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Connecting you with care
Votre lien aux soins

South West CCAC / CASC
Community Care Access Centre
Centre d'accès aux soins communautaires du Sud-Ouest

Connecting with Care through PARTNERSHIP

Dear Partners in Care,
Let's face it, times are challenging. Patient/client volumes are increasing, and funding is finite. At times like this, partnership is more important than ever. We must work together to find creative ways to deliver care better, and to create a seamless experience from home to hospital and at all other transition points for our clients. We look forward to collaborating with you to achieve these goals as we move forward.

Sandra Coleman, CEO, South West CCAC

The Health Care Environment

Based on the recent Federal and Ontario throne speeches and Ontario budget, health care spending won't be cut, but also won't grow at the rate demand is growing. The focus in Ontario remains on reducing Alternative Level of Care patients and Emergency Room wait times, and increasing access to family health, diabetes and mental health care. Hospitals will receive an increase of 1.5% in 2010-2011.

The CCAC sector does not yet know whether it will receive any increase or not in 10/11. We do know that Health Minister Deb Matthews clearly understands the important role of home and community care, and our important contribution to the government's health priorities. The South West CCAC also believes home and community care has a critical role to play in achieving the South West LHIN's goals as set out in their recently released Integrated Health Services Plan and Blueprint. It is a role that goes far beyond providing care services at home. Increasingly the role of the CCAC is connecting people to community care in the broadest context.

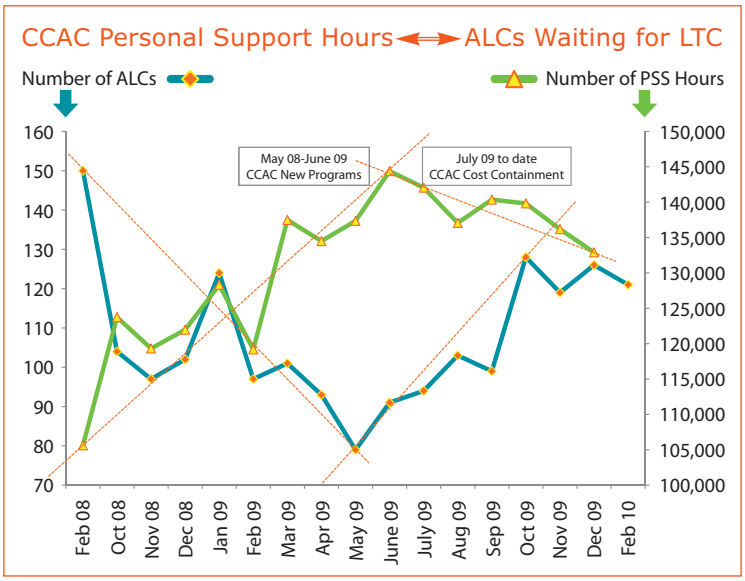
The Evidence for Community Care

A major study conducted by Boston Consulting Group clearly shows the economic and human benefits of community care. The study, released February 26, studied a group of frail elderly clients of the Hamilton Niagara Haldimand Brant CCAC. It found that:

- Community care cost $48M
- The provision of community care helped reduce costs of hospitalization, long-term care and assistive living, for a total savings of $66M
- The net savings were $18M
- Extrapolated for all frail elderly across Ontario, community care results in some $150 million in net savings.

"The results of the project revealed clear value creation," said the report, "not only in direct, quantifiable systemic value, but also in economic terms and human value."

The South West CCAC has seen similar results. As we implemented new programs through 2008 and 2009, ALCs were reduced by 50% as the new South West CCAC programs resulted in more than 50,000 hospital patient days saved per year.



What's Happening in the South West CCAC

- Budget challenges continue for the South West CCAC, with demand increasing by more than 15% per year. Despite a series of cost containment measures, the CCAC ended the 2009-2010 fiscal year with a small deficit. It must be repaid in 2010-2011.

Until we know our funding for the 10/11 fiscal year, the following cost containment measures will stay in place:

- Wait@Home and Wait@Retirement Home paused
- Safe@Home accepting referrals to our NPs but the other enhanced services are paused
- Only EOL clients may receive the new service maximums of more than 60 hours per month
- Waitlists will continue for low/moderate need clients in School Health therapies, PSW/HM and therapy
- Other best practice guidelines coming soon

- One of the major achievements of the past several months is the implementation of CHRIS, a new client database/electronic health record common across all CCACs. CHRIS makes it easy to communicate and share information across South West CCAC sites, and across CCACs. The system helps provide seamless transitions for clients who, for example, are hospitalized in London but recuperate at home in Owen Sound. Moving to the new system was challenging but the transition went smoothly.

- We have implemented numerous staffing and service changes and innovations to improve best practices and find efficiencies, especially in areas of wound care and diabetes care, and with innovations like FlexClinics.

The Art and Science of Case Management

CCAC case managers have developed new techniques for evidence-based care planning, using information gathered during the assessment process and regular reviews of caseloads. These techniques help case managers ensure that those who need the care most receive it.

But of course, case management is more than numbers. It is also an art, based on the principles of Client-Driven Care and partnership. In a complex and sometimes baffling health system, CCAC case managers play a vital role as system navigators. In addition to arranging for CCAC services in the home, case managers work with hospitals, primary care and long-term care to provide seamless care. They make referrals to community service agencies such as adult day care. They provide information and education to help clients manage their own health. Case managers connect their clients to the care they need, wherever it is in their communities.

To practice the art and science of case management, we need the support of our partners – service providers, hospitals, primary care, long-term care and others. If you have suggestions for new ways we can work together and improve the quality of care, please let us know.

Key messages

- The health care sector faces challenging times, with client volumes increasing faster than funding
- A recent study demonstrates the economic and human value of community care
- The CCAC continues its cost containment measures
- The CCAC continues to enhance the science and the art of case management
- The South West CCAC staff looks forward to working with our partners to ensure care to those who need it most

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