are spending so much time in the hospital that they are now deteriorating to the long-term care level.

The Ontario government has acknowledged the essential role of home care in combating ALC rates, and has introduced a proactive strategy aimed at preventing people from being admitted to hospitals. Unfortunately, this strategy has come with only \$40 million allocated to address the entire issue, which is significantly less than what is required to even begin to address Ontario's ALC issues.¹⁵ More funding is required if these pressures are to be relieved. Yet, instead the government is implementing other policy changes that will further drive up the costs of home care.

Policy Changes Driving Costs Higher

While the home care sector continues to be underfunded, the government is now putting in place policy changes that will drive the cost of care higher and impact service delivery of home care. As a result, it will take more money to do the same amount of work. The province recently implemented changes to the *Employment Standards Act* such as Pay for Cancelled Shifts, Pay for On-Call Work and the Right to Refuse Shifts. In a KPMG report sponsored by Home Care Ontario, it is estimated that these new employment standards will increase costs to the public health system by \$85 million per year and corresponding increases for privately retained care, which is increasingly filling the gap for what the publicly-funded system provided.¹⁶ While laudable from a public policy perspective, the fact is that without additional funding directed to the home care sector, these changes will mean the LHINs will be able to afford less hours of care than they had previously.



RECOMMENDATIONS

— 01 —

Increase the annual funding for home care to 6% of the total health care budget in 2018 – an estimated total increase of \$600M to the sector.

— 02 —

End 15-minute visits, rationing of care and wait listing for home care services by ensuring a proportional funding increase to meet the growing demand for home care services.

— 03 —

Develop a provincial standard of care that is based on patient needs and is equally available to Ontarians wherever they reside in the province independent of the administering LHIN.

THE NEED FOR MORE PROFESSIONAL HOME CAREGIVERS

As the demand for home and community care services continues to grow, it is imperative the industry has the skilled and professional workforce required to meet the increasing needs of a growing population. Today, unfortunately, providers continue to struggle to attract and retain professional home caregivers – including nurses, therapists and personal support workers (PSW).

While the issues causing this challenge vary across the province, the common barriers include:

- Outdated scheduling rules and unrealistic time allocations for quality care;
- The lack of a comprehensive Health Human Resource strategy for home care; and
- Uncompetitive wages.

Many of these issues are due to the structures put in place by the government regarding home care and ultimately lead to a shortage of professional home caregivers. Only by addressing this systemic challenge can Ontario's home care system be prepared to meet future demands.

Outdated Scheduling Rules

Empowering professional home caregivers through an adequate work-life balance is essential for any recruitment and retention effort. For home care, this can be achieved with flexible scheduling and realistic time allocations for the delivery of quality care.

LHINs require blind home care referrals to be accepted within 30 minutes¹⁷, only providing patient name and treatment, creating a two-fold challenge for home care providers and the professional caregivers they employ:

1. Scheduling becomes more complex for providers, and lacks stability for caregivers; and,
2. Delivering adequate care is challenging when insufficient information about patient care need is given to providers.

Additionally, LHINs mandate “time-specific visits” which are meant to accommodate patients’ preferences as to when they would like to receive care. These visits are often scheduled for mornings and evenings. This causes a scheduling challenge, where the demand for professional home caregivers peaks during those times, yet they are left with an insufficient workload during the day and caregivers being underutilized during those times. If providers could shift the delivery of care slightly, such as through a “windows of time” model, this would provide patients with increased choice while finding large efficiencies, and caregivers’ schedules would become much more reasonable.¹⁸

Recruitment, Retention and Promotion

The government of Ontario's health care recruitment and retention efforts over the last decade have been focused primarily on physicians and nurses operating in acute care, and its health human resource strategy is not designed to address the unique attributes of the home care sector.¹⁹

A well-functioning home care system requires a trained, professional, and skilled workforce and a recruitment and retention strategy to attract the best employees. Such a strategy should include improving the image and recognition of professional home caregivers, and improving the education and training resources that are available.²⁰

Unlike other areas in the health care system such as hospitals and clinics, the private nature of home care makes it difficult to showcase and promote the sector to potential workers.²¹ This means those looking to enter the health care workforce are not presented with possible occupations in the home care sector in the same way they might be for jobs in other institutional care settings. Because of this, there is a greater need for a promotional campaign of occupations in the home care setting.

Privately retained care has taken on an increasingly larger role in recent years due to several factors, including our aging population, increased demand for home care services, and wait listing for publicly-funded care. To ensure quality, caregivers should be hired through reputable providers that adhere to the *Employment Standards Act*, as well as health human resource and occupational health and safety standards. Unfortunately, some people look for home care services on websites like Craigslist or Kijiji. This is neither safe, supervised, or regulated and could lead to very poor health outcomes for the patient receiving care. Due to cost increases through Bill 148, there is concern that increasing numbers of families will hire people in the underground economy, exposing patients and loved one to untrained and unqualified people providing their care.

The government should, therefore also fund and develop a campaign to raise awareness of the risks of hiring unqualified/untrained people who could undermine the quality of care that patients receive. Such a strategy should also include improving the image and recognition of professional home caregivers, and demonstrate why it is important to hire professionally trained home caregivers.

Further steps to address the “underground economy” could include the creation of a tax credit or caregiver allowance for those Ontarians who can and do wish to purchase care from reputable, legitimate Ontario home care providers that adhere to safe, and responsible health human resource, occupational safety and accreditation standards. This would also help relieve some of the financial strain on families as they strive to provide the best care for their loved ones.

In addition to promotion, providing on-going training resources and placement opportunities is critical to growing the home care workforce. Ontario's post-secondary institutions lack professional programs which equip students with the necessary skills and understanding to work in the home care sector.

The risks of hiring untrained caregivers include:

- INCREASED EXPOSURE TO HARM (SUCH AS INJURY, THEFT OR ABUSE);
- LACK OF TRAINING;
- LACK OF SCREENING, EDUCATION; AND
- SYSTEM RISK FOR MORE VISITS TO THE ER AND SUBSEQUENT ALC DAYS DUE TO POOR CARE PROVISION.

The autonomous, high-intensity work environment of home care requires critical thinking, in-depth knowledge of patient needs, outstanding organizational skills and planning capabilities – skills which are acquired and sharpened through formal, accredited education.²² Therefore, adding professional health caregiver education (for example for PSWs, nurses, therapists and physicians) to Ontario’s curriculum is a necessary step to meet the competency standard required in home and community care.

Additionally, the government of Ontario must invest in the continued education of professional home caregivers to meet the evolving needs of the home and community care sector. Investments must be directed towards greater inter-professional education, and the establishment of cross-ministry programs to facilitate on-line training and workshops focused on home and community care populations.

Uncompetitive Wages

According to a study by Accenture, professional home caregivers are paid the lowest out of any health care sector in Ontario.²³ The report elaborates that this wage imbalance creates a significant recruitment barrier for home and community service providers.

In 2015 the Ontario government recognized the importance of adequate compensation for professional home caregivers and introduced a 40% increase in their wage.²⁴ This was an excellent step to address the wage discrepancy, however, the recent increase of the minimum wage will largely eliminate the benefits of this change, making it even harder to attract professionals to these roles.



RECOMMENDATIONS

— 04 —

Implement a marketing campaign profiling the work and contribution of the home and community sector, and promote the advantages of receiving care at home.

— 05 —

Launch a public awareness campaign about the value of hiring trained and qualified caregivers from reputable providers to deliver quality care to patients and help impede the underground economy in home care.

— 06 —

Implement a tax credit or caregiver allowance for those Ontarians who can and do wish to purchase care from reputable, legitimate Ontario home care providers that adhere to safe, and responsible health human resource, occupational safety and accreditation standards.

— 07 —

Create a comprehensive Health Human Resource strategy for home care that will address the unique training and educational needs of current and future professional home caregivers.

— 08 —

Empower frontline home care providers through more autonomy and flexibility of staff scheduling.

— 09 —

Close the compensation gap between home and community care and the rest of Ontario’s health care sectors and explore alternative compensation models.

THE NEED TO EMPOWER PATIENTS, FAMILIES, AND CAREGIVERS

Ontario's health care system consists of key individual components – acute care, primary care, home care and long-term care – and the system revolves around the individual needs of these system partners rather than the patient. This focus requires patients to adapt to the type and level of care provided by each, and places their health at risk, especially the elderly and those with several chronic ailments.²⁵

The Ontario government acknowledges primary care, home and community care services and public health services are planned separately and inconsistently, which makes navigating the health care system and finding the appropriate level of care difficult.²⁶

To ensure Ontario's home care system is ready to handle the pending demand, integrated care across the health care continuum must be achieved. Unfortunately, today Ontario lacks the ability to adequately measure patient outcomes in the home care space, and does not have an IT strategy to link the considerable amount of information gathered by providers, with the rest of the health information that is being collected. At the same time, professional home caregivers are not able to access health records of the patients they are serving in real time.

Rather than trying to rectify these problems directly, the province has instead announced plans to introduce a new Personal Support Services (PSS) Agency, to deliver care through a new bureaucracy, directly competing with existing care providers. This approach is wrong, will drive up costs, and will not offer Ontario patients and their families the option of the self-directed care they deserve.

Measuring Patient Outcomes

Transforming Ontario's health care system into one which adheres to the needs of patients and their families requires a measurable, outcomes-based approach to care delivery. The first step in this approach is to determine what these outcomes are and define a clear method to measure progress achieved against those goals.²⁷

Ontario's model of pay-per-visit, which often uses 15 and 30-minute visits, is not focused on patient outcomes, but rather on rationing care. The system is not currently designed to achieve patient-centred outcomes like keeping patients out of hospital and reducing readmissions to hospital.

In its 2015 report on home and community care, the expert group led by Dr. Gail Donner recommended the MOHLTC link funding for home and community care services to the achievement of clearly defined outcomes and results.²⁸ By providing bundled funding to achieve outcomes, such as successfully treating a wound or avoiding hospital readmission, rather than paying per visit, the government would ultimately improve patient care and provide space for the innovation that is required to address the needs of Ontario's aging population.

“Ontarians want and deserve a health care system that helps them live independently at home – where we know they want to be.”

– Dr. Eric Hoskins, Minister of Health and Long-Term Care (Patients First: A Roadmap)

SOURCE: [HTTP://WWW.HEALTH.GOV.ON.CA/EN/PUBLIC/PROGRAMS/LHIN/ROADMAP.PDF](http://www.health.gov.on.ca/en/public/programs/lhin/roadmap.pdf)

IT Strategy and Integrated Health Records

Creating a patient-centred health care system requires an IT strategy which streamlines communication, coordination and collaboration among health care providers, and allows professional home caregivers equal access to patient information through integrated health records. Unfortunately, today the data that is collected is not shared across the health system, which causes delays, dissatisfaction, and drives up costs.

Integration across the health care system begins with granting all care practitioners, including professional home caregivers, access to patients' health records through Ontario's portals. This is most pressing around the issue of home care providers being acknowledged as Health Information Custodians (HICs). While providers are considered HICs under all health information and privacy laws, their contracts with LHINs specifically remove this status. This means that they are not able to share health information or review primary care files for patients even though it is critical to people's health as it makes professional home caregivers aware of any underlying conditions patients might have and determine how to best administer care.²⁹

These IT challenges must be addressed to empower families, patients and caregivers to ensure the right care decisions are being made by those closest to the patient, rather than by care coordinators within LHINs. Additionally, this change will allow home care professionals to retrieve patient data in real time. Home care providers must be able to edit and add to patient health records to ensure seamless, up-to-date delivery of care.

Embracing New Technology

Leveraging advances in technology is another way to improve home care delivery in a patient-centred framework. These innovations give patients and their families more options to access the care they need when they need it. Remote patient monitoring, virtual wards, remote care delivery and patient-reported data are examples of technologies which can help people avoid emergency rooms, reduce readmissions and improve the overall patient experience.³⁰

Additionally, there are new medical devices which allow professional home caregivers to perform more diagnostic and procedural activities at home including wound care, laboratory work, pulse oximeters, remote EKGs and chest X-rays.³¹ These innovations allow professional home care providers to administer the care people need in the comfort of their homes, and provide an opportunity to enhance patient outcomes.

The Ontario government acknowledges the need to embrace new technologies as part of improving patient-centred care delivery, and it created the position of Chief Health Information Strategist to assess and fund emerging technologies in health care.³² To ensure government initiatives are effective at choosing and implementing the right technologies to improve care delivery, home care providers must participate in these discussions and targeted investments in home care technology must be made.

The Right Way to Provide Self-Directed Care

Self Directed Care is the concept of empowering patients and their families to choose the right home care services which are tailored to their specific needs, hence improving the patient experience and outcomes.³³ This model of care delivery is based on providing patients the funding they need directly, which gives them the liberty to purchase services they

prefer.³⁴

The government of Ontario has recently begun creating a new PSS Agency which is meant to provide some form of Self-Directed Care. However, this new agency will add an additional layer of bureaucracy to the health system, and will only reduce the level of care that patients expect and deserve. Rather than investing more money into existing frontline care, the government has chosen to spend money on more administration and overhead, this despite a recent Auditor General's report found that as much as 39% of home care funding is already being spent on bureaucracy.³⁵ This is wrong, and totally unnecessary.

Self-directed care is a worthy and achievable goal, and it does not require more bureaucracy to establish. It can easily be accomplished using existing providers who care for thousands of Ontarians every day.

A successful system of self-directed care can be implemented in the province using existing care providers guided by the following quality principles:

- **Safety:** service must be delivered by “approved” providers;
- **Accountability:** for funds spent; care delivered; supervision; and, appropriately trained staff;
- **Client choice:** to direct care within assessed requirements, such as treatments by clinicians hours of service;
- **Effectiveness:** as reflected in levels of client satisfaction; and, reduction of “waste” in the system; and
- **Evidence-informed:** implementation must be based on research and the experiences within the home care system; and, become part of the Health Quality Ontario agenda.



RECOMMENDATIONS

— 10 —

Provide for greater professional home caregiver autonomy and flexibility so the care needs of patients in the moment of distress can be addressed.

— 11 —

Strengthen the mechanisms for information exchange between all Health Service Providers, including frontline home care caregivers, and enable their HIC status to achieve continuity in approach and seamless, safe care for patients and families.

— 12 —

Ensure data standards and definitions are consistent across the health care system so that outcomes of care can be reliably assessed.

— 13 —

Embrace system-wide innovations in remote patient monitoring, virtual wards, remote care delivery, patient reported data and self-management.

— 14 —

Eliminate the unnecessary PSS (Personal Support Services) Agency, reduce costs and work with existing providers to implement a true quality-based self-directed care model that achieves its laudable goals.

CONCLUSION

As Ontario's population ages at an unprecedented rate, the demand for home and community care will skyrocket. Without a comprehensive provincial home care strategy, the entire health care system will succumb to the demographic shift and fail to meet people's needs.

Delivering the care Ontarians deserve means making more care available to them – an increase in home and community care funding is urgently needed to ensure all Ontarians have adequate and equitable access to services they direly need when they need them. Making more care available is essential to avoid hospital overcrowding and rising ALC rates, end fragmentation and rationing of care, and reduce waitlists for home care.

Additionally, a recruitment and retention strategy for professional home caregivers must be implemented to ensure the growing demands of Ontarians for independent living as they age are met. This strategy must include a comprehensive human resource approach, flexible and consistent scheduling, and adequate compensation at its core.

Finally, delivering adequate care to Ontarians means transitioning our entire health care system into a patient-centred model which is integrated and outcomes based. An IT strategy which allows all health care providers – including professional home caregivers – to retrieve patient records and ensure they remain up-to-date must be central to any integration effort. Additionally, embracing new technology and empowering patients through self-directed care are essential in a health care system with the flexibility to adapt around patient needs and preferences.



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