



Veterans Affairs
Canada

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The Veterans Independence Program (VIP)

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Introduction: Veterans Affairs Canada (VAC)

- Mandate
- History, Client, and Population Trends
- Portfolio and Budget – 3563 FTE's, \$2.9 Billion
- Core Business
 - ▶ Pensions and Benefits
 - ▶ Remembrance
 - ▶ Health Care



Overview:

VAC Health Care Programs

- **Veterans Independence Program (VIP)** – homecare (103,000 clients) and residential care (6,250 clients) continuum of care program
- **Treatment Benefits** – prescription drugs, dental, vision care, audio, prosthetic devices special equipment, etc. (117,000 clients)
- **Residential Care** – Ste. Anne's Hospital, VIP community care beds and priority access (10,000 clients)
- **CF Modernization Programs** – to promote wellness and successful integration upon release



The Veterans Independence Program

- Started in 1981 as an alternative care model for aging WWII Veterans
- Today: \$273 million program, 103,000 clients nationally
- Preventative community care approach to continuing care
 - ▶ Concepts of dignity and independence
 - ▶ Comprehensive continuum of care
 - ▶ Early intervention and chronic long term home care model
 - ▶ Home support
 - ▶ Self-managed care
 - ▶ Managed care transitions
 - ▶ Supplements provincial and community programs



Overview of VIP Services

- **VIP is a comprehensive suite of services to 103,000 clients:**
 - ▶ **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

Overview of VIP Services

- **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 social and other 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
- **Access to Treatment Benefits Program** and 13 Programs of Choice

The Client Pathway

- Eligibility
- Case Management
 - ▶ Client Service Delivery Team
 - ▶ Multi-dimensional and branching assessment and care planning
 - ▶ Integration with provincial assessment and systems
 - ▶ Follow-up and continuity of care: higher vs lower needs clients
- Managing care transitions



Administration and Authorities

- Self Managed Care – client chooses provider if capable
 - ▶ Direct Payment, Blue Cross – Registered providers
 - ▶ Direct re-imbusement
- Financial Limits and Authorities
 - ▶ Home care \$8,515 per client maximum per year
 - Including grounds maintenance, personal care, housekeeping and health and support services
 - ▶ Ambulatory health care \$990 per year
 - ▶ Transportation \$1,188 per year
 - ▶ Nursing Home Care
- Approval Authorities – as close to point of service as possible

Linkages and Integration

- Continuum with wide range of services (but needs some improvements)
 - ▶ Large investment in home support services to prolong independent living at home
- Early (prevention) and easy access to services
- Program eligibility – has widened but some barriers exist
- Integration with provincial and community care systems
- Case management tools and administrative practices promote continuity of care
- Self-managed approach to care promotes consumer choice, family control and independence

Evidence of Program Effectiveness

- The Overseas Veteran Pilot/Program – How does choice of care affect care choices and facility wait lists?
 - ▶ 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



Evidence of Program Effectiveness

- Continuing Care Research Project
 - ▶ National cost effectiveness/cost comparison study of home care, supportive housing and residential care with Government of Ontario
 - ▶ Results expected summer 2007

- Evaluations and client satisfaction surveys

Conclusions

- The VIP model has proven an extremely popular and effective continuing care program for twenty-five years
- Program has evolved but retained its founding philosophy and approach
- Lesson: Long term chronic home care and homemaking support are essential components in an effective continuum of care model
- Reforms and challenges in the future