



## Executive Summary: Valuing Home and Community Care



An Examination of the Economic Value Created By  
Home and Community-Based Healthcare in Ontario

*Why home and community care is an essential component  
of the long-term financial viability of publicly-funded pro-  
vincial healthcare.*



Co-Sponsored by:

The Community Provider Associations Committee (CPAC)  
and The Change Foundation

Monday, March 8, 2010



# Valuing Home and Community Care

## Home & Community Care is an Essential, Every Day Part of a Modern, Vital Health Care System

Each year, the home and community care providers of Ontario give compassionate, cost-effective, hands-on daily care to more than 750,000 Ontarians.

Developed to help Ontarians live at home independently and safely for as long as possible, home and community care services come in many forms, from home care nursing, therapy and personal care to meal delivery, to transportation services, to many types of preventative and treatment-oriented visits. While the majority of Ontarians who use home and community care services are over the age of 65, many are children and more than a quarter are between the ages of 19 and 64.

Home and community care providers:

- allow those with manageable long-term conditions to stabilize their health, improve their quality of life, optimize the advantage of family support networks and live at home longer
- assist seniors, people with disabilities, and individuals whose functions are impaired due to disability, illness, or other limitations caused by aging or injury
- support medically fragile children, children with developmental disorders in the school system as well as adults and seniors with ongoing conditions who, through assistance, can live independently
- help individuals who have been hospitalized to return home sooner

## Understanding the Total Value of Home and Community Care is Key to Addressing the Growing Demands of the Healthcare System

There are over 700 provincially funded home care and community support service providers in Ontario who provide this care. Without this care, more Ontarians would be forced to seek alternate methods of care, such as hospitals and long-term care homes – significantly more expensive solutions that place greater demands on the health-care sector and signals a decline in independence and quality of life.

Enhancing funding levels for home and community care services is key to addressing the health care challenges of an aging population, chiefly the impact of chronic diseases on the acute and long-term care sectors. In addition, increasing the level of home and community care is consistent with consensus opinion that these services are an effective and affordable means of delivering health care and a multi-value method of care preferred by Ontarians.

To better demonstrate the value of home and community care services, the Community Provider Associations Committee (CPAC) and The Change Foundation co-sponsored a project named "Valuing Home and Community Care". This project's goal was to examine what the Ontario health care sector looks like with – and without – the vital services of home and community care.

Boston Consulting Group, an independent third party, was retained via a competitive process to conduct an examination of the system. From this examination they created a baseline analytical model that uses certain assumptions and isolates the ways in which home and community care drives value and creates savings within the healthcare sector.

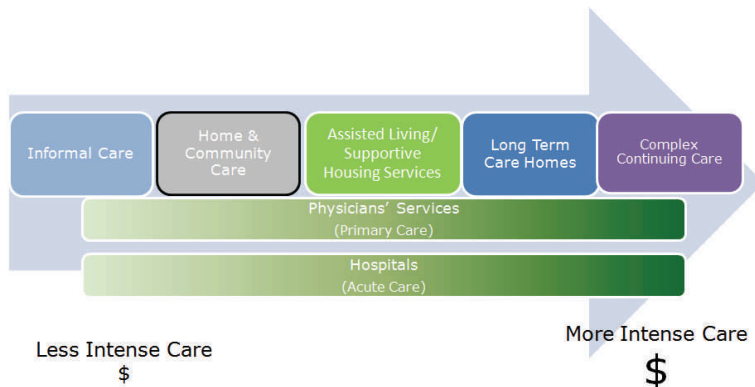
### Objective of the Project: Creating an Effective Model for Analyzing Value

The objective of this project was to develop a methodology to determine the net and real value created by home and community care services in Ontario.

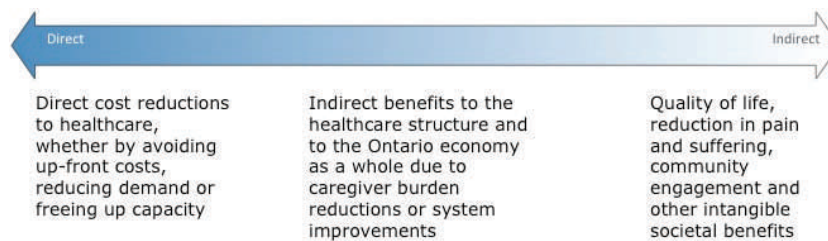
While it is accepted that investing in home and community care service helps to free up hospital beds, improve flow in emergency waiting rooms, and reduce long-term care home waitlists, it has traditionally been difficult to definitively isolate the corresponding economic value.

For this project, a “Cost of Illness” (COI) approach was used. This widely accepted economic approach combined mining available cost data for a large representative sample and a broad range of stakeholder and client interviews. The results provide tremendous insight, not only into the direct, quantifiable financial benefits of home and community care services, but also into how the unique flexibility of the home and community care service model provides indirect benefits to the wider healthcare system, and how the human value of these services cannot be overlooked because of its impact on the Ontario economy as a whole.

### Direct Economic Value (Savings) is Relative to the Intensity of Care Provided



### Indirect System and Human Value is Relative to Sector Flexibility and Client Quality of Life



### Establishing a Representative Sample

The Hamilton Niagara Haldimand Brant (HNHB) CCAC – Ontario’s largest – was chosen as the study site.

The initial study focused on a subset of the Home and Community Care client base. The sample, accounting for approximately 25% of the total spend for this particular CCAC, included those who met the following criteria:

- Frail elderly 75 years and older
- Receiving Maintenance or Long Stay Supportive services
- Living at home
- With mild or moderate MAPLe (Method for Assigning Priority Levels) scores

Data provided by CPAC members, governmental and non-governmental organizations, and supplemented by interviews with clients, caregivers, service providers and other stakeholders, was sampled for the time period October 1, 2008 to September 30, 2009.

### The Results of the Project

By applying the Cost of Illness (COI) approach to the representative sample, the analysis and application of the model revealed:

Overall value in HNHB CCAC:

- ~\$18M in healthcare savings considering caregiver contribution
- ~\$13M net savings excluding caregiver contribution
- The positive system and human impact of home and community care
- **A sound formula for calculating a province-wide cost savings extrapolation of ~ \$150 M in value to the healthcare system**

Future application of the model will quantify the net economic impact of home and community care for other client populations.

These savings were created by the following key elements that factor into determining the net value of Home and Community Care:

- Cost avoidance in Hospital (Acute Care)
- Cost avoidance in Long Term Care Homes
- Cost avoidance in Assisted Living and Supportive Housing Services
- Cost incurred in Home and Community Care
- Cost incurred by informal caregiver contribution

### ONE PERSON'S STORY The Case of Annette

Annette was a generous, dynamic 80 year-old woman living with osteoporosis.

Deeply committed to the volunteering activities that kept her close to her church, and strongly independent – “stubborn about living on her own,” according to her daughter – Annette took pride in her self-sufficiency and hated the thought of not living at home.

Due to advancing osteoporosis, mobility issues began to impact Annette’s energy, and visits to the hospital became more frequent, causing concern for her daughter: “I was always worried about her falling and I felt if I didn’t check in every day she wouldn’t eat.” Eventually, Annette’s daughter contacted the local Community Care Access Centre for support.

For 4 years, Annette received occasional home and community care, including occupational therapy, personal support, meal delivery and transportation services – all while living in her home. This care substantially reduced the burden for Annette’s children, while also relieving much of the daily stress they felt over their mother. “It gave me huge comfort knowing that someone else was at least checking in”, said Louise. Meanwhile, Annette continued to enjoy the fulfillment and satisfaction she received from volunteering at her church, socializing with her peers in the community and being around young churchgoers.

Eventually, Annette transferred to Assisted Living, where for 2 years she maintained the bond with her community that had made her later years so enjoyable. Annette passed away in her late 80s, spending her final year in a Long Term Care Home.

*Home and Community Care enabled Annette to live at home 4 years longer than without care; subsequent Assisted Living services delayed Annette’s move to a Long Term Care Home for 2 years.*