2020 Hospice Palliative Care Ontario Pre-Budget Submission
The Best Story in Health and Social Care in Ontario.

Context:
Only 3% of Canadians die suddenly, the rest of us will know we are dying and will need support - and not just health care. Hospice palliative care is wholistic ***Health and Social Care*** delivering **quality of life wherever a patient needs and wants to be.** ***Hospice Palliative Care Ontario (HPCO)*** partners with ***Government and Grassroots*** to support and integrate this necessary and highly valued quality care.

Keep the Dying Out of Hospital: In hospitals, palliative care units host patients who need a high level of medical care with a focus on quality end of life care. Residential hospices and hospice-at-home services are providing highly cost effective and desirable health and social care in the community and are **proven to keep people out of Emergency Departments, hospital beds, and hospital hallways.**

Health and Social Care That is Working: Hospice palliative care provides both patients and their families with meaningful, wholistic care - Medical, practical, social psychological, spiritual, and bereavement supports help patients live as well as possible to last breaths, and families to stay well through bereavement. Community based hospice palliative care is jointly funded by the ***Government and Grassroots*** donors, and must meet the high standards of quality set out by ***Hospice Palliative Care Ontario****

- ***Hospice at home*** volunteers support home care and help keep patients at home with practical supports and training to help them identify when patients' needs may require more care.
- ***Residential hospices*** are home-like settings where patients can go when more care is needed than home can provide but the high level and cost of hospital care is not needed. Families are welcomed and their well-being is supported during and after a patient's stay.
- ***Multi-disciplinary teams*** (physicians, nurses, pharmacists, volunteers) work seamlessly to help people live as well as possible in the community and, as needed, in hospital.
- In many communities, hospices act as hubs or ***Centres of Excellence*** including residential hospice beds, multi-disciplinary home care teams, day programs, bereavement support, and education and training in palliative care for health care providers.

Value - Sample impact:

1. **16,000 trained volunteers in Hospice at Home programs help over 21,000 patients stay home and support the well-being of family caregivers. More than half of family caregivers reported that *volunteer support averted a trip to the ER saving* the system $10,000,000 in unnecessary ER visits.**
2. **From fiscal 2017/18 to 2018/19, 5,541 people were discharged from hospital to a hospice residence, saving $57.8M in health care costs and freeing up 91,593 hospital bed days for other patients. An additional 8,840 people who could no longer be cared for at home, by-passed hospital admission by going straight from home to hospice, saving $82.6M in hospital costs and an additional 113,880 hospital bed days. *The total savings realized were $140.4M and 204,171 hospital bed days freed up.***

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* **Community based hospices are independent not-for-profit, registered charities** that are grassroots grown and generously supported by community donors and volunteers, with funding support being provided by the Government for medical care, resources and supplies. ***Hospice Palliative Care Ontario*** provides strict standards, a comprehensive accreditation process, training, education, data collection, collation and analytics, public awareness, and leadership in collaborative partnerships with health and community care providers and the Government.

2020 Ontario Budget Recommendations

Opportunities to Realize System Saving & Efficiencies and Improve Patient & Caregiver Experience:

1. ***Recommended Investments***
2. ***Cost-Free Measures***

1. ***Recommended Investments*** - Recommendations that will grow capacity and expedite the development of community hospice palliative care services to meet the inevitable and rapid increase in demand for health care with the aging and dying population. For example:

Ensure Viability – Help ensure viability and sustainability of community hospice palliative care by providing variable funding formulas to jump-start community residential hospice projects and acknowledge local funding realities.

- At present, funding covers 38% to 54% of a residential hospice's total budget.
- Hospices are the only medical provider that must fundraise to pay for clinical care costs.
- Funding 100% of the clinical cost would relieve constant fundraising pressures. Clinical costs on average account for 70% of a residential hospice's budget.

Adjust the funding formula to improve viability of hospices throughout Ontario, with an additional investment in 2020/21 to fund 100% of clinical operating costs (approximately 70% of overall operating costs)

Annual - For existing funded hospices	$17,057,333
Annual - For beds approved for funding but not yet open. Roll out commencing in 2020	$10,470,600

Build capacity – Help end hallway medicine and hallway dying, by providing capital and operating funding to open more residential hospices both stand-alone and co-locations, ensuring quality of care and a home-like setting.

- Ontario needs 814 beds just to meet the present demand for residential hospice care.
- As of January 2020, there are 396 hospice beds open and the Government has committed to opening another 193 beds for a future total of 589.
- The gap is 225 beds and that number will grow with the aging population nearing end of life.

Fund 225 new hospice beds with a planned phased roll out starting in 2023 through 2025 to allow time for development and building.

One-time capital funding (See recommendation 1 in Cost-Free Measures in Section 2, page 3, below)	$45 million
Annual – Operating funding	$35 million
Annual - New investment in 2020/21 to fund 11 open but not funded beds	$1,966,000
Annual - New investment in 2020/21 to fund 14 beds ready to open in existing hospices	$2,431,000

Support Mental Health – Support and grow the capacity of hospice at home and residential hospices to provide communities with psycho-social services – a range of practical, social, spiritual, and bereavement services that support the well-being of both patients and families, i.e. prevention of caregiver burnout and

grief and loss counselling. These services keep people out of the health care system by supporting well-being and pre-empting more serious mental health issues.

Hospices are most often already providing these services to their patients and their families, and where possible to the community at large, using fundraised dollars. However, there is a growing demand for these services. Hospices need additional funding support to manage the increasing demand for care.

Annual - Fund psycho-social services provided to patients and caregivers by hospices throughout Ontario, the largest providers of bereavement support in the province.	$13,000,000

Assist in Capital Renewal – Allow access to a capital and equipment renewal fund for older residential hospices, similar to the Health Infrastructure Renewal Fund. Cost will depend on demand and opportunities to fundraise and receive in-kind donations. (See Cost-Free Measures below.)

2. ***Cost Free Measures –*** The following is a list of cost-free measures of system and regulatory changes that can ***improve care and save money in the system***. For example:
   - **Ease capital fund procurement requirements to allow for donated goods and services:** The requirements of Government capital funding should be reviewed to reflect the realities of hospice builds. Hospices often benefit from donated goods and services, some quite significant, but the capital funding criteria are creating impediments. HPCO recommends a change to procurement requirements to allow hospices to accept donated goods and services, subject to quality/safety criteria.
   - **Streamline processes to enable after hour hospice admissions:** Improve occupancy rates, eliminate unnecessary holdups, and support quality hospice service by returning to base contracts for hospices, which can define the ability for hospices to admit patients without pre-assessment from the LHIN or other outside agency, thus boosting occupancy rates and allowing admissions 24/7.
   - **Require adherence to HPCO Standards of Care as criteria for government funding:** To ensure the continued quality that is valued and generously supported by communities, the Government should restore the specific requirement that hospices adhere to HPCO Standards of Care as criteria for receiving Government funding and the Government should recognize HPCO Accreditation which is based on the Standards of Care. Hospices are partnerships supported by Government and Grassroots and owe their high quality of care and outstanding patient experience to adherence to HPCO Standards of Care. ***This is a cost-free way for the Ministry and the Government to continue to ensure the high standards of care, which are valued and supported by community donors, with all existing and new hospice projects.***
   - **Direct transfer to hospice by Paramedics:** Ensure faster access to the right care, better patient experience, and savings in costs, time, and resources by expediting the change in regulations to allow paramedics to take patients to locations other than the ER, i.e. transferring palliative care patients directly to hospice when directed by a physician or based on pre-approval for admission.
   - **Certification of death:** Allow nurses to provide certification of death, which will improve occupancy rates by allowing beds to be cleared in a timelier fashion. (An amendment to section 35 - Vital Statistics Act.)
   - **Municipal Levy Exemptions:** Ease fundraising pressure by allowing hospices to be exempt from development charges and educational levies. At present, there is no legislative mechanism to exempt hospices from paying educational levies even if school boards want to exempt them.

Conclusion:

These recommendations will help provide Ontario with a strong, viable, sustainable hospice palliative care sector, cost effectively supporting people at home or in a home like setting with wholistic care, and enabling system savings and efficiencies to improve patient and caregiver experience.

About HPCO:

HPCO represents over 100 hospices and palliative care organizations, individuals working in hospice palliative care, and over 16,000 hospice volunteers. Additionally, HPCO brings the voices of a broad cross section of major health care stakeholders to the table, as HPCO acts as the secretariat for the Quality Hospice Palliative Care Coalition of Ontario (the Coalition). The Coalition is comprised of provincial associations representing front line health care organizations from care settings, professionals, and volunteers providing hospice palliative care. The Coalition, the Ministry and the Local Health Integration Networks (LHINS) created the Declaration of Partnership: Advancing High Quality, High Value Hospice Palliative Care in Ontario, the strategic framework for palliative care in the province. The Coalition, LHINs, Cancer Care Ontario and Health Quality Ontario are the four partners comprising the Ontario Palliative Care Network (OPCN). HPCO provides leadership within OPCN at both the executive level and at the Partners Advisory Council.