



How Can Extraordinary Care at Home be Achieved?

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Presentation Outline

- Audiences and Objectives
- Our process
- Our data sources
- Report focus
- Access
- Quality
- Sustainability
- Gaps and Key Findings
- How can extraordinary care at home be achieved?



Audiences and Objectives

Audiences:

- ❑ Primary: Policy makers in health authorities, hospitals, home care programs, governments
- ❑ Secondary: Canadian public including seniors, family caregivers, advocacy groups

Objectives:

- ❑ to increase awareness in Canadians and policy makers of the issues, challenges, and gaps using emerging data and analysis
- ❑ to profile best practice models which illustrate options and tools for enhancing home and community care for seniors



Our Process

- Scoping
 - Lit review
 - Expert consultations
- Consultant: John Hirdes
- Expert Panel
- Currently in report development phase
- Products:
 - Progress report: Accord commitments (May 2012)
 - Public Report: Senior focus (March 2012)



Our Data Sources

■ interRAI

- Data from long-stay, publicly funded home care clients (65+)
 - New intakes into home care
 - Prevalence sample of new and existing clients
- 2007-2010 Canadian data from 5 P/Ts
- Some International comparisons

■ Canadian Community Health Survey (CCHS) – Healthy Aging (2008-2009)

- Survey data of those aged 45+ from 10 provinces
- Our sample: 65+ and caregivers of all ages surveyed
 - Those who received home care services
 - Those who did not receive home care services
 - Public or private care was not distinguished



Report Focus: Home and Community Care for Seniors

- Profiling new data and analyses
- Beyond accord commitments
- Focus on seniors
- Home care is used for:
 - *Post-acute*
 - *Chronic disease management and long-term*
 - Preventative / Maintenance
 - Palliative care
- Focus on Access, Quality, Sustainability
- Innovations profiled within report
- Canadian and international best practices of integrated home care are profiled

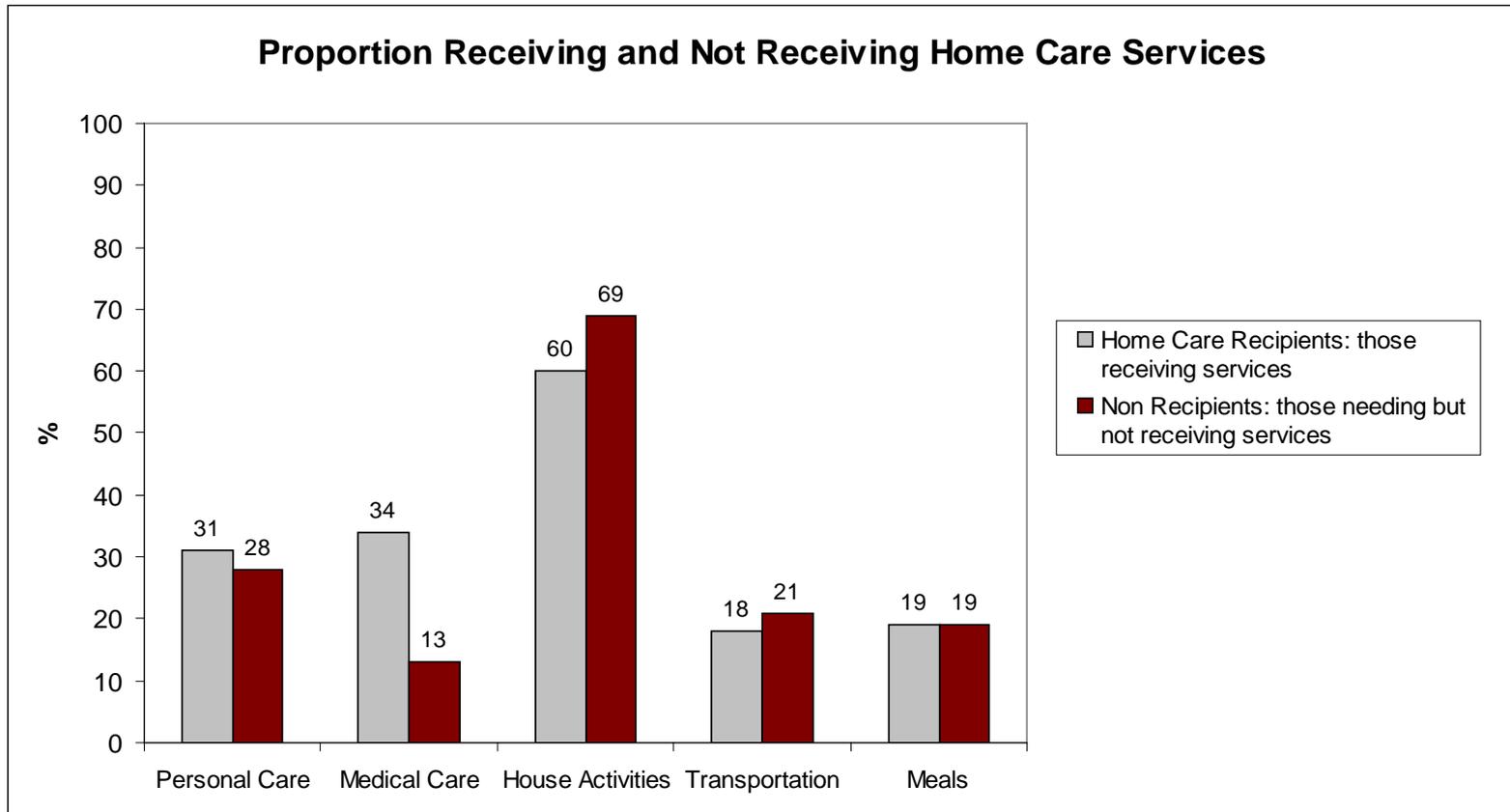


Access

- Access to home care services vary across regions
- Most frequent users are 75+, female
- 20% or more have dementia in each province
 - Clients with cognitive impairment are more likely to display behavioural problems
- More than ½ have moderate to high MAPLe scores, indicating
 - High risk of caregiver distress
 - High risk of nursing home admission
- There are unmet needs



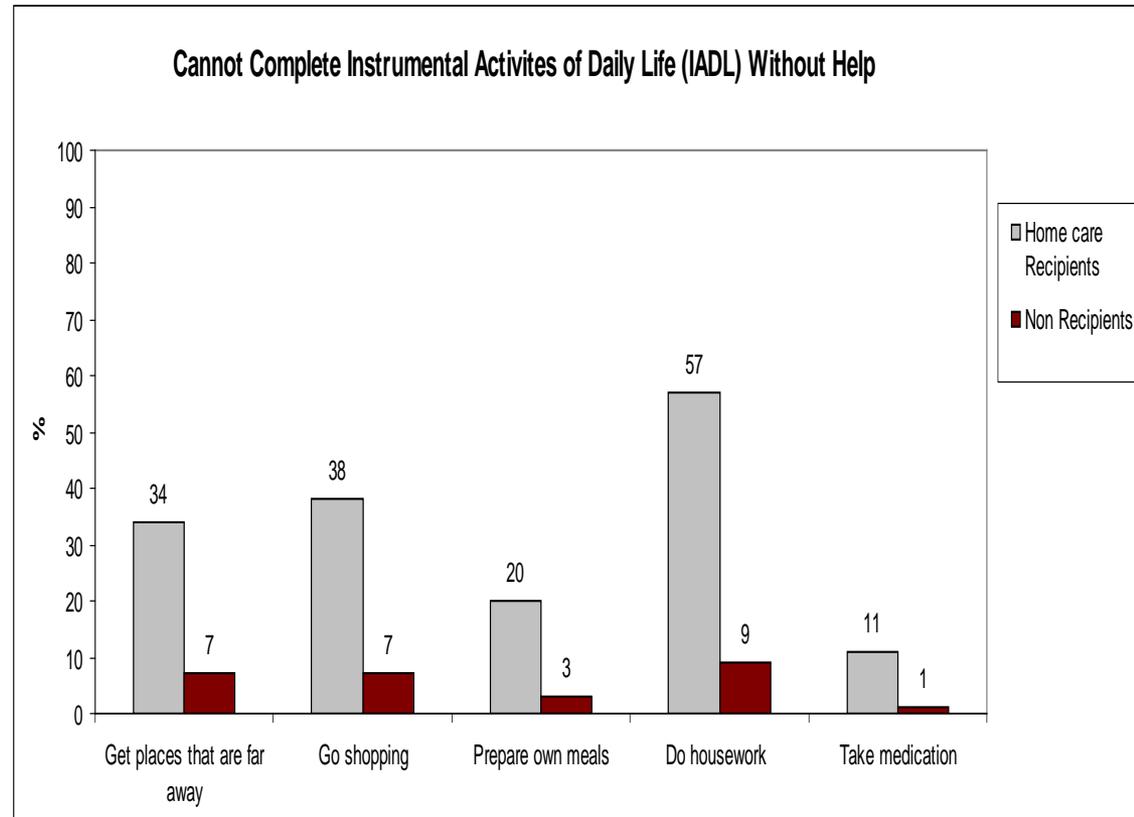
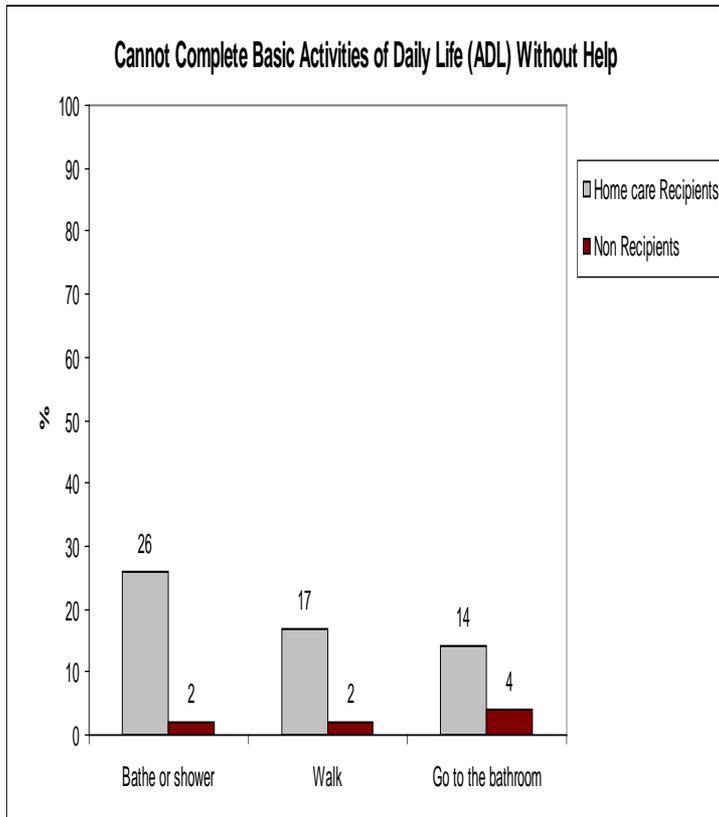
Assistance Received and Unmet Needs



Source: Statistics Canada, CCHS, Healthy Aging (2008-2009)



Assistance needed with ADLs & IADLs



Source: Statistics Canada, CCHS, Healthy Aging (2008-2009)



Quality

- Quality of care for seniors involves:
 - Prevention or slowing further deterioration
 - Maintaining independence
 - Maintaining quality of life
- Safety in home care: CPSI study ongoing
- Transitions from hospital to home
 - Geriatric assessments / interventions
 - Transitional programs
 - Rehab
- Bridging Home Care and Primary Care
- Communication challenges and role of technology

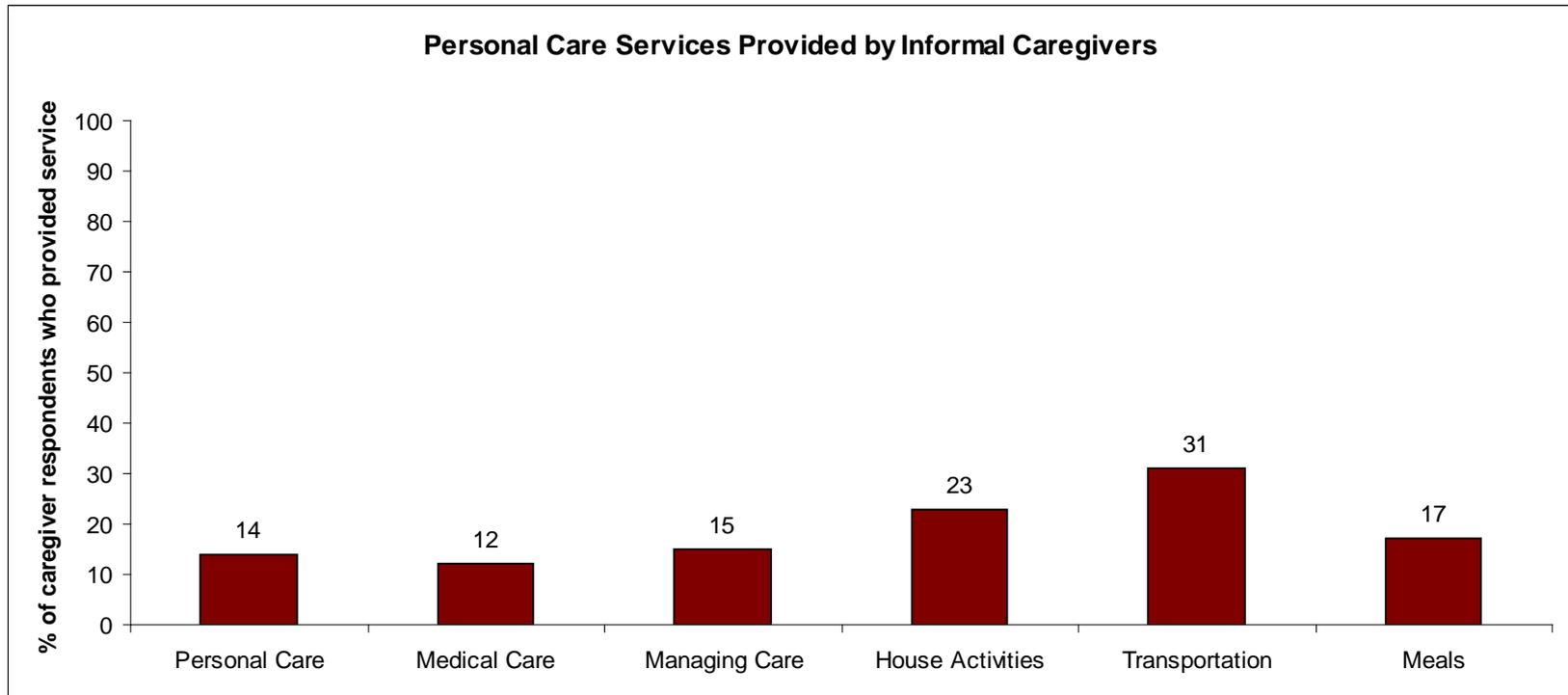


Family Caregivers

- Family caregivers contribute to quality of life and care of seniors
- Family caregivers provide 70-75% of care
- Who are the primary caregivers?
 - For married clients, 75% are spouses
 - for unmarried, 76% are children
- Hours of care giving and distress increases with increasing MAPLe scores
- Canadian caregivers are experiencing high levels of distress compared to international counterparts

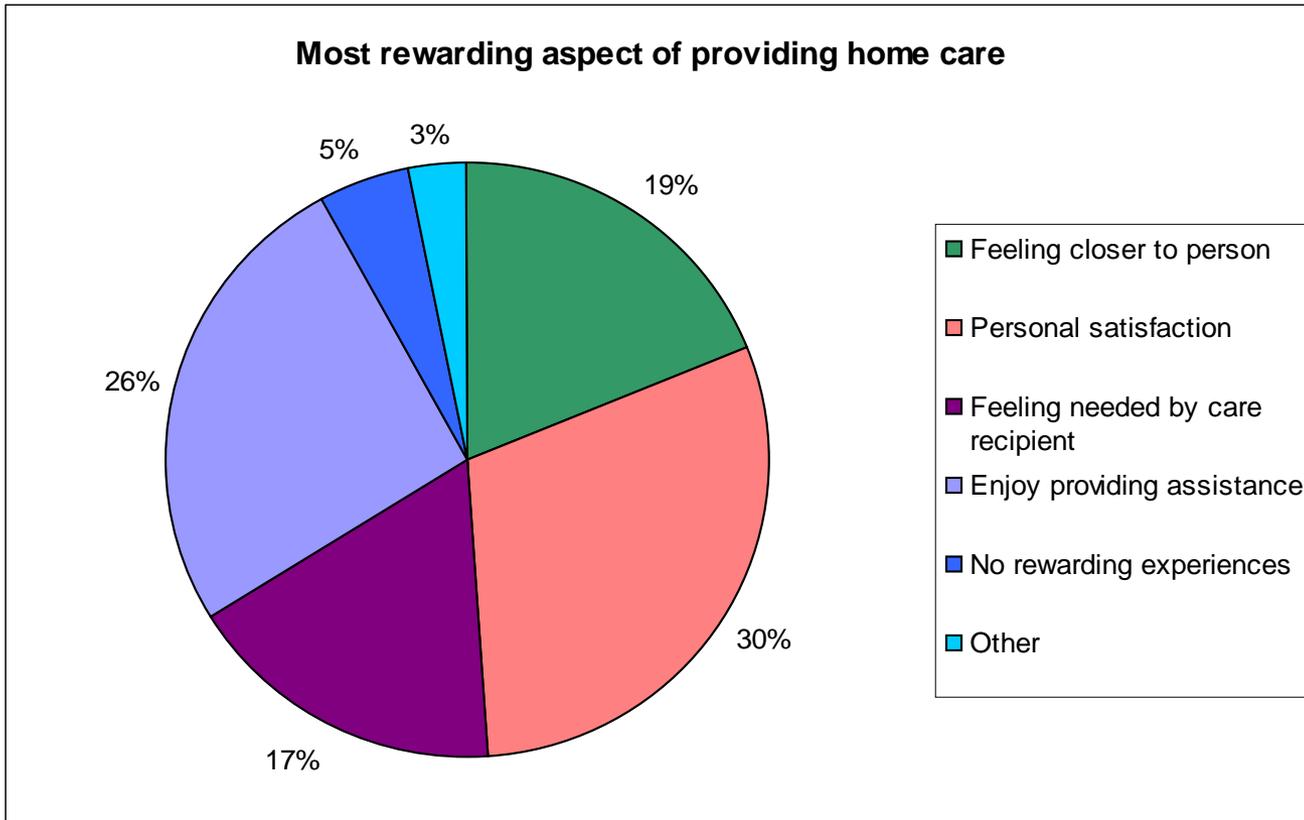


What do caregivers provide help with?





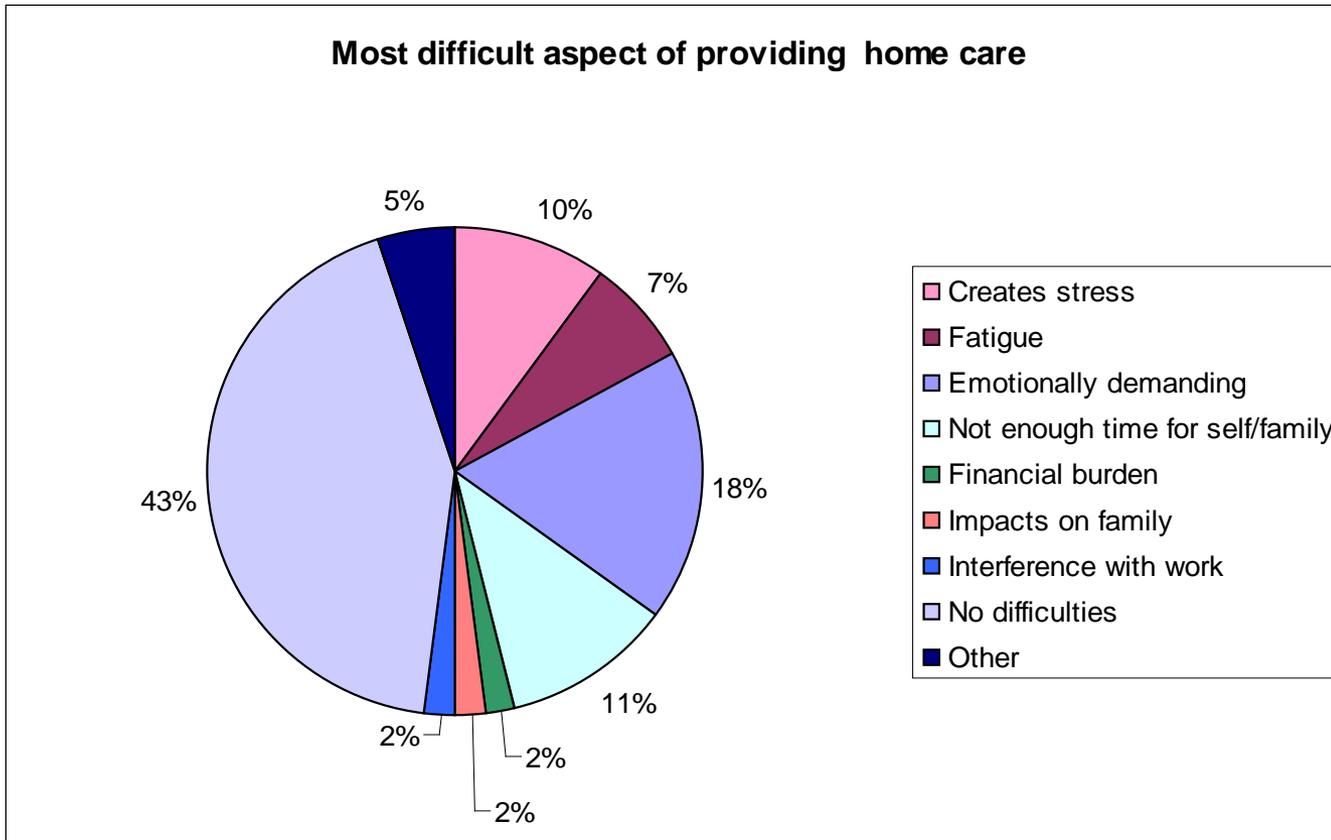
Impact on Caregivers: Rewarding Aspects



Source: Statistics Canada, CCHS, Healthy Aging (2008-2009)



Impact on Caregivers: Difficult Aspects



Source: Statistics Canada, CCHS, Healthy Aging (2008-2009)



What do caregivers need?

- Assessment
- Respite
 - Includes day programs, short-term beds, night care, increased personal support
 - P/Ts vary in terms of access, eligibility, user-fees
- Information / education:
 - Navigation
 - Pain management
 - Disease progression
 - Safe transfers
 - Dealing with behavioural issues
- National Caregiver Strategy



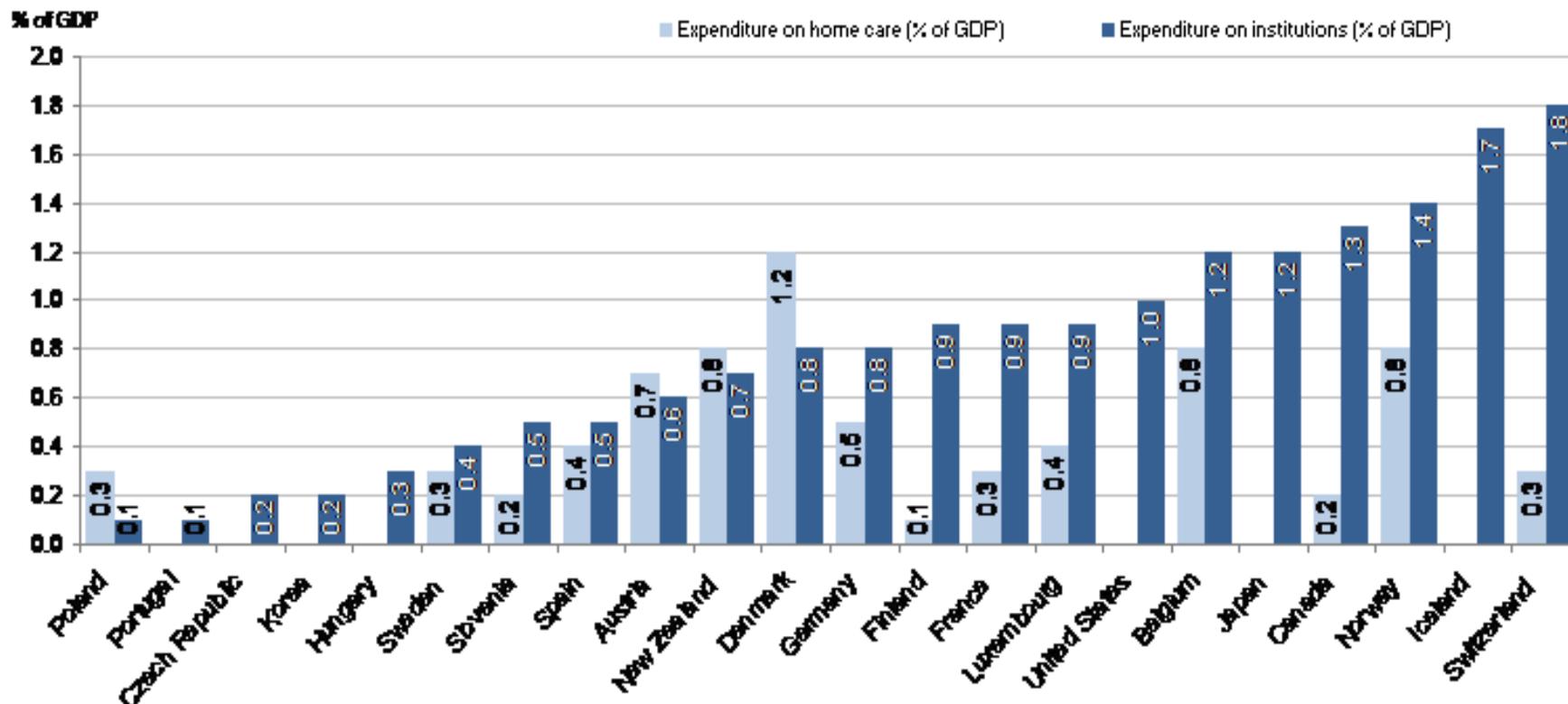
Sustainability

- Future availability of family caregivers
- Future availability of home care workers
- Home care can be a cost-effective substitute for long-term care
- Home care can be a cost-effective alternative to ALC acute care
- Integration is key



OECD Spending on Long-Term Care Facilities vs. Home Care

Spending on LTC in institutions is higher than spending at home in OECD countries
Percentage of GDP, 2008



Source: Colombo, F., et al. (2011), *Help Wanted?: Providing and Paying for Long-Term Care*, OECD Health Policy Studies, OECD Publishing, <http://dx.doi.org/10.1787/9789264097759-en>



OECD on Sustainability of LTC

- Financial sustainability is most important priority for long-term care systems in OECD countries
- Most seniors face catastrophic costs for high needs long-term care
- Some level of universal eligibility and public coverage is needed for basic protection
- Targeted eligibility, basket of services, cost sharing need to be considered to sustain system
- Fairness, appropriateness, flexibility, and suitable housing need to be considered as part of aging strategies



Gaps in Research

- Unmet need
 - Impact of restorative and rehabilitative services
 - Needs and impact of family caregivers
 - Impact of preventative and maintenance programs
 - Unregulated workers
 - Evaluations of quality and safety
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- RAI should be implemented more widely and be made available to jurisdictions, programs, policy makers.
 - Cost-effectiveness analyses of home care in the context of an integrated system are needed.



Our Key Findings

- Access to home care services varies regionally and there appears to be much unmet need.
- Lack of smooth transitions between care settings, communication between providers, and coordination of services are contributing to an ineffective and inefficient system.
- Caregivers are overburdened and distressed.
- In the future, caregivers and home care providers are less likely to be available and willing to care.
- Integrated, high quality home care is valued and can potentially contribute to sustaining the elderly and the health care system.
- There are innovations and best practices to learn from in Canada and in other countries.



WHO on Home Care

- Home and Community Care can help to maintain the health and well-being of individuals and families, while reducing demand for more expensive acute and long-term facility care.
- Case management and system navigation are essential for coordination of care.
- National policies and legislation are needed to guide planning, human resource training, and regulation of home care.
- National guidelines would need to be adapted regionally , to meet local needs.



How can extraordinary care at home be achieved?

- Seniors who want to remain healthy, independent, and at home, need home care services to maintain their quality of life.
- Home care has to become a priority for policy makers to meet the needs of seniors and to avoid more costly care.
- Improved transitions, coordination, communication, and integration are required to improve home care quality.
- Technological advancements and availability of integrated electronic health records will facilitate communication and integration.



How can extraordinary care at home be achieved?

- Research gaps need to be filled to facilitate policy developments.
- Governments need to support overburdened family caregivers.
- Federal leadership, guidance, and funding would facilitate jurisdictions to move forward.
- Provinces and territories need to achieve consistency in standards and share and adopt best practices.



Let's Talk

Questions? Comments? Feedback?

Thank you. Merci.

Look for our report on Home and Community Care for Seniors in March 2012.

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