



***Right Care, Right Time, Right Price:  
Investing in Ontario's Home and Community Care Sector***

**Advice on the 2016 Ontario Budget  
From Ontario's Community Care Access Centres  
January 28, 2016**

Ontario faces a daunting demographic reality: the number of seniors in the province aged 65 and over is projected to more than double from 1.8 million in 2009 to 4.1 million by 2036.<sup>1</sup> The aging population is already straining heavily burdened health care budgets. A strong, accountable and sustainable home and community care system will be essential to meet this looming challenge head-on and reduce future problems.

The Government of Ontario recognizes that family-centered care provided close to home is at the heart of what people want and expect from their health care system. That's why the province is providing cost-effective home and community care to greater numbers of patients with increasingly complex needs.

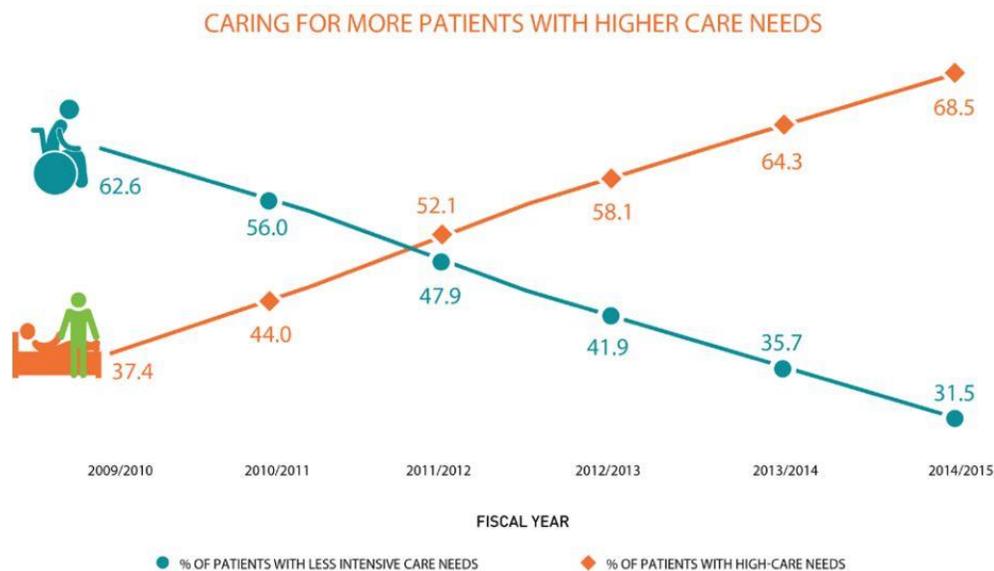
Ontario's Community Care Access Centres (CCACs) have been key contributors to this effort, enabling patients to receive a diverse range of health services at home and in their communities. CCACs have experienced first-hand the rapid rise in the number of Ontarians who require care, as well as the increasing complexity of their needs: the number of people served since 2003/2004 has doubled,<sup>2</sup> and ninety-four per cent more patients have higher care needs than in 2008/2009.<sup>3</sup>

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<sup>1</sup> Service Ontario, *Seniors* <http://www.ontario.ca/page/seniors> (accessed December 11, 2015)

<sup>2</sup> Ministry of Health and Long-Term Care Health Data Branch Web Portal, Individuals Served In-Home Health Care (Table 3)

<sup>3</sup> OACCAC utilization report: Average Monthly Active Complex and Chronic referral per cent change from FY2008/2009 to 2014/2015.



Source: OACCAC, *How CCACs Care: An Update on Quality Improvement for Patients* (November 2015)

This striking shift reflects home and community care’s increased role in health care, as well as its success in relieving pressure on hospitals and long-term care homes.<sup>4</sup> The strength of Ontario’s home care system has been a key factor in helping the province maintain lower hospital costs per capita, lower hospitalization rates and shorter lengths of stay than the rest of Canada.<sup>5</sup> People who in the past would have been placed into long-term care are instead being supported to live longer where they want to be—in their own homes. While the population of Ontarians aged 75 years and older has risen by more than six per cent over the last five years, the wait-list for people seeking long-term-care home placement has grown by only two per cent.<sup>6</sup> One researcher has quantified the shift to home care over that same period as being equal to opening 150 new long-term care homes.<sup>7</sup>

Ontario’s government is leveraging these successes. Building on investments since the 2012 *Action Plan for Health Care*, the 2015 budget committed to better coordinated and integrated care closer to home by increasing investment in home and community care by more than \$750 million over the next three years.<sup>8</sup> The province also introduced a number of changes in 2015 under the Ministry of Health and Long-Term Care’s *Patients First* initiative to improve the way all health care in Ontario is delivered, including home and community care.

In February 2015, *Patients First: Action Plan for Health Care* set clear goals for Ontario’s health care system. They included improving access and delivering better coordinated and integrated care,

<sup>4</sup> Access to Care – ALC Trending Report, Access to Care Informatics, Cancer Care Ontario 2013-2014.

<sup>5</sup> Health Care Quarterly, 15(1) February 2012, *In conversation with Tom Closson*, Kevin Tremblay.

<sup>6</sup> Health Data Branch, Ministry of Health and Long-Term Care, *Long-Term Care Home System Report*, June 30 2010 and June 30, 2015

<sup>7</sup> Each with a capacity of 130 residents. Jeff Poss, PhD, University of Waterloo, *Recent Trends Among Ontario Long-Stay Home Care Patients and Long-Term Care Residents* (2014)

<sup>8</sup> Ministry of Finance, *Building Ontario Up, 2015 Ontario Budget*: Chapter I, Section F ([http://www.fin.gov.on.ca/en/budget/ontariobudgets/2015/ch1f.html#ch1f\\_2](http://www.fin.gov.on.ca/en/budget/ontariobudgets/2015/ch1f.html#ch1f_2))

providing the information Ontarians need to make informed decisions about their care, and protecting the province's universal public health care system. Then, in May 2015, *Patients First: A Roadmap to Strengthen Home and Community Care* outlined the path the government will follow over the next three years to transform the way care is delivered at home and in the community.

Working closely together, CCACs and the Ministry of Health and Long-Term Care have made significant progress on many of the 10 steps outlined in the Roadmap, including:

- Laying the foundation for a Levels of Care Framework to ensure province-wide consistency in home care services and assessment
- Developing program specifications to guide a pilot program for self-directed care that will give patients and caregivers greater flexibility and choice in how they receive care at home
- Creating a *patient statement of values* that CCACs have posted on their websites, and
- Increasing the maximum number of nursing visits for patients.

There is much work yet to be done, however. As the province embarks on an ambitious transformation agenda and considers new approaches to better integrated care as outlined in December 2015 in *Patients First: A Proposal to Strengthen Patient-Centered Health Care in Ontario*, it is imperative to address the root causes of inefficiency and inequity. In particular, the complexity of the current home care delivery and purchasing model contributes to variability across the province in how care is delivered, the cost to administer care and the types of care received. Achieving an integrated, streamlined continuum of care in Ontario is complicated by the wide range of health service providers involved in the delivery of home and community care.<sup>9</sup>

CCACs recognize that the face of home and community care will be different, yet the advice contained within this pre-budget submission will benefit the future delivery of home and community care, as well as other health service providers. This pre-budget submission highlights key recommendations for targeting home and community care investment to ensure value for money and improved patient care—no matter the structure.

To meet the needs of Ontarians now and into the future, CCACs recommend that the government:

1. Ensures timely confirmation of funding to health service providers and allows for multi-year allocations.
2. Defines “balanced budget” as plus or minus two per cent of approved funding to ensure consistent and equitable access to care throughout the fiscal year.
3. Continues to work with system partners on the creation of an evidence-based Levels of Care Framework.

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<sup>9</sup> OACCAC, *Making Way for Change: Transforming Home and Community Care for Ontarians*, October 2014

- 4. Ensures home and community care sector sustainability by increasing base funding to support growth in core services.
- 5. Leverages existing CCAC technology infrastructure to better integrate home and community care with other health care sectors.

CCACs fully support the government’s goals of creating a more integrated health care system and improving the consistency and quality of home and community care for patients and their families. The recommendations outlined in further detail below include cost-free proposals that can substantially improve how care is delivered at home and in the community.

**CCACs BY THE NUMBERS**  
CCACs SERVED MORE THAN 713,000 PEOPLE ACROSS ONTARIO IN 2014/2015 BY:

- PROVIDING** CARE AT HOME TO 580,000 PATIENTS
- SUPPORTING** 359,000 SENIORS, ENABLING THEM TO STAY IN THEIR HOMES INDEPENDENTLY
- ENSURING** 96,000 CHILDREN RECEIVED HEALTH SERVICES AT SCHOOL
- SUPPORTING** 28,000 PEOPLE THROUGH THEIR END-OF-LIFE EXPERIENCE WITH CARE AT HOME
- HELPING** 27,000 PEOPLE TRANSITION TO A LONG-TERM CARE HOME
- SUPPORTING** AN AVERAGE OF 4,000 PEOPLE DISCHARGED FROM HOSPITAL PER WEEK WITH CCAC CARE
- CONNECTING** PATIENTS AND CAREGIVERS TO LOCAL HEALTH AND COMMUNITY SERVICES THROUGH 5.2 MILLION USER SESSIONS ON THEHEALTHLINE.CA
- MAKING** THOUSANDS OF REFERRALS EACH DAY TO OTHER COMMUNITY SUPPORT SERVICES TO ENSURE PEOPLE HAVE THE SUPPORT THEY NEED TO LIVE INDEPENDENTLY

Source: OACCAC, CCAC Fast Facts (<http://oaccac.com/Quality-And-Transparency/Fast-Facts> - accessed December 11, 2015)

**1. Ensure timely confirmation of funding to health service providers and allow for multi-year allocations.**

As CCACs have experienced, late confirmation of annual funding allocations impacts patient care and poses a challenge to all organizations involved in delivering health care services. There has been considerable variability in the timeliness and predictability of funding CCACs receive from Local Health Integration Network (LHINs), and it is not unusual for funding allocations to be communicated by LHINs late in the second quarter of the fiscal year, or even later. For example, in September 2015 only seven CCACs had received confirmation of their FY2015/16 base funding, including growth, from their LHINs.

Late funding decisions force CCACs and other health service providers to consider cost-containment measures that can lead to service fluctuations that are difficult and frustrating for patients. If funding

allocations were communicated in the first quarter of the fiscal year, providers could better plan to address service volumes. This would result in more stable service patterns and lead to improved consistency of care and quality in the patient experience.

Moving forward, CCACs recommend that the Ministry of Health and Long-Term Care develops performance standards or guidelines for LHINs to ensure timely delivery of funding to health service providers. The ministry should also allow for multi-year funding allocations, which would enable providers to plan and deliver sustainable care over the long-term and also result in better patient care.

This recommendation is aligned with the recommendation made by the Auditor General of Ontario that the ministry, in conjunction with the LHINs, should finalize the annual funding each CCAC will receive before the fiscal year begins or as early in the current fiscal year as possible to ensure CCACs can properly plan to meet patient care needs.<sup>10</sup>

### **2. Define “balanced budget” as plus or minus two per cent of approved funding to ensure consistent and equitable access to care throughout the fiscal year.**

Each local CCAC and its LHIN are bound by a Multi-Sector Service Accountability Agreement (M-SAA) delineating accountabilities and performance expectations. M-SAAs’ terms require CCACs to achieve a balanced budget at year-end, to the dollar, with expectations that any surpluses be returned and any deficits be carried forward into the next year. Balancing a considerable budget so precisely at year-end is like landing a jumbo jet on a postage stamp.

CCACs and other health service providers take appropriate steps throughout the year to ensure a balanced budget. However, when a CCAC anticipates running a small deficit (if, for example, a change in base funding is not communicated until well into the fiscal year) and further administrative savings are insufficient to balance the budget, steps need to be taken that, unfortunately, impact patients. These may include suspending unfunded or specialty programs, carefully managing service levels for new patients, increasing referrals to community support agencies, and wait-listing patients based on need. Patients are especially prone to be impacted in the last few weeks of the fiscal year, posing another challenge to consistency, equity and accessibility.

Defining a balanced budget as plus or minus two per cent of the approved funding allocation would enable health service providers to carry over a small surplus, giving them a degree of flexibility to help manage service pressures. This would result in a more consistent care experience for patients and, over time, such surpluses could even help mitigate future deficits.

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<sup>10</sup> Office of the Auditor General of Ontario, *Community Care Access Centres – Financial Operations and Service Delivery*, September 2015.

### **3. Continue to work with system partners on the creation of an evidence-based Levels of Care Framework.**

One of the government's key objectives is to support people by "providing the education, information and transparency they need to make the right decisions about their health."<sup>11</sup> Individuals seeking home and community care often have a mix of health, functional and social needs. Home care plans must find the right balance between providing a consistent level of care while responding to the unique preferences, strengths and goals of each patient. In addition to individual differences, community differences can affect the types and volumes of care patients may receive. These differences may include historical levels of funding, availability of other community resources, and the way care is delivered (for example, in clinics versus at home).

The government's proposal to create a Levels of Care Framework will improve care and consistency of service delivery province-wide.<sup>12</sup> An effective framework will make it easier for patients and their caregivers to understand what they can expect when they need care at home or in the community, but will provide flexibility to allow for individualized and integrated care planning.

CCACs recommend that the government work collaboratively with system partners and care providers to develop a framework that puts patients first and provides flexibility to meet their changing needs.<sup>13</sup> The OACCAC has shared a recommended approach to a Levels of Care Framework with the Ministry of Health and Long-Term Care.<sup>14</sup>

### **4. Ensure home and community care sector sustainability by increasing base funding to support growth in core services.**

Home care is allowing more patients with much higher care needs to remain at home for as long as possible—and demand is continuing to rise. Yet, over the past decade, the provincial expenditure on the home and community care sector has hovered between four to five per cent of the province's overall health spending. In fact, the proportion of health care expenditure on home care in 2014/15 is close to par with 2000/2001.

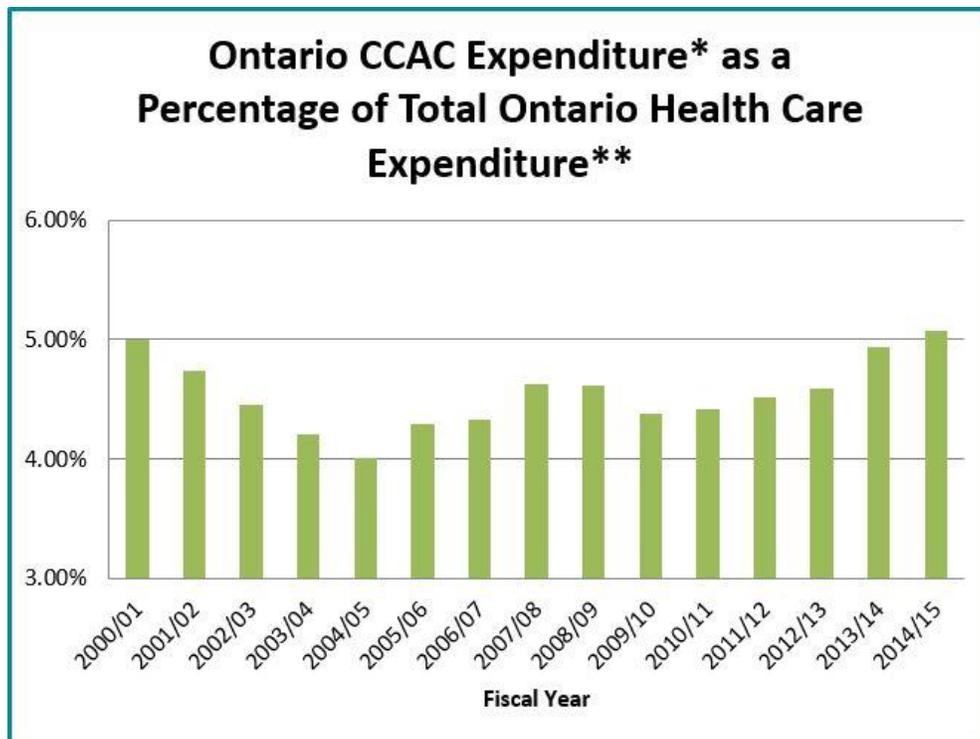
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<sup>11</sup> Ministry of Health and Long-Term Care, *Patients First: Action Plan for Health Care*, February 2015

<sup>12</sup> Ministry of Health and Long-Term Care, *Patients First: A Roadmap to Strengthen Home and Community Care*, May 2015

<sup>13</sup> OACCAC, *Preliminary Advice Document: Establishing an Effective Levels of Care Framework for Home & Community Care in Ontario* (November 1, 2015)

<sup>14</sup> <http://oaccac.com/News/Pages/Informing-Levels-of-Care-Framework.aspx>



\* Source: MIS Financial reports (FY03/04 - FY14/15)

\*\* Source: Public Accounts Ontario consolidated financial statements

The government’s commitment to increase home care funding by five per cent each year is essential to ensure that there is capacity to address population growth and aging, as well as the higher care needs of patients in the community.

The OACCAC has calculated that the cost to address demographic pressures and maintain current service levels would require a 2.3 per cent increase in total funding.<sup>15</sup> At the same time, CCACs have absorbed new patient populations and demographic growth from other sectors, including hospitals and long-term care homes. The cost of addressing this demand represents an additional 2.5 to 3 per cent. This combined pressure would require between a 4.9 and 5.3 per cent increase to total funding.

In the 2014-2015 fiscal year, CCACs received an average 3.1 per cent increase in funding over 2013-2014 to address service pressures arising from increased volumes and to address the increased costs of serving increasingly complex patients for longer periods of time. <sup>16</sup> By the same calculation, aside from new funding for personal support worker wage enhancements, the average total increase allocated to date to address service pressures for 2015-2016 is zero per cent, with seven CCACs receiving less

<sup>15</sup> OACCAC analysis based on CHRIS, Ministry of Finance population projects, Ministry of Health and Long-Term Care bed count projections (December, 2015)

<sup>16</sup> OACCAC Finance Metrics Reporting, CCAC Finance Staff (Date run: June 22, 2015). Excludes funding for the personal support worker (PSW) wage increases as part of the government’s PSW Workforce Stabilization Strategy.

funding than they did in the previous year.<sup>17</sup> This has the effect of reducing capacity for CCACs to deliver patient care.

To maximise the resources available for patient care, CCACs continue to find administrative cost savings. The proportion of funding that CCACs spend on their internal administration continues to decrease from 9.3 per cent in 2008/09 to 7.8 per cent today.<sup>18</sup> Moving forward, CCACs recommend that base funding for the home and community care sector should grow sufficiently to ensure the sector can sustain increased demographic pressures and patient needs.

### **5. Leverage existing CCAC technology infrastructure to better integrate home and community care with other health care sectors.**

In March 2015, the Expert Group on Home & Community Care provided advice on how to improve the quality and value of home and community care in Ontario. Its report showed that clients, families, caregivers and organizations perceive areas of duplication and inefficiency in the current system. Suggestions for improved efficiency included the use of a common electronic medical record.<sup>19</sup>

CCACs have led technological innovation in home and community care and are the only health service providers with a common electronic health record for every patient in the province. The Client Health Record & Information System (CHRIS) is a sophisticated online patient-management and information-sharing platform that provides access to real-time patient data. Through a secure portal, Health Partner Gateway (HPG), CCACs can make “eReferrals” and share patient information with physicians, long-term care homes, community support service agencies and other providers in a patient’s circle of care. The ministry, LHINs, researchers and others use anonymized patient assessments, care plans and service information in CHRIS to inform planning, funding methodologies and quality improvement activities at the regional and provincial levels.

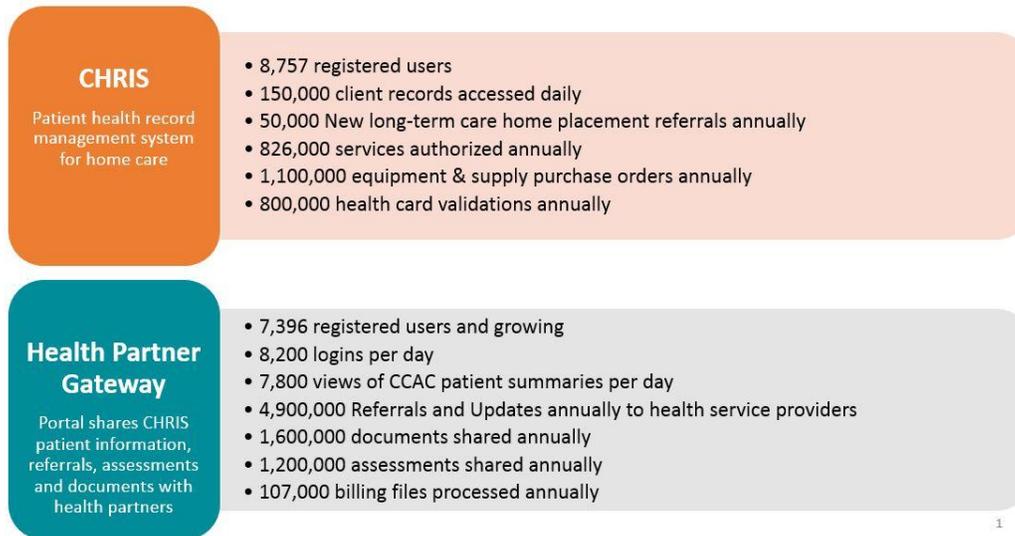
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<sup>17</sup> FY 2014-15 OACCAC Finance Metrics Reporting, CCAC Finance Staff; CCAC Funding & Financial Position Survey Update: December 4, 2015.

<sup>18</sup> MIS Comparator Reports 2010/11– 2014/15YE (Note: Overhead includes general administration, IS support, plant operation, research and education, and other.)

<sup>19</sup> Ministry of Health and Long-Term care, *Report of the Expert Group on Home & Community Care: Bringing Care Home*, March 2015

## CHRIS & HPG by the Numbers (FY2014/2015)



Modernizing delivery, including technological improvements, is one of the government's key goals for strengthening home and community care.<sup>20</sup> CCACs believe that a single record that allows information sharing and recording important care decisions and results is best for integrated care. The Client Health Record Information System accomplishes these goals.

### In Conclusion

Over the last year, the government has announced significant changes to support the growth of Ontario's home and community care sector. Looking to the future, continued investment needs to be made to ensure patients and their families receive equitable, consistent care across the province. Home and community care continues to provide excellent value for money and high-quality care where patients want it most.

This submission highlights several recommendations from Ontario's CCACs. It outlines cost-free opportunities for the government to improve patient care and increase efficiency by improving funding policies and procedures. It demonstrates that developing and testing a Levels of Care Framework will drive transparency and improve the consistency of home care delivery. It calls for continued investment in home and community care to improve the sustainability of services available and to continue to relieve pressures on other parts of the health care system. And it suggests the government leverage existing technology infrastructure to enable better integration of home and community care with other health care sectors. However, reviewing the current service delivery model needs to be part of the government's transformation agenda if real progress is to be made. As the Auditor General of Ontario

<sup>20</sup> Ministry of Health and Long-Term Care, *Patients First: A Roadmap to Strengthen Home and Community Care*, May 2015

noted: “As reforms and reports on health care, including home and community care specifically, are currently under way in Ontario, this is an opportune time to assess whether the current delivery model—where direct care is spread out over a vast array of organizations, some of which profit from CCAC-funded services and some of whose services could be seen to overlap—could be streamlined for the benefit of patients needing effective health care at home and in the community.”<sup>21</sup>

Addressing these recommendations, particularly as the province embarks on a significant change initiative, will directly improve the patient experience with home and community care in Ontario.

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<sup>21</sup> Office of the Auditor General of Ontario, *Community Care Access Centres – Financial Operations and Service Delivery*, September 2015.