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Summary

Ontario has the fewest hospital beds of any Organization for Economic Cooperation and Development (OECD) country. The province also has below average primary health care and community services. In three years, Ontario will have fewer hospital and LTC beds per capita and Hallway Medicine will be worse without dramatic improvements in community care. Ontario needs to have the means to discharge ALC, LTC-eligible patients to community care and to prevent community-dwelling, LTC eligible persons from deteriorating and becoming new ALC patients. A BEST for Seniors program has the potential to decompress Ontario's overcrowded hospital sector.

Background

- Ontario has the fewest acute care beds of any OECD country approximately 60-70% fewer beds than France, Sweden and Germany.[1]
- Many hospitals regularly operate at >100% capacity, with serious patient risk.
- About 15% of Ontario's acute care beds are occupied by persons designated alternate level of care. About 50% of ALC patients are waiting for a LTC bed.
- Canadians typically wait the longest for their regular primary care provider and for medical specialists.[2]
- Canadians are the highest users of ERs.[3]
- Ontario health care reports continue to note that Ontario primary health care and community services are underfunded and uncoordinated.[3]
- There are Ontario community-based programs which care for some LTC-eligible persons while mainly providing services to healthier seniors.
- However, their funding is much less than the $100+ provincial daily stipend provided to LTC facilities.[4] As a result, community-based LTC-eligible persons face a revolving door of ER care before finally becoming ALC.
- Even the programs which have taken ALC patients out of hospital have not prevented new frail seniors from moving into the vacant beds. And these programs struggle with integration and access to responsive primary care.
- The current Ontario LTC funding model is program not patient specific. Patients are given care according to where they live not their needs for care.

[1] Canadian Institute for Health Information: https://www.cihi.ca/en/oecd-interactive-tool-peer-countries-on.
[2] Canadian Institute for Health Information: https://www.cihi.ca/en/commonwealth-fund-survey-2016.
[3] To quote from the Premier's Taskforce on Hallway Medicine. First report. February 1, 2019. "There is insufficient capacity in community care systems – like home care and mental health and addictions care – to prevent people from needing to go to hospital and to enable them to return home from hospital quickly." See: http://www.health.gov.on.ca/en/public/publications/premiers_council/docs/premiers_council_report.pdf. page 13.
[4] Net resident co-pays.

PACE in the US (A successful model of community care for LTC-eligible persons)

- In the United States, US Medicare and various state Medicaid programs offer LTC-eligible persons the community-based option of PACE which is funded at 95% of the participants' estimated total health care costs.[5]
- PACE participants live in their own housing. Many live with family. A lot of PACE programs are located in supportive housing facilities.
- PACE provides all needed health services including 24/7 primary health care and home care. PACE programs focus on health promotion and responsive but light touch medical care. The program works to maintain cognitive skills and activities of daily living as long as possible.
- Most services (medical, rehab, bathing) are provided in congregate day facilities which are open seven days a week 8 AM to 8 PM. Participants attend an average of 2 days per week.
- PACE has access to respite beds which can also be used for sub-acute care.
- PACE participants have lower health care costs, longer life expectancy, improved quality of life, and reduced use of acute and long-term care.

BEST in Ontario:

- BEST for Seniors programs would integrate key US PACE success factors including caregiver support, care coordination, end-of-life care, medication management, and anticipatory medical care to prevent crises.
- Implementing BEST for seniors programs strategically could prevent LTC-eligible seniors from being hospitalized and becoming ALC patients.
- Ontario could decompress its hospital system by opening up BEST for Seniors programs to provide community-based care to LTC-eligible seniors.
- BEST offers seniors and their families a real choice between staying in their own homes or moving to an LTC bed.
- Ontario Health Teams could develop BEST for Seniors through resource reallocation and by the province providing LTC-level funding for the community care of LTC-eligible persons.
- In the context of a MOHLTC budget of $60 Billion, it is estimated that approximately $100 million (0.16%) could create enough community BEST for Seniors spots for all of the seniors currently in ALC beds awaiting long term care.
- A full-scale BEST for seniors program could save billions in future capital costs, hundreds of millions in annual institutional operating expenses, and improve the quality of life of tens of thousands of seniors and their families.

Recommendations:

- Ontario Health Teams should be held accountable for all LTC-eligible persons within their catchment areas whether they reside in the community or institutions. Similar funding should be provided to the care of all LTC-eligible persons.
- Ontario Health and the Ministry should initiate BEST for seniors programs immediately with repurposed funding from yet-to-be built LTC beds.

[5] For a recent review of PACE, see: J Kwiatkowski, et al. Program of All-Inclusive Care for the Elderly (PACE): Integrating Health and Social Care Since 1973. http://www.rimed.org/rimedicaljournal/2019/06/2019-06-30-imsc-kwiatkowski.pdf. .

Bill 175 and Ontario's health care

- **Michael M. Rachlis MD MSc FRCPC LLD (HON)**

- **Standing Committee on the Legislative Assembly regarding Bill 175, An Act to amend and repeal various Acts respecting home care and community services. June 20, 2020**

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Brief CV

Dr. Michael Rachlis graduated from the University of Manitoba medical school in 1975. He practiced family medicine at the South Riverdale Community Health Centre in Toronto for eight years. He completed specialty training in Public Health at McMaster and was made a fellow of the Canadian Royal College of Physicians in 1988.

Dr. Rachlis practices as a private consultant in health policy analysis. He has consulted to the federal government, all ten provincial governments, and two royal commissions. He is also an Adjunct Professor at the University of Toronto. In 2010, the University of Manitoba conferred upon Dr. Rachlis an honorary doctor of laws in recognition of his service to Canadian health policy.

Dr. Rachlis is based in Toronto but consults and lectures widely on health policy issues. He has been invited to make presentations to committees of the Canadian House of Commons and the Canadian Senate as well as the United States House of Representatives and Senate. He is a frequent media commentator on health policy issues and the author of three national bestselling books about Canada's health care system.

Outline

- The government has claimed that Bill 175 cleans up previous legislation and will lead to integrated care systems through Ontario Health Teams (OHTs). But:
  - There may be inadvertent problems created because of changes in reporting and accountability
  - Notwithstanding it's official name, Bill 175 does not address some of the fundamental issues of home and community care
  - Bill 175 should be bold and provide the same level of funding for LTC-eligible persons wherever they might reside
    - Best Environment for Seniors to Thrive (BEST)

There may be inadvertent problems created because of changes in reporting and accountability (mainly mentioned by others)

- Almost all key elements are subject to regulation not legislation
- Accountabilities and deliverables between you, the legislators, the Ministry of Health, Ontario Health, Ontario Health Teams, and the dozens of organizations that are part of OHTs will be subject to the “Telephone Game” policy distortion.

The telephone game

Bill 175 does not address fundamental issues of home and community care

- Who will do the work! There is a dearth of Personal Support Workers in Ontario
  - We need to dramatically increase pay for PSWs doing community care or else they will take higher pay in LTC institutions, or retail!
- There is no funding to support otherwise welcome relaxation of legislative service maximums

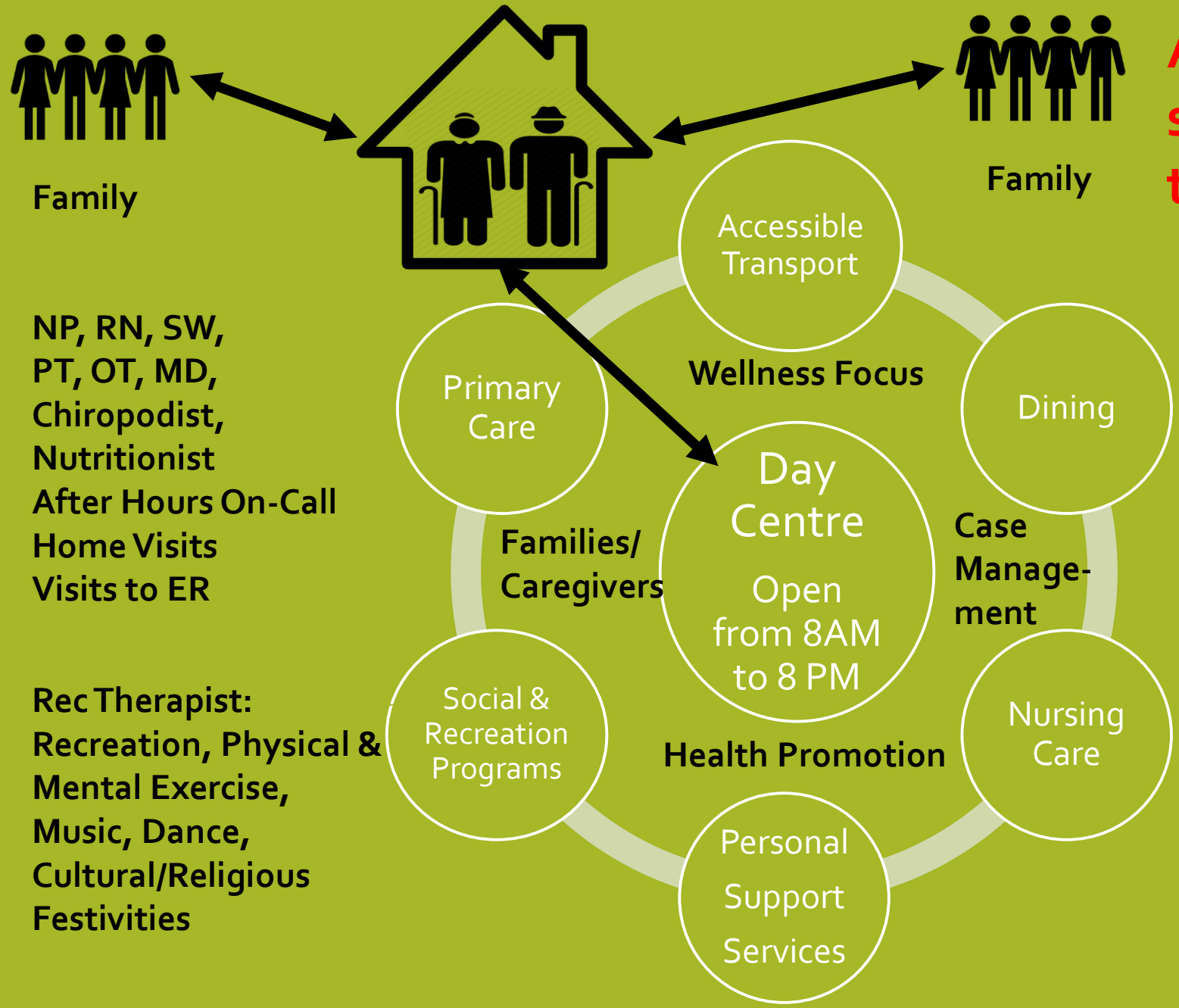
Bill 175 should be bold and provide Long-Term Care level funding for LTC-eligible persons living in the community

- Ontarians living in LTC institutions get $4,000+ of public funding per month but LTC eligible persons living in the community get much less
- This systematic underfunding of care leads to people developing more health problems, caregiver burnout, ER visits, hospital admissions, and eventually a frail elderly person occupying a hospital beds for a month or two.

BEST FOR SENIORS CARE MODEL

* Best Environment for Seniors to Thrive
* Fully integrated care with services coordinated around a day centre

At BEST for Seniors services are focussed through the Day Centre



NP, RN, SW,
PT, OT, MD,
Chiropodist,
Nutritionist
After Hours On-Call
Home Visits
Visits to ER

Rec Therapist:
Recreation, Physical &
Mental Exercise,
Music, Dance,
Cultural/Religious
Festivities

Chef/Cooks,
Dietitian & Aides:
Cultural Preferences
Religious Observances
Dietary Needs

RN & RPN:
Assessments
Monitoring
Medications
Dressings

Outcomes of BEST for seniors

- Reduced use of acute and LTC facilities
- Reduced overall health care costs
- Longer life expectancy
- Improved quality of life
- Reduced staff turnover
- Ontario could avoid building thousands of LTC beds and save Billions

Critical Success Factors for BEST

- The goals of care should be to enhance quality of life
- Support for families and caregivers
- To ensure true integration, all staff should be BEST employees. Physicians need to be part of a dedicated medical group.
- BEST organizations need to be Not-for profit organizations

Summary

- Bill 175 may create inadvertent problems because of changes in reporting and accountability
- Bill 175 does not address some of the fundamental issues of home and community care
- Bill 175 should be bold and provide the same level of funding for LTC-eligible persons wherever they might reside
    - Best Environment for Seniors to Thrive (BEST)

Questions?