

# HEALTH COMES HOME, PART 4: LAUNCHING THE CONVERSATION



# INTRODUCTION

In the *Health Comes Home* series, we have highlighted several critical issues about the future of Ontario's health care system in what will be a very different society than the one we live in today. The perspectives and insights brought forward were based on conversations with health system leaders and a review of extensive research done here and abroad. Through the lens of four populations — people with chronic conditions, seniors with complex health needs, people requiring hospice palliative care, and children with complex needs and their parents/caregivers — we are looking ahead to the year 2027 to bring a longer-term view to present-day discussions about health system transformation, with a focus on home and community care. This paper, which pulls together the themes of the previous three, is intended to continue important conversations, both formal and informal, leading to actions that can be taken now and into the future.

In the previous three papers, important themes emerged:

## **1. Demand for services has been growing and will continue to grow.**

The number of people who need and want more care and services in the community will continue to grow: people with chronic conditions and children/youth with complex needs are living longer and choosing to live in their own homes for as long as possible. Ontario is expected to experience a doubling of its seniors population<sup>1</sup>, and there will be a growing need for improved hospice palliative care. Further compounding our challenge in meeting this increased demand is that family caregivers, health care professionals and others who work in the system are also aging and will eventually need more care themselves. In other words, we will have less people who are able to provide care to more people with complex needs — this challenge alone is more than the system we have now can handle.

## **2. More demand for home and community care will also evolve what people need and their expectations.**

We expect that people will want to have more say and more options in how their care is delivered;

they will want personalized care. People are increasingly seeking to co-design their own care, empowering them to expect flexibility and choice. A key enabler of personalized care is ensuring people, especially those with complex health needs, have care coordinators — regulated health care professionals who have the experience and expertise — to help them get the care they need when and where they need it.

## **3. Technology will continue to enable more effective home and community care.**

Revolutionary innovations in health care technology are increasingly being developed and applied to enhance how people receive care in their homes and communities. In this way, more people are getting more care more quickly. These technologies are transforming the lives of children living with complex health conditions and their families, and extending the ability of seniors and adults with complex health needs to live in their homes, ultimately enabling them to live more empowered and independent lives. We do not know what further innovations will come in the years ahead, only that they will come. The convergence of medical and information technology with consumer technology will continue, putting life-changing technologies in the hands of patients and providers alike.

## **4. There is a need for greater clarity about what we should expect from our health care system and how we will pay for health services.**

It is important to have a serious conversation that evaluates and sets clear parameters around the scope of services that we can expect from our health care system, taking into consideration how people and their families will get the care they need when they need it, now and in the future.

This paper will explore how to move forward as a province to accelerate the pace of transformation in home and community care in Ontario and, in so doing, elevate quality of care, the patient experience, and value delivered by our health care system.

Ontario's policies and approaches to providing health and other public services must keep pace with the changing nature of our society's needs. Given these changes, we must think differently, open ourselves to new and thoughtful approaches for meeting these needs, and keep in mind the full

<sup>1</sup>Wodchis, Walter P. "Driving Value with a Patient-Centered Health System." <http://ontarioseniors.blogspot.ca/2013/01/hospice-palliative-care-ontario-press.html>

range of ways and means available to us. Moreover, an environment must be created that allows for the thoughtful, rational development of new approaches to flourish, spread and sustain, and that acknowledges the challenges of our commitment to universal care. In truth, necessary care must be universal, but not necessarily universal in funding all potential services for all Ontarians, regardless of the means available to them.

In the following pages, we remind readers of the basic propositions for Ontario and issue a time sensitive challenge for Ontarians to affect meaningful change by 2027. Ontario has the talent, intellect, capital, and ingenuity to effect this change. However, the longer we postpone this conversation and the more time we spend maintaining outmoded policies, practices, and arguments for the status quo, the less room we will have to move strategically towards a more positive and promising 2027.

# BASIC PROPOSITIONS FOR ONTARIO

In these four papers, we have explored several fundamental truths and emerging questions for Ontario and its patient populations. Through these, we have distilled a set of basic propositions for how our future state will be different and how together we move towards a more responsive and agile system. These considerations will require focused efforts to effect meaningful change.

## 1. Where and how we live will be different

Although the places in which we live will remain the same — home, community and long-term care (LTC), settings — the proportion of people residing in each is anticipated to change. Based on current trends, less seniors with increasingly more complex needs will live in long-term care

homes, while more people will live with increased complexity at home and in community settings (e.g., retirement residences). As more health care is provided at home and in community settings, acute care hospitals will be freed to focus on providing emergency and in-patient care to the most complex patients, and will increasingly be called upon to offer specialized expertise and consultation to support and enhance the scope and capacity of community providers. Technology will be a significant enabler for change, creating opportunities for innovation and different models of care; from assisting people to manage their conditions at home and live independently, to helping people who wish to spend their final days at home or in hospices, as opposed to hospitals. A population particularly impacted by technological advancements will be children with complex health conditions who, through medical advancements, increasingly gain the freedom to stay with their families at home rather than in institutions.

People with chronic conditions and children with complex needs are living longer and choosing to live in their own homes for as long as possible. That means we need more care and services in the community.



## 2. People's needs will change with the world around us

People's care needs will evolve based on our changing population, aging caregivers, changing family compositions, and changing expectations. We will need to continue to adapt more agile solutions that can be customized to meet the individual needs of Ontarians, families, and informal caregivers in their care settings of choice — notably at home or in the community. These solutions not only include improving access to health care, but also access to social services, such as public transportation and housing.

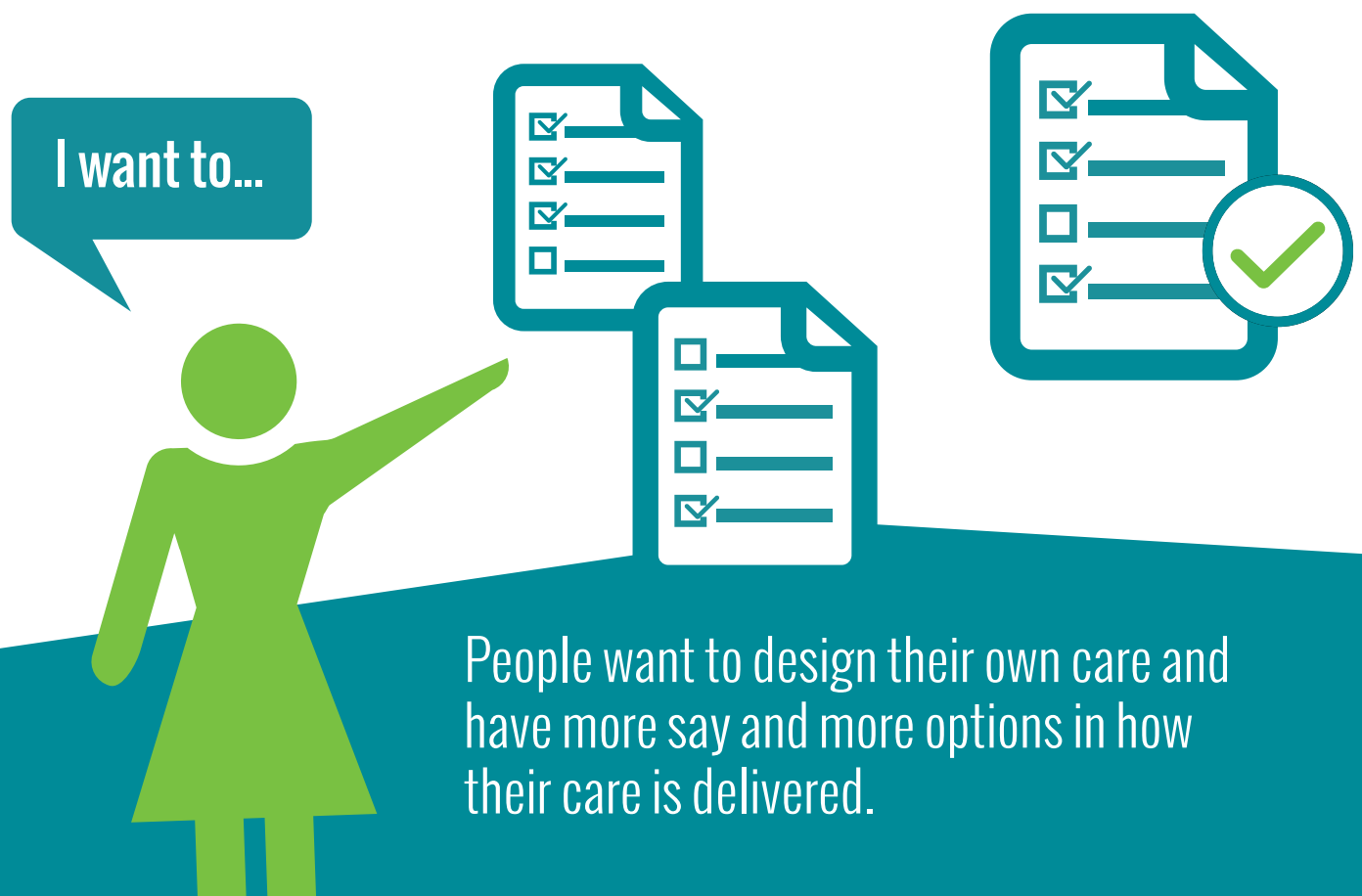
People with complex needs find it difficult to navigate a multitude of services and service providers. Patients benefit from care coordination that helps them understand which services and health care providers they need and when they need them, and helps to facilitate meetings and visits, ensuring all members of a care team are working together, with the patient, towards shared goals.

People's needs are best articulated by the people themselves. A patient's own goals and priorities must be kept front and center as health care providers work with them to determine their

best care options. If people and their needs are changing, the way in which we provide care must also change.

## 3. The systems, structures and approaches of today will need to transform to keep pace with our society's needs

As we think about what the future will look like in 2027, we know there will be elements that are very predictable, such as demographic changes, and other elements that are wholly unpredictable, such as advancements in medical and information technology. Planning for health system transformation will need to take place within well-defined parameters. We will need to answer fundamental questions to lend a degree of planning certainty and to create a broader and more comprehensive "ecosystem" that can foster and sustain new approaches to meeting societal needs. Two of the foremost areas of change on the system level are to: (1) ensure that our system becomes more about the people it serves, and working with patients to co-design their own care plans; (2) consider the extent to which technology will affect our structures and provide greater flexibility in how, when and where care is delivered.



People want to design their own care and have more say and more options in how their care is delivered.

# ONTARIO'S CHALLENGE WHO CARES?

After looking at all of the research and insights from Ontario's health system leaders in these four papers, it is obvious that health and other public service planners have yet to answer one question: *Who Cares?*

While the question may be simplistic, the answers — when asked in the highly varied contexts of Ontario's societal needs — are not. For example:

- The answer encompasses the value our society places on access to health care. In fact, Ontarians and Canadians are so passionate about health care that the largest issues that threaten it quickly become points of polarization and heated debate amongst clinicians, health system leaders, politicians, and society at large. While it is great that so many people care, it challenges the ability to have an open and thoughtful level of future-oriented public debate and discourse
- The answer requires that the alignment between our various public systems, structures, and programs be addressed and resolved
- The answer has implications for who should be accountable for our care and who should navigate and coordinate services spanning a vast array of disparate health care providers
- The answer acknowledges the role of Ontario's informal caregivers and the invaluable resource they represent to Ontario's health, social, and educational systems. Moreover, it determines how we might best support caregivers in their commitment of the countless hours, capital, and emotional investments they make every day in caring for their loved ones

To figure out the basic propositions for Ontario and begin to develop the multi-faceted response to *Who Cares*, we believe that Ontario needs to embark on an approach to discussing and solving these fundamental issues now. While failure to address these issues will not likely be felt in the next three

to five years, it will be felt in the longer term and increasingly will limit our ability to thoughtfully and progressively respond to the future health services needs of Ontarians in a strategic and planned fashion.

To this end, Ontarians need leaders to come together, think about, talk about and ultimately address the fundamental questions below:

## **I. How do we develop clearly defined approaches to how we pay for health care?**

Ontario currently lacks a clearly defined approach to financing. Of the four main options available to finance health care — i) tax-based financing; ii) social insurance; iii) private pay; and, iv) employer insurance — Ontario has predominately used the tax-based methods of financing health care with contributions made by both the individual private pay and employer insurance models. This current model is not sustainable. As the population ages, government will continue to face constraints in the ability to expand the range of health services within the current tax-based financing models.

We cannot accept the current course of action — it is simply not working. Instead, we should acknowledge the widening gaps in how we pay for health care, critically evaluate our options, and develop thoughtful approaches to structuring alternatives (i.e., social insurance, employer insurance, means-tested private pay).

## **II. How do we drive innovation and enhance Ontarians' health and wellness in their homes and communities?**

We need to continue to invest in a strong home and community care sector. Only then can we begin to accommodate the individual needs and preferences of Ontario's patients and families regarding what, when, where, and how they receive services. We must ensure that we provide standardized levels of service using agile and flexible models, which accommodate regional and situational contexts and can be adequately scaled and resourced to handle the increasing volumes and complexity of patients while maintaining that patients have control over the care they receive. As we continue to invest in home and community care, we will need to scale up our use of technology, which enables more people to live at home, while receiving care and support.

We must also continue to invest in active research and development opportunities as a strategic source of innovation and evidence to drive change. Specifically, it will be important to incorporate research and development into our care practices and policies, thereby closing the gap between research and practice. As an example, research indicates that medical care accounts for only 25 per cent of health outcomes, while another 25 per cent is related to genetics and 50 per cent depends on the socio-economic determinants of health such as income, education, housing, physical environment and community engagement<sup>2</sup>. Traditional approaches that primarily focus on the health care sector are not likely to achieve the level of societal transformation we wish to see. Instead, we will require integrated approaches to solving our society's most pressing issues through inter-disciplinary, multi-sector approaches. These approaches include health, social and educational system stakeholders reorganizing our collective resources to best fit the individual needs and circumstances of Ontarians.

That is how we can enhance the health and wellness of Ontarians in their homes and communities.

<sup>2</sup> <http://www.theglobeandmail.com/news/national/time-to-lead/wealth-begets-health-why-universal-medical-care-only-goes-so-far/article15385519/#dashboard/follows/?>

### **III. How do we encourage traditional and non-traditional players and solutions to society's challenges?**

For us to realize transformational change, we will need to look beyond government for solutions that integrate capabilities and incentives across public, private, research, and non-profit organizations to address societal challenges. We could consider using emerging "solution economies" to solve social problems through engaging business, governments, philanthropists, and social enterprises. These collaborations will allow us to think creatively about one another's problems and develop new markets and business models to unlock and deliver value to stakeholders. For example, some ride-sharing programs provide credit for future trips when you provide rides to others, thus creating social currency. One health care extension of this idea could be to value Ontario's informal caregivers' time with credits to be redeemed for services of value to them.

As we encourage solutions to Ontario's challenges, we must continue to recognize patients as players and include them in decision-making processes.

**Innovations in health care technology can be used to revolutionize how people receive care in their homes and communities.**





# CREATING THE RIGHT FORUM FOR DISCUSSION AND ACTION

We have a challenge, and it has a deadline. It is critical that we bring together leaders from across the health system and from various sectors to start an informed and thoughtful discussion to determine the way forward. There are a range of potential forums to engage leaders and stakeholders to have this important dialogue, and start the path forward to identify solutions and approaches for transforming how we meet the health needs of Ontarians. In the following section, we explore past and current examples from Canada — as well as the US, Sweden, and UK — as possible avenues to continue this conversation and propel it into actionable results.

## Federal/National Commission

When an issue is deemed a concern of national proportions, the federal government creates issue-specific commissions that form partnerships to focus on key projects related to the issue, and make recommendations on how best to improve the systems that are directly related to the issue. The creation of the commission relies upon on all federal parties voting in favour of its creation, and endorsements from the provincial and territorial governments. Commissions are neither time-sensitive, nor bound to the election cycle, and they can last for several years or indefinitely. Canada has conducted several federal commissions on health care, including the Commission on the Future of Health Care in Canada (Romanow Commission, 2001 to 2002), the Standing Senate Committee on Social Affairs, Science and Technology Study on the State of the Health Care System in Canada (Kirby Committee, 1999 to 2002), and the National Forum on Health (1994 to 1997).<sup>3</sup>

### Example

In 2006, a standing committee of the Senate completed the first-ever national study of mental

health, mental illness and addiction. It found an alarming number of challenges facing Canadians with mental health issues. As a response, the federal government created the Mental Health Commission of Canada (MHCC) the following year and named the head of the Senate Committee, the Honourable Michael Kirby, as the first chairperson. Still operating, the MHCC focuses on improving the mental health system and changing the attitudes and behaviours of Canadians toward mental health issues. Comprising mental health experts, staff, a Board, an Advisory Council, and a Network of Ambassadors, the MHCC provides recommendations to governments, service providers, community leaders and many others, and works with these partners to implement improvements.<sup>4</sup>

In an effort to strategically reform the country's approach to health care as we know it today, in April 1997, the Swedish Government appointed a National Public Health Commission with the aim of defining national objectives of health development and strategies to achieve them. The aim was to have the Commission's targets and strategies contribute to the reduction of inequalities in health among (a) socio-economic groups, (b) women and men, (c) ethnic groups and (d) geographical regions of the country. The Commission consisted of party-appointed representatives of all seven political parties in Parliament and scientific experts and advisers from national authorities, universities, trade unions, and nongovernmental organizations. In October 2000, the National Public Health Commission in Sweden presented its final report.<sup>5</sup>

## Ministry of Health and Long-Term Care Appointed Expert Lead

For priority health care issues in Ontario, the Minister of Health and Long-Term Care has in the past appointed a leader in the field to develop a report and recommendations on the specific issue.

### Example

In May 2012, the Minister of Health and Long-Term Care appointed Dr. Samir Sinha to lead the development of a Seniors Strategy in Ontario. Dr. Sinha consulted broadly with service providers, older Ontarians and their families, LHINs, municipal leaders, associations, consumer groups, and other stakeholders. Published and presented to the Ontario government in January 2013, the

<sup>3</sup> <http://www.hc-sc.gc.ca/hcs-sss/com/fed/index-eng.php>

<sup>4</sup> <http://www.mentalhealthcommission.ca/English>

<sup>5</sup> [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0009/119916/E69911.pdf](http://www.euro.who.int/__data/assets/pdf_file/0009/119916/E69911.pdf), <http://www2.ids.ac.uk/gthen/casestudies/sweden.html>

final report, Living Longer, Living Well, outlines how Ontario can work to help seniors stay healthy and live at home longer. The recommendations cover health and wellness, social services, and community living for older Ontarians.<sup>6</sup>

### Government-Funded Expert Panel

Government-funded organizations will often commission a panel of experts to investigate an issue that affects the population. The number of people involved in the panel and the scope of the research varies extensively depending on the issue at hand.

#### Example

The U.S. Preventive Services Task Force (USPSTF) is panel of non-federal experts in prevention and evidence-based medicine and is composed of primary care providers such as internists, paediatricians, family physicians, gynecologists/obstetricians, nurses, and health behaviour specialists. The USPSTF conducts scientific evidence reviews of a broad range of clinical preventive health care services such as screening, counselling, and preventive medications, and develops recommendations for primary care clinicians and health systems. These recommendations are published in the form of “Recommendation Statements.” USPSTF’s recommendations have

formed the basis of the clinical standards for many professional societies, health organizations, and medical quality review groups.<sup>7</sup>

### White Paper

White papers are often used by governments, industry associations, advocacy groups, and others to present policy preferences and/or points of view to test the climate of public opinion and influence future direction on a given issue. In Canada, white papers are often official documents presented by Ministers of the Crown which state and explain the government’s policy on a certain issue.<sup>8</sup>

#### Example

In the UK, white papers are produced by the Government and set out the details of future policy on a particular subject. The white paper allows the Government an opportunity to gather feedback before it formally presents the policies as a Bill.<sup>9</sup> In July 2012, the UK’s Secretary of State for Health published the white paper “Caring for our Future: Reforming Care and Support.” The paper focuses on ways in which the Coalition Government in the UK can support people to live independently and play an active role in the community, thereby preventing, postponing, and minimizing people’s need for formal care and support. In devising the paper, the authors consulted thousands of people who use or work in care and support.<sup>10</sup>

How will people and their families get the care they need when they need it, now and in the future? We need to have a serious conversation about what we expect from our health care system.



<sup>6</sup> <http://www.hc-sc.gc.ca/hcs-sss/com/fed/index-eng.php>

<sup>7</sup> <http://www.uspreventiveservicestaskforce.org/>

<sup>8</sup> <http://www.parl.gc.ca/parlinfo/pages/WhitePapers.aspx>

<sup>9</sup> <http://www.parliament.uk/site-information/glossary/white-paper/>

<sup>10</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/136422/](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136422/)

White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf



# CONCLUSION

Through these papers, we have surfaced a number of the fundamental questions Ontarians must ask and answer if we want to effectively shape our future society. The impacts of decisions we put off today will be compounded as we march towards 2027 and beyond. If we wait too long, our decisions may be framed by crises and constraint, as opposed to thoughtful deliberation and purposeful action. If we do not act now and begin to implement changes, we risk an unintended path towards a future in which the way we deliver and receive health care and other valuable public services is less and less of our own choosing.

A key starting point for action is to create a forum for engaging in this critical dialogue. This dialogue must go beyond point solutions to a strategic discussion that tackles the critical issues and questions raised through our *Health Comes Home* series. We need to engage in this dialogue now. There are various forms in which we can have this discussion. The main message is that we must create and put long-term, forward thinking ideas into action as soon as possible, while we continue to scale up the successful programs we currently have place in Ontario.

This paper is intended to launch further discussions, formal and informal, to ask more questions of our thought leaders and to engage patients, health care providers, and everyone who cares about health care in this important conversation about the future of care. This engagement will take many forms, as will the reporting back on the conversations, the findings and the results, over the coming year.

Other places around the world have started this conversation. It is time Ontario gets more engaged and really comes to terms with “Who Cares?” Let’s talk about the future of care.

What’s more, we have less time to figure it out which means more people need to start talking about it, more or less **right now.**



Prepared by the OACCAC, with assistance from Deloitte Canada.  
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NOW THIS IS NOT THE END. IT IS NOT EVEN THE BEGINNING OF THE END. BUT IT IS, PERHAPS, THE END OF THE BEGINNING. - WINSTON CHURCHILL