

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 (LTC) facility beds. To make older Canadians' quality of life a priority, we need to consider and provide services that meet their 'life care' needs. 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 Ontario home care assessments, engaged home care providers in a consensus building process, facilitated workshops with older adults, family caregivers and health and social care providers, and conducted interviews with health and social care decision makers. Together, these results were used to inform the development of an innovative model of home care called *Long-term Life Care at Home* which considers the broad range of 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 long-term 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 long-term care (LTC) system in Canada continues to prioritize facility-based care settings. For example, the Ontario government is currently working to create 8,000 LTC beds and re-develop another 12,000,² yet wait times for admission continue to grow.³ With the population of Canadians 85 years+ set to triple in the next 30 years,⁴ we have to look beyond building LTC facilities to meet the demand for care.

Meanwhile, home care is underfunded, resulting in task-based care delivery, often for short periods following a hospital stay⁵ and inadequate availability of services.⁶ In addition, home care has not been

designed to support social or mental health needs^{7,8} and relies heavily on caregivers.⁹







If we broaden our thinking about LTC to a system-wide perspective, we can consider four types of LTC "beds": 1) at home without care; 2) at home with care; 3) in hospital alternate level of care (ALC); and 4) in LTC facilities. Currently, none of these LTC options are adequately meeting people's needs.¹⁰⁻¹⁸

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 facility capacity for those who have needs that are best served in those settings.¹⁹

What did we do? ¹⁹

1. Reviewed 205,000 home care assessments to categorize Ontario’s home care population into groups 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. Completed a feasibility assessment by comparing life care needs and average daily costs of care between the emerging *Long-term Life Care at Home* model and the existing 4 types of LTC “beds”;
5. Facilitated workshops with 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 decision makers 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.

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

Group A: Social Frailty	Group B: Caregiver Distress	Group C: Chronic Disease Management	Group D: Cognitive Impairment + Behaviours	Group E: Medical Complexity	Group F: Geriatric Syndromes
 <p>Maya Jones</p> <ul style="list-style-type: none"> • Lives alone • Requires IADL support & ADL supervision • Unsteady gait • Living with daily pain • Some cognitive decline 	 <p>Frank Santos</p> <ul style="list-style-type: none"> • Lives with spouse • Signs of caregiver distress • Requires support with IADLs & ADLs • Unsteady gait • Living with daily pain • Continence concerns • Cognitive impairment • Indicators of depression 	 <p>Helen Yoon</p> <ul style="list-style-type: none"> • Lives with granddaughter • Signs of caregiver distress • Requires support with IADLs & ADLs • Unsteady gait • Mild health instability • Living with daily pain • Cognitive impairment 	 <p>Priya Laghari</p> <ul style="list-style-type: none"> • Lives with son’s family • Signs of caregiver distress • Requires support with IADLs & ADLs • Unsteady gait and falls • Continence concerns • Cognitive impairment • Indicators of depression • Exhibiting behaviours 	 <p>Annette Moreau</p> <ul style="list-style-type: none"> • Lives with daughter • Moderate health instability • Cardiorespiratory symptoms • Living with daily pain • Multiple medications • Requires support with IADLs & ADLs • Continence concerns • Indicators of depression • Cognitive impairment 	 <p>Gloria Drakos</p> <ul style="list-style-type: none"> • Lives with daughter • Signs of caregiver distress • Requires support with IADLs & ADLs • Weight loss • Unsteady gait and falls • Living with daily pain • Continence concerns • Indicators of depression • Cognitive impairment
<p>Care team*: PSW, Therapy Assistant, Visiting Nurse, Primary Nurse, OT, PT</p>	<p>Care team*: PSW, Visiting Nurse, Therapy Assistant, Social Worker, Primary Nurse, PT, OT</p>	<p>Care team*: PSW, Visiting Nurse, Social Worker, Primary Nurse, Therapy Assistant, SLP, OT, PT, RD</p>	<p>Care team*: PSW, Visiting Nurse, Social Worker, Primary Nurse, Therapy Assistant, SLP, OT, PT, RD, Spiritual Care Provider</p>	<p>Care team*: PSW, Visiting Nurse, Social Worker, Primary Nurse, Spiritual Care Provider, PT, OT, RD</p>	<p>Care team*: PSW, Visiting Nurse, Primary Nurse, PT, SLP, RD, OT</p>
3.1 hours/ day**	4.6 hours/day**	5.7 hours/day**	7.3 hours/day**	8.1 hours/day**	5.9 hours/day**

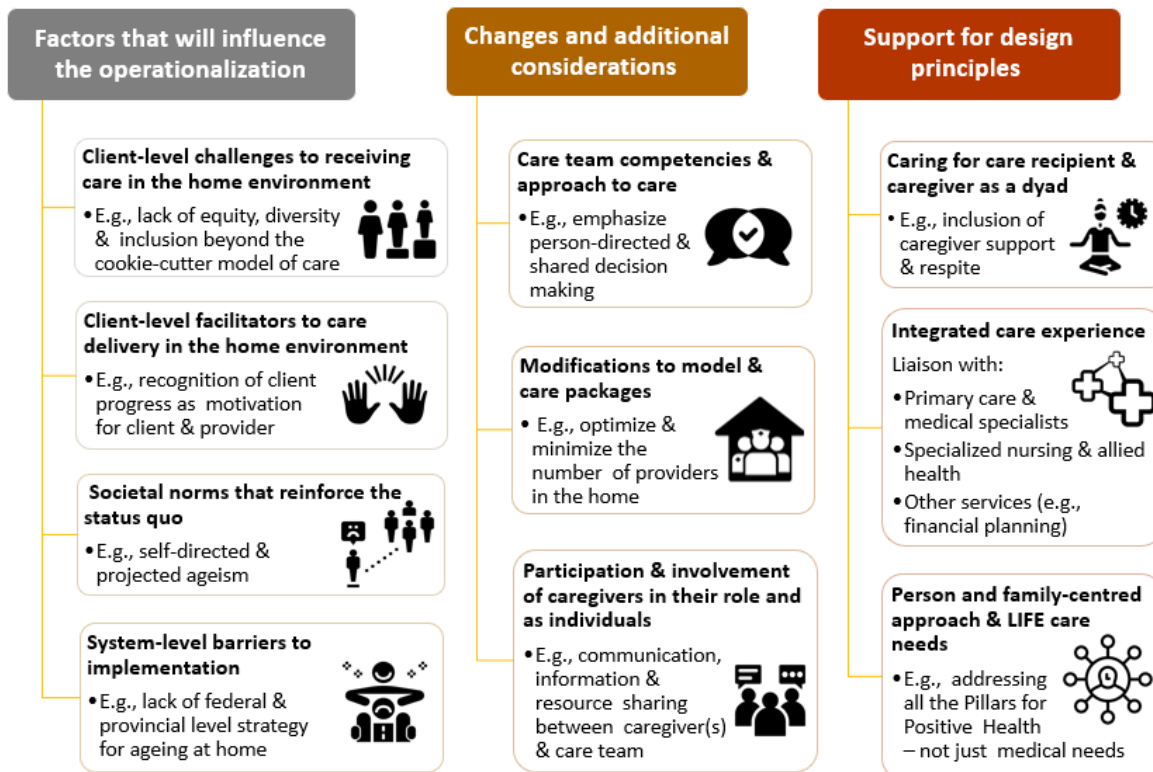
What are we finding so far?

- Ontario's home care population can be divided into 6 groups based on known risk factors for LTC admission (Table 1, Row 1).
- Medical, functional, and social 'life care' needs can be described using the 6 dimensions of the Pillars for Positive Health including: bodily functions, mental wellbeing, meaningfulness, quality of life, social & societal participation and daily functioning.²⁰
- 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 which meet the life care needs of the 6 patient groups at risk of LTC admission range from 3.1 - 8.1 hours per day including both direct care and coordination (Table 1, Rows 3-4).
- 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 ALC rates; and many are lower in cost than a private room in a LTC facility.
- Feedback from workshop participants (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 (see Figure 1 below).
- Feedback from interviews with health and social care decision makers highlighted the potential for *Long-term Life Care at Home* to supplement existing services and emphasized the significance of a person-centred and integrated approach to care.

Inclusion of older adults, caregivers, health/social care providers and decision makers 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.

Figure 1. Guidance from older adults, care givers and care providers on how to implement the model



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 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.

For more information, contact:

Justine Giosa PhD

Scientific Director, SE Research Centre; Adjunct Assistant Professor, School of Public Health Sciences, University of Waterloo

Margaret Saari RN PhD

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

Paul Holyoke LLB MSc(Econ) PhD

Vice President, Research & Innovation, SE Health

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 Sciences, University of Waterloo; Schlegel Research Chair for Geriatric Medicine, Research Institute for Aging; Assistant Clinical Professor of Medicine, McMaster University; Fellow, interRAI Canada

Valentina Cardozo MSc

Research Associate, SE Research Centre

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