Pre-Budget Presentation to the Standing Committee on Finance and Economic Affairs
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2022 Pre-Budget Submission

Community based hospice palliative care:

1. Keeps people out of hospital - ending hallway medicine and ER overcrowding
2. Lowers overall health care costs
3. Delivers wholistic care that is highly valued by and responsive to patients, families, and communities
4. Supports mental and emotional well-being preventing unnecessary escalation to clinical interventions and health care use
5. Is needed now, more than ever.

Context:

- A growing percentage of the population is dying or heading to end of life. It's not COVID related but COVID has exacerbated it. **The reality is there is an inevitably growing volume of people *aging out of life*.**
- Death is sudden for only 3% of Canadians. The rest experience a longer trajectory of dying that requires support.
- Too often people end up in hospital when they are dying – not because they need hospital care, but because they need care and there is insufficient support in the community.

- Community care is less expensive and more desirable than hospital care.
- Right now, we desperately need to shore up community care or we will lose what we have, and hallway medicine, and hallway dying, will only get worse.
- Focusing on supporting hospitals without shoring up community care, means creating a vicious cycle of more demand for hospital care, while stranding patients in the community.
- Hospitals don't need people who are dying. They need their resources to care for those who will get well and go home.
- The community care sector is facing a crisis due to lack of sufficient funding and due to competition for health human resources.

- Hospice palliative care delivered by hospice at home services or in home-like hospice residences provides care that is responsive to the needs of those who are on an end of life journey.
- It is wholistic care for the patient - medical, physical, practical, psychological, social and spiritual support AND, importantly, it also provides critical grief and bereavement services to those suffering loss, while supporting their wellbeing so they can make it through a difficult time without needing clinical interventions themselves.

- This care is being provided now in many communities, it's doing so at a fraction of the cost of hospital care, and it is keeping people out of hospital and in a place they'd rather be.
- The quality of care is supported by HPCO's strict standards and there is empirical data demonstrating that the quality of hospice care in Ontario is unparalleled. The services of our membership boast quality of care ratings by patients and family caregivers in the 97 and 98% range, and the quality of care was noted by the Auditor General.
- ***This excellence of care is an Ontario health and social care success story.***

- Our sector is one to be emulated. But right now, the crunch is on.
- We need hospices to be better supported. If not we risk losing these vital resources, **which are so highly valued by communities that local donors have in the past provided, on average, half or more of a hospice's operating budget,** and a great deal of capital support to build them. However, the costs are going up and local donors can't keep up.
- Quite simply, we need better funding formulas for our community hospice services now, or there will be nowhere for people to die, and die badly, but on gurneys in hospital hallways and ERs, and nowhere for families to say a proper goodbye.

- COVID showed us the devastating impact of not being able to say goodbye to a dying loved one.
- The Lieutenant Governor began the most recent throne speech by noting that so many families in Ontario are grieving. That's going to continue, and increase, as more people die, not just from COVID, but old age.
- It is predicted that the next pandemic is one of grief, and the enormity of the grief and bereavement will rival that of post-World War 2.
- Loss is a universal experience, but it's also individually potent. Without the right supports around dying, death and grief, there will be ongoing mental health problems and the associated impacts on the health care system .
- We have the know-how and resources to help. Communities across Ontario know that. We just need your help to shore up our services and scale them up to meet the immediate and imminent demand.

Some numbers for you now.

- ***A hospice bed costs about one third the cost of a hospital bed. Volunteer home hospice services cost about $80 a day. On average, 50% of hospice costs are covered by community donations.***

Asks

1. Clinical Costs.
    - We are asking the Government to fund 100% of clinical costs.
    - Costs have increased and the amount of funding provided has proportionately diminished over the years.
    - Government restricts the use of their funding to Nursing and PSWs costs and those costs are going up, and there are other medical and clinical costs integral to care delivery that are not covered. For example, patient care supplies, medical director costs, psychosocial care, and IPAC cleaning and equipment.
    - These clinical costs would be covered if patients were in hospital and at three time the cost of care in a hospice.
    - Right now __% of our patients are discharged from hospital directly to hospice, freeing up more expensive hospital beds for acute care.

To cover 100% of *clinical costs* in existing and developing hospice residences with an additional annual investment of ***$43.2M investment 2022/23 up to $55.8M by 2025/26*** will result in ***- SYSTEM SAVINGS OF $200M a year AND $2B over 10 years***

	Cost of care in Hospital	**Cost of Care in Hospice**	**System Savings**
By 2025/26 - 645 Hospice Beds (491 Existing and 154 in Development)	$324,645,600	$145,376,038	$199,559,912

2. Improve the Funding for Visiting Services

- Hospice at home services help people stay out of hospital and at home.
- 16,000 trained volunteers in Hospice at Home programs help over **25,000 patients a year** stay home while also supporting the well-being of family caregivers. In a survey of 1000 family caregivers, over half reported that ***volunteer support averted a trip to the ER. Systems savings are estimated at $20,000,000 a year.***
- On average, government funds 61% of the cost of In-Home Visiting hospice - but half of the in-home Hospices are well below this level of funding due to a patchwork of grandfathered funding agreements.
- **We recommend $4M annually increase to support hospice at home. This funding would bring all In-Home Visiting Hospice Services to a funding level of 61% and support equitable access across the province and help people stay home where they'd rather be.**

3. Address the pandemic of grief - Provide funding for patient, family and community grief and bereavement services. ***$10M new annual investment in 2022/23 up to $25M by 2025/26***

- Hospices are the main providers of grief and bereavement services in communities. Hospices support the health and wellbeing not just of patients and their families but of people of all ages throughout communities. This keeps people functioning well and out of the health care system.
- Both Hospice Residences and Hospice at In-Home Hospice Services provide grief and bereavement programs, with both peer-based and regulated professional supports. Services are offered both in person and virtually.
- The Canadian Hospice Palliative Care Association reports that, in Canada, for every one person served by hospice palliative care, there are 5 family members or friends that are also supported.
- Community agencies look to hospices to help with grief and bereavement, such as school boards. One example is in Peterborough where the police service reached out to the hospice to support people suffering grief due to the loss of a loved one from opioids.
- In 2020, hospices in Ontario conducted over 10,000 bereavement groups, mostly virtually, supporting over 35,000 bereaved individuals.

Conclusion:

With these investments, the Government can realize significant annual savings, keep people out of more costly hospital beds, provide an excellent patient, caregiver and health care worker experience, and support the wellbeing of grieving families.

People and communities highly value their hospice services. Their donations demonstrate that. However, costs are outstripping fundraising potential. Small but significant investments in the hospice sector will lower overall health care costs and provide excellent and meaningful patient and caregiver experience.