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The Case for Home Care Reform Pilots in High-Risk Ontario Communities

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Executive Summary

With the emergence of COVID-19 variant transmission, emergency management of the acute health care and long-term care systems will continue to occupy the attention and resources of the Government of Ontario.

However, the devastating impacts of the pandemic on the elderly population have illustrated the urgent importance of reforming the seniors care segment of our health care system.
Given the disproportionally negative social, health, and economic impacts in high-risk communities as a result of the COVID-19 pandemic, there is an imperative to take a focused approach in piloting new home care models in these communities. Such action would realize immediate local benefits and the learnings needed to expand the model in additional communities, and eventually the whole home care system.

This pilot should address three core questions

Who should lead the charge?

It would be cost-effective to build on the health sector transformation, which began in 2019 with the creation of Ontario Health and Ontario Health Teams (OHTs). The new health care system leadership will be critical in home care reform, as they determine and fund types and levels of home care for seniors in the community.

What are the critical elements for immediate action?

First and foremost, it is important to establish Aging in Place as a core public policy principle and objective. Creating such a foundational principle calls for significant investment in strategies such as: access and support for physical improvements to homes of seniors, financial assistance for family caregivers, and augmentation of the types of home care, hours of care and ease of access to care.

Critically, the Personal Support Worker (PSW) position needs to be recognized as a key professional position in the health care sector, with comparable remuneration whether the position is discharged in home care or the long-term care system.

How should pilots be implemented and how should their success be measured?

It is time to capitalize on the local leadership and interagency collaboration which has been established in some high-risk communities as a response to COVID-19. These entities have proven to be effective powerful partnerships in achieving "locally-driven solutions" using "tailored and targeted tactics"[1].

Piloting home care innovation using a community-based approach in specific high-risk communities will yield immediate benefits to seniors, while supporting the goal of reforming the Ontario home care system.

[1] In conversation with Daniele Zanotti, CEO of United Way of Greater Toronto, January, 2021.

Current Status

$2.7 billion

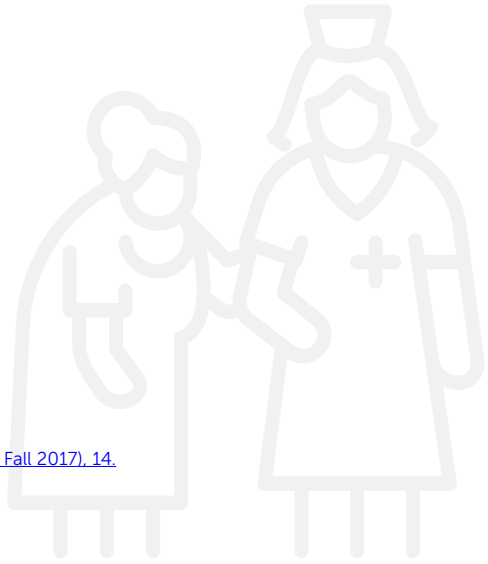
government funds provided to home care services for 760,000 people in 2016-2017.

After witnessing the damage COVID-19 has done to Ontario's seniors in long-term care (LTC) homes, government and the public have come face-to-face with the grim results of decades-long inaction on seniors' care. With the aging population, the time for systematic reform of the delivery of seniors' care is now. The solution to addressing issues with Ontario's LTC system will require more than just building new beds. Experts have long echoed the leading model for seniors' care, Aging in Place, which primarily requires investment in expanding home care services. The Government of Ontario is uniquely positioned to leverage its existing transformation of the health care system, with Ontario Health to reform home care to once and for all help seniors age in place.

In 2016-17, approximately 760,000 people received home care services funded by the Government of Ontario at a cost of $2.7 billion.[2] On top of this, Home Care Ontario estimates over 150,000 Ontarians purchase an additional 20 million visits/hours of home care services annually in order to remain at home.[3]

As of 2017, the Local Health Integration Networks (LHINs) became responsible for arranging all government-funded home care services and are responsible for deciding who receives care, the level of care, and for how long.[4] In February 2019, the Government of Ontario announced an overhaul of health care delivery with the implementation of a new system centred around patients and their families. The centrepiece of this reform is the creation of Ontario Health, a single agency to oversee health care delivery, improve clinical guidance, and provide support for care providers. Ontario's 14 LHINs have begun to merge into Ontario Health, along with provincial organizations like Cancer Care Ontario. This reform will also establish localized Ontario Health Teams (OHTs) which are formed by health care providers and organizations in a specific geographic area to work as one coordinated team to strengthen local services and make it easier for patients to navigate the system. To date, 42 OHTs have been approved, covering 86% of the province's population at maturity.[5]

The Government of Ontario took a step towards changing the home care system just before the pandemic hit in February 2020. They announced the Connecting People to Home and Community Care Act, which became law in July 2020. The Act promotes integration between sectors of health care, reduces duplication, and ensures care is more responsive to patient needs by including greater usage of virtual care solutions.[6] The new framework allows for adaptable care coordination within OHTs by permitting OHTs to deliver more innovative models of home care. It also allows for more flexibility in care planning and innovative care models, removal of service maximums, and an oversight model for residential congregate services.[7] To ensure the ongoing stability of services while home care transitions to the OHT model, the government has refocused the LHINs into interim organizations rebranded as 'Home and Community Care Support Services' to reflect their singular mandate of delivering home and community care and long-term care home placement for the next few years during the transition.[8]



[2] Annual Report 2017 Follow-Up Report on Audit Recommendations Volume 2 (Office of the Auditor General of Ontario, Fall 2017), 14.

[3] "Facts and Figures," Facts and Figures, Home Care Ontario.

[4] "Facts and Figures", Home Care Ontario.

[5] "Become an Ontario Health Team," Become an Ontario Health Team, Ministry of Health last updated January 2021.

[6] Ministry of Health, "New Plan to Modernize Home and Community Care in Ontario," Government of Ontario, February 25, 2020.

[7] "New Plan to Modernize Home and Community Care in Ontario", Government of Ontario.

[8] "New Plan to Modernize Home and Community Care in Ontario", Government of Ontario.

> "Serving a growing and aging clientele in their homes and in community settings has been shown to achieve better health outcomes, as well as being far less expensive and more time-responsive than the costly institutional alternatives."
>
> **– Michael Fenn, Prescription to Cure Hallway Medicine.**

For the elderly population, this new direction in service delivery certainly seemed timely and most welcome. Finally, a long-awaited integrated approach for seniors to access care in the community, be it in their own homes, acute care or LTC, was sorely needed. For the social service and health care professionals providing care to seniors, there was optimism that by restructuring the system the glaring service gaps and inadequate funding in community home care would become quite apparent, and quickly addressed.

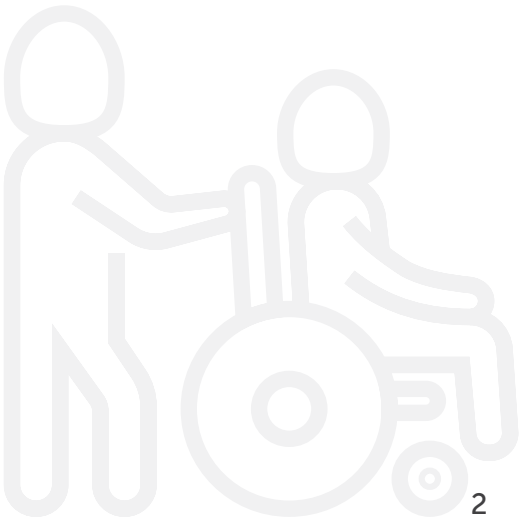
Over the past few years, much has been written about the impact of the aging seniors population. Dubbed the 'silver wave or grey tsunami', the number of Baby Boomers about to rely on the health care system in an accelerated manner is extraordinary. For the first time in Ontario, seniors accounted for a larger share of population than children in 2016, and the older age groups are expected to experience the fastest growth among seniors.[9] Seniors aged 75 and over are projected to rise from 1.1 million in 2019 to almost 2.7 million by 2046, and the 90+ group will more than triple in size from 130,000 to 443,000.

The inappropriate use of acute care beds for chronic care, and inadequate hours of home care to meet seniors' needs at the time they are required is not sustainable with the impending wave of seniors who will require more health care services more often. Home care is often regarded as the poor cousin of the health sector, with the entire sector accounting for less than $3 billion of annual health care spending, or roughly 5% of the total health care budget in Ontario.[10]

A February 2020 report by Michael Fenn, entitled: *Prescription to Cure Hallway Medicine: Building Targeted Housing for Ontario's Seniors*, provided recommendations that focused on innovative ways to provide housing and support to seniors to free-up acute care beds. These acute care beds are often occupied by seniors with chronic care needs, as more suitable options in the community and outside of the hospital setting are rare. This trend is commonly referred to as 'Hallway Health Care' and it was a key campaign issue of Ontario Premier Doug Ford's 2018 election campaign. Fenn rightly states that, "Serving a growing and aging clientele in their homes and in community settings has been shown to achieve better health outcomes, as well as being far less expensive and more time-responsive than the costly institutional alternatives."[11]

Fenn is not alone in this view. In a well-regarded op-ed in the Toronto Star, Don Drummond and Duncan Sinclair document the findings of their report ***Aging Well***, commissioned by Queen's University. They note that Canada must revolutionize its approach to seniors' care, as Canada is, "an international outlier when it comes to investing in home care with one of the lowest allocations in the Organization for Economic Co-operation and Development – a measly 0.2 percent of GDP."[12] One of their major conclusions is a properly funded continuum of care, beginning with home care and community services at one end, and proper LTC and acute care facilities at the other.[13]

Over this past year, the COVID-19 pandemic led the provincial government to announce several different changes, improvements, and new funding arrangements in the acute care, LTC, and - to a much lesser extent - the home care systems. However, the actions to date have understandably been separate, discrete, reactive initiatives, lurching from COVID-19-related crisis to crisis. As the government attempts to move past COVID-19 reactionary policy towards a more permanent state, it is time for government to leverage their systemic changes to the health care system with the leadership of Ontario Health to properly reform home care in the province.



[9] "Ontario Population Projections Update, 2019 – 2046)," Population Projections, Ministry of Finance, last modified Summer 2020.

[10] John Lorinc, "Do we need to rethink home-care after the pandemic?" Toronto Star, April 13, 2020.

[11] Michael Fenn, To Cure Hallway Medicine: Building Targeted Housing for Ontario's Seniors, (Residential Civil Construction Alliance of Ontario RCCAO, February 2020), 7.

[12] Don Drummond and Duncan Sinclair, "Shining a light on the future of seniors' care," Toronto Star, January 6, 2021.

[13] "Shining a light on the future of seniors' care", Toronto Star.

The Path Forward for Home Care Reform

For the foreseeable future, pandemic management, and vaccine roll-out will continue to dominate the health care agenda for all three orders of government. As of February 10, 2021, the Ontario COVID-19 website has reported 3,683 deaths in LTC facilities, out of a total of 6,596 deaths – meaning over half of all deaths were in LTC.[14] While there have been some improvements in containing the spread of the pandemic in institutions, with the emergence of COVID-19 variant transmission, emergency management and action within the LTC system will certainly continue to occupy the attention and resources of the provincial government.

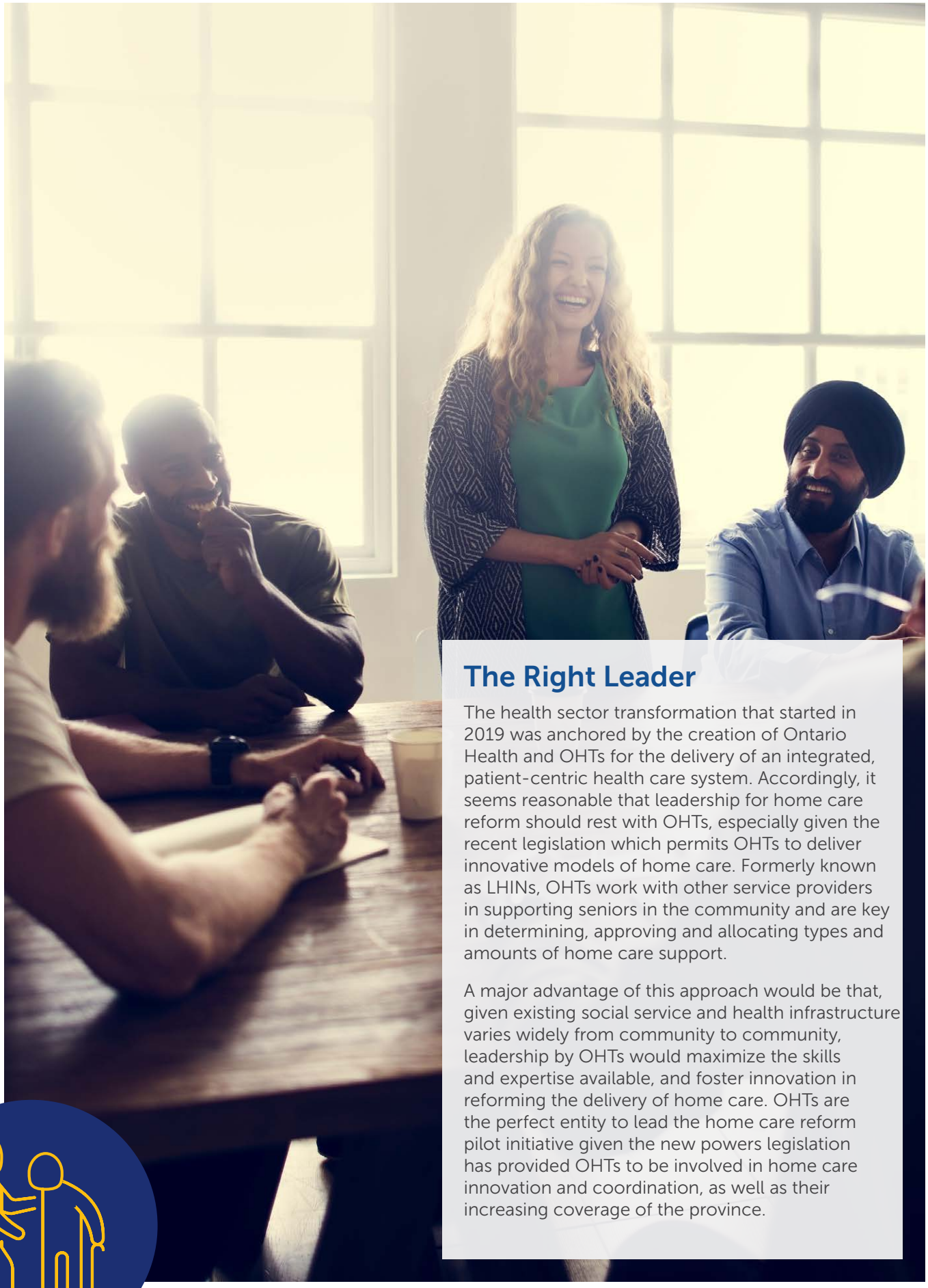
Under this circumstance, one may ask - is this the right time to reform home care? Given the importance of this system, in relation to acute care and LTC, and how significant the under-investment trend has been, now is the time. Urgent action is required to care for and support seniors more appropriately, and alleviate undue pressure on the acute care and LTC systems.

In the context of this all-consuming pandemic, a different approach should be adopted for reforming home care. It is proposed that a pilot approach be employed, targeting high-risk communities that would immediately benefit from increased services and funding.

In such a pilot, it is vital that leaders in the home care sector, non-profit agencies, and the academic community partner to formulate a long-term, sustainable plan for home care reform. This reform of the home care sector should address three core questions:

- *Who should lead the charge?*
- *What are the critical elements for immediate action?*
- *And finally, how should implementation proceed, and how should success be determined?*

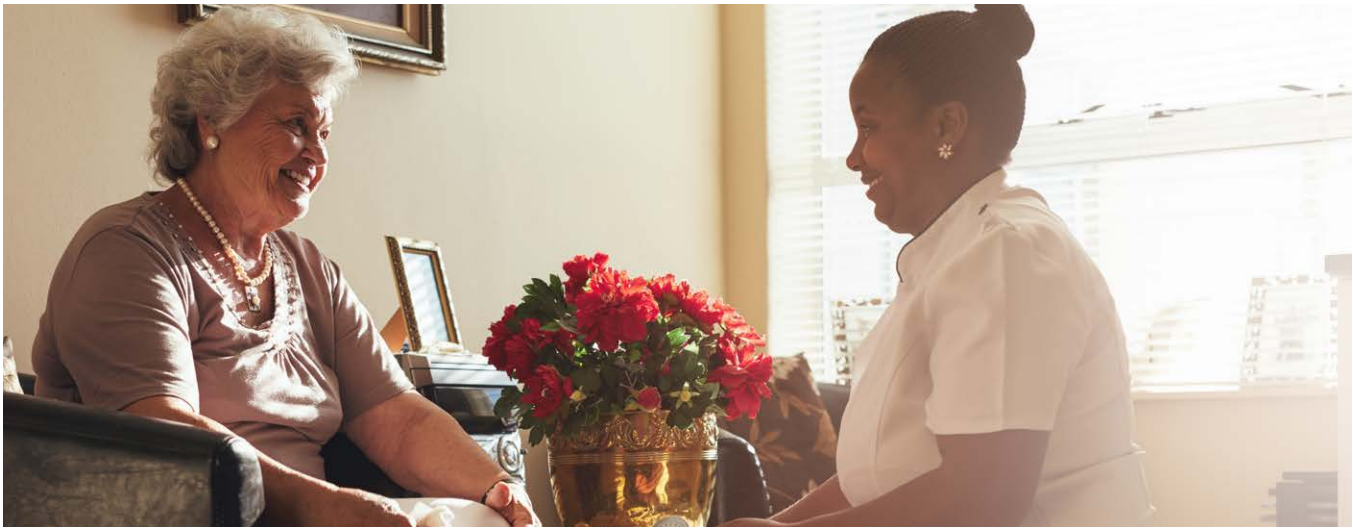
[14] "COVID-19 (coronavirus) in Ontario" COVID-19, Government of Ontario.



The Right Leader

The health sector transformation that started in 2019 was anchored by the creation of Ontario Health and OHTs for the delivery of an integrated, patient-centric health care system. Accordingly, it seems reasonable that leadership for home care reform should rest with OHTs, especially given the recent legislation which permits OHTs to deliver innovative models of home care. Formerly known as LHINs, OHTs work with other service providers in supporting seniors in the community and are key in determining, approving and allocating types and amounts of home care support.

A major advantage of this approach would be that, given existing social service and health infrastructure varies widely from community to community, leadership by OHTs would maximize the skills and expertise available, and foster innovation in reforming the delivery of home care. OHTs are the perfect entity to lead the home care reform pilot initiative given the new powers legislation has provided OHTs to be involved in home care innovation and coordination, as well as their increasing coverage of the province.



The Critical Elements for Immediate Action

A recent study by the Canadian Institute for Health Information, based on data from several provinces for 2018-19, found that "one in nine newly admitted residents of long-term care facilities could have remained at home with proper supports."[15] Given the size and scope of the problem, it is evident that the province must clearly state its preference for Aging in Place as a core policy principle and objective. Creating such a foundational principle without proper investment would be pointless. Therefore, a significant investment in strategies such as: access and support for physical improvements to homes of seniors, financial assistance for family caregivers, and augmentation of the types of home care, hours of care, and ease of access to care are all needed. In addition, a reformed home care model in Ontario will need to build on the momentum of greater usage of virtual care practices and technology due to the pandemic.

Secondly, the Personal Support Worker (PSW) position should be established as a key professional position in the health care sector to allow for career advancement opportunities in the nursing practice. The Ontario government recently took a good step forward to recognize the important role PSWs play in seniors care and in fixing the staffing shortage. On February 24, 2021 the Government of Ontario announced a $115 million investment to support the training of 8,200 PSWs, which would start working in the health care system in Fall 2021.[16] The investment will support a tuition-free Accelerated PSW Training Program for 6,000 new students, as well as a $2,000 tuition grant to nearly 2,200 PSW students. This announcement will support progress on the government's goal to hire 27,000 PSWs to meet the demands of the new policy announced to increase the amount of hours of direct care for LTC residents to an average of four hours per day by 2024-25.[17] However, increasing students in PSWs will not solve chronic staff shortages on its own. According to Health Force Ontario, 50% of PSWs are retained in the health care sector for fewer than 5 years, and 43% left the sector due to burnout.[18] The average overall job tenure of an Ontario PSW has dropped by 10 months to 85-90 months between 2015 and 2017, and turnover is highest for part-time and casual positions predominantly held by entry level PSWs

In addition, remuneration should be the same, whether the position is discharged in home care, acute care, or in the LTC system to ensure that each sector is equally attractive to workers and thus adequately staffed. Currently, PSWs are paid around $23/hr in acute care, $21-22/hr on average in LTC, and $17/hr in home care.[17] The lower wages for home care PSWs will not support staff attraction and retention, which are critical attributes of strengthening the province's home care system. There should be progression from this position to other staffing opportunities, such as nursing, and nursing practitioners. A stronger partnership with the college network should be created to formulate proper education and training content for the PSW position.

Over the past decade or so there has been much discussion, and various initiatives undertaken in attempting to establish a mandatory registry for PSW workers. In light of the demonstrated importance of this position in serving seniors, post pandemic there will be a return to the larger public policy discourse on the PSW position in the classification of health professional positions.

Finally,there is a need for laser focused leadership from Ontario Health and OHTs to ensure that the reform of home care is not done in isolation or within its own silo. Program and funding incentives must be promulgated to promote integration of health and social services, in providing support and care to seniors.

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[15] Jill Mahoney, "One in nine newly admitted long-term care residents could be cared for at home, report says," Globe and Mail, August 6, 2020.

[16] Ontario Invests in Historic Campaign to Accelerate Training for Personal Support Workers", Government of Ontario.

[17] Ontario Launches Historic Long-Term Care Staffing Plan", Government of Ontario.

[18] Long-Term Care Staffing Study (Ministry of Long-Term Care Staffing Study Advisory Group, July 30, 2020), 9.

Measuring Success

Meaningful, sustainable reform of the whole home care system will take time and money. Rightfully so, governments will immediately ask, what is the most effective and cost-efficient way to achieve it?

Given the existing inequity issues in the health care system in terms of accessibility, priority should be given to high-risk communities. Characteristics of high-risk communities include: reported low-incomes, food and job security issues, inadequate crowded housing, limited community amenities (such as community centres, parks, and libraries), and high precarious employment rates. By taking a pilot approach, there is immediate infusion of resources and testing of new services to support seniors, while at the same time, providing vital learnings on implications for expansion to other communities, and eventually the whole home care system.

In partnership with key community agencies, the OHT in a particular community would first determine the baseline information, such as the population of seniors, the network of social services and home care agencies, the current types and levels of services being provided, and the gaps and unmet requests for services and support. Such a service map would inform the development of an investment and delivery strategy to improve the provision of home care in the community as well as give OHTs something to measure results against.

This approach would build on a current 'best practice' in the Greater Toronto Area. The COVID-19 pandemic has disproportionately impacted racialized and low- income residents, in communities of concentrated poverty, dense low-income housing and precarious employment. The United Way of Greater Toronto, the City of Toronto, and several community agencies (such as Community Health Centres, Ontario Health, and the LHINs) have created Health Commons or Community Cluster Tables. These new entities are effective, powerful partnerships which achieve "locally-driven solutions" using "tailored and targeted tactics" to address the ravages of the pandemic.[18] It is an innovative model for meaningful reform of the home care system which addresses systemic inequalities that could be replicated across the broader seniors care system as part of this larger reform.

[18] In conversation with Daniele Zanotti, CEO of United Way of Greater Toronto, January, 2021.

Conclusion

Over this past year, living through the pandemic has glaringly and tragically revealed how inadequately care has been provided to many seniors. A major contributor to this failing is the silo approach in home care, acute care, and LTC. While the provincial government has introduced some new strategies and additional funding, these have been separate and discrete actions within each system, which do not address the flawed silo approach in service delivery.

Now is the time for fundamental reform grounded in the principle of Aging in Place. Deliberate and purposeful new directions are required to integrate the three systems of service and care. Some critics may say that as the pandemic has not yet subsided, crisis management and dealing with overdue underinvestment in the LTC system should be the only priority of government at this time. However, that would be very short sighted and misguided, as this is the very time in which piloting innovation on a community-based approach in specified high-risk areas would yield important learnings to be implemented across the province, not to mention immediate benefits to seniors in the pilot communities who deserve better.

If followed, these recommendations would help to reform a home care system that would be more transparent, tangible, and measurable.

The StrategyCorp Institute of Public Policy and Economy is StrategyCorp's think tank on innovation in public policy and economics.

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