

## **Map the System (MTS) 2020 - Ryerson University** **An Analysis of Home Care in Ontario**

### The Home Care Sector in Ontario

In Ontario, home care services support people with health issues who are unable to care for themselves but can remain at home. Nursing, personal support, physiotherapy, social work and other services can be provided as home care. Ontario provided over 6.5 million nursing visits and 27 million hours of personal support and home making services to more than 600,000 home care patients per year, with 74% of funding spent on personal support and homemaking services (Health Quality Ontario, 2016).

In 2011, approximately 1.5 million Canadians received public-funded home care services, representing a 55% increase since 2008. In 2012, over 2.2 million Canadians received home care through either public-funded sources or private sources. The need for home care can be caused by long-term health conditions, disability or age-related health issues (Grant and Church, 2015).

Home care is driven not only by the needs of an aging population but also by advances in medical technology that now allow for more medical procedures to be conducted in a home setting. Treatments such as advanced wound care, IV therapy, chemotherapy, types of dialysis and mechanical ventilation can now be done in a patient's home. Patients have embraced these changes for convenience and comfort. Governments have welcomed this shift to home care due to its lower costs (Grant and Church, 2015).

Although home care is publicly-funded for patients in Ontario, all frontline care has been outsourced to a variety of external organizations ranging from large for-profit companies like Extendicare to non-profit organizations such as the Victorian Order of Nurses (VON). Patients and families with the financial means to afford it are able to pay either for-profit or non-profit organizations for extra home care hours (Grant and Church, 2015).

### Home Care seen as a Solution to Hospital Overcrowding

As the population in Ontario ages, there is more demand for home care services for the elderly, particularly those living with chronic medical conditions. Hospitals are constantly overcrowded and advocates for home care argue that this sector could reduce pressures on hospitals but aren't being given enough funding (Salvian, 2018).

Ontario has a lower number of hospital beds per capita than all other Canadian jurisdictions. Ranked against international jurisdictions, only Chile and Mexico have a lower bed number per capita among the OECD countries (Grant and Church, 2015).

Not only do patients prefer home care, home care is also more inexpensive than hospital care. A day in the hospital costs \$450 compared to \$45 per day for home care (Grant and Church, 2015).

### Demand for Home Care Services is Increasing

The Canadian Home Care Association stated that patients prefer home care over hospital-based care if given a choice. As the percentage of alternate level of care (ALC) patients stubbornly stay the same at 14% between 2011 to 2015, even with various government interventions aimed at solving this issue, the number of hospital beds taken by patients that no longer require hospital care but have nowhere else to go has become a major problem for the healthcare system. ALC patients are often older and suffer from dementia or mental health problems, and have no other care setting to go to. Ontario's home care sector now serves more than double the number of patients compared to the early 2000s, with a corresponding increase in the medical acuity levels of patients, who are often sicker and more frail (Grant and Church, 2015).

In addition, as the population in Ontario ages, the demographics of the average home care patient has changed. The average age increased to 78.9 years while 73% of home care patients are now over the age of 75. The prevalence of dementia in home care patients also increased to 28.6 as with the percentage of patients exhibiting difficult behaviours such as being physically abusive, verbally abusive or disruptive. Home care patients are less able to perform ordinary day-to-day tasks in personal hygiene, toilet use, locomotion and eating, thus becoming more reliant on their caregivers and healthcare providers. By 2013-2014, approximately 44% of all home care patients with a caregiver were considered to be moderately to very severely impaired in their ability to perform daily tasks (Health Quality Ontario, 2016).

### Problems in the Home Care Sector

Home care has been criticized as lacking consistent care standards, being a hard-to-understand maze, and having a lack of transparency for patients and families. With demand increasing as baby boomers age while funding has not increased at the same levels, government agencies have had to modify assessment criteria and reduce services and hours. Reliance is high on family members to engage in informal caregiving by performing medical tasks such as dressing wounds and changing IV bags. In 2015, more than 4500 people were on the waitlist for publicly-funded home care services, including patients with high care needs. In addition, because funding is allocated unevenly across the province, home care can be different depending on the addresses of patients. These issues have led to an overburdened hospital system, burned out informal caregivers, and the discharging of sicker patients faster back into the community from hospitals. Since home care is not designated as an essential health service under the *Canada Health Act* there is little agreement over what home care entails and who should be responsible for its payment (Grant and Church, 2015).

### *Current Payment Structure of Home Care*

Home care was budgeted \$3 billion annually in the Ontario government's 2018-19 budget. More than 700,000 people in Ontario received home care services each year, with home care costing 5% of the province's overall \$60 billion health budget (Crawley, 2019). In 2018, Ontario spent the most on home care compared to other Canadian provinces. While the national spending

average for home care services was approximately 2%, Ontario was spending 5% of its budget (Salvian, 2018).

Home Care Ontario stressed that low levels of funding for home care was causing home care providers to reduce the length of home visits to as little as 15 minutes in extreme cases (Salvian, 2018). Shorter visits don't allow staff to spend adequate time with patients, which may result in the progression of medical conditions without anyone noticing.

In addition, the home care system in Ontario is complex to understand and to manage, with over 14000 contract rates and 3300 service codes for home care services used. For patients that do not have high-enough care needs to be given home care hours, there is an expectation that non-profit organizations such as the March of Dimes or the Alzheimer's Society will step in to help; however, this does not always occur (Grant and Church, 2015).

#### *Acute Shortage of Home Care Hours in Ontario*

One of the top concerns of patients discharged from Ontario hospitals is the lack of publicly funded home care. This concern is consistent across geography and demographics such as age, gender and ethnic groups. In addition, patients were highly concerned about having to advocate to get enough home care hours (Crawley, 2020).

Home care has been proposed as the solution for overcrowded hospitals and "hallway medicine". Home Care Ontario, a group representing non-profit and for-profit home care agencies, stated that spending more on publicly-funded home care can reduce the need for hospital admissions and help patients get out of the hospital faster. On an average day in Ontario, over 4000 patients in hospitals don't require the high level of care that is provided in that setting, and instead are waiting for a spot in long-term care or hours for home care. Home care has been touted as a solution to this problem of alternative level of care patients stuck in hospitals. In addition, home care is a less expensive way of providing care compared to hospitals (Crawley, 2019).

#### *Low Wages in Home Care*

Publicly-funded home care wages for personal support workers are 18% lower compared to hospitals and 9% lower compared to long-term care homes. Rates set by contracts between government agencies and home care companies have not kept pace with inflation since 2010, which makes it difficult for employers to recruit staff to meet increasing demand for home care. There is also a shortage of personal support workers in general in Ontario, and this problem is present in home care. Personal support workers earn low wages, do not have autonomy over their work schedules and hours and are put on short home visits due to budget constraints (Home Care Ontario, 2020).

#### Connection between Home Care and the Healthcare System

Medical experts have argued that improved integration within Ontario's healthcare system is required to address fundamental issues. Currently, the healthcare system is siloed and

separates services such as family physicians, hospitals, home care, long-term care and emergency services. One method to improve integration is to encourage better data sharing between healthcare providers, in order to improve the system's efficiency (Salvian, 2018).

### The Role of Personal Support Workers in Home Care

Ontario's healthcare system relies on family members and other unpaid caregivers to look after patients who require care and who are living at home. This reliance is necessitated by the lack of publicly-funded hours for professional home care workers. However, caregivers are experiencing burnout, particularly for those that looked after home care patients. These caregivers were more distressed if they looked after patients who had higher healthcare needs, such as cognitive impairment, functional disabilities and frailty. Caregivers who were distressed on average provide 31.5 hours of care per week - resulting in negative impacts on their working lives, personal relationships and social activities. In Ontario, 97% of adults that receive publicly-funded home care have at least one unpaid caregiver, which is generally a spouse, adult child, relative, a friend or a neighbour, who supplements the care provided by professional support workers. In addition, to underscore the importance of informal caregivers to Ontario's healthcare system, the majority of care in the home is provided by caregivers. The problem exists that this contribution is not counted through monetary value because it is unpaid. A study conducted in 2012 pegged the value of caregiving at the equivalent of \$1.2 million full-time employees (Health Quality Ontario, 2016).

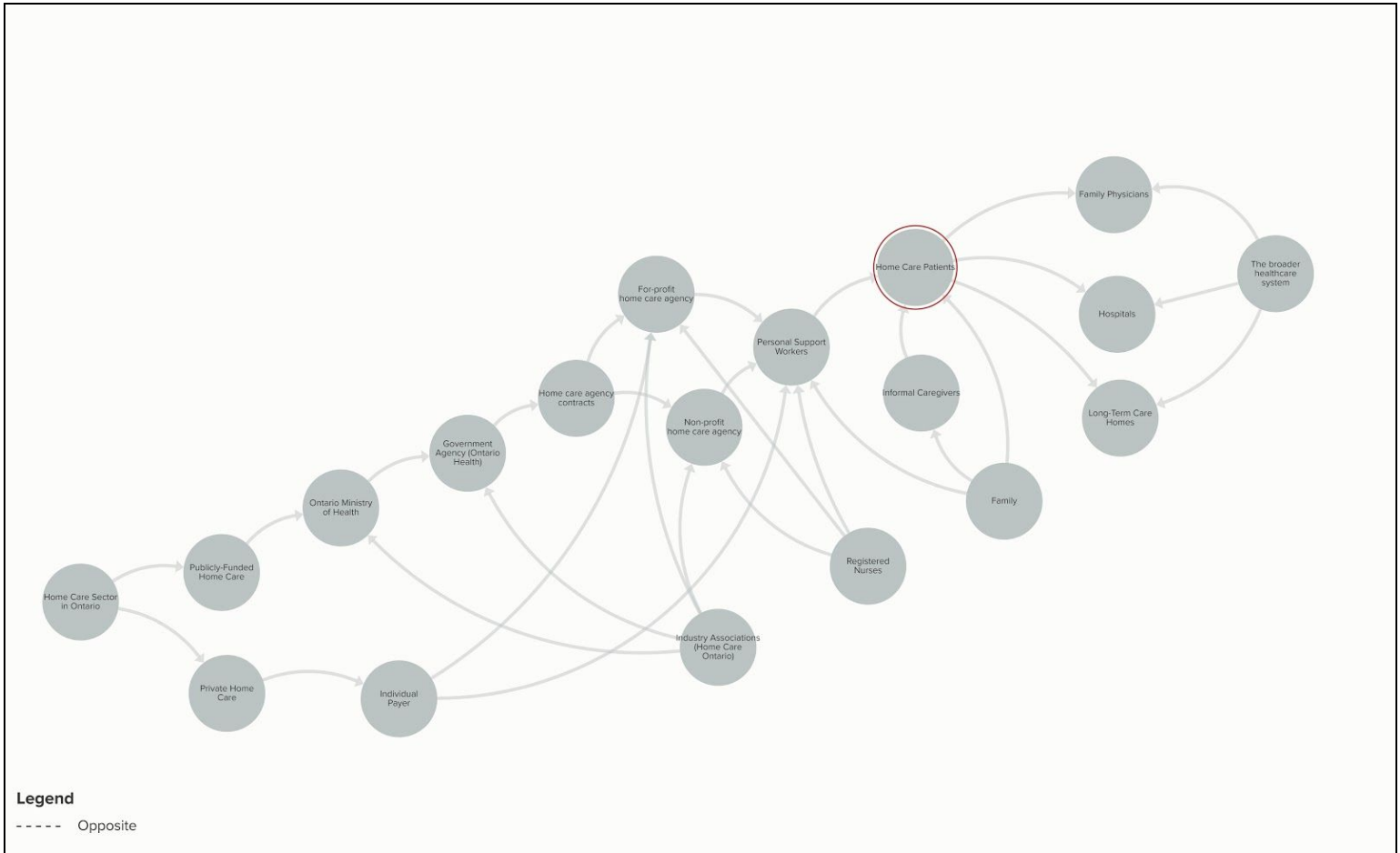
### Conclusion

The home care sector is vital to Ontario's healthcare system. Home care services allow an aging population to receive care at their homes, easing pressure from an already overburdened hospital system and presents a lower cost alternative to hospitals or long-term care homes. The majority of patients prefer to receive care at home. These factors make home care an important part of Ontario's healthcare system.

However, funding for home care services has not kept pace with inflation for the past decade. This has resulted in fewer publicly-funded home care hours available, leaving families to rely on informal caregiving or, for those who can afford it, pay out of pocket for private home care services. Informal caregivers are burning out as home care patients are increasingly frail with multiple health conditions. Even for those who can afford to pay for hundreds of hours of home care services each year, a shortage of personal support workers who provide a bulk of home care services means there is fierce competition for staff in this industry.

One route forward is to focus on the dearth of personal support workers. Currently, personal support workers are poorly paid, have little control over their work schedules and are forced to shuttle between patients for 15 minute appointments. Solutions that address the low pay and low autonomy characteristics of the personal support worker role can positively impact the entire home care system by providing workers that are central to the sector.

**Home Care Sector in Ontario Systems Map**



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