# Long-term LIFE Care at Home:
# The future of aging-focused care in Canada

Although 96% of Canadians want to live, age, and receive care at home long-tem,[1] policy and debate continues to focus on building more hospital and long-term care facility beds.[2-4] To prioritize aging Canadians' quality of life, we need to expand system capacity for meeting their 'life care' needs long-term. Using routinely collected health assessment data and consultation with experts-by-experience, we developed an innovative model of integrated home and community care called *Long-term Life Care at Home* which attends to the broad range of health and social care needs of aging Canadians.

> "*Long-term Life Care at Home* is a new model of care that is anticipated to increase the volume and range of home care services available to older adults; preserve their autonomy and choice around where to live, age and receive care; and help shift our long-term care system in Canada to focus less on bricks and buildings and more on people and communities."
> – **Dr. Justine Giosa**, Executive Director and Scientific Director, SE Research Centre

## Project overview

Canadian home care is underfunded, often resulting in inadequate service availability.[5] Frequently, care is task-focused and only provided for short periods after a hospital stay.[6] Existing home care models are not designed to support social or mental health needs,[7,8] relying heavily on unpaid caregivers.[9] With the population of Canadians aged 85+ set to triple in the next 30 years,[10] we must look beyond building long-term care (LTC) facilities to meet the demand for care.

As part of our Models of Care Delivery portfolio, we aimed to develop a solution focused on meeting the long-term needs of people in their own homes. This approach aligns with Canadians' care preferences and reserves hospital and LTC facility capacity for those whose needs that are best met in those settings.[11]

## What have we done? [11]

1. Reviewed ~205,000 home care assessments to group Ontario's home care population based on known risk factors of LTC facility admission;
2. Analyzed each group to describe their dominant medical, functional and social 'life care' needs[12];
3. Conducted a survey-based consensus process with 42 home care providers to identify packages of care/services to meet life care needs;
4. Compared life care needs and average daily costs of care between the *Long-term Life Care at Home* model and existing types of LTC "beds";
5. Facilitated six workshops engaging 67 older adults, family caregivers, and health and social care providers to validate and refine the model;
6. Conducted interviews with 10 health and social care decision makers to explore their perspectives on positioning the model and mapping a referral process for *Long-term Life Care at Home* in Ontario.

## What did we find?

Ontario's home care population can be divided into six groups based on known risk factors for LTC admission (**Figure 1**).[12] Their medical, functional, cognitive, and social 'life care' needs can be described using the six dimensions of the Pillars for Positive Health[13]: Bodily Functions, Mental Wellbeing, Meaningfulness, Quality of Life, Social & Societal Participation, and Daily Functioning.

There are 61 different types of care and support

services needed in a variety of combinations to support the range of life care needs of older adults in their homes. Base care packages designed to meet life care needs range from 3 - 8 hours per day, inclusive of direct care and coordination (**Figure 1**).[12]

Overlap in the life care needs of older adults in home care and LTC in Ontario suggests the potential to shift the setting of care for more older adults to their homes. *Long-term Life Care at Home* care packages are lower in cost than hospital Alternate Level of Care (ALC) rates; and many are lower in cost than a private room in a LTC home.

Feedback from older adults, caregivers, and care providers suggest opportunities for model refinement (e.g., optimizing the number of providers in the home) and support for design principles (e.g., caring for the person and caregiver as a dyad). Feedback from health and social care decision makers highlighted potential for the model to supplement existing services and the importance of taking a person-centred, integrated care approach.

### What are the next steps?

We are developing new tools to support the future implementation of *Long-Term Life Care at Home*. These include a case-based learning program to build interprofessional competencies for care providers by leveraging the profiles of the six groups.

### How is this research funded and supported?

### To learn more about this work

Developing an evidence-informed model of Long-term Life Care at Home for older adults with medical, functional and/or social care needs in Ontario, Canada: a mixed methods study protocol.

Profiling the medical, functional, cognitive, and psychosocial care needs of adults assessed for home care in Ontario, Canada: The case for Long-term 'Life Care' at Home.
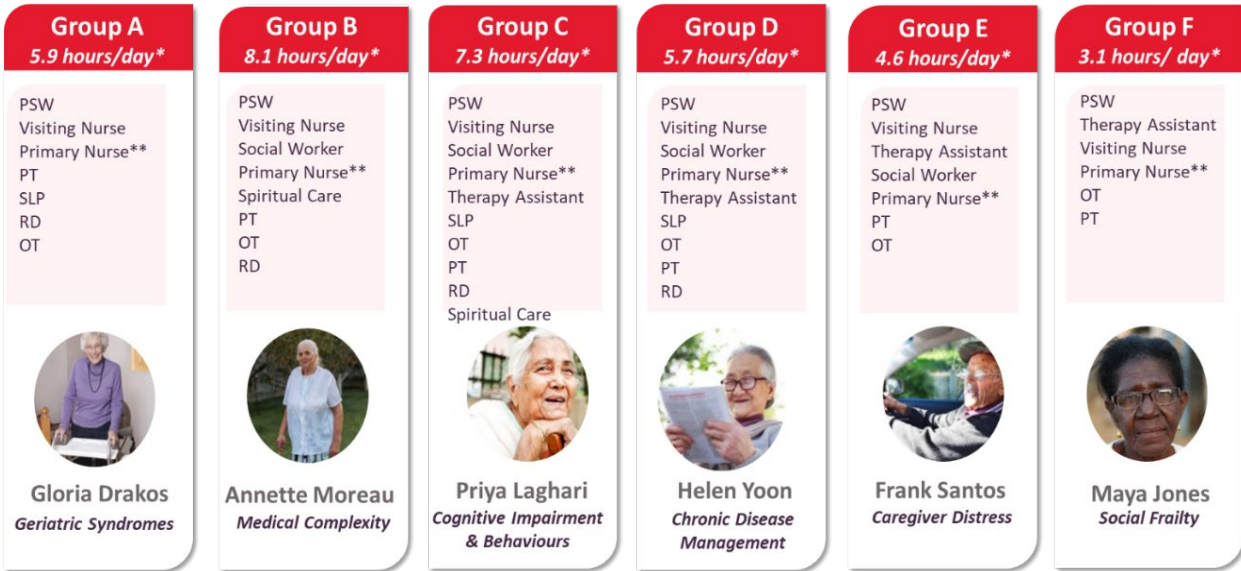
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### References

**Figure 1. Six groups of older adults based on Ontario home care assessment data & preliminary care packages**



| Group A 5.9 hours/day* | Group B 8.1 hours/day* | Group C 7.3 hours/day* | Group D 5.7 hours/day* | Group E 4.6 hours/day* | Group F 3.1 hours/ day* |
|---|---|---|---|---|---|
| PSW Visiting Nurse Primary Nurse** PT SLP RD OT | PSW Visiting Nurse Social Worker Primary Nurse** Spiritual Care PT OT RD | PSW Visiting Nurse Social Worker Primary Nurse** Therapy Assistant SLP OT PT RD Spiritual Care | PSW Visiting Nurse Social Worker Primary Nurse** Therapy Assistant SLP OT PT RD | PSW Visiting Nurse Therapy Assistant Social Worker Primary Nurse** PT OT | PSW Therapy Assistant Visiting Nurse Primary Nurse** OT PT |
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*Average daily total **care and coordination** hours across home care team; ** Primary nurse responsibilities include care integration as well as the delivery of direct nursing care; ***Hours for caregiver supports included in the total hours of care.