
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 Canada's long-term care (LTC) system is focused on building more residential LTC beds. To prioritize the quality of life of older Canadians, we need to build a continuum of services to meet their life care needs. A strengthened home and community care system will give older Canadians more options for where to live and receive care as they age.

Historical analysis of over 200,000 Ontario home care assessments and a survey process with over 40 home care providers led to the development of a long-term 'life care' at home model to meet the medical, functional and social needs of aging Canadians who are at risk of residential LTC admission. Significant overlap in needs across LTC and home care populations and initial price comparisons across settings indicate both short-term and long-term anticipated benefits to shifting more older adult care to the community.

Project Overview

The COVID-19 pandemic has revealed on a massive and devastating scale that the Canadian health care system has failed older Canadians and it's a system-wide not sector specific failure.

Although 96% of Canadians want to live, age and receive care at home long-term¹, the LTC system in Canada is focused on bricks and buildings. For example, the Ontario government is currently focused on creating 8,000 and re-developing 12,000 residential LTC beds².

Home care is chronically underfunded with an undervalued workforce. For example, in Ontario up to 40% of home care referrals are going unfilled because of the workforce leaving the sector for higher paying jobs³. We also know that 80% of Canadians with home care needs are having those needs go unmet⁴.

Canada is spending much less on community-based care than other Organisation for Economic Co-operation and Development (OECD) countries. Only 13% of the

funding is allocated to the home care sector, whereas it is up to 35% in other countries^{5,6}.

If we broaden our thinking about LTC to a system-wide perspective, we can consider types of LTC beds: 1) at home without care; 2) at home with care; 3) hospital alternate level of care (ALC); and 4) residential LTC. Currently, none of these LTC options are meeting people's needs^{3,4,7-14}.

Our position is that a solution that focuses on meeting the long-term needs of people in their own homes and beds will not only better match care to the preferences of all Canadians, but it will also reserve hospital and LTC home capacity for those who really need to be there.

What did we do / are we doing?

- 1) Historical analysis of over 200,000 home care assessments to segment the Ontario home care population in unique groups based on known risk factors of residential LTC admission;

- 2) Descriptive analysis of each patient group to describe average medical, functional and social life care needs;
- 3) 6-week modified eDelphi survey process with 40+ home care clinicians to identify packages of care and services to meet life care needs;
- 4) Feasibility assessment: comparing life care needs and average daily costs of care between emerging model and existing 4 types of beds.

- Care packages to meet the life care needs of the 6 unique groups at risk of LTC admission range in daily care and coordination from 3.1-8.1 hours per day
- There is significant overlap in the life care needs of older adults currently receiving home care and LTC in Ontario confirming potential to shift care to the community
- All care packages in our new model of long-term life care at home are lower in cost than the current hospital ALC care; and many are lower in cost than per diems for private room residential LTC

What are we finding so far?

- The Ontario home care population can be segmented into 6 unique groups based on known risk factors for LTC admission including social frailty, caregiver distress, chronic disease management, cognitive impairment and behaviours, and geriatric syndromes
- Medical, functional and social 'life care' needs can be described using the 6 dimensions of the Pillars for Positive Health¹⁵
- 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 in the community

What is the anticipated impact?

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

- Restore and increase the volume and range of home care services to older Canadians as key to an innovative post-pandemic response;
- Help shift our LTC system in Canada to focus less on bricks and buildings and more on people and communities;
- Enhance the quality of life of older Canadians;
- Improve clinician satisfaction and retention working in the home care sector.

Researchers

Co-Principal Investigators

Justine Giosa, PhD

Managing Director, SE Research Centre; Adjunct Assistant Professor, School of Public Health and Health Systems, University of Waterloo

Margaret Saari, RN, PhD

Clinical Scientist, SE Health; Adjunct Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto; Fellow, interRAI Canada

Co-Investigators

Paul Holyoke, PhD

Executive Director, SE Research Centre

John Hirdes, PhD

Professor, School of Public Health and Health Systems, University of Waterloo; Senior Country Fellow, Board Member and ISD Member, interRAI Canada

George Heckman, MD, MSc, FRCPC

Associate Professor, School of Public Health and Health Systems, University of Waterloo; Schlegel Research Chair for Geriatric Medicine, Research Institute for Aging; Assistant Clinical Professor of Medicine, McMaster University; Fellow, interRAI Canada

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About the SE Research Centre

The SE Research Centre is funded by SE Health to conduct impact-oriented health services research and evaluation for the benefit of Canadians. We study the needs of people, their caregivers, and health care providers, to develop evidence-based solutions to tough health and social care problems. Our researchers collaborate with a wide variety of community and academic partners.

In the SE Research Centre there are four fields of research and evaluation: Aging in Society; Dying, Death and Grief; Health and Care Experiences; and Models of Care Delivery.

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