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

Achieving High Quality Care For All: Making the Case for Community Supports

A. Paul Williams, PhD.

Full Professor & CRNCC Co-Director, University of Toronto

Plenary Presentation to
Ontario Community Support Association Annual Conference
October 19th, 2011

The CRNCC is funded by the SSHRC and Ryerson University

RYERSON UNIVERSITY

Social Sciences and Humanities Research Council of Canada

HEALTH POLICY, MANAGEMENT AND EVALUATION
HPME
UNIVERSITY OF TORONTO

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

High Quality Care for All: Who Could Argue With That?

The CRNCC is funded by the SSHRC and Ryerson University

RYERSON UNIVERSITY

Social Sciences and Humanities Research Council of Canada

HEALTH POLICY, MANAGEMENT AND EVALUATION
HPME
UNIVERSITY OF TORONTO

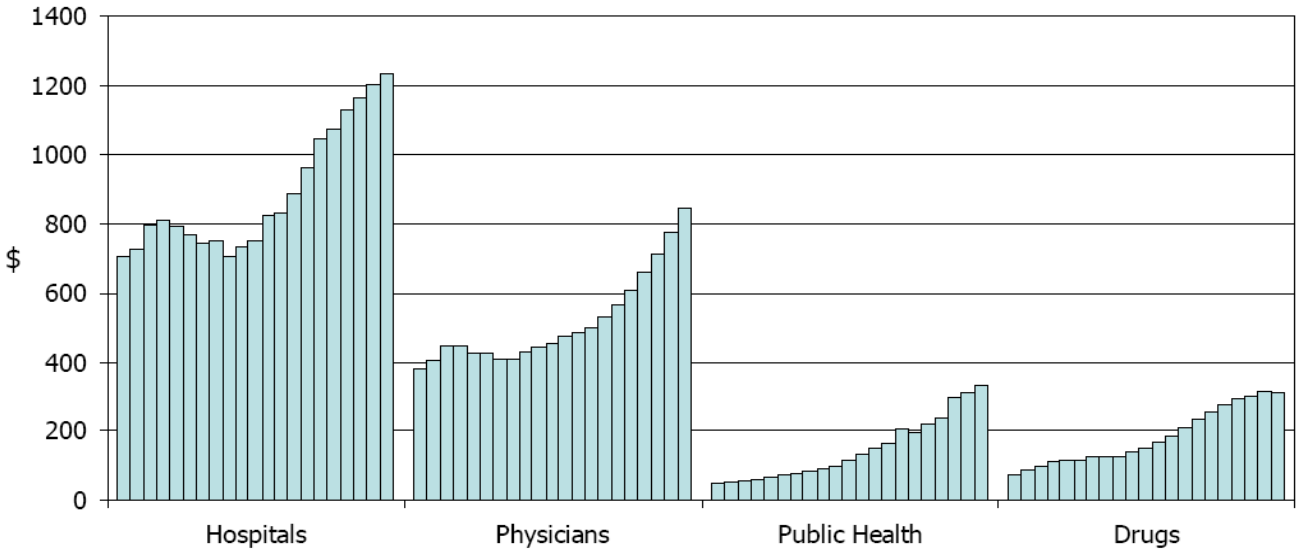
The Quality Imperative

- Push toward laudable goals of better health care for people, and system sustainability
- An important step forward, since in the past providers did pretty much what they felt was necessary with little evaluation or transparency

Why Quality Now?
The Health Care Sky Is Falling

- Annual increases in health spending at ~8% over the last decade

Ontario Provincial Government Health Expenditures Per Capita: 1989-2009.



Percentage Change:	1989 to 1999: 6 %	1989 to 1999: 19%	1989 to 1999: 156 %	1989 to 1999: 99 %
	1999 to 2009: 64 %	1999 to 2009: 86%	1999 to 2009: 182 %	1999 to 2009: 109 %

CRNCC
Canadian research network for care in the community

Source: CIHI 2009 from OACCAC, OFCMHAP & OHA, 2010

The Prognosis Looks Grim

- Rising costs threaten sustainability
  - New and more expensive medical technologies and treatments
  - More people with multiple chronic needs
  - Rising health services use across all age groups
  - Rising professional incomes
- UK coalition government promises to “ring fence” health care (no cuts) proved hollow
  - Expect the same here

Quality to the Rescue

- 2010 Provincial Budget
  - Ontario set goal of holding annual health sector spending increases to 3% by 2012-13
- Also in 2010, *Excellent Care for All Strategy*
  - Quality committees
  - Public annual quality improvement plans
  - Executive pay linked to improvement targets
  - Patient/client/caregiver satisfaction surveys
  - Staff surveys
  - Patient relations process

Taking the High Ground: Health Quality Ontario (HQO)

- Make evidence-informed recommendations on standards of care
- Translate evidence into practical tools and quality improvement supports
- Report on and monitor both system and organizational levels
- **Provide evidence-based funding recommendations to the Minister**

CRNCC
Canadian research network for care in the community

Who Else is in the Quality Game?

- Generalized push across industrialized countries to achieve better value for money, cost effectiveness, improved performance, higher quality in health care
- NICE: National Institute for Health and Clinical Excellence, U.K.
  - "... responsible for producing guidance based on the best available evidence of effectiveness and cost effectiveness to promote health and to prevent or treat ill health

The State of the Art in Ontario

- Ontario Health Quality Council (now HQO) 2011 report includes these performance measures:
  - % of seniors receiving nursing home care following hospital discharge
  - Potentially avoidable readmissions to hospital
  - % of clients whose bladder function has recently declined or did not improve
  - % of clients with pain that is not well controlled
  - % of clients with serious signs of depression
  - % of clients who report they have fallen in the last 90 days
  - % of clients with a new pressure ulcer
  - % of clients with unexplained injuries, burns or fractures
  - % of clients showing signs of neglect or abuse

Quality in Community Supports: Complex Realities

- The community sector is very complex
  - Clients with widely varying, often complex needs: older adults, persons with disabilities, children
  - Clients receive multiple services from multiple providers
  - Service capacity varies extensively across and even within communities
  - Most care (good or bad) is provided by family, friends and neighbors
  - Causal linkages between individual interventions and system outcomes difficult to demonstrate

Unkind Truths

- Community supports mostly beyond Medicare boundaries of “medically necessary” hospital and doctor care
- Regardless of the quality of care, many community support clients decline and die

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

Quality A Work in Progress … With a Powerful Political Dimension

The CRNCC is funded by the SSHRC and Ryerson University

RYERSON UNIVERSITY

Social Sciences and Humanities Research Council of Canada

HEALTH POLICY, MANAGEMENT AND EVALUATION
HPME
UNIVERSITY OF TORONTO

Quality: Know It When You See It?

- Defining and measuring quality in health care still a very tricky proposition
  - Quality "technology" still quite young
  - Limited consensus on what to measure, how
  - Most current indicators emphasize discrete clinical procedures or functional improvements
  - The most powerful indicators are hospital-focused (e.g., emergency room (ER) wait times, alternative level of care (ALC) beds)

The Science is Inconclusive

- UK has moved to discard “process” measures (e.g., wait times) in favor of “outcomes”
- Considerable debate even within UK NICE about quantifying qualitative goals like independence, autonomy, quality of life
- European literature focused more on aging at home than on getting people out of hospitals
- Quality looks different from different perspectives (client/caregiver/provider) and for different client groups (persons with disabilities)

High Quality Must Be Matched With Appropriateness

- Even the highest quality services are of little value if inappropriate
  - ALC beds – high quality care, but inappropriate for system and individuals
  - Long-term care beds for older persons (and younger persons with disabilities) who could be safely and cost-effectively supported at home

The Quality Agenda Has a Strong Political Dimension

- Because it promises to re-allocate resources (including money, status, jobs), the quality agenda is hot politically
- Given scientific uncertainty, political interests can and will fill the gaps
  - What to measure, how to measure it
  - **How to interpret the evidence**

Balance of Care Research Group
University of Toronto

- We worked with cross-sectoral “expert panels” to analyze LTC wait lists in 10 regions of Ontario:
  - Waterloo, Toronto Central, South West, South East, Central, Central West, North East, North West, North Simcoe Muskoka, Champlain
- We asked:
  - Why can some older persons can age successfully at home, while others with similar needs require residential LTC?

CRNCC
Canadian research network for care in the community

Ontario Balance of Care Research Findings

- We found:
  - In all communities older people wanted to age at home – their idea of quality
  - However, particularly outside of urban areas, needed community services often not readily accessible
  - Hospitalization and/or residential LTC became "default options"
- Lack of community care meant that First Nations elders moved off reserve to LTC – is this quality?

Ontario Balance of Care Key Conclusions

- We concluded:
  - "Supply side" factors (especially access to community-based care) as crucial as "demand side factors" (an aging population)
  - Investments in new models of managed, integrated community-based care could avoid inappropriate and costly hospitalization and residential LTC
- **However, BoC findings used politically to justify more LTC beds**

The Hard Lessons of Aging at Home

- 4 year, $1.1 billion Aging at Home (AAH) initiative introduced in 2007
  - …“enable people to continue leading healthy and independent lives in their own homes”
  - Included: meals, transportation, shopping, friendly visiting, snow shoveling, adult day programs, caregiver relief/support
- Reversed previous policy of building long-term care beds

The Hard Lessons of Aging at Home

- By 2011, AAH superseded by ER/ALC strategy
  - In 2009-2010, 50% of AAH money to be directed to ER/ALC by LHINs
  - In 2010-2011, 25% of AAH money “taxed back” for provincial ER/ALC initiatives, with remaining 75% for ER/ALC problems at LHIN level
- Aging at Home transformed into “don’t age in the hospital”

The Hard Lessons of Aging at Home

- Why ... External
  - Policy-makers wanted simple solutions ... Now!
    - Wait lists seen as overriding political issue
    - Community sector could not demonstrate direct causal linkages
  - Other interests saw opportunities & threats
    - Hospitals saw A@H as money that could help solve their immediate problems
    - Organized labour saw A@H as union busting and exploitation of working poor

The Hard Lessons of Aging at Home

- Why ... Internal
  - Community support sector fragmented
    - Widely varying terms and conditions: eligibility, intake, standards, fees
    - Massive geographic inequities
    - Hard to access – easy to ignore
  - Suspicious of outsiders
  - Principled unwillingness to allow quick wins to trump long-term, hard-to-demonstrate goals

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

How The Community Support Sector Can Respond: Two Strategic Directions

The CRNCC is funded by the SSHRC and Ryerson University

RYERSON UNIVERSITY

Social Sciences and Humanities Research Council of Canada

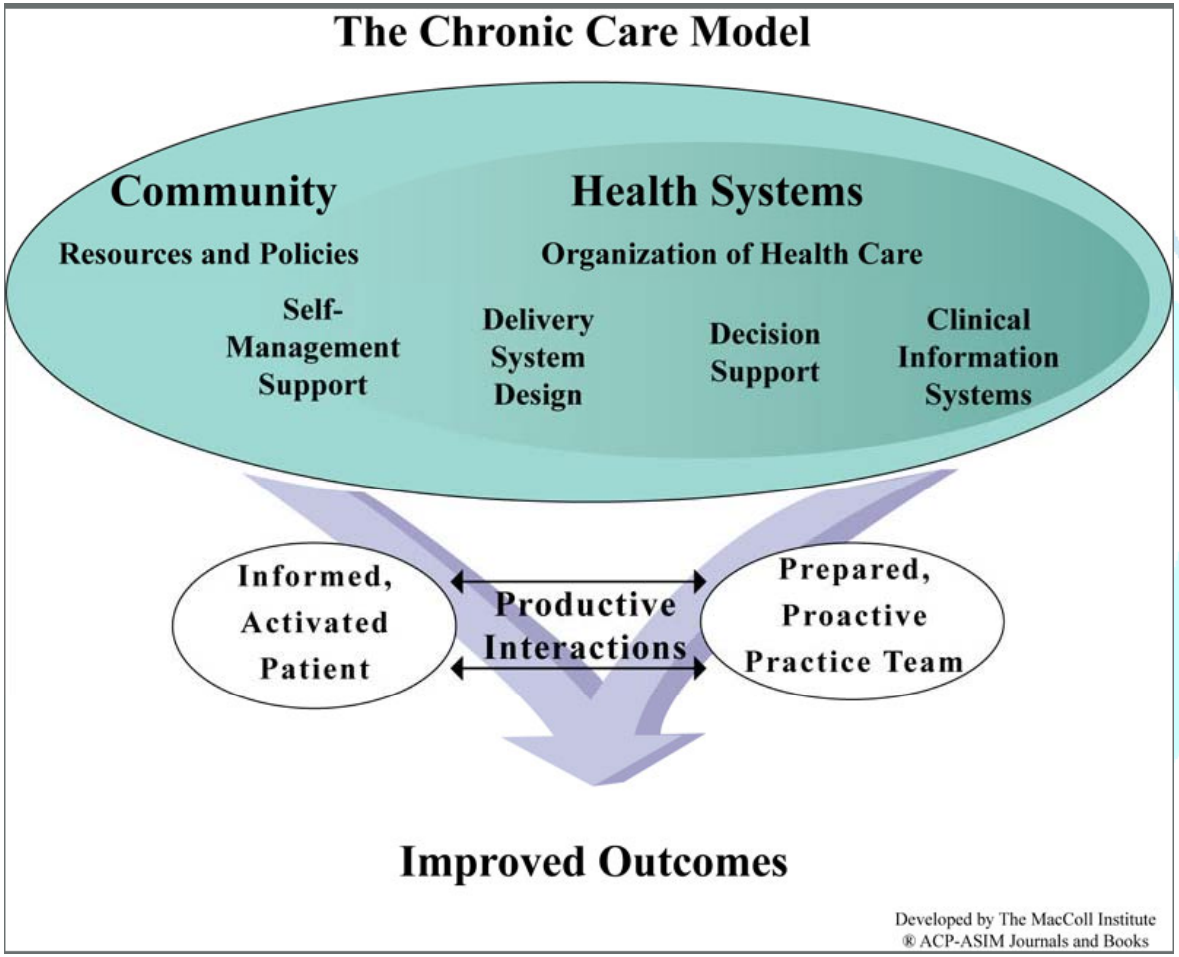
HEALTH POLICY, MANAGEMENT AND EVALUATION
HPME
UNIVERSITY OF TORONTO

Strategic Direction One: Build Bridges Across Care Pathways

- Fragmented "siloed" systems are the source of multiple system failures
  - They are singularly unable to meet the needs of people with multiple, chronic needs in an appropriate, cost-effective way
- "The current care systems cannot do the job. Trying harder will not work. Changing systems of care will."

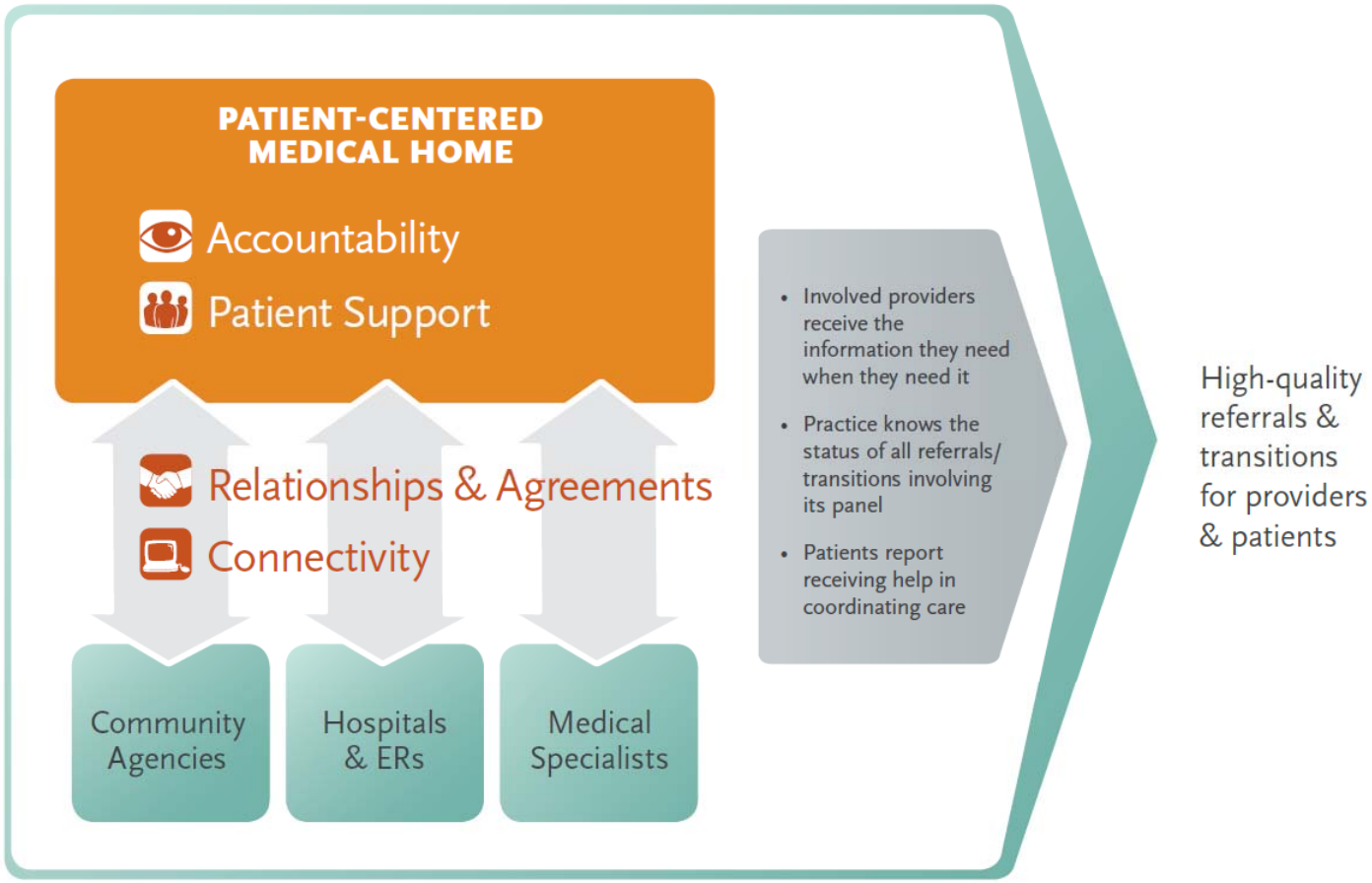
Source: Crossing the Quality Chasm: A New Health System for the 21st Century, Institute of Medicine, 2001

The Chronic Care Model



CRNCC
Canadian research network for care in the community

The Patient-Centred Medical Home



The MacColl Institute for Healthcare Innovation, Group Health Cooperative © 2010

CRNCC
Canadian research network for care in the community

Build From "The Ground Up"

- See new models as an opportunity to better serve people with ongoing needs
  - Take off "organizational hats" to establish shared points of access, common approaches and quality standards within the community sector
  - Functionally integrate client care pathways across organizations and sectors

Promising Initiatives

- Community Navigation and Access Project (CNAP)
  - Development of centralized intake and referral system for over 30 community agencies in Toronto (2 of which subsequently merged)
  - Coordinated access to transportation
  - Implementation of an inter-agency referral protocol (warm transfer) which ensures that clients and caregivers are supported across agency and sector boundaries

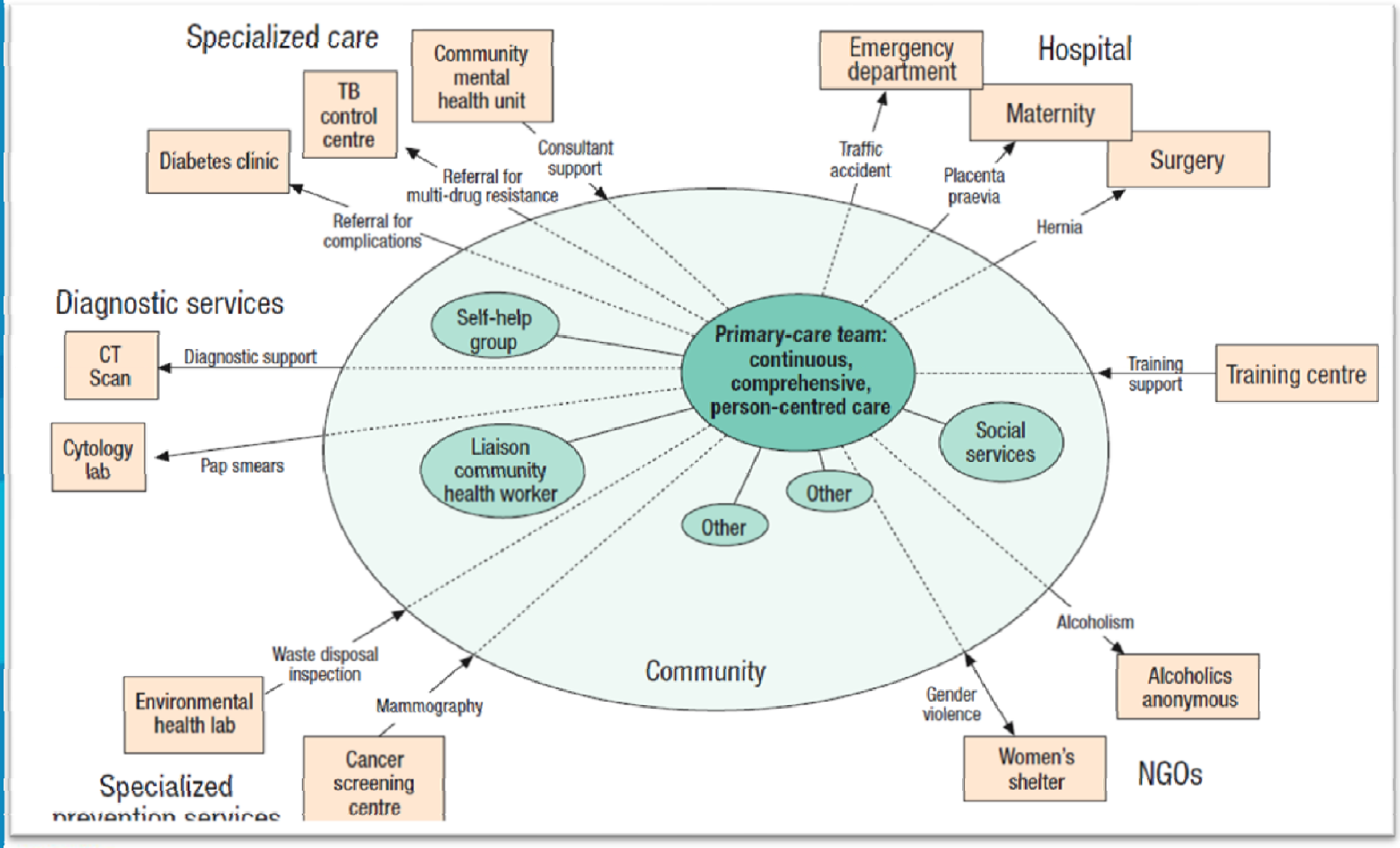
Promising Initiatives

- Unison Health & Community Services
  - Voluntary merger of New Heights Community Health Centre & York Community Services
  - Provides a wide range of primary health and community services to older persons with multiple health and social needs
    - Multi-disciplinary/multi-sectoral team approach

Promising Initiatives

- Unison senior's health program
  - Home visits, meals-on-wheels (Downsview Services for Seniors)
  - Home visits by NP, RPN, physician, pharmacist
  - Meals on Wheels (Downsview Services for Seniors & St. Clair Services for Seniors)
  - Access to Toronto Central & Central CCAC services
  - Assistance with transportation to appointments
  - Access to Baycrest Day programs
  - Access to volunteer services (Circle of Care)

The WHO PHC "Hub" Model



CRNCC
Canadian research network for care in the community

Dividends

- Creates value for clients, system, sector
  - Clients with multiple needs and their caregivers can more easily access high quality, appropriate care on a timely basis
  - Demand for more costly and sometimes inappropriate care in hospitals and residential LTC can be shown to be moderated
  - Build alliances with other organizations and sectors – it puts community on the political map

Strategic Direction Two: Broaden Definitions of Quality

- Engage clients and caregivers to push beyond clinical definitions of quality
  - British research on ASCOT domains suggests that *control over daily life* and *personal cleanliness* are even more important than meals, safety and dignity
  - Dutch research suggests that older persons more highly value ability to adapt than cure or habilitation

Promising Initiatives: Toronto Central CCAC

- PSWs now encouraged to ask three questions (paraphrased) during each visit
  - What is the most important thing I can do for you today?
  - Is there anything else I can do for you today?
  - Is there anything I should tell your care team?

Adding Broader Societal Benefits to the Quality Mix

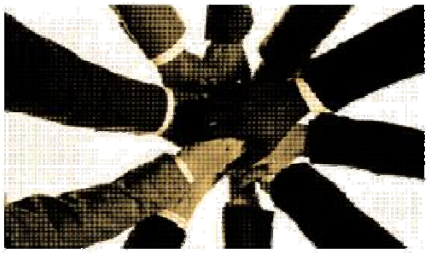
- Idea of *Corporate Social Responsibility* now widely embraced in Europe and Latin America in business sector
  - Asks *"how an organization contributes, or aims to contribute in the future, to the improvement or deterioration of economic, environmental, and social conditions, developments, and trends at the local, regional, or global level.*
  - In addition to the services or goods produced, it looks to the social value added of being a good corporate citizen

Getting Out of the Box: Corporate Social Responsibility

Self-regulation

Human Rights

Labour Issues



Stakeholders Engagement

Environmental Impact

Social Impact & Community Involvement

CRNCC
Canadian research network for care in the community

Source: IDEARSE Center for Corporate Sustainability and Responsibility, Anahuac University, Mexico

Dividends

- Balance “expert” definitions of quality with personal values and lived experience
  - Consistent with Excellent Care for All Strategy emphasis on client satisfaction
  - Politically powerful, particularly when it engages growing cohort of stressed, but politically active, informal caregivers
- Value broader societal contributions
  - Good labour practices, stakeholder and community engagement, self-regulation

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

Take-Away Messages

The CRNCC is funded by the SSHRC and Ryerson University

RYERSON UNIVERSITY

Social Sciences and Humanities Research Council of Canada

HEALTH POLICY, MANAGEMENT AND EVALUATION
HPME
UNIVERSITY OF TORONTO

Quality Agenda: Laudable Goals

- Who could disagree with:
  - Better care for people
  - Cost-effectiveness and system sustainability

Quality "Technology" is Emerging

- Still considerable debate about how to define and measure quality even in the clinical context
- Even the highest quality care is of little value if inappropriate

The Quality Agenda Has A Strong Political Dimension

- Because abstract quality is now linked to the very concrete "who gets what, when, how," it will be highly politically contested
  - Hospitals and residential LTC already in the starting gate
  - The community sector must actively engage as a sector
    - "You don't have to be right, you have to be sure"

Two Strategic Directions

- Build bridges across care pathways
  - Better serve people with multiple chronic needs
  - Build alliances to demonstrate quality added
- Broaden definitions of quality
  - Engage clients and caregivers to enrich understandings of quality and build support
  - Emphasize the range of economic and social benefits generated by responsible community-based organizations

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

www.crncc.ca

The CRNCC is funded by the SSHRC and Ryerson University

RYERSON UNIVERSITY

Social Sciences and Humanities Research Council of Canada

HEALTH POLICY, MANAGEMENT AND EVALUATION
HPME
UNIVERSITY OF TORONTO