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# 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 residential long-term care (LTC) beds. To make the quality of life of older Canadians a priority, we need services to meet their life care needs across the health care system. Improving home and community care will give older Canadians more options for where to live and receive care as they age.

We completed a review of over 200,000 Ontario home care assessments and a survey of over 40 home care providers. We used the results to develop a model called *Long-term 'Life Care' at Home* to meet the health and social care needs of aging Canadians. Overlap in needs across LTC and home care populations, and initial price comparisons across settings, show that there can be both short-term and long-term benefits to shifting more older adult care to the community.

## Project Overview

The COVID-19 pandemic has reinforced existing and longstanding challenges with providing integrated and holistic older adult care within the Canadian health care system.

Although 96% of Canadians want to live, age and receive care at home long-term<sup>1</sup>, the LTC system in Canada is focused mainly on residential care settings. For example, the Ontario government is currently working to create 8,000 and re-developing 12,000 residential LTC beds<sup>2</sup>. Canada is spending less on community-based care than other countries. Only 13% of the funding is allocated to the home care sector, whereas it is up to 35% in other countries<sup>3,4</sup>.

Home care is underfunded, resulting in task-based care delivery for often short periods following a hospital stay<sup>5</sup>. Before the pandemic, we knew that

80% of Canadians with home care needs were having those needs go unmet<sup>6</sup>. We also know that 1 in 9 people newly admitted to LTC could have had their needs met at home<sup>7</sup>.

If we broaden our thinking about LTC to a system-wide perspective, we can consider 4 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 adequately meeting people's needs<sup>6,8-16</sup>.

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 have needs that are best served in those settings.







## What did we do?

- 1) Reviewed over 200,000 home care assessments to break down the Ontario home care population into groups based on known risk factors of residential LTC admission;
- 2) Analyzed each patient group to describe the dominant medical, functional and social life care needs;
- 3) 6-week survey consensus process (or modified eDelphi) with 40+ home care providers to identify packages of care/services to meet life care needs;
- 4) Feasibility assessment comparing life care needs and average daily costs of care between emerging model and the existing 4 types of LTC beds;
- 5) Focus groups with 67 older adults, family caregivers and health/social care providers to validate and refine the care packages.

## What are we finding so far?

- The Ontario home care population can be divided into 6 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 Health which are: bodily functions, mental welling, meaningfulness, quality of life, social & societal participation and daily functioning<sup>17</sup>.
- 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.
- Care packages to meet the life care needs of the 6 patient groups at risk of LTC admission range

### 6 Groups of Older Adults Based on Ontario Home Care Assessment Data

Maya Jones	Frank Santos	Helen Yoon	Priya Laghari	Annette Moreau	Gloria Drakos
 <ul style="list-style-type: none"> <li>• Lives alone</li> <li>• Requires IADL support &amp; ADL supervision</li> <li>• Unsteady gait</li> <li>• Living with daily pain</li> <li>• Some cognitive decline</li> </ul>	 <ul style="list-style-type: none"> <li>• Lives with spouse</li> <li>• Signs of caregiver distress</li> <li>• Requires support with IADLs &amp; ADLs</li> <li>• Unsteady gait</li> <li>• Living with daily pain</li> <li>• Continence concerns</li> <li>• Cognitive impairment</li> <li>• Indicators of depression</li> </ul>	 <ul style="list-style-type: none"> <li>• Lives with granddaughter</li> <li>• Signs of caregiver distress</li> <li>• Requires support with IADLs &amp; ADLs</li> <li>• Unsteady gait</li> <li>• Mild health instability</li> <li>• Living with daily pain</li> <li>• Cognitive impairment</li> </ul>	 <ul style="list-style-type: none"> <li>• Lives with son's family</li> <li>• Signs of caregiver distress</li> <li>• Requires support with IADLs &amp; ADLs</li> <li>• Unsteady gait and falls</li> <li>• Continence concerns</li> <li>• Cognitive impairment</li> <li>• Indicators of depression</li> <li>• Exhibiting behaviours</li> </ul>	 <ul style="list-style-type: none"> <li>• Lives with daughter</li> <li>• Moderate health instability</li> <li>• Cardiorespiratory symptoms</li> <li>• Living with daily pain</li> <li>• Multiple medications</li> <li>• Requires support with IADLs &amp; ADLs</li> <li>• Continence concerns</li> <li>• Indicators of depression</li> <li>• Cognitive impairment</li> </ul>	 <ul style="list-style-type: none"> <li>• Lives with daughter</li> <li>• Signs of caregiver distress</li> <li>• Requires support with IADLs &amp; ADLs</li> <li>• Weight loss</li> <li>• Unsteady gait and falls</li> <li>• Living with daily pain</li> <li>• Continence concerns</li> <li>• Indicators of depression</li> <li>• Cognitive impairment</li> </ul>
<b>Social frailty</b>	<b>Caregiver distress</b>	<b>Chronic disease management</b>	<b>Cognitive impairment / behaviours</b>	<b>Medical complexity</b>	<b>Geriatric syndromes</b>

**IADLs:** Instrumental Activities of Daily Living

**ADLs:** Activities of Daily Living

from 3.1-8.1 hours per day for care and coordination.

- There is overlap in the life care needs of older adults currently receiving home care and LTC in Ontario confirming the potential to shift the setting for care for older adults to their homes.
- All care packages in our new model of *Long-term Life Care at Home* are lower in cost than the current hospital ALC; and many are lower in cost than private room residential LTC.
- Inclusion of older adults, caregivers and health/social care providers as experts-by-experience in the development of new models of care is critical to ensuring post-pandemic solutions like the *Long-term Life Care at Home* model are

acceptable to end users and respond 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:

- 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

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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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