

CRNCC

Canadian research network for
care in the community



RCRSC

Réseau canadien de recherche pour
les soins dans la communauté

Leading knowledge exchange on home and community care

Home and Community Care In the Broader Continuum: Reflections from Canada

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The CRNCC is supported by funded from the Social Sciences and Humanities Research Council of Canada and Ryerson University.



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The Problem

- Increasing health care costs (OECD, 2006)
 - Advances in medical technologies
 - Rising public expectations
 - Population aging

- Growing concerns about:
 - Access (e.g., wait lists)
 - Sustainability

- Shift to home and community

One Approach: Strategic Purchasing

- As defined by WHO (2000), strategic purchasing is process of proactive decision-making about:
 - Which services to purchase
 - How to purchase them
 - And from whom
- Aim is to ensure system responsiveness and financial fairness
 - Purchasers use market power to promote quality and contain costs

Strategic Purchasing

- WHO model assumes strong element of individual agency and choice
 - Final “purchasing decision” is made by patient/client
 - Informed patients/clients will choose high performing providers, thus improving system performance

Key Questions

- Are assumptions about ability to choose quality reasonable for
 - Patients/consumers generally?
 - Vulnerable groups such as frail seniors, persons with ABI, children with complex care needs?
- How do you know if you're purchasing the right services at the highest quality?

The Evidence Game

- Particularly challenging in field of home and community care characterized by diverse needs
 - Substitute for acute care
 - Substitute for long-term care
 - Prevention and maintenance

The Evidence Game

- Home and community care face particular challenges
 - Difficult to measure outcomes such as quality of life, independence, well-being
 - Multiple, complex factors affect outcomes
 - Care processes are not well understood
 - Individuals may experience decline regardless of quality of care
 - Vulnerable individuals may have limited ability to exit or voice

Key Questions

- What approaches are currently used across Canada?



Multiple Approaches to Procurement Now Used

- Approaches vary within and across jurisdictions
- Include (often in combination):
 - Self-managed care
 - Information and referral
 - Service coordination
 - In-house service delivery
 - Competitive bidding
- Little evaluation and sharing of best practices



East-Central Regional Health Authority, Alberta

- Utilizes mix of approaches:
 - Direct provision: e.g., in-home nursing, rehab, respite, home support-personal care
 - Coordination: e.g., meal programs, home support-homemaking, home maintenance
 - Referral: e.g., day hospitals, group homes
 - Direct/coordinate: home care services for children with complex care needs

Source: Hollander et al., Continuing care service delivery systems: case studies of current models. 2006

PRISMA

(Program of Research to Integrate Services for the Maintenance of Autonomy), Quebec

- Coordinates existing services (3 levels)
 - Strategic/governance (EDs of Health and Social Services Centres, community organizations, long term care centre, general practice MDs)
 - Tactical/management level (intermediate level managers from health & social care, agencies, case manager, consumer)
 - Clinical/operational level

Designated Assisted Living Program, Alberta

- Shifting from “nursing home” model with managed, “bundled” services, to housing model with self-managed, “unbundled” services
 - Basic monthly accommodation fees reduced
 - Housing and “hospitality” services such as meals, laundry, cleaning and life enrichment services now private arrangements between operator and resident/family
 - Regional health authorities now fund medical supplies, personal supports and services

Source: Armstrong & Deber. Missing pieces of the shift to home and community care. www2.m-thac.org

Home Care Policy in Ontario: The Long and Winding Road

- Strong ideological component
- Old home care programs
 - Continuing contracts with established mostly not-for-profit providers, in-house delivery
- NDP Multiple Service Agencies model
 - 80% of home care services to be provided by unionized employees
 - 20% contracted out mainly to not-for-profits

Home Care Policy in Ontario

- Community Care Access Centres (CCACs)
 - Purchaser/provider split
 - Divestment of in-house services
 - Not-for-profit and for-profit home care providers compete for contracts
 - Contracts based on price and quality

Key Questions

- Under what conditions is competition likely to produce higher quality, lower costs?



Rehabilitation and Pediatric Home Care in Ontario

- Pediatric home care

Williams, Spalding, Deber, McKeever. Prescriptions for pediatric home care. From Medicare to Home and Community (M-THAC) Research Unit, HPME, March 2005. (Go to www.CRNCC.ca)

- Rehabilitation home care

Randall & Williams. Exploring limits to market-based reform: Managed competition and rehabilitation home care services in Ontario. *Social Science and Medicine*. 62, April 2006: 1594-1604

Low Volume + Specialization = Limited Competition

- Only 6 of 43 CCACs contracted out rehab prior to divestment
- Prior to 1996, only 13 agencies provided OT or PT in whole province – mostly in urban areas
 - By 2003, still only 36 rehab agencies (vs. 43 CCACs)
- Few bidders, particularly in non-urban areas
 - CCACs routinely awarded contracts to multiple bidders even when prices were higher
 - Even then, contractors had problems meeting volumes

HHR Shortfalls

- Loss of rehab and pediatric provider agencies
 - Uncertainty and costs of RFP process
 - Fewer bids at higher cost
- Loss of rehab and pediatric professionals
 - Voluntary switch to other sectors or out of market due to uncertainty and downward pressure on incomes, working conditions
- After divestment, 7 CCACs hired pediatric staff back on favorable terms

Service Costs

- RFP process drove up unit costs
 - Specialized nursing and therapy costs rose
 - Particularly in non-urban areas where few providers (reportedly by 75%+ in one area for rehab)

Administrative (Non-Service) Costs

- CCAC overhead costs for RFP process, monitoring providers rose
 - Estimated as high as 35% by OHHCPA/OCSA, 2001
- Provider costs for bidding on RFPs, managing HHR also rose
 - Some agencies claimed typical RFP bid cost \$30,000 to produce

Service Reductions

- Higher costs → lower volume
 - Across the board reductions
 - Eligibility tightened
 - “Active” case review
 - Emphasis on “medical need”
 - Emphasis on family “capacity” to provide care
 - Shift to “block therapy”

Quality

- Access declined
- Where services available, substitution of lower paid personnel (RN, RPN, PSW)
- Providers unwilling to share best practices for fear of losing competitive edge

Key Questions

- When integrated into the broader continuum, can home and community care help cure health care ills?
 - Purchasing the right mix of services

Vital Signs: Vancouver Coastal Health

- Mix of in-house and contracted services
- 24,500 staff
- Over 5000 volunteers
- 17 Municipalities/Regional Districts
- 15 First Nation Communities
- 56 Residential Care Facilities (6343 beds)
- 14 Acute Care Facilities (1848 beds)
- 14 Assisted Living sites –(620 units)
- Community programs and services

Thanks to Nancy Rigg – go to www.CRNCC.ca

Vancouver Coastal Health

- Linked community care funding to system outcomes
 - E.g. ALC bed reductions
- Shifted focus from residential care (LTC beds)
 - to assisted living (supportive housing) and residential care (home care)
- Initially targeted highest needs groups
 - Complex care seniors, ABI, adults with disabilities

Vancouver Coastal Health

- Residential care bed numbers reduced
 - 500 beds closed, with higher acuity in remaining beds
 - 25 to 30% of community clients met residential care thresholds

- ALC days reduced from 12 to 6%
 - Freed up system resources for community care
 - Seniors lose 5% of capacity each day in hospital

- Introduced geri-triage nurses in all EDs
 - Savings = 17 in-patient beds

Vital Signs: Veterans' Independence Program

VIP is a comprehensive suite of services to 103,000 clients – mix of approaches

- **Personal Care** to assist with daily personal care needs (e.g. bathing, dressing) 6118 clients, \$17.5 million
- **Health and Support Services** provided by professionals (e.g. nurses to administer medication, occupational therapists)
- **Access to Nutrition**, e.g. Meals-on-Wheels, 6,929 clients, \$6.1 million.
- **Housekeeping** to assist with routine household tasks (e.g. laundry, vacuuming, meal preparation) 81,529 clients, \$145.7 million
- **Grounds Maintenance** to assist with grass cutting and snow removal 59,641 clients, \$40.2 million

Thanks to Dr. David Pedlar – go to www.CRNCC.ca

Veterans' Independence Program

- **Ambulatory Health** assists with health and social services outside the home (e.g. adult day care, health assessments, diagnostic services, and travel costs to access these services) 1,193 clients, \$.8 million
- **Transportation** to participate in activities such as attending senior citizen centers and churches, shopping, banking, and visiting friends when transportation is not otherwise available. 5,536 clients, \$3.1 million
- **Home Adaptations** to facilitate access/mobility in the home. Examples, bathrooms, kitchens and doorways can be modified to provide access for basic everyday activities such as food preparation, personal hygiene and sleep. 552 clients, \$.5 million
- **Nursing Home Care** in the client's community may be provided if/when the client can no longer remain at home. 6,234 clients, \$58.9 million

Veterans' Independence Program

- Problem: increases in wait list length and wait times in contract beds
- Intervention: home care option offered to wait listed clients with nursing care needs
- Result: most on wait lists prefer to stay at home with added home support; homemaking services play a key role
- Impact: program implemented nationally in 2003

Take Away Messages

- Assumptions about strategic purchasing need to be carefully considered
- Particularly in home and community, needs are diverse, quality is often difficult to define, and vulnerable individuals may have little ability to exit and voice
- A mix of approaches likely works best, but little evaluation and few best practices

Take Away Messages

- Particularly where there are low volumes and few providers, competitive bidding may produce undesirable outcomes
- “Which services to purchase” clearly as important as “how to purchase them” and “from whom”
- Thinking “across silos” offers great potential to help cure system ills

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