



# HOME AND COMMUNITY CARE

*A KEY PARTNER IN ENDING HALLWAY  
HEALTH CARE AND RESTORING  
ONTARIO'S FINANCES*

**PRE-BUDGET SUBMISSION  
2019 ONTARIO BUDGET**

## Executive Summary

Ontarians want the opportunity to live independently in their homes for as long as possible. Unfortunately, far too often the reality is much different. An aging and increasingly medically complex population, coupled with chronic underinvestment, has resulted in an unprecedented capacity challenge across our health care system. Overcrowding of hospitals has led to “hallway health care,” with many patients too sick to return home without supports and waiting to receive a more appropriate level of care.

The Ontario Community Support Association (OCSA) applauds the government’s commitment to end hallway health care. OCSA knows that there is a clear need to build capacity across the health care system, but that will take years. Ontarians need relief sooner and the home and community care sector is an essential, cost-effective and readily available part of the immediate solution.

Effectively utilizing the sector will help to free up hospital capacity, prevent unnecessary emergency department visits, and give clients the opportunity to live independently and safely in their homes and communities for as long as possible. In addition, the home and community care sector encompasses health promotion, and preventative and re-enablement services, helping to avoid unnecessary and costly hospitalization and institutionalization.

While the home and community care sector has the potential to help end hallway health care and restore the province’s finances, this can only happen if the challenges facing the sector are addressed. Through targeted investments, the development of a health human resource strategy to attract and retain frontline staff and a reduction of burdensome red tape, home and community care can be leveraged to ensure the best care in the most appropriate setting and reduce costs to the system.

The Ontario Community Support Association looks forward to partnering with government as it takes steps to transform our health care system for the people of Ontario.

## Summary of Recommendations

The recommendations outlined below are strategic and cost-effective measures that will ensure quality client care in the most appropriate setting and will strengthen the sustainability of our health care system as a whole.

To help achieve its commitment to end hallway health care, the Ontario Community Support Association recommends that the government:

- Overhaul funding agreements for home and community care to reduce red tape and enable improvements to quality of care.
- Increase funding to home and community care service providers by 5% annually for the next eight years to deliver more frontline client care, improve compensation and help discharge people out of hospitals faster.
- Ensure the implementation of a health human resource strategy to attract and retain PSWs, nurses and other care providers in the home and community care sector.
- Invest in digital technology for the home and community care sector to enhance connectivity, drive efficiencies in reporting, reduce duplication of assessments and improve client care.

## The benefits of home and community care

INDIVIDUALS  
SERVED BY HOME CARE:  
**730,000**



PERSONAL SUPPORT  
AND HOMEMAKING  
HOURS DELIVERED:  
**36.5 MILLION**



MEALS DELIVERED BY  
**MEALS ON WHEELS:**  
**3,145,449**



INDIVIDUALS  
SERVED BY CSS:  
**1,060,025**



INDIVIDUALS  
SERVED BY HOSPICE:  
**23,982**



CSS EMPLOYEES:  
**21,375**

NURSING VISITS:  
**9.6 MILLION**



CLIENTS SERVED  
IN DAY PROGRAMS:  
**49,708**



HOURS OF  
VOLUNTEER  
SERVICE DONATED:  
**3,114,929**



RIDES PROVIDED BY  
TRANSPORTATION SERVICES:  
**1,910,425**



INDIVIDUALS PROVIDED  
WITH ASSISTED LIVING SERVICES:  
**25,647**



ESTIMATED VALUE OF  
VOLUNTEER SERVICES:  
**\$78 MILLION**

Sources: CSS OHRS Comparative Report YE 2017-2018  
/ KPMG Bill 148 Analysis 2017

Facing a significant deficit, an aging population and increasing service delivery costs, the province must find ways to deliver quality health care services effectively. The Ontario Community Support Association and its members are an effective partner in fiscal responsibility without compromising client care. For instance, in 2018 the sector's volunteers donated over 3 million hours of service at an estimated value of \$78 million.<sup>i</sup>

For certain clients, the home and community care sector is an affordable alternative to hospital and long-term care that can free up much-needed hospital and long-term care capacity.<sup>ii</sup>

By properly leveraging the home and community care sector, the government has the potential to save up to \$150 million a year by ensuring clients receive the best care possible in the most appropriate setting.<sup>iii</sup>

Last year alone Ontario's health care system could have saved up to \$85 million by supporting 600 patients who were designated long-stay alternative level of care (ALC)<sup>1</sup> with enhanced home and community care.<sup>iv</sup>

Home and community care service providers play a growing role in helping people transition safely home from hospital as soon as possible – good examples are models such as Reactivation Centres and transitional housing. The community-based regional transitional programs of the Toronto-Central LHIN transitioned 323 clients, resulting in 13,185 saved ALC days, during the first 6 months of their pilot.<sup>v</sup>

The home and community care sector also relieves pressure on acute care with programs such as supportive housing and assisted living, which help prevent unnecessary trips to the emergency department. One Greater Toronto Area home and community care service provider was able to divert 100 emergency department visits in one year alone, resulting in \$40,000 worth of savings in hospital costs.<sup>vi</sup>

Critical to the success of home and community care is the important role that caregivers play. We are aware that Ontario has a high percentage of caregivers who experience stress while caring for their loved ones. Appropriately funded home and community programs help to provide critical respite which allows them to continue to give needed support. Continued funding of these programs are an essential component of the funding sought for the home and community care sector.

## **Reducing red tape to drive efficiencies and improve client care**

The unique efficiencies that exist in the home and community care sector allow it to respond to high client needs at a lower price than other sectors. However, redundant reporting requirements, cumbersome coordination and approval processes leave less time for staff to focus on client care. OCSA and its members believe that further efficiencies can be unlocked by

---

<sup>1</sup> A patient is classified ALC when they occupy a bed in a hospital and they do not require the intensity of resources and services provided by the hospital.

reducing or eliminating the current administrative and reporting constraints that have no direct impact on client care.

**Recommendation 1: Overhaul funding agreements for home and community care to reduce red tape and enable improvements to quality of care.**

OCSA welcomes the opportunity to work with government to identify costly and onerous red tape impacting the sector. As noted, one key example of reducing red tape would be to amend contracting requirements in the sector to support more full-time and stable part-time work for Personal Support Workers.

The Ministry of Health and Long-Term Care and Local Health Integration Networks (LHINs) have a number of policy requirements that micro-manage health service providers. As an example, a front-line health service professional is required to seek approval from the LHIN to stay longer in a client’s home in an urgent situation. This is but one of a number of unreasonable bureaucratic hoops health service providers must contend with. Policies should be reviewed to ensure they enable health service providers to be efficient while maintaining a proper level of accountability.

**Caring in the community has changed, but funding hasn’t**

Ontario’s home and community care sector is delivering more care than ever to clients. Across the province each year, over one million people receive home care and community support services – and the need continues to grow. At the same time, over the past decade there has been a seismic shift in the acuity levels of people being cared for in the community. The result has been an additional burden on frontline staff and caregivers in the home and community sector.

Consider the following:

- Today nearly half (48%) of all long-stay home care clients have high or very high care needs.<sup>vii</sup>

- The number of clients with mild to very severe cognitive impairment being cared for in the community has increased from 38.1% to 62.2% over a five year period.<sup>viii</sup>
- Clients who need assistance with activities such as bathing and eating have increased by 43% since 2012.<sup>ix</sup>
- Clients supported in community adult day programs and independent living environments are high need clients. They now have average MAPLe scores of 4 and 5 – acuity levels similar to those in LTC homes.<sup>2</sup>

Despite an increasingly acute client population, funding levels have not been adjusted to reflect the true cost of delivering care at home and in the community. The sector has responded to these challenges by creating innovative partnerships and driving efficiencies to meet the increased needs of our clients. For instance, last year OCSA members reported an average reduction of 12.7% in administrative costs since 2011, representing a potential \$30.8 million in funding for frontline services.<sup>x</sup> However, without additional support, the sector will continue to face growing waitlists which will put added pressure on already crowded hospitals.

**Recommendation 2: Increase funding to home and community care service providers by 5% annually for the next eight years to deliver more frontline client care and help discharge people out of hospitals faster.**

Despite the increasing demand for home and community care and the potential to support many clients at a lower cost, home and community care service providers only make up approximately 6% of Ontario’s total health care investment. Investments are needed to ensure the home and community care sector has the capacity to support the government in its commitment to end hallway health care.

Increasing funding to home and community care service providers by 5% annually would ensure the sector has the resources necessary to allow

---

<sup>2</sup> MAPLe is a decision support tool that can be used to prioritize clients needing community or facility-based services and to help plan allocation of resources.

more clients to live independently in their home and community, and reduce the burden on overcrowded hospitals and long-term care waitlists. With the targeted goal of reducing low acuity LTC admissions and the number of clients designated as long-stay ALC, this investment could result in up to \$148 million in health care system savings. These savings would be the equivalent of 2,320 long-term care beds, or 615 long-stay ALC hospital beds.<sup>xi</sup>

## **The Personal Support Worker crisis**

A significant challenge facing the entire health system is the province-wide shortage of Personal Support Workers (PSWs). A lack of understanding about the role, a growing and increasingly complex workload, along with lower wages compared to other care settings, has exacerbated this shortage in the home and community care sector. Without the proper support in place to allow clients to receive care in their home and community, clients are left with nowhere else to turn to for care than Ontario's overburdened hospital and long-term care setting.

This challenge is only expected to worsen as the growth in demand for home care is projected to be nine times the workforce growth rate.<sup>xii</sup> The creation of additional long-term care beds will place further strain on the limited supply of PSWs across the province and impact the entire health system's ability to deliver care if not addressed.

The lack of full-time work, extensive unpaid travel and the lack of consistent pension plans across the sector are just a few factors that place the home and community care sector at a disadvantage compared to other care settings. Of the approximately 34,000 PSWs working in the sector, only 38% were reported as full-time equivalents (FTE). In contrast, 65% of registered practical nurses had full-time employment.<sup>xiii</sup>

**Recommendation 3: Ensure the implementation of a health human resource strategy to attract and retain PSWs, nurses and other care providers in the home and community care sector.**



Any strategy must include a plan to close the compensation gap for frontline workers between the home and community care sector and institutionalized care, such as hospitals and long-term care.

Initial analysis estimates the cost of closing the gap for nurses and PSWs in home and community care and long-term care to be \$30 million annually for five years. By closing the gap, health service providers would see lower recruitment costs and training costs due to a reduction in the staff turnover rates. There would also be a reduction in ALC rates due to an adequate supply of health human resources to meet the demand for home and community care.

In addition, current contractual requirements in home care are fee-for-service based. This model limits the availability of full-time and reliable part-time work. Funding models that encourage full-time work, such as global program funding, shift-based or clustered care will further attract and retain staff.

### **Leveraging technology to improve system integration and enhance client care**

Technology represents an immense opportunity for the health system, both in terms of improving frontline care and enhancing system efficiencies. The need for adequate funding to help defray the start-up costs of implementing newer digital technologies is imperative to support the growth of the home and community care sector.

In order to drive further efficiencies, there is a need to improve connectivity through the use of information management and internet technology. This can be achieved by integrating current systems such as Client Health and Related Information System (CHRIS) and Health Partner Gateway (HPG). Access to a shared electronic medical record (EMR) would allow for data integration between hospital, primary care and home and community care.

**Recommendation 4: Invest in digital technology for the home and community care sector to enhance connectivity, drive efficiencies in reporting, reduce duplication of assessments and improve clients care.**

A relatively modest investment in core infrastructure for home and community care could right-size capacity in the health system, enabling the home and community care sector to support more clients and alleviate pressures on hospitals and long-term care.

**Conclusion**

The Ontario Community Support Association knows that with the appropriate funding and support the home and community care sector can do more to ensure Ontarians are able to live independently at home and in their community as long as possible. In doing so, the sector can reduce the burden on other levels of care in the system and achieve additional savings.

We believe that the province can address these challenges by focusing on leveraging the tremendous value not-for-profit agencies bring to Ontario’s health care system, as well as by investing in the frontline workers who are the backbone of home and community care.

Ontario’s home and community care sector looks forward to partnering with the government to end hallway health care, improve client care, and drive system savings by ensuring the right care in the right setting.

## References

---

- <sup>i</sup> Community Support Services, Ontario Health Reporting Standards, Comprehensive Report YE 2017-2018
- <sup>ii</sup> Sinha, S. Provincial Senior's Strategy Report 2012
- <sup>iii</sup> OCSA calculations utilizing OHA data
- <sup>iv</sup> OCSA calculations utilizing OHA data
- <sup>v</sup> Data provided by Reintegration Care Models Steering Committee for OCSA Annual Conference Abstract
- <sup>vi</sup> Peel Senior Link <https://peelseniorlink.com/>
- <sup>vii</sup> Health Quality Ontario, Measuring Up 2018 <http://www.hqontario.ca/Measuring-Up>
- <sup>viii</sup> InterRAI, Ontario Home and Community Care Client Population Profile, Prepared for OCSA, September 2018
- <sup>ix</sup> Health Quality Ontario, Measuring Up 2018 <http://www.hqontario.ca/Measuring-Up>
- <sup>x</sup> OCSA Budget 2018 Member Survey
- <sup>xi</sup> OCSA calculations utilizing OHA data
- <sup>xii</sup> North Simcoe Muskoka LHIN. Personal Support Services Examining the Factors Affecting the Gap between Supply and Demand in North Simcoe Muskoka. October 2017
- <sup>xiii</sup> OCSA Wage and Benefit Survey Final Report. Lough Barnes Consulting Group. 2017

# OCSA

---

Ontario Community  
Support Association

---

The Ontario Community Support Association (OCSA) represents nearly 240 not-for-profit organizations that provide home care and community support services that help seniors and people with disabilities live independently in their own homes and communities for as long as possible. These compassionate and cost-effective services improve quality of life and prevent unnecessary hospitalizations, emergency room visits and premature institutionalization. They are the key to a sustainable health care system for Ontario. For more information, visit [www.ocsa.on.ca](http://www.ocsa.on.ca).