CRNCC
Canadian research network for care in the community

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Réseau canadien de recherche pour les soins dans la communauté

Leading knowledge exchange on home and community care

Home and Community Care In the Broader Continuum: Reflections from Canada

A. Paul Williams, PhD.

Professor, HPME &

CRNCC Co-Chair

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HEALTH POLICY, MANAGEMENT AND EVALUATION
HPME
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The Problem

- Increasing health care costs (OECD, 2006)
  - Advances in medical technologies
  - Rising public expectations
  - Population aging
- Growing concerns about:
  - Access (e.g., wait lists)
  - Sustainability
- Shift to home and community

One Approach: Strategic Purchasing

- As defined by WHO (2000), strategic purchasing is process of proactive decision-making about:
  - Which services to purchase
  - How to purchase them
  - And from whom

- Aim is to ensure system responsiveness and financial fairness
  - Purchasers use market power to promote quality and contain costs

Strategic Purchasing

- WHO model assumes strong element of individual agency and choice
  - Final “purchasing decision” is made by patient/client
  - Informed patients/clients will choose high performing providers, thus improving system performance

Key Questions

- Are assumptions about ability to choose quality reasonable for
  - Patients/consumers generally?
  - Vulnerable groups such as frail seniors, persons with ABI, children with complex care needs?

- How do you know if you're purchasing the right services at the highest quality?

The Evidence Game

- Particularly challenging in field of home and community care characterized by diverse needs
  - Substitute for acute care
  - Substitute for long-term care
  - Prevention and maintenance

The Evidence Game

- Home and community care face particular challenges
  - Difficult to measure outcomes such as quality of life, independence, well-being
  - Multiple, complex factors affect outcomes
  - Care processes are not well understood
  - Individuals may experience decline regardless of quality of care
  - Vulnerable individuals may have limited ability to exit or voice

Key Questions

- What approaches are currently used across Canada?

Multiple Approaches to Procurement Now Used

- Approaches vary within and across jurisdictions

- Include (often in combination):
  - Self-managed care
  - Information and referral
  - Service coordination
  - In-house service delivery
  - Competitive bidding

- Little evaluation and sharing of best practices

East-Central Regional Health Authority, Alberta

- Utilizes mix of approaches:
  - Direct provision: e.g., in-home nursing, rehab, respite, home support-personal care
  - Coordination: e.g., meal programs, home support-homemaking, home maintenance
  - Referral: e.g., day hospitals, group homes
  - Direct/coordinate: home care services for children with complex care needs

Source: Hollander et al., Continuing care service delivery systems: case studies of current models. 2006

PRISMA
(Program of Research to Integrate Services for the Maintenance of Autonomy), Quebec

- Coordinates existing services (3 levels)
  - Strategic/governance (EDs of Health and Social Services Centres, community organizations, long term care centre, general practice MDs)
  - Tactical/management level (intermediate level managers from health & social care, agencies, case manager, consumer)
  - Clinical/operational level

Designated Assisted Living Program, Alberta

- Shifting from "nursing home" model with managed, "bundled" services, to housing model with self-managed, "unbundled" services
  - Basic monthly accommodation fees reduced
  - Housing and "hospitality" services such as meals, laundry, cleaning and life enrichment services now private arrangements between operator and resident/family
  - Regional health authorities now fund medical supplies, personal supports and services

Source: Armstrong & Deber. Missing pieces of the shift to home and community care. www2.m-thac.org

Home Care Policy in Ontario: The Long and Winding Road

- Strong ideological component
- Old home care programs
  - Continuing contracts with established mostly not-for-profit providers, in-house delivery
- NDP Multiple Service Agencies model
  - 80% of home care services to be provided by unionized employees
  - 20% contracted out mainly to not-for-profits

Home Care Policy in Ontario

- Community Care Access Centres (CCACs)
  - Purchaser/provider split
  - Divestment of in-house services
  - Not-for-profit and for-profit home care providers compete for contracts
  - Contracts based on price and quality

Key Questions

- Under what conditions is competition likely to produce higher quality, lower costs?

Rehabilitation and Pediatric Home Care in Ontario

- Pediatric home care

  Williams, Spalding, Deber, McKeever. Prescriptions for pediatric home care. From Medicare to Home and Community (M-THAC) Research Unit, HPME, March 2005. (Go to www.CRNCC.ca)

- Rehabilitation home care

  Randall & Williams. Exploring limits to market-based reform: Managed competition and rehabilitation home care services in Ontario. *Social Science and Medicine*. 62, April 2006: 1594-1604

Low Volume + Specialization = Limited Competition

- Only 6 of 43 CCACs contracted out rehab prior to divestment
- Prior to 1996, only 13 agencies provided OT or PT in whole province – mostly in urban areas
  - By 2003, still only 36 rehab agencies (vs. 43 CCACs)
- Few bidders, particularly in non-urban areas
  - CCACs routinely awarded contracts to multiple bidders even when prices were higher
  - Even then, contractors had problems meeting volumes

HHR Shortfalls

- Loss of rehab and pediatric provider agencies
  - Uncertainty and costs of RFP process
  - Fewer bids at higher cost
- Loss of rehab and pediatric professionals
  - Voluntary switch to other sectors or out of market due to uncertainty and downward pressure on incomes, working conditions
- After divestment, 7 CCACs hired pediatric staff back on favorable terms

Service Costs

- RFP process drove up unit costs
  - Specialized nursing and therapy costs rose
  - Particularly in non-urban areas where few providers (reportedly by 75%+ in one area for rehab)

Administrative (Non-Service) Costs

- CCAC overhead costs for RFP process, monitoring providers rose
  - Estimated as high as 35% by OHHCPA/OCSA, 2001

- Provider costs for bidding on RFPs, managing HHR also rose
  - Some agencies claimed typical RFP bid cost $30,000 to produce

Service Reductions

- Higher costs ➔ lower volume
  - Across the board reductions
  - Eligibility tightened
  - “Active” case review
  - Emphasis on “medical need”
  - Emphasis on family “capacity” to provide care
  - Shift to “block therapy”

Quality

- Access declined
- Where services available, substitution of lower paid personnel (RN, RPN, PSW)
- Providers unwilling to share best practices for fear of losing competitive edge

Key Questions

- When integrated into the broader continuum, can home and community care help cure health care ills?
  - Purchasing the right mix of services

Vital Signs: Vancouver Coastal Health

- Mix of in-house and contracted services
- 24,500 staff
- Over 5000 volunteers
- 17 Municipalities/Regional Districts
- 15 First Nation Communities
- 56 Residential Care Facilties (6343 beds)
- 14 Acute Care Facilities (1848 beds)
- 14 Assisted Living sites –(620 units)
- Community programs and services

Thanks to Nancy Rigg – go to www.CRNCC.ca

Vancouver Coastal Health

- Linked community care funding to system outcomes
  - E.g. ALC bed reductions
- Shifted focus from residential care (LTC beds)
  - to assisted living (supportive housing) and residential care (home care)
- Initially targeted highest needs groups
  - Complex care seniors, ABI, adults with disabilities

Vancouver Coastal Health

- Residential care bed numbers reduced
  - 500 beds closed, with higher acuity in remaining beds
  - 25 to 30% of community clients met residential care thresholds
- ALC days reduced from 12 to 6%
  - Freed up system resources for community care
  - Seniors lose 5% of capacity each day in hospital
- Introduced geri-triage nurses in all EDs
  - Savings = 17 in-patient beds

Vital Signs: Veterans' Independence Program

VIP is a comprehensive suite of services to 103,000 clients – mix of approaches

- **Personal Care** to assist with daily personal care needs (e.g. bathing, dressing) 6118 clients, $17.5 million
- **Health and Support Services** provided by professionals (e.g. nurses to administer medication, occupational therapists)
- **Access to Nutrition**, e.g. Meals-on-Wheels, 6,929 clients, $6.1 million.
- **Housekeeping** to assist with routine household tasks (e.g. laundry, vacuuming, meal preparation) 81,529 clients, $145.7 million
- **Grounds Maintenance** to assist with grass cutting and snow removal 59,641 clients, $40.2 million

Thanks to Dr. David Pedlar – go to www.CRNCC.ca

Veterans' Independence Program

- **Ambulatory Health** assists with health and social services outside the home (e.g. adult day care, health assessments, diagnostic services, and travel costs to access these services) 1,193 clients, $.8 million
- **Transportation** to participate in activities such as attending senior citizen centers and churches, shopping, banking, and visiting friends when transportation is not otherwise available. 5,536 clients, $3.1 million
- **Home Adaptations** to facilitate access/mobility in the home. Examples, bathrooms, kitchens and doorways can be modified to provide access for basic everyday activities such as food preparation, personal hygiene and sleep. 552 clients, $.5 million
- **Nursing Home Care** in the client's community may be provided if/when the client can no longer remain at home. 6,234 clients, $58.9 million

Veterans' Independence Program

- Problem: increases in wait list length and wait times in contract beds
- Intervention: home care option offered to wait listed clients with nursing care needs
- Result: most on wait lists prefer to stay at home with added home support; homemaking services play a key role
- Impact: program implemented nationally in 2003

Take Away Messages

- Assumptions about strategic purchasing need to be carefully considered
- Particularly in home and community, needs are diverse, quality is often difficult to define, and vulnerable individuals may have little ability to exit and voice
- A mix of approaches likely works best, but little evaluation and few best practices

Take Away Messages

- Particularly where there are low volumes and few providers, competitive bidding may produce undesirable outcomes
- "Which services to purchase" clearly as important as "how to purchase them" and "from whom"
- Thinking "across silos" offers great potential to help cure system ills

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