

The Balance of Care in Ontario

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Balance of Care Research Group

Partners

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(www.CRNCC.ca)

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CIHR Team in Community Care and Health Human
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Balance of Care Research Group

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Balance of Care: Key Assumptions

What determines optimal balance of institutional (LTC beds) and H&CC at the local level?

- Demand side
 - Individual characteristics: physical, mental and social needs
 - Support from/of carers
- Supply side
 - Access to safe, appropriate, cost-effective H&CC within broader continuum

LTC Wait Lists

- Waterloo 1100
- North West 600
- North East 1460
- South West 2300
- North Simcoe Muskoka 1750
- Champlain 3724
- **Central West 725**
- **Toronto Central 1700**
- **Central 2600**

Comparative Findings: Cognition

Cognitive Performance Scale: short term memory, cognitive skills for decision-making, expressive communication, eating self-performance

	Toronto	Central	Central West
Intact	48%	38%	33%
Not Intact	52%	62%	67%
Total	1684	2631	725

Comparative Findings: ADL

Self-Performance Hierarchy Scale – eating, personal hygiene, locomotion, toilet use

	Toronto	Central	Central West
Low Difficulty	43%	41%	34%
Medium Difficulty	28%	29%	25%
High Difficulty	29%	30%	41%

Comparative Findings: IADL

IADL Difficulty Scale - meal preparation, housekeeping, phone use and medication management

	Toronto	Central	Central West
Low Difficulty	3%	1%	1%
Medium Difficulty	32%	25%	26%
High Difficulty	65%	74%	73%

Comparative Findings: Caregiver Living with Client?

	<i>Toronto</i>	<i>Central</i>	<i>Central West</i>
Yes	35%	55%	56%
No	65%	45%	44%
Total	1684	2631	725

Central West Care Package for Copper

Service	Central West
Hot/frozen Meals on Wheels	3/week
Transportation	2/week (round trip)
Personal care (bathing)	2/week (1 hr)
Occupational Therapist	2 visits (1 initial + follow-up)
Congregate Dining (social function)	1visit/week
Volunteer visitor	1hr/week
Case manager	3 hrs total
Life Line (recommend subsidy, includes medication reminder)	
Diversity system navigation overhead 5% of total cost of package	
<p>Note:</p> <p>Access to primary care (through family health team or CHC)</p> <p>Pharmacy services - Pharmacist education on meds management for caregiver</p> <p>Free blister packs (recommended)</p>	

Calculate Overall Divert Rates

	Divert: Line by Line	Divert: Supportive Housing	Cost Higher Than LTC	LTC Required
Toronto	37%	46-53%	27%	20%
Central	21%	27- 43%	47%	10%
Central West	30%	TBD	TBD	17%

Results

- Diversion rates range from 21 – 37%
 - Rates are based on non-integrated services plans – lots of room for improvement
 - Conservative cost assumptions used (LTC costs don't include individual contribution, other system comparisons such as ALC beds would be much costlier)

Insights:

System and Service Integration Key

- Overwhelming message from expert panel members: Integration
 - Panel pointed to need for more forums where cross-sectoral thinking takes place
 - Currently system does not encourage integration of services – need for sharing of health assessments, coordination of services across agencies and care settings

Insights:

Sites of Service Integration

- Supportive Housing
- Cluster Care
- Adult Day Program

Insights:

Unit of Care

- Each expert panel stressed that care packages must include care for the caregiver.
 - Care packages include day programs, in-home respite, home maintenance etc.
 - Impact on cost of care packages

Insights:

IADLs

- Key trend: individuals waiting for long-term care have high IADL needs
- While not “healthcare” lack of transportation can lead to health problems and unnecessary use of costly health care services ER/ALC/LTC

Conclusion

- BoC projects provide forum for “taking off institutional hats,” engaging in cross-sectoral thinking and action
- Results provide local decision makers with a tool to guide future policies and interventions geared at frail seniors

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