HOME CARE
A NATIONAL HEALTH PRIORITY

VISIONARY LEADERSHIP CAN MAKE IT HAPPEN

Canadian Home Care Association
canadienne des soins et services à domicile

June 2004
The Canadian Home Care Association (CHCA) is a national not-for-profit membership Association dedicated to ensuring the availability of accessible, responsive home care and community supports which enable people to stay in their homes with safety, dignity and quality of life. The CHCA represents over 600 organizations involved in home and community care across Canada.

**The Need and Demand for Home Care Is Growing**

Home care has experienced enormous growth over the past 30 years. From 1970, when Ontario first established a publicly funded home care program, to 1988 when all provinces and territories supported publicly funded programs, home care has become a critical component of the health system. The number of home care recipients has increased by over 60% from 1995-2002 to reach an estimated 850,000 Canadians.

*What is driving this trend?*

**Changing hospital system:** Canada’s inpatient hospital sector is shrinking and care is shifting to the home and community setting. Since 1995, over 275 hospitals across the country have been closed, merged, or converted to another type of care facility. The number of approved beds is down substantially and the number of people being cared for in hospital day-surgery programs has increased. Shorter hospital stays, earlier discharge, and the use of outpatient procedures have increased the demand for home care.

**Medical and technological advances:** Individuals who, in the past, would not have survived a serious illness or injury are now living with chronic conditions, which often require constant care and / or technology in the home or alternative settings in the community.

**Increased need for paediatric home care:** There has been a significant increase in the number of children requiring extensive health supports in their home and communities. 15 % home care recipients in Ontario are children.

**Growing elderly population:** 12% of Canadian seniors reported receiving publicly funded home care services in 1998/99. Today, across Canada, home care programs report an increase in the number frail elderly individuals with concomitant chronic diseases who require home care services to live independently in their own homes.

**Choice of home care as the preferred location of care:** The majority of Canadians (53%) would prefer to recover from an illness or surgery in their own home. Advancements in medicine and technology enable Canadians to receive palliative care services, chemotherapy treatment and other specialized medical services, in their home.

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1 Health Care in Canada 2001, Canadian Institute for Health Information
2 Children and Youth Homecare Network – Submission to the Romanow Commission, 2002
3 The Health of Canadians – The Federal Role, October 2002
4 1998 / 99 National Population Health Survey
5 Health Care in Canada Survey, 2000
WHAT IS HOME CARE?

The Canadian Home Care Association defines home care as an array of services, provided in the home and community setting, that encompass health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for the informal (family) caregiver. Home care services are for infants, children, adults and seniors. Home care programs often integrate the delivery of health care services in the home setting with community services (e.g. meals on wheels, day programs, respite care facilities, volunteer services, and transportation services). Many home care programs will also coordinate and/or provide long term care placement, ambulatory care clinics, home adaptation and home maintenance.

WIDE VARIATION IN ACCESS AND AVAILABILITY ACROSS CANADA

The Canada Health Act recognizes home care as an element in the category of “extended health services”, and, as such, it is not an insured health service to which the principles of the Act apply. As of 2003, nine (9) provinces have legislation related to public home care through various acts and policies. Other provinces and territories have Orders in Council or guidelines that direct the delivery of their home care services. This lack of a legislative framework contributes to the wide variation in access and availability of home care services across Canada.

All jurisdictions provide services and/or programs that are generally designated as acute care, continuing or long-term care and palliative or end-of-life care. The provincial and territorial populations receiving home care services in 2000 to 2001 ranged from 1.3% to 2.9% of population. All services are publicly administered with a mix of public and/or private service delivery models across the country.

While nearly every province and territory provides case management, nursing, personal care, physiotherapy, occupational therapy and social work through their home care programs, there is a wide variation in the types of services, the amount of service and the criteria for accessing services through the public system.

- Professional services (e.g. nursing, therapy) are capped (limits are either hours of service or total dollars spent).
- Personal care services are limited and / or provided through co-payment arrangements.
- Physician and pharmacist reimbursement for home care consultation is relatively new and not uniform.
- Provinces / territories vary in access to medical supplies, equipment and drugs and in some jurisdictions these items must be paid for privately, either through a co-payment arrangement or entirely by the individual.
CHALLENGES FACING HOME CARE PROGRAMS TODAY

In a 2003 review of home care programs across Canada, provincial and territorial home care experts identified the following challenges facing them today.

1. **INCREASING COSTS & LIMITED FUNDING**

Home care programs are challenged with managing increasing costs while maintaining service levels within fixed funding allocations. In most provinces, per capita spending on home care is well below that of residential care facilities or hospitals. The factors contributing to the escalation of home care costs include a progressively aging population who use more health services, rising consumer expectations for services in their homes, increased client acuity, health care reform, staff expenses, plus the growing demand for technology and equipment.

- **In 2001, home care accounted for only 3.5% of the total public health care expenditures in Canada.**
  - $2.5 billion was spent on home care through the publicly funded system in 2001.\(^6\)
  - The annual average aggregate funding on home care has decreased to 9.2% / year (1996-2001) from an average of 15% seen in 1990-1995.
  - 20% of the 2001 home care expenditures came from private pay ($620 million).

- **Provincial / Territorial expenditures on home care varied from 1.2% to 6.5% of their total health care budget (2001).**
  - Estimated per capita public expenditures for 2001-02 vary dramatically across provinces from $47.29 in PEI to $157.43 in Manitoba. The average per capita public spending on home care is $113.00. (See Attachment 1)
  - Provincial / Territorial expenditures increased in home care between 1999/00 and 2002/03. Increases varied between .6% (Ontario), to 12 % (Alberta), to 20% (Nunavut).

2. **ACCESS**

Increasing demand, geographic dispersion and lack of consistency in scope of services within regions across the country affects access to home care services.

- 35% of Canadians expressed dissatisfaction with access to home and community care in 2003. \(^7\)
- While over 60% of Canadians choose to die at home, only 35% reported a family member receiving palliative care services in their home. \(^8\)

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\(^6\) Health Care in Canada, Canadian Institute for Health Information, 2003
\(^7\) Health Care in Canada Survey, 2003
\(^8\) Canadian Home Care Association

June 2004
The expected demand for respite care is four (4) times the current reported use, and for elder care, non-elder care and palliative care the expected demand is about three (3) times the level of current use. ⁹

The 1998 / 99 Population Health Survey found that the majority of those who reported needing care in the home due to aging, chronic illness or disability received no formal publicly funded care whatsoever. Between 80% and 90% of all home care provided to people with these needs is unpaid. ¹⁰

1 in every 3 family caregivers identified the need for additional home care services. ¹¹

3. HUMAN RESOURCES

Recruitment and retention of trained staff is a constant challenge for all home care programs across Canada. Informal / family caregivers are facing increasing demands to participate in care and often experience burnout that results in a lack of support for those in need.

There are currently over 32,300 home support workers, 12,000 nurses and 2,600 therapists working in home care across Canada. Over 50-70% of the current workforce is 40 years and older. ¹²

Professional schools of medicine, nursing, rehabilitation, speech and language, and social work are not training enough professionals to replace those leaving the work force. ¹³

Shortages of health and social care professionals specializing in paediatrics are a major issue in every province. Shortages exacerbate waiting lists for services and often compromise the quality of care since overburdened providers have insufficient time to visit or follow established treatment protocol. ¹⁴

Family physicians identified time constraints and competing priorities as barriers to their involvement in home care. The addition of acutely ill home care patients can add as much as 2.5 hours per week per patient to the physicians’ workload as complex acute care cases in the home are estimated to require as much as 10 hours per month per case of physician time. ¹⁵

In 1996, Health Canada estimated that close to 3 million Canadians provided care to someone in the home with a chronic disease or disability. The top three (3) needs identified by informal / family caregivers to support them included: information on community services for care recipients (43%), information, advice or training on how to provide care (33%), and respite care (31%). ¹⁶

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¹ Healthcare Quarterly, Vol 7, No. 2, 2004
⁹ The Berger Monitor, 1999
¹⁰ The Health of Canadians – The Federal Role, October 2002
¹¹ National Profile of Family Caregivers in Canada, 2002
¹² Canadian Home Care Human Resource Sector Study, 2001
¹³ Canadian Home Care Human Resources Study, 2001, Watters and Robeson, 1999
¹⁴ Children and Youth Homecare Network, Submission to the Romanow Commission, 2002
¹⁵ The Role of the Family Physician in Home Care, A Discussion Paper, 2000
HOME CARE IS A PROVINCIAL / TERRITORIAL AND FEDERAL PRIORITY

Since 1998, home care has been identified as a health care priority by the provincial / territorial and federal governments.

“Ministers took an important first step towards strengthening an increasingly critical component of Canada’s health system by receiving a report on a common vision and principles for home and community care, under which Canadians would have access to a range of publicly and privately funded health and support services that meet the assessed needs of individuals and enable them to live as independently as possible in the community.”

September 26, 2001, Federal/Provincial/Territorial Health Ministers’ Meeting

“The purpose of this report is to develop some concrete strategies that can be pursued individually and collectively by the provinces / territories to address key issues confronting the home and community care sector and to strengthen its role within the care continuum.”

“Strengthening home and community care across Canada: A collaborative strategy”
Report to the Annual Premier’s Conference, August 2002

“Home care and long-term care have been a critical part of all of our provincial strategies to reform the health-care system.”


“… the first step is to establish a national platform of services that would be available to Canadians in all parts of the country under the same terms and conditions”

“Building on Values, the Future of Health Care in Canada”
Commission on the Future of Health Care in Canada, November 2002

“Improving access to a basket of services in the home and community will improve the quality of life of many Canadians by allowing them to stay in their home or recover at home. First Ministers direct Health Ministers to determine by September 30, 2003, the minimum services to be provided. Such services provided in the home can be more appropriate and less expensive than acute hospital care. To this end, First Ministers agree to provide first dollar coverage for this basket of services for short-term acute home care, including acute community mental health, and end-of-life care. First Ministers agree that access to these services will be based on assessed need and that, by 2006, available services could include nursing/professional services, pharmaceuticals and medical equipment/supplies, support for essential personal care needs, and assessment of client needs and case management.”

2003 First Ministers’ Accord on Health Care Renewal, February 2003
VISIONARY LEADERSHIP CAN MAKE HOME CARE HAPPEN

The Canadian Home Care Association believes that the federal government must take a leadership role and work with the provinces, territories and stakeholders to develop an integrated health care strategy that includes home care.

The CHCA recommends the following:

ACCESS TO CORE SERVICES

The federal/ provincial and territorial governments must honour their commitment in the 2003 Health Accord to “provide first dollar coverage for a basket of service for short-term acute home care, including acute community mental health and end-of-life care”.

Home care programs must have adequate, sustainable and predictable funding to ensure the availability of these services to all Canadians based on identified need.

If our health system is to be sustainable, the core publicly funded home care services must be identified and Canadians must be educated so they can make well informed decisions about their health and the future of their health care system. The following services should be included in the core services for home care in all jurisdictions:

- **Case management services** - assessment of patient needs, development of individualized health service plans, coordination of service delivery, linking of community services, and management of resources.
- **Professional services** - regulated professional services including nursing, social work, therapy, dietetics, consulting pharmacists, physicians.
- **Palliative care services** - professional services, personal care services, medication, equipment and supplies, and respite services.
- **Personal care services** - assistance with activities of daily living (e.g. eating, dressing, bathing, self care, toileting),
- **Pharmaceuticals** - prescription drugs as they apply to the reason for admission into the home care program.
- **Equipment and supplies** - necessary medical supplies and equipment to support a home plan of care.

HUMAN RESOURCES

Optimize health human resources by supporting Primary Health Care models that include home care as an essential and integrated component of service coordination and delivery. Focus on system-wide human resource planning that achieves stable health human resources and includes both paid workers and informal / family caregivers.

ACCOUNTABILTY

Increase accountability, through a combined and cooperative partnership between provincial/ territorial and federal governments and health care stakeholders (including home care) to set standards, plan and implement, evaluate and communicate outcomes.
FEDERAL GOVERNMENT LEADERSHIP

Canadians want change and are prepared to make and support health care changes that include home care as a critical part of the future integrated system. 87% of Canadians polled agreed that a national home care program would improve health care in Canada.17

The Canadian Home Care Association calls on the federal government to work collaboratively with the provinces and territories to move beyond discussion on home care issues to clear policy development, action and funding.

To achieve this goal, the CHCA believes the federal government must:

1. Provide visionary political leadership with a commitment to make the necessary changes to build a sustainable health care system that includes home care.

2. Facilitate a long-term strategic approach to health care planning & policy development with all stakeholders in an equitable format.

3. Develop an integrated plan including a timeline for implementation, measurement and evaluation.

4. Ensure accountability through improved and coordinated data collection and reporting of all the components of the health care system.

5. Support increased public awareness and understanding of the role and value of home care in Canadians’ health care decisions.

The CHCA represents over 600 individuals and organizations from publicly funded home care programs, government policy planners, not-for-profit and proprietary service providers, consumers, pharmaceutical manufacturers, researchers, educators and others with an interest in home care.

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17 Public Input to the Commission on the Future of Health Care in Canada, 2002