



Long-term LIFE care at home: the future of aging-focused care in Canada

Most Canadians want to live, age, and receive care at home, yet the health care system continues to prioritize building more hospital and long-term care facility beds. To prioritize older Canadians’ quality of life, we need services that meet their ‘life care’ needs. New models of integrated home and community care will help to expand system capacity for meeting needs and preferences 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. Overlap in needs across facility-based long-term care and home care populations alongside initial price comparisons across settings illustrate both short and long-term benefits to shifting more older adult care to the community.

Project Overview

Although 96% of Canadians want to live, age, and receive care at home long-term,¹ the Canadian long-term care (LTC) system continues to prioritize facility-based care. For example, the Ontario government is currently working to create 58,000 new and upgraded LTC beds by 2028² yet wait times for admission continue to grow.³ With the population of Canadians over the age of 85 set to triple in the next 30 years,⁴ we must look beyond building LTC facilities to meet the demand for care.

Meanwhile, home care is underfunded, resulting in inadequate availability of services⁵ and task-based care delivery, often for short periods following a hospital stay.⁶ Further, current home care models have not been designed to support social or mental health needs^{7,8} and rely heavily on caregivers.⁹

Our position is that a solution that focuses on meeting the long-term needs of people in their own homes will not only better match care to the preferences of all Canadians, but will also reserve hospital and LTC facility capacity for those who have needs that are best served in those settings.¹⁰

What did we do? ¹⁰

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;
3. Conducted a six-week survey 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 6 workshops engaging 67 older adults, family caregivers, and health and social care providers to validate and refine the model and care packages; and
6. Conducted interviews with 10 health and social care decisionmakers to explore their perspectives on positioning the Long-term Life Care at Home model within the Ontario healthcare context, including mapping a potential referral process.

What are we finding so far?

- Ontario’s home care population can be divided

into 6 groups based on known risk factors for LTC admission (Figure 1).¹¹

- Medical, functional, and social ‘life care’ needs can be described using the 6 dimensions of the **Pillars for Positive Health**¹² (i.e., bodily function, mental wellbeing, meaningfulness, quality of life, social & societal participation, daily functioning).
- There are 65 types of care and support services that can be considered to support the life care needs of older adults at home and community.
- Base care packages to meet the life care needs of the 6 groups at risk of LTC admission range from 3.1 - 8.1 hours per day, including both direct care and coordination (Figure 1).
- Overlap in the life care needs of older adults currently receiving home care and LTC in Ontario suggests the potential to shift the setting of care for more older adults to their homes.
- All care packages in the new *Long-term Life Care at Home* model are lower in cost than current hospital Alternate Level of Care (ALC) rates; and many are lower in cost than a private room in a LTC facility.
- Feedback from workshop participants (i.e., older adults, caregivers, and care providers) suggests opportunities for model refinement in three categories: factors influencing model

operationalization, changes and additional considerations, and support for design principles.

- Feedback from interviews with health and social care decisionmakers highlighted the potential for *Long-term Life Care at Home* to supplement existing services and the significance of taking a person-centred and integrated care approach.
- Inclusion of older adults, caregivers, health and social care providers and decisionmakers as experts-by-experience in the development of new models of care is critical to ensure they are acceptable and responsive to the needs and preferences of aging Canadians.

What is the anticipated impact?

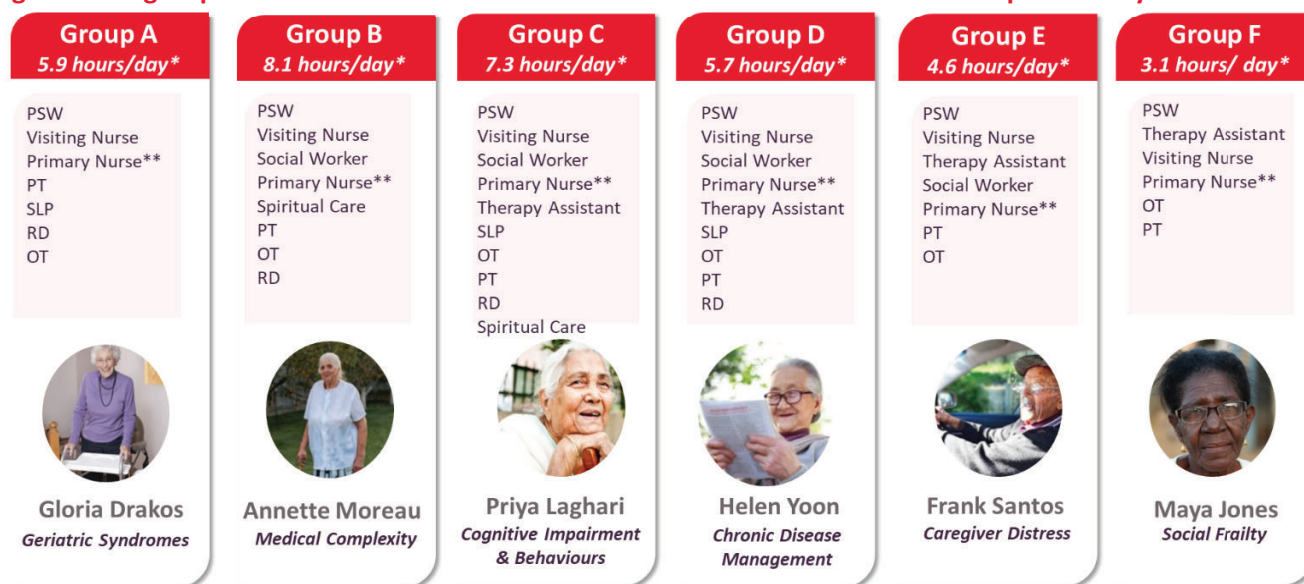
A new model of care to meet the life care needs of older adults at home long-term is anticipated to:

- Increase the volume and range of home care services available to older adults and preserve their autonomy and choice around where to live, age and receive care; and
- Help shift our LTC system in Canada to focus less on bricks and buildings and more on people and communities.

How is the research funded and supported?

This research is funded and supported by SE Health, one of Canada’s largest social enterprises.

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



*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

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