CANADIAN HOME CARE INDUSTRY ANALYSIS

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ABSTRACT

For the past few years, there have been drastic changes in the Canadian health care system. Decreases in the duration of stay in hospitals, localization of service, and the bargaining power of the clients has increased the need for home care services. Also, home care services have become an important component of health care in the sense that it has the capability to make groundbreaking changes in the structure of the Canadian health care system. Because of its importance, an analysis of the home care services is being undertaken to identify problems with the current system and to make recommendations for its improvement. Clearly, there are opportunities to make the Canadian health care system more efficient and effective.

This study examines the various home care programs and focuses on the role played by the public-private sectors, unionization issues, the key legislative aspects and the identification of several prominent issues faced by the home care industry. In addition, key success factors of the home care industry in Canada and its competitive and macro-environmental analysis are both important areas of enquiry in this study.

To do this, the results of a number of surveys have been incorporated into this study, which are used to help identify the current problems facing home care services, and to help make recommendations to improve these vital services.

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LIST OF ABBREVIATIONS AND ACRONYMS

HTF	Health Transition Fund
CHA	Canada Health Act
CHCP	Co-ordinated Home Care Programs
CAOT	Canadian Association of Occupational Therapists
GAS	Goal Attainment Scaling
IPS	Interim Payment System
RHSP	Registered Health Service Plan
FN&I	First Nations and Inuit
ICT	Information and Communication Technology
DIAND	Department of Indian Affairs and Northern Development

1.0 INTRODUCTION

This chapter describes the scope of the study, provides a description of the home care services industry in Canada, and outlines the reasons for studying the home care industry. Since the numbers of people requiring varying degrees of home care services continues to increase yearly, there is a clear indication that the industry may not be sustainable in the future. Also, due to the fact that there are so many facets to the home care service industry, it will be the focal point of much analysis and enquiry. Further, these specific areas of research will provide the reader with the necessary background knowledge and information for the analysis and results of the industry described in later chapters.

1.1 Scope

This study analyses various aspects of the home care industry in Canada. The Canadian industry is comprised of three types of home care. The first is preventative and maintenance care, which is intended to slow the rate of health deterioration for people with relatively lesser care needs. The second is acute home care, in which home care substitutes for hospital care. The third is long term home care, in which home care is substituted for long-term facility care.

This study focuses on long term home care as a substitute for institutional care. The study describes the present and projected status of the home care industry and the

industry's impacts on the Canadian community as a whole. The study investigates various administrative aspects of the home care industry, and provides deep insights into the effects of provincial, territorial, and other governmental agencies on the industry. Private and public sector participation in the home care industry in Canada is evaluated in terms of its cost effectiveness. The labour forces, payment options, home care programs, and values of Canadians are reviewed to provide a prospective view of the home care industry. Various issues facing Canadian home care agencies, including human resource issues, demography, age-sex distribution of future demand, technological changes and social etiquette factors, are investigated to assess the role in Canadian society played by the Canadian home care providers in the long term. Various programs that contribute to the development of these sectors are assessed in terms of proportional changes.

The cost effectiveness of the resources utilized by the home care industry is also considered. A macro-environmental analysis is performed, taking into account technical, social and economic factors. Employment opportunities provided by the industry are also examined, particularly with regard to the specific conditions of and opportunities for employment of the female workforce. Also, several key factors that contribute to the success of the Canadian home care industry are analyzed by considering the role played by counterpart residential and financial care services. This comparative study of this aspect of the health organizations also serves as a competitive analysis. Since the home care industry comes under the purview of the health care sector, the role played by the latter is also surveyed. Various tables, charts and statistics are reported to provide a comprehensive understanding of the Canadian home care industry.

1.2 Description

Home care is not a new concept, and has always been an important part of the health care system in Canada. Home care is a generic term to refer to the support of patients at home. The concept of home care has been widely discussed over the past few decades and there has been a wide range of perceptions attached to the term. So far, no universal definition of home care has been developed, however this study will adopt a working definition of home care as being an assortment of services that acts as a supportive tool for people who have been rendered unable (both [either] physically and mentally) to enjoy the services of their home at their leisure.

Home care services may be provided to elders or to people with disabilities. They may even be provided to people with chronic diseases or people recently discharged from hospital. Nowadays, home care is also provided to mental patients and children. In most nations, informal long-term health care services are provided by relatives of the patient, in the comfort of the patient's home. The requirement for home care service is felt due to various factors acting as criterion in determining an individual's needs. Most people want to lead an independent life with long-lasting health, and prefer to rely as little as possible on hospitals. For some people, especially seniors or people with disabilities, it means they can maintain their independence. Such people are now able to utilize the increasing availability of home care help, which focuses much more than hospitals on serving the desires of the customer. The availability of in-home health care services and social services allows these people to feel independent in their own homes and allows them to maintain higher self esteem by remaining a part of their own

communities. The advantages of home care services to the patients are obvious. People get to stay in their own homes with the assurance that someone will be there to monitor their health.

Historically in Canada, most chronically ill people were cared for at home by their female family members. Even in recent decades, studies have shown that women provide the majority of home care in Canada. Family care-workers act as a healing point in providing a number of services to older family members and those who have been rendered inoperative. However, due to the higher Canadian rates of female participation in the labour force, many Canadians in need of long-term health care services have, in recent decades, not had the option of relying on home care by female relatives. Over the past 30 years many formal care home institutions have been established to take care of sick people. The increasing availability of professional home care services in Canada means that the same care that previously was only possible in a hospital setting can now be provided at home.

In its modern institutional form, home care is now one of the fastest growing components of the Canadian health care system. Services that used to be provided exclusively in hospitals, doctor's offices, clinics, or long-term care facilities can now be provided in people's homes. Home care services include a wide range of treatments from follow-up visits to check on how well a person is recovering from surgery, to regular visits to seniors to monitor their health or, in some cases, even complex treatments such

as dialysis or intravenous therapies.[1] People who are recuperating from severe health care treatments, such as chemotherapy, seek the help of home care services despite the potentially short span of time for which they will require the services. Some of the services provided take only a few hours while others may take a week. Even simple housekeeping may be a service provided by some home care service providers. Other home care service providers may provide a complete service including nursing and medical care. Home care service providers in the patient's home are now providing intravenous injections, which were previously only provided in the doctor's office, clinics or in hospitals. Minor treatments including injections and changing of bandages can be done at home for a person unable to leave home and reach a treatment center. This is shortening hospital stays, which need no longer be prolonged for reasons like chemotherapy and intravenous antibiotics.

As home care is further developed, patients will be discharged from hospital earlier in their recovery cycle and hospital beds will be freed up faster. This will mean that waiting patients will have access to hospital beds immediately rather than having to spend time on a temporary bed in an emergency ward. This will help the hospitals to improve the quality of patient care and to reduce costs.

In addition, the overwhelming recent progress in medicine has persuaded even people with relatives available to provide care that it is in their best interests to seek the

1 Fox, Daniel M. and Raphael, Carol (eds.) Home based care for a new century. Blackwell Publishers. Williston, Vt. and Oxford, England. (1998)

services of the home care industry, as they have come to believe that it will provide the services they are seeking for the long term. Today most people prefer to have the expertise of medical professionals available to supplement the care given by family members. Further, client's report feeling that home care provides preferable services to institutional care centers.

Even people who are stricken by life-threatening diseases such as AIDS seek community or home care services. These individuals prefer to die in their homes amidst their family and acquaintances. In these cases, the main role of a home care service is to provide an alternative to other health care services, such as hospital or residential care, to sustain the patient's health and to prevent further deterioration of their health, as much as possible. At present, sedative services are combined with the already prevalent formal and home support services all over Canada.

Furthermore, home care providers do not restrict themselves to serving the elderly. They concentrate on providing qualified and cost-effective services to the community as a whole, even though senior citizens constitute a major share of all customers. The addition of home care services to the health care services portfolio increases the customers' opportunity to optimize their consumption bundle from the health care services sector, allowing more cost effective provision of health care services overall. This is especially important in the current climate of health care funding cutbacks. In fact, despite variations in funding levels, the trend is to increase funding for home care services. The cost-effectiveness of the home care industry will be examined in detail later in this study.

The advent of home care was initially expected to provide an alternative to facility-based or long-term residential care, which would dramatically decrease the demand for these services.[2] This was based on the fact that at least half a million Canadians suffering from persistent health problems, inoperativeness, or acute ailments were seeking the services of home supportive health care providers.

1.3 Why There Are Concerns

While the facility based or long-term residential care industry has not collapsed, there is a dramatic increase in demand for home care services in Canada, which is being driven in large part by the recent colossal changes in the Canadian health care industry. The inflating demand for home care services can be attributed partially to the fact that people with acute illness are being released from hospitals earlier in their recovery period than was the practice in previous years. The search for greater cost effectiveness is leading hospitals to minimization of patient stays. Providing earlier discharges of hospital patients, thereby increasing the treatment capacity of hospitals without increasing beds, is only possible with the help of informal caregivers, family and the clients themselves, with the assistance of home care providers. To make this possible the home care industry needs to be developed to cater to the needs of the care service providers.

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2 Fox, Daniel M. and Raphael, Carol (eds.) Home based care for a new century. Blackwell Publishers. Williston, Vt. and Oxford, England. (1998)

Further, the aging of the population and the developments of medical technologies and procedures to alleviate increasing numbers of medical conditions act as complementary factors to increase demands for health care services. The increase in the number of senior citizens in Canada is also resulting in an increase in the costs of health care and social service programs. This is making the provision of services to senior citizens one of the fastest growth sectors for home care services in Canada, especially because the majority is now over the age of 75. There is greater dependence on home care service by the Canadian population since they feel that it provides better services than the institutional care centers.

Providing earlier discharges of hospital patients, thereby increasing the treatment capacity of hospitals without increasing beds, is only possible with the help of informal caregivers, family and the clients themselves, with the assistance of home care providers. To make this possible the home care industry needs to be developed to cater to the needs of the care service providers.

Faced with rapidly expanding demand, the home care industry is struggling to serve that market. The industry faces several difficulties. The lack of personnel and insufficient funding are the two biggest problems for home care units. Human resource availability is problematic. Those who work in home care units deal with high levels of stress, receive lower wages and work more overtime. The industry faces difficulties with regard to training, recruitment and retention.

Home health care workers are of the opinion that government guidance in the form of incentives for individuals and organizations are necessary for the purpose of recognizing the work that home caregivers provide. They argue that the home care industry should be treated as an investment, both in national health, which will result in long-term benefits, and in job creation. Home care health care system benefits include better care and lower costs. Further, the home care industry provides considerable numbers of jobs for people at the lower end of the earning scale, the people who most need employment. In fact the government is active in providing guidance and support to the industry, primarily in the form of health care funding payments.

In Canada, most provincial medical plans consider case management a necessary component of home care services. In cases involving residential based and home care joint methods of care services, case managers form an essential part of the system. Combinations of formal and informal care services will soon become the norm due to cost considerations and the momentous rise of long-term ailments like dementia, diabetes and cancer. Thus, the home care industry combines the efforts of both the public sector, and private social service organizations. This effective public-private co-operation is in itself is a great success for the home care industry.

However, there is an intense need to further develop the home care industry so that services can be maintained. Financial constraints related to hospital funding and constraints on the growth of long-term and chronic care facilities have led health care planners to look to home care services to provide better-integrated care and a lower-cost alternative to hospital and residential care. In the 1990's financial availability was low

and health reforms were taking place. The health care planners then concentrated on home and community based care to provide an alternative to institution based care. Home care was then advocated as a method, which could provide services at a lower cost in the homes of the clients. This met both targets that were sought by the health care planners.

However, shifting the location of health services from hospitals to the home has placed a great deal of stress on the home care industry. For the industry to successfully accommodate this change in the long run, policy reconsideration and restructuring of funding support plans must be carried out in a systematic manner. Most provinces currently have a tendency to centrally manage the home care services, which would otherwise be controlled by the local management, and there are big differences in the home care programs in the different provinces across the country. In addition, the laws and the systems for entry and eligibility criteria for home care services vary from province to province and territory to territory. These lead to differences in the access to home care services funded by the public. The increased demand for and the limited availability of these services sometimes result in delays in the availability of these services. With the wide variety of services provided by the home care services industry through the provinces and territories, there is also a lack of common standards and tools to assess the functioning of home care services. As well, there are significant variations in the funding system, and in particular in the payment structure, for the home care industry in different provinces of Canada. This is partly a consequence of the fact that the home care industry competes provincially for financial support with hospital and residential care.

Some progress has been made toward equalizing access to home care services. Many of the home care programs in provinces and territories have now adopted new procedures for the purpose of intake for new clients. This is done through a single-entry point system. The referrals for entry may however come from different sources such as family physicians, hospitals or the community.

Most of the government planning and controlling bodies, namely the Federal, Provincial, and Territorial governments and the Regional Health Boards, now recognize the contribution of the home care system to cost containment. The National Forum on Health (1997), the National Advisory Council on Aging (1995), the Canadian Home Care Association (1996) and the Victoria Order of Nurses of Canada (1997) have all unanimously supported an all-inclusive community-based health service. A collective endeavour between the federal, provincial, and territorial legislatures gave shape to the Health Transition Fund (HTF). HTF was designed from the 1997 national financial plan to promote and support proof-based assessment in health care restructuring.

Proposals for equalization of funding support for home-based care have considered both individual and group financing. The individual financing option is explicitly concerned with the personal choices of the individual who is solely responsible for taxing the decisions. The collective financing system is a concept wherein taxes are collected at centralized or provincial stages. However, implementation of such changes may require additional legislation, and even though the Canada Health Act (CHA) comprehensively addresses administrative policy, questions remain about whether it can

stand-alone, or whether it is necessary to bring forward another legislative act. Despite all of the pressures, home care strategies are still being maintained effectively.

2.0 HOME CARE SERVICES

This chapter describes the composition, providers, and customers of the home care industry. As well, it identifies the importance of home care, the various types of services provided, the roles of the provinces and the role of the private sector to understand the industry in detail.

2.1 Composition of the Home Care Industry

The home care industry is a system of care delivery that includes the health groups (homes), hospitals and institutes supported by home care. The home care providers consist of nurses, healing therapists, social support workers, professional therapists and personal caregivers. The various institutes which provide home care services are: The Regional Health Boards, Regional Health Authorities, District Health Boards, Community Care Access Centers, Central Local de services communautaires, Regional Hospital Corporations, Regional Community Health Boards, and Home Care Programs. Home care serves three functions: 1) acting as an alternative for other kinds of expensive services provided by hospices and facility-based services, 2) supporting the patient in the existing premises rather than shifting to a more expensive facility and 3) preventing further unnecessary breakdowns in health.[3]

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3 Health Canada Provincial and Territorial Home Care Programs: A Synthesis for Canada. Ottawa: Home Care Development Branch. (1999)

There are a range of differences between the various plans and servicing formats of different home care providers in Canada. For example, either the public sector or private institutes may carry out home care services provided by the provinces. In some cases, these services may be an amalgamation of both the public home care model and the private institute model. There is a unique program called the Coordinated Home Care Programs (CHCP) that supplies a number of diverse functions related to home care. These include services performed by amateur volunteers and medical care services provided by volunteers who are thoroughly qualified professionals. The help of these professionals is needed to provide specialized services to the clients. CHCP services in Canada are classified as either hospital or community based for managerial purposes. The hospital-based services focus on patients who are in dire need of all-inclusive medical care. This is an example of community-based care that is diversified in nature and encompasses a great number of patients.[4] Evidence of this assertion can be seen in the vast number of Canadian CHCP's associated with community-based organizations. Only 19 of 400 CHCP's in Canada are associated with hospices. The majority of CHCP's come under the control of District Health Boards and more generally Regional Health Boards.

Payments for home care services are charged to the patients at a nominal rate for the non-professional services such as making meals, household chores, mobility assistance, and technical support. The advantage of home care services is that these charges are negotiated on a sliding scale according to the financial status of the client. However, such fees are not taken into account in the case of formal home care services

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4 Quality Management in Long Term Care -- Here to Stay? Long Term Care. 1998, November/December

like speech therapy or psychoanalysis. Such formal services are provided according to the eligibility of the client with the help of the CHCP's. In the fiscal year 1991-92, the government spent over $1 billion funding home care services. Provincial legislation provides financing for 85% of the outlay of CHCP's all across Canada. Miscellaneous payers and the sliding scale fees of the clients provide the remaining 15%.[5]

Prior to the development of home care services in Canada, substitute services were provided mainly by the institutional sector of the public or private sectors. The home care industry now combines the work previously done by the public sector and by private social service organizations. As suggested in Chapter 1, this in itself is a great success for the home care industry.

2.2 Providers of Home Care Services

According to studies, women provide the majority of the home care services provided in Canada. Since there is a great need for home care services, the necessity for women caregivers is also steadily rising. Home care programs attract certain women who seek the opportunity to play a significant contributory role in society by caring for others suffering from illness. Some men with analogous ambitions are also attracted to jobs and careers in home care programs.[6]

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5 Portrait of Canada: An Overview of Public Home Care Programs (prepared by the Canadian Home Care Association in collaboration with l'Association des CLSC et des CHSLD du Québec). February, 1998, p. 1

6 Canadian Association for Community Care. Canada Home Care Labour Market Study. Ottawa. (1995b)

Another important aspect of continuing long-term care services is that these services are mostly provided by the relatives of the patient, in the comfort of the latter's home. Family caregivers are the foundation of home care services. Women outpaced their male counterparts by providing about 60 percent of these care services. Considerable proportions of these women were working in other jobs and 25 percent of them took care of children below the age of 15. Health-based home care services come under the purview of the health care system in Canada. The relatives, companions, fellow citizens, social workers, formal and informal caregivers and private institutes constitute the network of home care services.[7] A report designed by Statistics Canada found that approximately 80 percent of care services provided to elderly citizens in Canada were given by their relatives, often for no pay.[8] These family care-workers act as a healing point in providing a variety of services to older persons and those who have been incapacitated. They provide respect and act in a considerate manner towards the clients. These services were provided in the comfort of the patients or their parent's home. The necessity of family care giving is felt to a great extent to provide compassionate care for the elderly ill.

In cases utilizing joint formal and informal home care services, case managers are an essential part of the system. These people institute care procedures, and focus the reactions of the service delivery system as needed by the customer. Even though case management acts as a separate process in the city areas, it provides systematic

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7 Canadian Association for Community Care. Canada Home Care Labour Market Study. Ottawa. (1995b)

8 Health Canada. Report on Home Care (prepared by the Federal/Provincial/Territorial Working Group on Home Care, a Working Group of the Federal/Provincial/Territorial Subcommittee on Long Term Care), 1990, p. 2

health services directly to home care clients in rural areas.[9] Most provincial medical plans consider case management to be a primary necessity for home care services. Case management is an important aspect of home care, and therefore public sector workers carry out this responsibility. Single authorities are attempting to increase standardization of service provision through database administration. Although professionals including nurses, home maintenance workers, and therapists assume the responsibility for case management, some provinces appoint only nurses to this position.[10] These case managers act as guides and supporters for the clients. The case manager ensures that necessary services are provided to the customers, whether inside the health care system or outside.

Occupational Therapists also find an attractive service market within the industry. One professional group, the Canadian Association of Occupational Therapists (CAOT), advocates enhanced research on the Canadian home care industry. Their call is for research mainly focused on the issues of cost-effectiveness and assessing the efficiency of the Canadian home care industries. The historical and philosophical aspects of occupational therapy strengthen the CAOT's long-standing involvement in home care services. Occupational Therapists are health professionals with a graduate degree. They have a strong notion that people's ability to physically manage their daily activities can be promoted through particular therapeutic techniques.

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9 Canadian Home Care Human Resources Study, Phase I Report, February 2002

10 Health Canada's Provincial and Territorial Home Care Programs: A Synthesis for Canada. Ottawa, 1999

Most of the caregivers in the home care industry are keen on providing help for customers who are difficult to handle and whose physical or mental ailments cannot be cured in the short term. Caring is a broad term which involves various intricacies. In this regard, a person who is suffering from a fatal disease needs specialized attention. Home caregivers that provide support to these people (at the individual's residence) make a mark in the patient's life through their wide range of services that they provide. Caregivers act as healing facilitators for these individuals by gaining insight about the disease suffered by the latter. There is an additional consolation for these patients in the form of painkilling care, which can be used even in the absence of the caregivers. To maintain a positive relationship between the caregivers and the individuals who are mortally ill, grief-counselling services and caregiver support groups are being made available and used by caregivers throughout Canada.

2.3 Customers of Home Care Services

Customers are considered to be one of the inputs, in technical terms, to the home care industry. The success of any social institution is determined by its responsiveness to the expressed needs of its customers and its workers, in this case home care workers. Customers note the institution adaptability and the way in which the institution responds with improved or new offerings are also considered. Customers, through their expectations regarding proper delivery of health care services, perceive health procedures have different opinions on what services they expect to receive. The majority of the people receiving home care services seek assistance with homemaking,

specialized care and miscellaneous society-based services that prolong their enjoyment of life.

An important aspect of home care services in Canada is self-managed care. This system enables the client to have a clear view of the service available and allows him/her to have greater control over the administration of his/her personal care services. There are many self-managed care centers in Canada. This scheme is primarily oriented toward elderly people, but it can also provide excellent services for the disabled. The options vary according to the nature of the client. Some advantages of self-management of home care services are fulfilment of the client's needs, a greater degree of administrative attention, and greater flexibility and cost-effectiveness. Meanwhile, it should not be misconstrued that home care services are provided only to the elderly population of Canada. While it has been found that the elderly depend more on the informal caregivers than their younger counterparts, even children can utilize these services. It is sad to note that a considerable percentage of the children in Canada are addicted to various bad habits and require special attention, which can be provided by the home care institutes. Additionally, as people who are well educated question the diagnoses and decisions of health specialists.

The home care industry embodies a novel aspect of service delivery. The industry may have the opportunity to influence and increase the proficiency of this health care sector. The geographical factors and human resources issues ultimately make the provision of home care services a complex matter. With communication via the Internet, it is now opportune to provide distance education for both patients and service workers

as a more cost efficient training method. The development of new medical techniques and technologies allows the release of patients at earlier stages from acute care facilities, and allows the customer access to the most technologically advanced medical equipment they choose. However, the need for specialists in the home care industries is growing rapidly.

2.4 Importance of Home Care in Canada

In the past, Canadian patients were forced to seek the help of separate institutions for their particular ailments, but with the advent of the home care sector in the 1970's, the various services were bundled into one single entity. Nowadays patients are released quickly from hospital and in future, they may be released even faster. Of the many nations supporting family care giving, Canadians have easy access to all the medications that they may require. As new drugs come onto the market combined with the variety of service providers that are available it makes sense for patients to go home earlier. Home care services are able to provide the same quality of care that earlier was only available in a major hospital. Many elderly people are moving from rural areas to urban areas to enjoy the services and facilities of home care. At present, there is an increased dependence on home care service by the Canadian population, which perceives that it provides better services than institutional care centers. The growing necessity for home care services in Canada can be attributed also to reasons including the baby-boomers population bulge approaching retirement age, ever-growing needs of customers, loss of security and the technological discoveries in health care.[11] With the

11 Keefe, Janice and Fancey, Pamela. Home Care in Canada: An Analysis of Emerging Human Resource Issues. Halifax: Department of Gerontology, Mount St. Vincent University. (1998)

home care services demands expanding across Canada, telehome care or telehealth care services are also booming. Through these technologies, technical and geographical constraints are reduced allowing metropolitan medical specialists to consult medical professionals and patients in rural and remote areas. Since the needs of the consumers are changing day by day, the focus of those providing home care services should be mainly on satisfying the consumers' needs. These health care professionals should update themselves with as much medical information as possible.

The CAOT considers home care as an important aspect in determining the health of the Canadians. The CAOT promotes the foundation of a home care program at the national level. Due to this, the patients may feel at home irrespective of the geographical constraints and legislative barriers.

Even though a considerable portion of home care services are given financial aid by the public sector, there is a section which is funded by insurance plans of the private sector, charitable trusts and as personal expenses of the public. In addition to enjoying the services at home, another main advantage of home care services is that the customer can negotiate his/her payment with the service providers.[12] Prepaid home care service consists of hospice check-ups, doctors' services, and various other operational-dental functions. The costs of these services can be covered by insurance with no expenditure from the client directly. Meanwhile, the federal government has enacted legislative changes since 1990 restricting the funds provided to the provincial

12 Health Canada Provincial and Territorial Home Care Programs: A Synthesis for Canada. Ottawa: Home Care Development Branch. (1999)

governments for health, education and welfare. This has led the federal and provincial governments to institute a key health care restructuring. This restructuring was intended to guarantee effective and efficient service provision. At present a number of provinces view all-inclusive home care services as the focal point of health care improvement.

2.5 Services of Home Care Institutions

Home care is considered to have three main functions: 1) **The maintenance and preventive function**, which serves people with health and/or functional deficits in the home setting, both maintaining their ability to live independently and, in many cases, preventing health and functional breakdowns and eventual institutionalization; 2) **The long term care substitution function**, in which home care meets the needs of people who would otherwise require institutionalization; and 3) **The acute care substitution function**, in which home care meets the needs of people who would otherwise have to remain in, or enter, acute care facilities. Within these functional groups, there are a wide variety of services included, as listed below and outlined in the product customer matrix.

HOME CARE SERVICES

- Basic Home Support Services: Provides functional assistance to primarily the aging population to maintain or improve their independence in the home.
- Home Nursing Care: Provides comprehensive nursing care to people in their homes, it coordinates the continuum of services designed to allow clients of all ages to remain in their homes during an acute or chronic illness. Goals for nursing can be curative, rehabilitative or palliative.
- Community Physiotherapy & Occupational Therapy: Provides direct treatment and consultative and preventative service for clients in their homes, arrange for necessary equipment to cope with physical disability and train family members to assist clients.
- Adult Dare Care Services: Daytime services for clients to attend in independent settings
- Group Homes: Independent private residences that enable persons with physical or mental disabilities to increase their independence through a pooling of group resources. This type of care is mainly for disabled young adults who are working, enrolled in an educational program.
- Equipment & Supplies: Provided to maintain a person's health (e.g. medical gases, assisted breathing apparatus) and to improve the opportunities for self care and a better quality of life (wheelchairs, walkers, electronic aids).
- Transportation Services: Provided to the disabled to allow them to go shopping and attend social functions.
- Crisis Support: Available to the community for emergency assistance when existing arrangements break down.
- Life & Social Skills for Independent Living: Support mainly for the physically and mentally disabled to enable them to live independently and develop personally or socially.
- Respite Services: Give primary caregivers temporary relief by providing a substitute for the caregiver in the home or by providing alternative accommodation to the client.
- Palliative Care: Care provided to dying persons in their homes or in residential settings.
- Congregate Living Facilities: Apartment style complexes that offer amenities such as emergency response, social support and shared meals.
- Specialized Nursing Care: Provided to any customer who requires intensive, specialized delivery of nursing care within the home.
- Respiratory Therapy: Assistance for individuals suffering from respiratory illnesses or diseases that will maintain their independence by providing equipment such as oxygen and ventilation support.
- Rehabilitation Products: Provision of aids to independent living for those clients convalescing and recovering for acute illnesses.
- Medication Administration: Provision of specialized administration of medications such as chemotherapy and intravenous antibiotics in home.
- Nutrition Services: Programs such as meals on wheels - a voluntary service that provides nutritious meals to the clients home to maintain or improve nutritional health.
- Biohazardous Waste Management: Services to pick up and dispose of biohazardous wastes consumed in the home such as needles, dressing supplies, syringes.
- Speech Therapy: Therapy for clients who require treatment for dysphasia.

Table 1. Gordon McNaughton has reproduced this table. The source has been adapted from Health Canada Provincial and Territorial Home Care Programs: A Synthesis for Canada. Ottawa: Home Care

PRODUCT CUSTOMER MATRIX					
Services	Physical or Mental Disabilities of all ages	Chronically ill	Terminally ill	Sub-Acute Illnesses	Aging Population
Basic Home Support Services	Y	Y	Y	Y	Y
Home Nursing Care	Y	Y	Y	Y	Y
Community Physiotherapy & Occupational Therapy Services	Y	Y			Y
Adult Day Care Services	Y	Y			Y
Group Homes	Y	Y			Y
Equipment & Supplies	Y	Y	Y	Y	Y
Transportation Services	Y	Y			Y
Crisis Support	Y		Y	Y	
Life & Social Skills for Independent Living	Y				Y
Respite Services		Y			Y
Palliative Care			Y		
Congregate Living Facilities		Y	Y	Y	Y
Specialized Nursing	Y	Y	Y	Y	
Respiratory Therapy Services		Y	Y		
Rehabilitative Products	Y	Y			Y
Nutritional Therapy			Y		Y
Intravenous Drug Therapy (Chemo/Antibiotics)			Y	Y	
Biohazardous Waste Management		Y	Y	Y	Y

Table 2. Gordon McNaughton has reproduced this table. The source has been adapted from Health Canada Provincial and Territorial Home Care Programs: A Synthesis for Canada. Ottawa: Home Care

In the context of national health care delivery, the importance of the home care industry must not be underestimated. The main roles of home care services can be understood to be providing alternatives to other care services such as hospital care and residential care, providing health maintenance assistance, and providing preventative health care since prevention is less costly and less time consuming than a cure.[13] Public home care services include those services provided by the provinces, territories, municipal governments and other forms of government.[14] Public home care programs consist of services related to health and home support. Case management studies and meal

13 Strengthening home and community care across Canada: A collaborative strategy, Report to the Annual Premiers' Conference August 2002

14 Health Canada Provincial and Territorial Home Care Programs: A Synthesis for Canada. Ottawa: Home Care Development Branch. (1999)

programs are some of the services provided by public home care programs. Public home care expenditures have risen sharply due to the growing necessity of providing rehabilitative services in the home. The range of services provided by home care organizations in Canada includes nursing, household chores, individual care, food preparation, shopping, reprieve and other kinds of services. The focal services provided by the home care institutions include Assessment and Case Management Services, and Meals on Wheels. But these are only two among the many services provided by the home care system. The popularity of home care is based on the fact that people need not seek the help of hospitals for every ailment. Nursing services can be provided at the residence of the customer if the ill person suffers severe illness. Special attention is given to people suffering from mental blocks, to restore them to their normal state of mind. All of these services are provided at the home of the patient to help make the patient feel at ease.[15]

Individuals suffering from various forms of mental conditions are now being provided with home care services. The frequent visits by nurses to chronically ill clients can have a gradual impact on the public health sector by accumulating a great deal of data. An example of this is the study of the Montreal home-visiting program conducted by the Quebec Health Ministry, which made a comparative analysis of the costs of home care services and long-term hospital care services. The study found that the expenditure for home care services was lower. In addition, the availability of home care services

15 Federal/Provincial/Territorial Subcommittee on Long Term Care. Report on Home Care. Ottawa: Health and Welfare Canada, (1990)

reduced the demands on facility-based beds. Reduced hospital bed occupancy improves hospital capacity to provide quicker service to emergency room patients.[16]

The market demand for home care and transportable apparatuses can be estimated based on the customer's reasons for utilizing them. These reasons include the following: 1) the end-user may use the accessory to avoid the requirement for hospice care, 2) to block loss of social or personal status, 3) to avoid utilizing nursing home services or 4) to avoid extending the time in intensive care hospital services. The demand for home care services increases proportionately with that of the age of the client. Amongst the clients above the age of 65, 40 % to 45% are diagnosed as suffering from some sort of disability. Home care services are targeting this population and in some cases creating perceived needs for home care where the person did not previously believe they needed any assistance. Among the population of ages 65 and greater who are infirm and staying at their residence, 262,630 individuals sought the services of self-transportation. Various other people used in-house transportation services.[17]

Certain people who are severely ill or preparing for their death may consider home care services a boon. Staying at home plays a significant role in the lives of the elderly people who are sentimentally attached or simply habitually used to their home,

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16 Portrait of Canada: An Overview of Public Home Care Programs (prepared by the Canadian Home Care Association in collaboration with l'Association des CLSC et des CHSLD du Québec). February, 1998, p. 1

17 Health Canada and CIHI. Population estimates from Market Research Handbook, Statistics Canada, 1998

especially during the period as their death approaches.[18] The people above the age of 75 form the oldest group receiving home care services. Moreover, these elderly people utilize home care services at thrice the rate of people aged 18 to 64. Elderly females utilize home care services at about twice the rate of elderly males.[19] A combination of informal care and formal health care is probably beneficial. The utilization of home care services can reduce the hospital stay of clients required to complete antibiotic treatment (with regard to veins) or chemotherapy. With the help of home care, various minor treatments like inoculation, vaccination, dressing changes, and other services related to the veins can be done in the home. Utilizing home care, customers can remain in the comfort of their home and continue in their community while recovering, or gradually living out the remaining portion of their lives.[20] However, the home care institutions do not restrict themselves to the service of the elderly alone. They concentrate on providing qualified and cost-effective services to the community as a whole.

The home care services providers in Canada follow customer service oriented tactics to survive in the competitive business economy. The issue of the "survival of the fittest" was appropriate for the home care industry during the initial stages because it had to face the threat of competition from hospital and facility care services providers. The formation of this industry in Canada was based on service provision, but due to fiscal constraints, the home care services sector had to reconcile with economic and social factors. All institutions in their initial stages face problems of establishing a solid

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18 Health Canada, Policy and Consultation Branch. Public Home Care Expenditures in Canada 1975-76 to 1997-98 (Fact Sheets, March). Ottawa: Minister of Public Works and Government Services (1998)http://www.homecarestudy.com/overview/ - 2

19 Health Canada Provincial and Territorial Home Care Programs: A Synthesis for Canada. Ottawa: Home Care Development Branch. (1999)

20 Fox, Daniel M. and Raphael, Carol (eds.) Home based care for a new century. Blackwell Publishers. Williston, Vt. and Oxford, England. (1998)

foundation. This foundation can be established in a way that so that there is no necessity to restructure the format of the organization at later stages. Restructuring can be done at the policy level without affecting the structure of the institution as a whole.

2.6 Pediatric Home Care Services

An important aspect of the home care industry is pediatric home care, which is a new field of home care and steadily on the rising. Even though children remain a section of society, which is granted less than full status, the prospects for profits in pediatric home care have the home care providers eagerly investigating this area. Pediatric home care differs from the services provided to senior citizens. In the case of home care for seniors, the focus is on maintaining or enhancing independence, whereas pediatric home care focuses on inducing the family or home care workers to give adequate attention to the child.[21]

In pediatric home care, the family is encouraged to become involved in the activities of the child so that the home care services will reach the child in an appropriate manner. At present, professional pediatric services are offered in the home itself. It is only in the case of acute illness that the child stays in the hospital. However, an important point to note here is that such professional services are available only in the urban centers, such as cities in Ontario. The Ontario Community Care Access Centers

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21 Christopherson, Susan. Childcare and Elderly Care: What Occupational Opportunities for Women? Labour Market and Social Policy Occasional Papers, No 27. Paris: Organisation for Economic Co-operation and Development. (1997)

and adjoining agencies have very good facilities for evaluation and management of services. For example, Interlink in Toronto offers services for children who are suffering from cancer, and to serve these children Interlink has recruited nurses who are specialists in pediatrics.[22]

Home care is stereotypically associated with the elderly population. An increase in the proportion of the very old population (above the age of 75) has impacted the health care and social service schemes, threatening their cost-effectiveness. This has created a great number of functional shortages. These service shortages create strains with the relatives of the patient, sponsorship assemblies, doctors and hospices. The elderly citizens form the majority of those who receive home care services.[23] The irony is that this group is leading a long life with acute diseases, inoperativeness, and chronic or persistent disorders. Therefore, there is increasing need for providing care services to seniors in the comfort of their homes. To meet the demands of this clientele, the provision of health care services is shifting towards home care services in substitution for the services provided at hospitals or in long term care facilities.

The various care services provided for the elderly are 1) severe care services for helping the patient to recoup from ailment 2) constant care services for those who are rendered incapacitated 3) pain-killing care services for the people who are preparing for death or those who are suffering from severe pain 4) professional medical care and 5)

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22 Canadian Home Care Human Resources Study, Phase I Report, February 2002

23 Communique, National Advisory Council on Aging, Ottawa, February 14, 1997

expertise-based care. The Canadian home care industry understands these market requirements and has developed most of the home care facilities to focus on these areas.[24] Home care services are provided to senior citizens to meet their inevitable needs. Sometimes, it may so happen that the elderly people are not able to take care of themselves. In this respect, they seek the help of home care and personal care services. The needs of the elderly person are then examined by means of a systematic assessment procedure. A plan of action is devised to address the discovered needs. The assessment teams who take steps to revise protocols as required later reviews the needs periodically. Thus, the care protocols are developed in a systematic manner.

Caregivers are also faced with the difficult task of providing services to people who are fatally ill. The health care sector in Canada is undergoing an evolutionary change and in this respect, many more people who suffer life-threatening diseases now opt for community or home care services. These individuals prefer to die in their home amidst their family and friends. At present, sedative services are available in combination with the already prevalent formal and home support services in all parts of Canada.

Palliative home care can be defined as the provision of care services to individuals who cannot be rendered operative through medicinal treatment. The definition focuses attention the fact that dying is the common ending to life and this reality helps to orient health care supporters to the different mental and religious facets

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24 Canadian Home Care Human Resources Study, Phase I Report, February 2002

of patient care.[25] After all, the home caregivers should realize that they are providing services to those individuals who are in dire need of liberation from the clutches of life-threatening diseases. Many Canadians prefer to die in the comfort of their homes and they consider home care as the preferable option with regard to health care services. A recent survey by Angus Reid indicated that 84% of Canadians wish to spend their final days in the comfort of their home with the help of home support services.[26] The combination of sedative care with that of home care can be considered from a variety of points of view. Some critics have suggested that the combination has been promoted by health care authorities primarily because of the cost-effectiveness of home care services in comparison to hospital care. The combination also raises the issue that hospitals are concerned only with the medicinal aspects of health services, while home support services act as a healing stimulant to the patients.

Sedative home care services take a step ahead of hospital care services by developing the thread of emotional quotient of the patient. But for community-based sedative care to be effective in the long run, legislation must ensure that the necessary fiscal resources for effective training, studies and learning are provided. The majority of provinces have taken steps to increase their financial support for such training. For example, the Ontario legislature has offered approximately $1.58 million annually to the Ongoing Interdisciplinary Education and Physician Education Project. This project is intended to offer adequate guidance to sedative care workers.[27] The Government of

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25 Boyd, K. Palliative Care in the Community. Journal of Palliative Care. (1993) Pp. 33-37

26 Managing Services and People in Home Care: Today's Challenge. Canadian Journal of Nursing Administration. 1998; 11(3): 77-94

27 Health Canada Private Sector Home Care. Ottawa: Regional Policy Team. (1997)

Manitoba has also followed the steps of Ontario in this regard. To provide guidance for provincial home care employees with regard to sedative treatment - a project named "Terminal Care Education Project" is offered and funded through annual appropriations.[28]

The Goal Attainment Scaling (GAS) method is utilized to help forecast the outcomes of services. This method considers the outcome from both factors: sought-after and not sought-after. It also looks into those aspects where the results are achievable and acceptable, even though not idyllic. GAS was first developed in the field of community mental health. Performance-based service planning is very important for elderly home care services, however it is challenging to plan for or predict long-term effects.[29] This is especially true in the area of personal assistance where the worker is required to perform daylong service.

2.8 Mental Health and Home Care Services

Of the disabled people in Canadian society, at least 90% are helped by home care services. Mental health patients require two types of care services. The first service is that of managing patient care. A case manager will work with the patient and the other health care providers. The case manager is responsible to ensure both the continuity of treatment and co-ordination of proper care. In addition home care services

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28 Health Canada Private Sector Home Care. Ottawa: Regional Policy Team. (1997)

29 Managing Services and People in Home Care: Today's Challenge. Canadian Journal of Nursing Administration. 1998; 11(3): 77-94

assist and support people when they have fits of disruptive behaviour. Otherwise, this behaviour may pose a threat to others and lead to avoidable hospitalization. As the average age of Canadian citizen's increases, the number of people suffering from dementia and Alzheimer's disease is also expected to increase. Currently most of these patients are treated at home for as long as possible, but the costs to the family are tremendous, both financially as well as in the terms of manpower. With case management support, the families are able to get the help they need, especially when they need it most.[30]

2.9 The Role of the Provinces

Home care programs are carried out in all of the provinces and territories of Canada. The provinces and territories perform similar functions in many aspects. Moreover, both of them fall under the jurisdiction of the federal government. In some respects, the various provinces of Canada supply the same degree of preliminary services such as evaluation of the customer's account, synchronization of the cases, case administration, nursing services and personal support services. The role of case management is under the purview of public workers. There are also provincial differences regarding the type and scope of services provided. Other forms of services like healing services are at more advanced stages of development in some provinces. For example, the provinces of British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick and Nova Scotia have agreements related to oxygen therapy services. In addition, certain home care sectors consider voluntary work and speech

30 Stajduhar, K., & Davies, B. Death at home: Challenges for families and directions for the future. Journal of Palliative Care. (1998) 14(3). pp. 8-14

therapy as part of their service portfolio. Even though the provinces home care services come under the purview of various programs, they provide both delicate and long-term home care services. Sedative care services can be seen as a part of the delicate home care program or it can be seen as a distinct entity. Child-related services are also gaining importance in certain provinces.[31] British Columbia, Manitoba and Ontario have recognized detailed child-related programs. The Ontario and British Columbia Programs provide services to children who are on the threshold of schooling. Child-related services are provided in other provinces as a subset of current programs.[32]

Six provinces' legislation addresses home care services specifically. The Continuing Care Act deals with home and residential care in British Columbia. The Co-ordinated Home Care Program Regulation 232 1991 (Alberta) comes under the purview of the Public Health Act and supplies the administrational directive for Alberta's Home Care Program. Saskatchewan, Ontario, New Brunswick and Nova Scotia each maintain two sections of administrative directives that deal with home care. Orders in Council maintain the home care programs of Manitoba and Prince Edward Island. In the cases of Quebec, Newfoundland, Yukon and the Northwest Territories, no specific governmental body is in charge of administering home care services but each has procedures for administering the maintenance of home care services within their own authority.

31 Sullivan, Catherine. Canadian Studies Shows Promising Results on Home Care Cost Effectiveness, Caring Magazine, June 2000

32 Sullivan, Catherine. Canadian Studies Shows Promising Results on Home Care Cost Effectiveness, Caring Magazine, June 2000

A comprehensive system of home care services is needed and efforts are being taken in this regard by some jurisdictions. The general aspects of servicing are considered and periodic revisions are made in certain provinces. Most of the provinces have decided to decentralize the regulation of the home care sector and this has helped the authorities to settle on the funding process for home care services. The regional programs carry out their functions in a separate manner.[33] The provinces aimed at being on the forefront and supporting complex delivery issues regarding home care. This proved to be a burden to the provinces as they have to develop high quality equipment and infrastructures to provide leading edge home care services. There was also a difficulty during the changeover of delivery systems, since the health care authorities were not able to provide rooms for emergency cases. This can be attributed to the lack of connections between home care services and hospitals. Consequently, since the home care programs are mostly carried out in the residences of the clients, the home care workers were not able to provide efficient services to the severely ill patients.

The provinces consider this to be an important issue in terms of cost-expenditure analysis, as the hospital services required by patients in the home care delivery system make up a large proportion of the total costs of care for these patients. The problem facing the provinces is that the costs of providing the levels of home care services demanded by the public are greater than the funds available. Because of this, the level of home care services available to elderly people with chronic illnesses is currently

33 Shapiro, Evelyn. The Cost of Privatization: A Case Study of Home Care in Manitoba, Canadian Centre for Policy Alternatives-Manitoba, 1996

restricted to a considerable extent because the program administrators feel that the related hospital treatment costs will be unsustainable.

The political and economic environment for the home care industries was generally supportive during its initial development, as there was agreement that reform of the then existing health care system was necessary. However, during the 1990's, most of the provinces did not have the administrative expertise and financial capacity to restructure their health care systems. These provinces instead planned to maintain better accountability and enhance harmonized delivery of services. To this extent, a distributed health delivery system was maintained in every province of Canada, with the exception of Ontario. But these changes in the organization of the provinces had no effect on the local restructuring of the delivery of home care. When the health system was reviewed by the regional sectors, the provinces closed many hospitals. This was done to reinforce the close link between the accessibility of home care services and well-organized discharge arrangements. Financial constraints related to hospitals and constraints on the growth of long-term and chronic care facilities have led health care planners to look to home care services to provide better-integrated care as a lower-cost alternative to hospital and residential care.[34]

Since the provinces and territories come under the control of the single management of the federal government, the low degree of regularity of programs between provinces is managed in a consistent manner. A good example of this is the

34 Federal/Provincial/Territorial Subcommittee on Long Term Care. Report on Home Care. Ottawa: Health and Welfare Canada, (1990)

maintenance of a separate database for each of the home care and organizational care systems. Sometimes, the customers are provided services without demanding any payment from them, if they meet various eligibility criteria.

2.10 Support for Home Care Services

When home care services were introduced in Canada, the spotlight was on the elderly public and those who were infirm. Many people now consider home care services as an integral part of the health care system. The National Forum on Health (1997), the National Advisory Council on Aging (1995), the Canadian Home Care Association (1996) and the Victoria Order of Nurses of Canada (1997) has unanimously supported an all-inclusive community-based health service. The National Forum on Health (1994) was formed to guide Canadians developing health policy. The National Forum on Health concentrated on long-term and fundamental policy issues and evaluated four principle areas. These are 1) values 2) drawing a line of demarcation between acute and chronic health care 3) health promotion and 4) evidence based decision-making strategies and assembly of adequate databases of management information. The Forum concentrated on surveying the main values related to health care of the Canadian public. This was carried out through a public consultation process, which focussed on particular groups one at a time.

The findings of the Forum reports are as follows: Canadians are increasingly feeling the necessity for improvements to the health care systems. However, Canadians do not want changes to the health care system, which are not consistent with

fundamental Canadian values, and would not welcome changes, which create inequalities of access or a two-tiered system in which the wealthy receive privileged service in comparison to the average or lower income Canadian. These findings of the Forum act to express the preferences of the Canadian public and to try to protect the basic concepts of Medicare policy. In terms of the founding principles of the Medicare system, equality of access to uniformly high quality medical care is very important. However, the forum emphasized that it may be necessary to trade off some measure of absolute equality of access and of care to avoid unreasonable sacrifices of health care system client's wealth and health. The concept of equality of access is gaining momentum because Canadians have long believed that being healthy is part and parcel of their lives, and that health has such significant social benefits in terms of worker productivity and creativity that it should be part of the role of the state to ensure that all citizens have access to health care.[35]

The Canada Assistance Plan of 1996 allocated a large proportion of health care funds to the home care services. This support was a boost to the home care services industry because it helped in widening their ancillary functions.36 The Canadian health care industry is currently facing massive changes and this, to a great extent, is shaping the future of the home care industry in Canada.

35 National Forum on Health, Canadian Health Action: Building on the Legacy. Final Report of the National Forum on Health, 1997, pp 11-12

36 Health Canada Private Sector Home Care. Ottawa: Regional Policy Team. (1997)

As noted above one factor impeding the development of home care service provision is additional human resources. The Canadian Home Care Association conducted recent research in this area. The Association, which is a not-for-profit organization, is mainly focused on providing high quality services all over Canada, and maintaining a systematic case management procedure system. The Association concentrates on the development of enhanced methods of home care service delivery and research to support policy and administrative revisions to promote superior service delivery. Part of this research, the Canadian Home Care Human Resources Study, focuses primarily on the incentives needed to ensure the availability of sufficient numbers of adequately trained medical and service personnel to providing effective delivery of the complex home care services that the Canadian public requires. The study examines the training and task requirements of the various job types of people who provide home care services and considers appropriate compensation levels and provision of access to skills training and upgrading needed. The research study analyses the factors that are central to managing the home care industry in the long run, and provide recommendations in the form of guidelines for the development of management practices in the home care industry.37

2.11 Role of the Private Sector

There is considerable information available regarding public expenditures allocated to the home care system, but less is known regarding the role-played by the

37 Canadian Home Care Human Resources Study, Phase I Report, February 2002

private sector. Available data indicates that private sector expenditures exceed those of the public sector, however there are discrepancies between the categorizations on which the data is collected by different agencies, which make consolidation of the information to provide a sector wide overview problematic. The most detailed information regarding private sector expenditures on home care is collected within the purview of the survey on household expenses. Using information obtained from three national in-house service providers, a separate report comparing public and private expenditure was prepared. Based on these results it is estimated that both public and private expenditures on health care, as shares of GDP, will continue to rise. Since fiscal restraints are limiting the public sector support for availability of institutional care treatment for Canadians, health care expenditures of the private sector are tending to rise more than proportionately.[38] Despite these pressures, federal and provincial prioritization of home care strategies has continued. The difficulty facing the home care services sector is that there is no institutional framework to support the current policy orientation should there be significant retrenchment in the latter.

Since home care comes under the purview of health care, the changes in health care policy in Canada have significantly impacted the home care industry. Given the increasing importance of home care to the cost containment efforts of Canadian health care policy, governments should devote additional resources to researching and developing guiding policy and legislation for the home care sector, perhaps in part by examining the policies and programs which have been adopted by other countries.

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38 Shapiro, Evelyn. The Cost of Privatization: A Case Study of Home Care in Manitoba, Canadian Centre for Policy Alternativee-Manitoba, 1996

Active involvement of the public in home care service policy development should be encouraged. The concern for development of sector direction is not the only factor facing the home care services industry.

In addition, the Canadian home care industry vies with substitute service providers for the fiscal resources of the Canadian public. Fortunately for the home care industry, at present home care expenditures represent only a small proportion of the total consumer spending for health services. However, there are concerns among provincial administrators regarding the dramatic differences in expenses that incurred for home care services from province to province. This can be attributed to a variety of reasons including variations in the overall levels of total health care spending between provinces and differences in the incidence of and costs of hospitalization of home care patients. The integration of various home care programs should be considered as a key issue in the development of home care services. There should also be ample financial funding allocated to the sector, which will facilitate robust development of the sector, partially by boosting the morale of home care workers and increasing rates of worker retention and cutting average training costs per period.[39]

Clearly, the evidence presented in this chapter substantiates the anecdotal claims that the people of Canada prefer greater reliance on home care services to maintain their health. To serve this need for all levels of Canadian society, physicians must develop and maintain standards for in home service delivery through which they

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39 Synthesis Report. Final Report of the National Evaluation of Home Care Marcus Hollander, Ph.D., Neena Chappell, Citation. Hollander, M., & Chappell N (2002)

can assure adequate provision of basic services to the needy. Throughout this chapter, the term cost-effectiveness has been repeatedly mentioned, and now that the home care industry has been identified, as well as the importance of these services, the financial issues need to be examined, which is the focus of the following chapter.

3.0 FINANCIAL ISSUES

This chapter first examines the role played by Medicare in shaping the home care services industry. This is an important component of this study, as Medicare is the biggest sole payer for home care services. Also, accountability issues surrounding home care services are discussed due to their importance of roles played within the overall context of services provided. As well, this chapter will examine previous and past funding mechanisms, and suggest changes as appropriate for the future.

3.1 Medicare Program

The health care systems in Canada, and more particularly the home care systems, are conceptualized under a discrete act of federal legislation, and a discrete department of Canadian government, and similarly by provincial and territorial legislation and administrations. This makes explicit the connection between the high quality health and higher economic productivity, and thereby helps to demonstrate the benefits of the health care system. In this respect, most Canadians feel that the Medicare programs enact government support for the sorts of health care availability that Canadians feel are appropriate expressions of Canadian values. However budgetary constraints and consumer demands for increasing levels of health care have combined to put pressure on the health care system to improve delivery effectiveness and efficiency since the 1980's. Subsequently reforms of the system began and due to this ongoing transformation of the system, the health care industry is facing massive changes day by

day, and this in turn is, to a great extent, shaping the future of the home care industry in Canada.

As part of the reform process, a national Steering Committee was formed to supervise a study on home care. Various hearings on home care took place, which were organized by the respective sectors such as the provincial sectors. The purpose of the study was to focus on the provision of long-term services to the Canadian people, whether for home and community based continuing care or for residential services. In these sorts of programs the consumer is attended to by taking into consideration various social aspects of their condition to assist them with recovering and maintaining as much of their capacity to function as independently as possible. To facilitate their role in providing a variety of services to Canadian society, the home care institutes work together jointly with other programs. The development of multifaceted care services by the home care services providers has been made possible by progress in medical technology and medical services delivery technology to complement conventional home care.[40]

3.2 Accountability of Home Care Service Providers

The accountability of the home care industry comes under the purview of the health departments. However, this accountability is also entwined with social and

40 Federal/Provincial/Territorial Subcommittee on Long Term Care. Report on Home Care. Ottawa: Health and Welfare Canada, (1990)

community services in the case of certain provinces and territories. The advantage of home care services is that a general mode of service delivery prevails, whether it is nursing or any other preliminary type of home care services. Through the management by a single entity, a large number of people are served and classification of the services to be provided to them is made according to their age, quality of life, physical and ethical needs and the span of services. The organization and combination of various services provided is done in a pre-planned manner.[41]

There are debates taking place across Canada regarding home care services regarding the need to develop more effective and efficient systems of service delivery so that accountability of services can be maintained despite funding constraints. Some home care organizations may provide the funding which is necessary for the care of the client, whereas others may not do so.[42] At present the focus of the home care services industry in Canada is mainly on the maintenance and prevention class of service, due to ongoing cost restraints.

The services provided by the various home care service providers differ to some extent. Even though there is variation in services, certain preliminaries, like nursing, are the same for all the home care institutions. Home care providers also possibly differ according to the additional special services they provide. Quality standards for home care have been developed by the Canadian Council on Health

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41 Canadian Home Care Human Resources Study, Phase I Report, February 2002

42 Putting A Face on Home Care, CARP's Report on Home Care in Canada, 1999

Services Accreditation, which takes an active part in appraising the day-to-day activities of the home care organizations and does this sort of unofficial approval work on a charitable basis.[43]

It should be noted that the home care service does not come under the jurisdiction of the CHA. Even though the CHA tackles every administrative policy, some health care experts question whether or not it can stand-alone, or whether it is necessary to introduce further legislation to administer home care service delivery. The CHA only introduced the concept of "medically necessary" in 1984. This concept helped private insurers to maintain a niche for themselves in health care services, catering to services, which were not "medically necessary". This left investors with doubts regarding the type of care services and medical plans to take advantage of. Subsequently, a round table conference was called and pressure arose to enhance the extent and coverage of the services provided. This generated substantial investment in the sector. Since home care services are now able to provide quality services and the profitability track record of the industry has become good, investors are eager to get involved. The financial support for home care is an important factor in assessing its development. But the test facing the home care providers comes in the form of various fiscal stresses.[44]

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43 Canadian Home Care Human Resources Study, Phase I Report, February 2002

3.3 Funding for Home Care Services

The funding for home care services could be arranged in two ways: individual financing or group financing. The individual financing option is explicitly concerned with the personal choices of the individual and he/she solely makes the decisions. The collective financing system is a concept wherein taxes are collected at a centralized or provincial stage. Here, the average person gives up a degree of autonomy for the benefit of those in society who are less privileged. Most of the provinces have exhibited a tendency to centrally manage home care services, which would otherwise be controlled by the local management. To increase the public spending on health care, a reduction in the diminution in the resources allocated to other spending priorities is necessary. However, it is obvious that the need is for reduced rates of tax. Therefore, it is not surprising that both the federal and provincial governments of Canada are keen to reduce tax rates. It is not enough for governments to play a soft role in the development of home care systems. Instead governments should be actively involved in the sponsorship of programs that supply Canadians with various privileges.[45]

In addition to their huge debt loads, governments also face problems in raising the level of fees charged to the users of health care services. However, the governments do have a number of feasible options, as various measures are available to improve the allocation of scarce health care resources. When Canadians are faced with the proposals to limit access to health care services, they become frustrated and

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44 Canadian Home Care Human Resources Study, Phase I Report, February 2002

ultimately fail to appreciate the policy proposals. However, an alternate approach is to pursue policies that concentrate on trimming excesses and increasing the accountability of the government with regard to health financing. A tax deferral scheme known as the Registered Health Service Plan (RHSP) helps Canadians to accumulate savings for their future home care needs. However some health care policy commentators suggest that there is a fundamental problem with the RHSP option in the sense that it still encourages Canadians to rely on public sector plans rather than switching to private sector health care insurance and service providers. This is the practice, which is typically followed by upper income sections of the Canadian public who are able to retain greater autonomy over their health care insurance and service choices by utilizing private sector providers to the greatest degree they can. However, this leads to the draining of the high-income earners from the public health care system, resulting in additional burdens on those remaining within the public sector.[46]

Since there are wide variations in the funding system for the home care industry across Canada, the home care industry deficits in some provinces are growing rapidly. Actually, the financial support for home care services in Prince Edward Island and Quebec was less than half of the amount required to facilitate comparable service levels to that provided by the present financial support levels in Ontario. There have been criticisms of the cost-effectiveness of the home care industry and this is mainly attributable to the lack of information regarding expenses and revenues. This brings to light the fact that the home care health experts do not have that many facts on which to

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45 Statistics Canada. 2001 Census. www.12.statcan.ca/english/census01/products/analytic/companion/age

46 Synthesis Report. Final Report of the National Evaluation of Home Care Marcus Hollander, Ph.D., Neena Chappell,

base decisions. The actual reason for such inconsistencies is due to the lack of suitable tools to provide proper training. Moreover, the management of the provision of services is not consistent with the existing home care policies.

Despite the prevailing pressure on government budgets, the provincial funding for home care services and home care organizations remains fairly stable. Moreover, the provincial government's funding for home care has increased to a great extent over the past few years.[47] Below is information on Public Home Care Expenditures in Canada from 1975-76 to 1997-98. Over the last two decades, health care and health support services provided in the home to an individual have been included in the public home care programs. Services provided include home care nursing, homemaker services, occupational therapy, assessment and case management, and physiotherapy and meal programs. The following figures show that public home care expenditures in Canada increased by an average of 17.6% per year, increasing from $62 million in 1975-76 to over $2 billion in 1997-98. However, public home care spending as a percentage of total public health care spending increased by an average of 8.7% per year during this same period of time. This increase is attributable to increases in expenditures for rehabilitative, acute, and long-term care services that are provided at home.

47 Health Canada and CIHI. Population estimates from Market Research Handbook, Statistics Canada, 1998

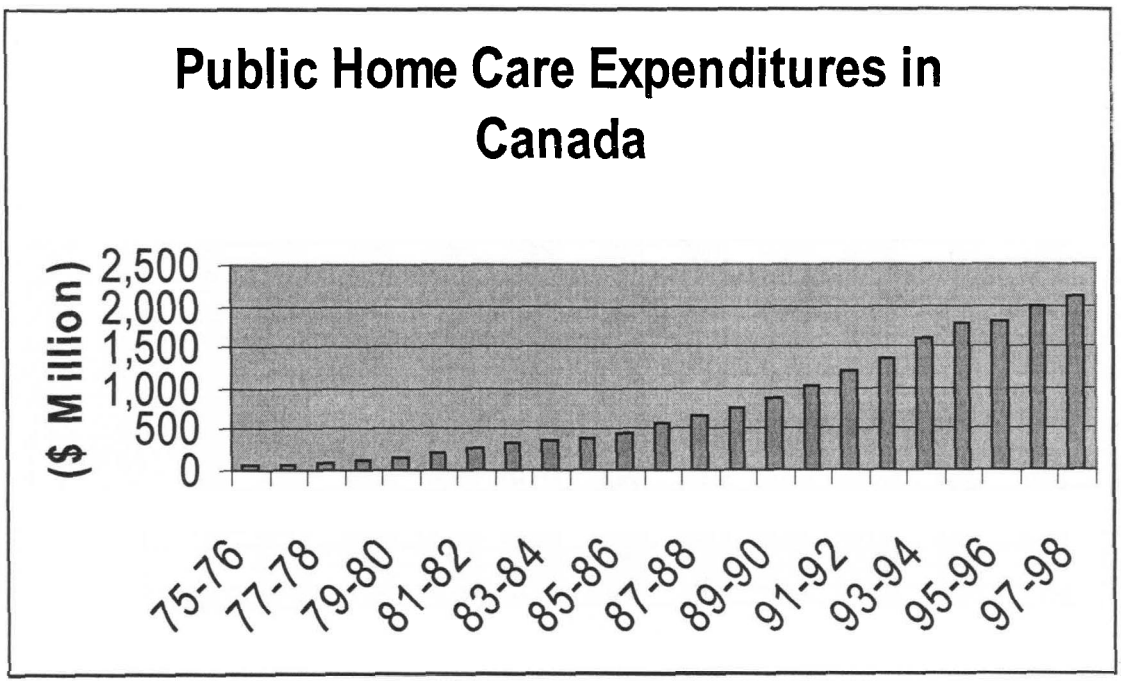

Figure 1. Gordon McNaughton has reproduced this figure. The source has been adapted from Health Canada and CIHI. Population estimates from Market Research Handbook, Statistics Canada, 1998

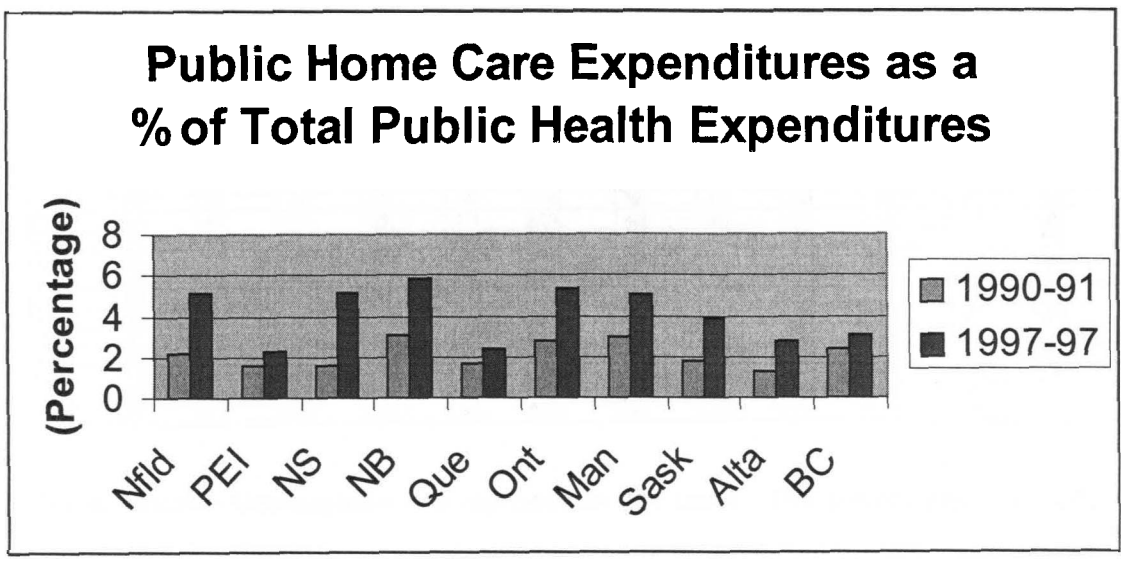

Figure 2. Gordon McNaughton has reproduced this figure. The source has been adapted from Health Canada and CIHI. Population estimates from Market Research Handbook, Statistics Canada, 1998

Public Home Care Expenditures in $000's

Year	Nfld	PEI	NS	NB	Que	Ont	Man	Sask	Alb	BC	NWT	Yukon	Canada
75-76	292	415	569	753	15,414	23,209	6,440	2,621	1,912	10,495	108	24	62,257
76-77	256	457	678	1,137	22,332	23,950	8,272	3,003	1,937	11,209	104	61	73,396
77-78	457	493	721	1,484	27,995	27,427	8,880	3,746	2,049	12,648	201	83	88,182
78-79	486	530	900	1,359	37,204	33,459	7,379	4,022	6,347	23,104	213	97	116,300
79-80	693	614	2,010	2,675	45,690	45,926	9,529	7,071	11,132	29,343	260	102	155,043
80-81	1,868	734	2,623	2,943	54,167	61,521	12,563	8,934	14,650	38,423	311	130	193,867
81-82	2,572	879	3,660	6,512	61,906	86,157	14,580	14,413	19,777	49,435	389	146	260,427
82-83	3,124	396	3,980	8,830	71,592	103,394	17,370	13,923	22,607	68,054	450	229	313,550
83-84	3,401	1,111	5,101	12,856	72,839	127,831	19,998	18,305	23,395	67,025	301	110	352,277
84-85	3,804	1,174	6,628	14,148	78,614	132,653	22,572	18,559	33,296	68,374	408	135	380,361
85-86	5,147	1,185	7,395	17,396	83,006	190,834	26,657	20,668	32,739	73,495	653	189	459,365
86-87	7,210	2,037	7,824	23,875	96,033	243,675	33,647	25,308	39,270	73,145	546	220	557,799
87-88	8,772	2,156	9,136	29,476	120,598	306,550	37,426	25,326	34,827	83,405	1,398	350	659,420
88-89	11,030	2,430	13,275	29,637	151,339	359,328	41,377	25,460	40,238	89,894	2,618	624	767,249
89-90	15,624	2,758	16,637	30,498	171,159	388,544	49,697	28,768	54,484	107,656	3,883	769	870,475
90-91	19,981	3,163	23,286	35,565	189,387	474,647	59,023	31,665	55,372	132,526	2,771	762	1,028,148
91-92	24,544	3,824	24,401	39,925	214,631	584,413	65,508	34,088	68,901	152,371	3,631	847	1,217,083
92-93	29,137	4,138	23,698	47,022	237,115	652,632	73,691	37,593	78,742	174,560	3,256	907	1,362,490
93-94	32,676	3,922	26,669	55,148	251,570	835,011	70,757	44,438	35,158	189,394	4,015	1,189	1,609,946
94-95	39,932	3,689	29,787	62,574	241,445	945,200	77,399	58,591	102,446	204,175	3,726	1,112	1,770,075
95-96	42,320	3,593	53,755	66,910	256,403	883,740	91,596	61,946	131,368	217,960	3,828	1,265	1,815,233
96-97	44,115	4,192	63,506	68,472	267,945	989,551	112,613	67,357	142,405	232,398	6,384	1,431	2,000,368
97-98	51,991	4,701	75,777	72,026	277,198	1,038,929	103,640	70,327	143,318	244,113	6,528	1,427	2,095,975

Table 3. Gordon McNaughton has reproduced this table. The source has been adapted from Health Canada and CIHI. Population estimates from Market Research Handbook, Statistics Canada, 1998

Public Home Care Expenditures as a % of Total Public Health Expenditures

Year	Nfld	PEI	NS	NB	Que	Ont	Man	Sask	Alb	BC	NWT	Yukon	Canada
75-76	0.04	0.92	0.18	0.33	0.55	0.67	1.45	0.75	0.23	0.99	0.40	0.22	0.65
76-77	0.11	0.95	0.19	0.43	0.69	0.60	1.59	0.72	0.21	0.94	0.34	0.44	0.68
77-78	0.19	0.92	0.19	0.51	0.80	0.65	1.57	0.81	0.21	0.97	0.49	0.59	0.71
78-79	0.18	0.88	0.21	0.61	0.95	0.73	1.34	0.82	0.55	1.55	0.46	0.56	0.87
79-80	0.22	0.93	0.43	0.74	1.05	0.93	1.47	1.25	0.78	1.73	0.56	0.55	1.04
80-81	0.52	0.34	0.43	0.68	1.10	1.09	1.68	1.32	0.87	1.78	0.65	0.64	1.15
81-82	0.60	0.98	0.56	1.24	1.09	1.29	1.62	1.82	0.94	1.89	0.62	0.65	1.27
82-83	0.62	0.94	0.53	1.40	1.10	1.39	1.65	1.44	0.83	2.30	0.43	0.69	1.32
83-84	0.62	0.36	0.62	1.34	1.02	1.46	1.73	1.72	0.79	2.13	0.28	0.38	1.33
84-85	0.68	0.95	0.73	1.98	1.05	1.39	1.83	1.64	1.11	2.07	0.38	0.43	1.35
85-86	0.86	0.31	0.76	2.31	1.04	1.81	2.00	1.70	1.00	2.14	0.53	0.57	1.51
86-87	1.09	1.45	0.76	2.95	1.19	2.09	2.39	1.87	1.10	1.96	0.36	0.58	1.70
87-88	1.24	1.41	0.83	3.28	1.37	2.33	2.43	1.85	1.01	2.12	0.88	0.89	1.87
88-89	1.44	1.46	1.10	3.07	1.60	2.51	2.48	1.80	1.06	2.08	1.16	1.34	2.00
89-90	1.90	1.53	1.26	2.88	1.68	2.41	2.74	1.83	1.31	2.24	1.57	1.55	2.06
90-91	2.18	1.64	1.63	3.13	1.74	2.75	2.98	1.84	1.26	2.43	1.02	1.40	2.25
91-92	2.62	1.87	1.61	3.39	1.81	3.02	3.26	1.93	1.47	2.53	1.17	1.29	2.44
92-93	3.06	1.35	1.54	3.35	1.94	3.28	3.51	2.18	1.59	2.67	1.07	1.38	2.64
93-94	3.43	1.78	1.77	4.61	2.04	4.26	3.40	2.67	1.98	2.73	1.26	1.51	3.11
94-95	4.06	1.66	1.95	5.09	1.94	4.79	3.66	3.36	2.15	2.85	1.18	1.32	3.38
95-96	4.17	1.85	3.53	5.35	2.10	4.48	4.29	3.55	2.64	2.95	1.19	1.38	3.45
96-97	4.39	2.05	4.30	5.46	2.24	4.99	5.35	3.86	2.75	3.07	2.05	1.47	3.79
97-98	5.15	2.29	5.07	5.80	2.39	5.30	4.96	3.89	2.77	3.10	2.08	1.75	3.98

Table 4. Gordon McNaughton has reproduced this table. The source has been adapted from Health Canada and CIHI. Population estimates from Market Research Handbook, Statistics Canada, 1998

Over the past 25 years, tremendous changes have occurred in the home care industries. As mentioned above, expenditures for home care services have increased to a large extent. This is clear evidence of the growing demand for home care services in Canada. Furthermore, the variation in service levels between the provinces with regard to home care services calls for more expenditure to bring all provinces up to adequate national service levels. The provision of home care services must be organized in such a way that the services reach the customers in a proper manner. The role of the federal government is very important in assessing the performance of the Canadian home care industry. The government sets forth various standards, which come under the purview of the CHA. Furthermore, it is the responsibility of the government to see to it that the expenditures do not increase in an overall manner.

Canada wide, the government spends $2.1 billion yearly for home care services. A point to be noted here is that this amount forms 4% of the public health expenditure. A related study found that the government spends $7 billion annually for continuing care services and $26 billion on severe-care hospices. The decision-makers for home care services are in the best position to evaluate government priorities for the health care sector and provide clear-cut direction to the home care industry. The policy makers consider the terms of policies and ultimately they decide upon which policy is most advantageous. In this respect, evaluation of the policy is very important because it provides an insight into the direction being pursued by the provinces. Even if the

provinces have not taken any clear direction, evaluation of these policies will help in assessing where they are tending to head.[48]

Since home care service is a personal matter, many details with regard to the effect of it in the homes and the ultimate burden on the family are not collected in statistical surveys. While there have been increases in the expenditures on home care, there is no clear empirical evidence regarding the cost utility of the services provided. It has been claimed on the basis of U.S. studies that home care services will not prove to be a cost-effective substitute for institutional care, unless and until this concept is targeted at a particular group of customers. As well, in Canada there have been two cases that were studied. First, the case of those who undertake home care services. Second, home care was studied with regard to long-term care. These studies point out that the diminishing of expenditure on acute care residential facilities has not caused reductions in the well being of Canadians. These studies only suggested that cost economies could be realized through proficient restructuring of the allocation of services to patients in the health service system. However, to justify any aspect of restructuring, proper evidence is required at the initial stages.[49]

A collective endeavour between the federal/provincial/territorial legislatures gave shape to the HTF. HTF was designed from the 1997 National Financial Plan to promote and support evidence-based assessment in health care restructuring. The HTF provided

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48 CARP's report card on home care in Canada 2001: executive summary: home care by default not by design / Karen Parent and Malcolm Anderson, with William Gleberzon and Judy Cutler. Toronto: CARP, (2001)

49 Statistics Canada. 2001 Census. www.12.statcan.ca/english/census01/products/analytic/companion/age

financial support to roughly 140 diverse significant schemes and/or assessment surveys all over Canada. This was done during the years 1997-2001. Since the need for evidence-based research is urgent, specialists were recruited to specify the primary procedures and output of studies into nine significant areas of interest. The nine areas of interest include: home care, drug-related care, preliminary health care services, comprehensive service deliverance, fitness of children, native health, elderly public health, fitness of rural populations/telehealth and psychological well-being.[50]

The tendency to trim capacity from the hospital system is heightening the load on home care schemes. Subsequently, the home care sector is constantly being forced to adapt itself to address the main concerns of the acute-care sector. In this respect, there is significant interest in the cost-effectiveness of this tendency to trim acute care capacity. The 45 HTF surveys that come under the jurisdiction of the home care guiding rule reveals the latter's interest in developing services and tackling the tedious aspects of the system. The projects may be grouped into various significant concepts as follows: a) developing a reliable system of home care all over Canada; b) offering proof regarding replacement of home care with regard to long-term and facility-base care; c) investigating the flexibility of home care programs with regard to senior citizens and those who have functional deficits. This population includes the portion of people who are presently not served or who do not deserve the services; d) Investigating the impact

50 Report on home care / prepared by Federal/Provincial/Territorial Working Group on Home Care, a working group of the Federal/Provincial/Territorial Subcommittee on Long Term Care by Federal/Provincial/Territorial Working Group on Home Care (Canada) [Ottawa]: Health Services and Promotion Branch, Health and Welfare Canada, c1990

of provincial guidelines and general matters on the efficiency of home care programs and; e) offering services beyond the walls of the hospices.[51]

By enhancing the competence and consistency of home care database information, effective guidance at certain levels can be developed for some of the above-mentioned matters. The problem with the HTF projects was that they depended on large volumes of information and were not able to commence the projects in a proper manner due to lack of adequate data sources. Ultimately, they faced difficulties in regard to the completion of the project. The design of a national records database is imminent and should address these difficulties. The long-term success of the national database depends on proper identification of the necessary provincial information. While developing the system, the designers should understand that dissimilarities in the program guidelines of the various provinces result in incommensurable data, which could ultimately lead to the misconstruing of database information.

Another significant study examining the relative cost efficiency of home care was conducted on the national level, and consisted of 15 interconnected studies. The study found that home care for senior citizens proved to be a cost-saving substitute to different degrees of care in long-term care sectors. This study was conducted in British Columbia with the help of relevant data. We can infer from the results of these projects that the home care system can be cost-effective if proper administration, co-ordination, governmental policies, service deliverance and fund distribution is maintained. By

51 E. Shapiro. The health transition fund synthesis series: Home care. Ottawa, Health Canada. (2002)

studying the functions of FN&I communities, the home care projects realized considerable success with regard to the services provided to the under-served sections of society.[52]

The study also found that only a small number of sub-studies showed successful results from the reduction of hospital emergency wards and in-patient beds. These are serious findings for a home care services industry that prefers to style itself as a cost-effective alternative to hospital-based services. The ever-growing demand for this substitution is evidenced by various HTF studies that investigated the in-home services provided to the just-born babies, diabetic edification and telehealth services. This process is raising questions regarding the replacement of public health services by home care services. Moreover, very little attention was given to the functional aspects of home support services.[53]

There have been frequent complaints by case managers and patients with regard to the home care guidelines across various authorities. These jurisdictions procure the home care services from outside non-profit or for-profit institutes. This complaint was clearly evident in the HTF home care reports. The concern regarding workforce instructions, administration, and payment structures is experienced as part of the growing number of trials faced by the home care services sector. The HTF projects gave a helping hand to the home care sector with regard to innovation. The solidity of

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52 E. Shapiro. The health transition fund synthesis series: Home care. Ottawa, Health Canada. (2002)

53 E. Shapiro. The health transition fund synthesis series: Home care. Ottawa, Health Canada. (2002)

HTF with respect to assessment of capability of home care services can be considered as the primary contribution of the former to the home care sectors.[54]

To perform a macro-economic analysis of home care services in Canada, it is necessary to draw a line of demarcation between CHA expenses and non-CHA expenses. Actually, home care services do not come under the purview of the CHA. Another important distinction is that between private and public expenditures.[55] Private expenditures have composed a higher portion of total receipts of health organizations than the proportion of the public sector. Due to this increasing activity of the private sector, the non-CHA services are gaining momentum.

An important point to be noted about any institution is whether or not it gives adequate return for the outlay. There is very little Canadian information on whether home care is a cost-effective alternative to institutional care. A problem in developing policy with regard to home care services in Canada is that it is very difficult to provide an assessment of home care. This is due to the fact that the data that is collected has not been assimilated into usable databases, and the available information is not sufficient to evaluate the relative cost efficiency of Canadian home care services.

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54 E. Shapiro. The health transition fund synthesis series: Home care. Ottawa, Health Canada. (2002)

55 Nahmiash, D. & Reis, M. An Exploratory Study of Private Home Care Services in Canada, Ottawa, Minister of Supply and Services (1992)

While Health Canada, Statistics Canada and the Canadian Institute for Health Information have made available funds for evaluating health care operating costs, the irony is that there is a lack of consistent data regarding private home care outlays. There is no adequate comparative data to determine the nature of costs. Moreover, the portion of governmental resources spent for the purpose of private zone delivery of home care services is unknown. Even though the home care sector of Health Canada gathers data regarding private home care, the collected data is not available due to privacy considerations. Recently, an Access to Information request for the data was rejected on the basis that the subsequent provision of data could hinder the federal-provincial discussions and considerations. This policy is blocking development of the home care sector, and availability of the data to the public would help in the development of a nationalized Home and Community Care Act. In the development of information sources, the database variable containing information on private home care expenditure should be a composite of the publicly aided and publicly managed home care system. Despite this concern, data is being collected and assimilated into central databases so the awareness of the empirical efficiency of home care services is also growing.

In this regard, some research results have found that home care services in Canada do not satisfy the above-mentioned criterion of cost efficiency in comparison to residential care. This research was carried out during the 1980's. Other than this, many research studies were conducted to determine the cost-efficiency of home care and the result was that home care services were not a better alternative for residential care in

this regard.[56] Here, it is apt to talk about the findings of William Weissert, an American writer, who argues that it is difficult to make home care centers cost-effective. In his analysis he found that while the costs for home care centres are increasing, the level of service and client satisfaction is not increasing markedly. [57] With regard to his study, Weissert laid out certain solutions to maintain a balance between the return and the outlay to make home care centers more cost-effective. He pointed out that home care services should be planned in such a way that the delivery reaches the customers in a proper manner. He also suggested that care should be taken to improve the functioning of care centers and the delegation of tasks should be encouraged.[58]

People who support the cost-effectiveness of home care point out that the above findings were based on a short-term analysis and that the long-term effect on the community was neglected. Moreover, only the expenditure for nursing care was taken into account. Critics of the cost effectiveness of home care services focused mainly on the net cost and did not take into account the cost itself. Another study, which experimentally examined a group of people who exclusively required residential care, found that home care was more cost-effective than residential care. The Canadian findings by Shapiro and Tate in 1989 noted that home care services were not affected by the consumer's length of stay in the hospital. Another Canadian study conducted in 1998, which used information gathered by the Canadian Study of Health and Aging, considered the expenditures involved for 750 persons with Alzheimer's disease. Not

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56 Comparative cost analysis of home care and residential care services. A Report prepared for the Health Transition Fund, Health Canada, National Evaluation of the Cost-Effectiveness of Home Care, November 1999

57 Weissert, W.G. Seven reasons why it is so difficult to make community-based long-term care cost-effective. Health Services Research, (1985) 20(4), 423-433

surprisingly the study results indicated that there is a direct relationship between the cost and the severity of the ailment.[59]

According to a report by researchers in British Columbia, with regard to the treatment expenses for senior clients, the government can save at least 50% of its resources through home care services.[60] In this respect, home care services were shown to be more cost-effective than facility-based care services. The cost effectiveness of home care is not a simple issue. A single study of this may not provide sufficient information to the project designers to enable them to give clear enough recommendations to policy makers to enable them to come to a decision. A number of small studies have already been conducted, which fit together to provide a picture of the cost effectiveness of home care in Canada. The cost-effectiveness of home care services was highlighted by a survey in which 199 clients, with an average age of 84, were considered. The study brought to light various points. For instance, the charges for a particular day spent receiving home care services, comprised of nursing charges, amounted to only $325 compared to $500 for similar services in a situation of hospital-based care. [61]

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58 Comparative cost analysis of home care and residential care services. A Report prepared for the Health Transition Fund, Health Canada, National Evaluation of the Cost-Effectiveness of Home Care, November 1999

59 Comparative cost analysis of home care and residential care services. A Report prepared for the Health Transition Fund, Health Canada, National Evaluation of the Cost-Effectiveness of Home Care, November 1999

60 Strengthening home and community care across Canada: A collaborative strategy, Report to the Annual Premiers' Conference August 2002

61 Comparative cost analysis of home care and residential care services. A Report prepared for the Health Transition Fund, Health Canada, National Evaluation of the Cost-Effectiveness of Home Care, November 1999

Another aspect of the research project is to build on the unique circumstances or natural experiments going on in this country. Different areas have different systems and viewpoints on home care. Thus, comparative data is available on different approaches to home care from different parts of the country. These areas have methods of providing services, and data on the results of doing so, which cannot be observed elsewhere in the country. For example, British Columbia has over 10 years of data, which has put residential care and home care clients on the same platform by using the same classification system for care levels.[62] This allows direct cost comparisons for the same quality of care, between the two care systems, by taking the costs of the same level of care within the two systems. Policy makers and program managers should not focus only on the cost of care while judging cost effectiveness, as this may lead to cost effectiveness at the cost of the required level of care. Policy makers must consider not only what is cheaper, but also whether the care provided will be adequate for the patient. The National Evaluation of the Cost Effectiveness of Home Care was designed to meet these requirements. It was believed that the approach it utilized would be effective in terms of costs and timeliness. The study was expected to provide better results than separate individual studies. However, this study cannot be seen as the answer to all questions, but only as an attempt to start to find the right solutions.[63]

It was noted that the home care costs are lower than the residential care costs in terms of general costs for the society. This applies to all levels of care services. It was also found that the home care customers were comfortable with the services and quality

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62 Health Canada and CIHI. Population estimates from Market Research Handbook, Statistics Canada, 1998

63 Synthesis Report. Final Report of the National Evaluation of Home Care Marcus Hollander, Ph.D., Neena Chappell, Citation. Hollander, M., & Chappell N (2002)

of life similarly to patients who received residential care services over a long span. It is a general misconception that those who seek home care services cross the threshold at the lowest stage and subsequently advance to higher levels of home care. Actually, most of the clients are admitted at a particular stage and utilize the same level of care until their death.[64]

After long debates over the cost-effectiveness of home care, it has been found that home care institutes tend to overstate the adequacy of return on investment for the residential care units. Furthermore, it was found that the home care units were not considered as a burden on the government expenditure. This is clear evidence of the tremendous change in the functioning of home care units in Canada. Dr. Marcus Hollander is of the firm belief that home care organizations would benefit if a widespread program for promoting home care were started. Dr. Hollander has made a comparative analysis of the home care industry and the residential care industry, and as already noted he found that the costs for home care are far lower than for the residential counterpart. This had the further benefit that customers were able to maintain their savings at higher levels than if they had sought the help of facility care services. [65]

Another important advantage of home care services in Canada is that the customer can negotiate the payment according to his/her standard of living, and there are no rigid rules regarding this. There are certain types of people who have very limited

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64 Comparative cost analysis of home care and residential care services, A Report prepared for the Health Transition Fund, Health Canada, National Evaluation of the Cost-Effectiveness of Home Care, November 1999

needs for the services of hospitals or home care institutes. But there are groups of people who consider home care as an alternative to hospital care. And finally, we have those who consider home care as a substitute to facility care services. However, for particular types of illness like mental illness, home care should not be seen as an alternative to institutionalization. Home care is more effective as it allows for treatment within the community rather than requiring the person be treated outside his/her environment. The only care required is to ensure that patients take their medication properly so that they do not have to seek readmission to hospital. This improves care and support for people with mental illness and only case management and interventions when needed must be provided. This will certainly be a cost-effective approach. It will save the costs of having the people stay in institutions, and also avoid the costs of readmission, and the provision of extra hospital capacity to provide for readmission when required. Of course, the home care treatment may be interrupted during short periods when the patient is unmanageable and must be hospitalized. The system can save significant costs by focusing on home care, especially for people who generally live well in the community, and have only rare and occasional instabilities requiring institutional care.[66]

Observing these factors, Hollander came to the conclusion that the health care organization of Canada mainly focused on fiscal issues. The primary motivation behind the founding of the Canadian Home Care Industry has been the expectation of an imminent aging of the Canadian population. The elderly citizens of Canada are the

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65 Hollander, M.J. The costs, and cost-effectiveness, of continuing care services in Canada. Ottawa: Queen's-University of Ottawa Economic Projects Working Paper No. 94-10. http://www.homecarestudy.com/overview/ - 4 (1994)

66 Synthesis Report. Final Report of the National Evaluation of Home Care Marcus Hollander, Ph.D., Neena Chappell, Citation. Hollander, M., & Chappell N (2002)

major users of health care systems. Statistics Canada estimates that the elderly population of Canada will make up at least 16% of the populace by the year 2006. Since the home care industry is growing at a rapid rate, citizens who are living beyond 85 years are becoming more and more attracted to home care services.[67]

This chapter has identified inconsistencies in the funding levels for various health care sectors and suggests several ways to improve the current home care services by making them more cost effective. These suggestions are based on a number of surveys that were discussed in this chapter. Roy Romanow reports that of the available accurate data on the distribution of home care expenditures, provincial governments provide 76%, the private sector contributes 23% and direct payments from the federal government total 1%. Estimates of home care paid by private insurers is not readily available and cannot be accurately included.[68] With more than one million Canadians now making use of home care services annually, it is estimated that this rate of utilization is likely to increase in the forthcoming two decades. The question of the functioning of home care services was raised with regard to increasing quantity as well as with regard to outlays for home care services. The geographical influence on the provision of and portability of Canadian home care services was analyzed in comparison to the requirements of the individual. This type of inconsistency can be removed by developing a nation-wide

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67 Comparative cost analysis of home care and residential care services. A Report prepared for the Health Transition Fund, Health Canada, National Evaluation of the Cost-Effectiveness of Home Care, November 1999

68 Building on Values: The Future of Health Care in Canada – Final Report. Roy J. Romanow, Commissioner. November 2002.

home care model to be more efficient and effective.[69] To study the home care industry in detail, funding issues have obviously proven to be an extremely important factor.

69 Report on home care / prepared by Federal/Provincial/Territorial Working Group on Home Care, a working group of the Federal/Provincial/Territorial Subcommittee on Long Term Care by Federal/Provincial/Territorial Working Group on Home Care (Canada) [Ottawa]: Health Services and Promotion Branch, Health and Welfare Canada, c1990

4.0 PROBLEMS/ISSUES

This chapter will consider other difficulties that the home care industry is facing and attempt to provide a better understanding of the challenges and obstacles to overcome in order to become a more efficient and effective industry. Chapter five will contemplate solutions to many of these problems/issues.

The reality is that no one gives much thought to home care until they are thrust into a crisis. And there is no telling when you will need help, when a family member will be felled by a stroke, consumed by dementia, immobilized by a broken hip or gripped by cancer.[70] Managing a home care system is not a child's play. The swelling intricacies in the operations of a home care system have led to the emergence of health care systems providing a helping hand to the former.

During a meeting of the provinces, territories and Ministers of Health, a plan of action was prepared for integrated home and community care systems. The highlights were: 1) Home care and community caregivers should be acknowledged and given the necessary facilities. 2) Increase the usage of equipment at the home itself. 3) Develop good co-ordination with the other sectors of health care system. 4) Developing the class and accessibility of information required and 5) Bringing forth-novel copies for home care in a supportive format.[71]

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70 Family Caregivers Network Society, The Globe and Mail March 20, 1999

71 Strengthening home and community care across Canada: A collaborative strategy, Report to the Annual Premiers' Conference August 2002

4.1 Human Resources

As far as studies have surveyed there are over 663 home care agencies across Canada, however records for numbers of workers, educational background, gender and other attributes with respect to human resources is difficult to ascertain. Perhaps one of the reasons is that the industry's own definitions of health care and home care may be misconstrued with other segments of the industry complicating the survey process. Compared to other segments of health care, home care service providers must deal with clients and their issues within the confines of the client's own home. In recent years, much of the focus and attention has actually shifted to the family caregivers but the problem of a lack of human resources for the home care sector was not acknowledged during the initial years.[72] Also, there is widespread misinterpretation about home care services with regard to the level of professionalism or skill level of its employees, which may be contributing to a lesser reputation.

Human Resource issues in home care services is varied and complex. Typically, there are two groups providing services, namely health care professionals (physicians, nurses, therapists) and support staff (aids, housekeepers and various trades' people). On the professional side, while nursing shortages are felt throughout the health care industry it is even more so within home care.[73] Age factors, such as mature workers burning out and younger staff looking elsewhere for experience, training and better wages complicate human resource issues further. Additionally, with caseworkers facing

72 Hawranik, Pamela G. and Strain, Laurel A, Health of Informal Caregivers: Effects of Gender, Employment, and Use of Home Care Services, Manitoba, June 2000

ever-increasing workload issues, the home care industry is unable to compete with its current resources.

Attracting and recruiting qualified support staff may be one of the bigger challenges for home care service providers. Wages are typically lower than average for comparable services and turnover is high. Issues for support staff such as unpaid overtime, lack of job security, safety in the workplace, benefits, insurance, out-of-pocket expenses, insufficient hours or contract work, job satisfaction and job loyalty create concerns for both the employer and employees within the industry. With the next waves of baby-boomers aging the need for services will increase and attracting and retaining skilled labour will become even more essential.

With home care gaining momentum in Canada, the workload placed on caretakers has increased. The nature of the client's home as the place of work in itself creates a number of challenges and logistics for home care workers. At times, the home may not be conducive to house equipment necessary to assist the client and may require modification. Navigating the home may create more workload or safety issues for the support staff.

The analysis of home care services cannot have a proper understanding without mentioning the role played by unions. These unions act on behalf of the employees and

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73 Commission on the Future of Health Care in Canada, From the Alberta Union of Provincial Employees, May 2002

take every possible measure to remove the hassles faced by the home care workers. The usage of joint conformity (agreement) by the unions helps to maintain impartiality among the workers and stringent actions are taken if the employees do not act according to the policy. The role of the financial system in developing the home care sectors must not be underestimated. In fact, there is a direct relationship between the financial system and the supply of casual assistance. If the position of the financial sector is not strong, the need for such casual workers is felt to a great extent. Although, with regard to the prevailing declining birth rate of Canadians, there is a great need for home care services because the elderly often do not have anyone else to take care of them in a special manner.

Over the past several years numerous discussions have taken place regarding the future directions of the health care system, but in this dialogue a key point has been overlooked. This is with regard to the workforce strategy and business connotation of privatization. With regard to the classification of home care services, certain provinces may have the provision of services from the public sector, whereas other provinces may seek the agreemental model. There is enormous pressure on the development of private sectors to increase the profit-making capacity of the health care organizations. The main precept of private health care services is profit making. The experiences of Australia, New Zealand and British Columbia indicated that the alliance of public and private sectors only adds to the overall cost of operating. It should be noted at this point that for the most part, unions are not affected by privatization.

4.2 Volunteers

The role of volunteers, including informal caregivers such a family members and friends, must be explored as these individuals play an important part in the success of the home care industry in Canada. There is a concern that greater expectation and responsibility has been heaped on volunteers for the sake of cutting costs.[74] The danger here is that the volunteer may not have the necessary skills and experience which puts the client and the service providers at risk. The entire co-ordination of using volunteers which includes recruiting, training, recognition and retention as a means to complement the services of trained staff is an issue all on its own.

As family members are faced with providing additional care and assistance, they may often be unprepared or equipped to handle the changing needs and will find that there are insufficient resources and funds to meet their needs. [75]

Roy Romanow, who was commissioned by the Federal government to examine heath care in Canada, recognized the integral role that family and informal caregivers play in the delivery of home care. He notes that care for those in need is often a joint effort between these two types of caregivers, but that caregiver burden is increasing nation-wide. The delivery of home care is a national responsibility that goes beyond the scope of health care and Romanow suggests policy redevelopment in areas such as

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74 Hollander, M.J. and Tessaro, A. Evaluation of the maintenance and preventive model of home care (Ottawa: Home Care/ Pharmaceuticals Division, Policy and Communication Branch, Health Canada, 2001.)

75 Keefe, Janice and Fancey, Pamela. Home Care in Canada: An Analysis of Emerging Human Resource Issues. Halifax: Department of Gerontology, Mount St. Vincent University. (1998)

employment insurance to assist with financial support for informal caregivers while a national human resources plan for home care gets established. It has been estimated that the combined value of services provided by volunteers and informal caregivers is estimated at between $20 and $30 billion, or 10% of total home care spending.[76]

4.3 Information & Technology

More comprehensive training of the home care industry and the utilization of new technologies is needed to promote the delivery of services throughout society, i.e., patients making use of services like home-based dialysis in the comfort of their home. The demand for large divisions of service per patient and a specialized workforce is felt to a great extent with the advent of various technological changes. There is an anxiety that proper financial support will not be provided to miscellaneous home care services if attention is given only to intricate ones.

Where there is a lack of proper informational facilities and communication taking place amongst the doctor's workplace, hospices and community care sectors a great deal of delay is caused and becomes another area where funds are wasted. The current statistics show that the content is often inadequate to find out a suitable degree of care to those individuals who are at their residences.

76 Building on Values: The Future of Health Care in Canada – Final Report. Roy J. Romanow, Commissioner. November 2002.

At present various opportunities are present to have enhanced Information and Communication Technology (ICT). In doing so, the prevailing differences in data gathering functions across provinces/territories will become more consistent. The need for improved ICT has been felt to a great extent because there is no common assessment tool to compare data. There are certain key factors for home and community care centers across Canada: significance and application, the ability to enhance home and community care services with regard to the necessity of the customers, the ability to develop understanding between the provinces and territories, potential to set up paramount methods and develop demonstration ventures, capability to have a say in the maintainability of the health sectors, proficiency to concentrate on services in the countryside areas, and capability to magnetize relevant help for the issue under concern.[77]

4.4 Policies

Canada does not have a home care program at a national level. There is an absence of unions at the provincial and territorial levels due to variations in administration within the home care industry. But this absence should not act as a barrier to develop a sustainable home care program that is entwined with the prevailing continuing care programs. In this aspect, the increment of financial resources is becoming an increasing need. The idea of providing public insurance to home care services by the federal government is indeed appreciable. If the federal government is to have constant participation in the success of the home care services, then the

77 Strengthening home and community care across Canada: A collaborative strategy, Report to the Annual Premiers' Conference August 2002

provisions of public insurance should be laid down properly. Important monetary considerations should be carried out as well.

Various proposals have been put forward to develop services and systems in home care. This has been done by the Canadian Home Care Association (2001), the Canadian Association for Community Care and the Canadian Home Care Association (2001), Hollander and Walker (1998), as well as in characteristic work done for the Annual Premiers Conference in the Fall of 2002 to elongate the longevity of home care services. The proposals are comprised of the following points: 1) developing a distinct point of contact for both home care and residential services. 2) synchronized evaluation and appointment at the system stage to make certain that there is a suitable evaluation of the customer's needs, including a care policy should be developed the deal with the above-mentioned requirements. 3) There should be recognized connections among primary care doctors, severe care hospices, housing alternatives, enduring care facilities and the case management tasks in the home care sector. 4) There is need for development of harmonized information systems to provide a helping hand to these connections. 5) a reliable customer categorization model that permits a comparative study of the customers. This comparison is done with regard to the service delivery factors and diversification is made according to the degree of care. 6) Establish guidelines that promote the delivery system with regard to its returns irrespective of the location of service. Added to this, there should be constancy for patients with regard to cost-effectiveness and 7)developing methods that allow the involvement of home care

and community care sectors at the health care system stage as well as the neighbourhood or regional managerial arrangements.[78]

It is understood that the guidelines and planning perspectives regarding home care development are not balanced even though certain legislative policies have affected premature hospital discharge and a broader scope of home care. The irony is that community care organizations were mainly viewed from the angle of competition by the major portion of legislatures in Canada. In this aspect, these legislatures failed to rear the community sectors in a systematic manner. The main objective of the governments has always been cost-effectiveness regardless of its long-term effect. Since there is a dire need to rectify the current environment of home and community care across Canada, the focus should be on the prime quarters of interest where the governments should design fresh guidelines and employ resources.[79] It is important to note that there are no policies or systems in place within the home care industry in Canada that allow for a methodical evaluation regarding its availability nation wide.

As said before, of a wide range of variety in the home care services provided by the provinces and territories, there is also a deficiency of common standards and tools to assess the functioning of the home care services. There should be no friction existing in the home care sectors so that the action of the patients shifting between different levels of care is reduced to a great extent. The gyration between various levels of care may

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78 Strengthening home and community care across Canada: A collaborative strategy, Report to the Annual Premiers' Conference August 2002

79 Synthesis Report. Final Report of the National Evaluation of Home Care Marcus Hollander, Ph.D., Neena Chappell, Citation. Hollander, M., & Cheppell N (2002)

lead to counterbalance of accumulations profited from home care. However, it can also be disadvantageous in the sense that people who have moderately insignificant diseases are treated in the hospices with more cost when they could have sought home care services in the leisure of their home at relatively smaller costs. In this context, the provincial and territorial Premiers have acknowledged the requirement to combine home care with the comprehensive longevity of care services.

4.5 Aboriginal Groups

Canada's FN&I is one home care service industry which carries out the basic services. The 1999 Canadian Federal Budget granted permission to FN&I to provide home care services with the assistance of other courses of similar kind.[80] The FN&I deal with particular matters that are expected to be part and parcel of the home care industry. Here it is to be noted that the life term is smaller compared to other sections of the populace. Although, with regard to this life rate, the elderly population of FN&I are considered to be 55 years or older. Inside FN&I itself, ailments are double the rate compared to other societies. For example, the occurrence of diabetes among the FN&I people is more than three times that of other segments. The fact is that the particular wants of the FN&I population are not even considered. After a long time, the FN&I are just now on their initial stage of allowing external services where before they were fulfilling only the requirements from the families.

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80 Canadian Home Care Human Resources Study. Phase I Report. February 2002

4.6 Other Problems/Issues

The shifting of location from hospitals to home has indeed increased the responsibility of the private sector and the day is not very far off when the latter will manage the setting of home care services. But this involves restructuring of health expenditure from the public sector to the private ones. There has always been a debate as to the allocation of cost between the public and private sectors.[81] Moreover, there are plans of allotting the expenditures fully to the private sector. The CHA and Social Transfer Act are the key forces that are manipulating the operations of those services that are set up for an extensive period. The home care programs come under the purview of the *Continuing Care Act* and *Community Care Facility Act* in British Columbia and various other miscellaneous acts, but accountability is not yet effectively implemented in home care sectors due to lack of systematic standards and pointers.[82]

For the home care services industry, there are significant discrepancies in funding and payment structures. Some examples of the problems created by insufficient funds include the inability to provide more than one employee to carry out services which may put the employee at risk for their own safety when dealing with those clients who exhibit more serious health problems, i.e., alcohol, verbal or physical abuse, mental health issues, etc. Another may be a cut in the amount of time/hours assigned to clients. Home care services are generally not accepted as being on par with hospital

81 Synthesis Report. Final Report of the National Evaluation of Home Care Marcus Hollander, Ph.D., Neena Chappell, Citation. Hollander, M., & Chappell N (2002)

82 Canadian Home Care Human Resources Study. Phase I Report. February 2002

care services; however, home care services require the same amount of managerial and organizational proficiency.[83]

83 Hollander, M.J. and Tessaro, A. Evaluation of the maintenance and preventive model of home care (Ottawa: Home Care/ Pharmaceuticals Division, Policy and Communication Branch, Health Canada, 2001.)

5.0 SOLUTIONS/RECOMMENDATIONS

This chapter will suggest solutions and recommendations to several of the problems and issues discussed in the previous chapter.

5.1 Human Resources

Compensation and benefits packages for publicly financed home care employees should be on par with those provided by hospitals so that the enormous costs of recruitment and retention of employees are mitigated by equal and fair wages nationally.[84] To avoid this demarcation for example, the Province of Quebec took steps to include the workers of the home care industry into the family of health care. Here, there is no partiality in terms of payments and standards are set in such a way that workers receive the same salary as those provided in hospitals. However, most other provinces have not yet implemented this practical labour strategy leading to inconsistencies and lack of standards on a nation-wide level.[85]

Equally important to the improvement of compensation is adequate and ongoing training. Training must be given to people in a systematic manner and care should be

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84 Hollander, M.J. and Tessaro, A. Evaluation of the maintenance and preventive model of home care (Ottawa: Home Care/ Pharmaceuticals Division, Policy and Communication Branch, Health Canada, 2001.)

85 Hollander, M.J. and Tessaro, A. Evaluation of the maintenance and preventive model of home care (Ottawa: Home Care/ Pharmaceuticals Division, Policy and Communication Branch, Health Canada, 2001.)

taken that the work extracted is in sync with the pay.[86] The Province of Manitoba, with the help of their Ministry of Labour, is taking efforts to develop a policy regarding the safety of the workers. This is another example of one Province taking steps that are not necessarily standard on a nation-wide basis.

The home care workers must realize that they are fulfilling a vision, which was only a fantasy just a few years ago. Now that the home care sector is shattering the barriers to effective service through their impeccable strategic planning and delivery all we need at this point in time is the right spirit to fully develop the home care sectors across Canada.

The need to develop the community sector as the most sought-after place where health care specialists and support workers feel at ease is of the utmost importance. This can be done by employing more funds in training, designing suitable standards and maintaining a proper payment structure. The existing policies mainly focus on the competitive aspect of the home care industry.[87] If this remains the case in the long-term, it will be very tedious to sustain a labour force to provide care services to patients at the comfort of their homes. For this, technological ventures should be made with a view to trim down replication, exhausted trials and expenses.

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86 Canadian Home Care Human Resources Study. Phase I Report. February 2002

87 Commission on the Future of Health Care in Canada, From the Alberta Union of Provincial Employees, May 2002

Since home care services are provided at the residence of the client, systematic training should be given to the caregivers. This training should be provided in such a way that it is highly professional. Those workers who are not specialized in their services should be given further training and decentralization should be encouraged. Romanow suggests the centralized use of trained case managers as the key access point into the system to ensure the co-ordination of appropriately trained personnel to fit the needs of the client. [88] The federal/provincial/territorial statutes and/or regulations should be diplomatic in this aspect. There should be a clear bridge between the health care sectors so that information is transferred in a reliable and timely manner.

5.2 Volunteers

The informal helpers like families and friends, relatives, and neighbours have to be mobilized through encouragement and recognition. These sort of social support systems have to be built with a lot of care and devotion. They must all be directed toward the common goal of getting the patient better and able to remain a part of the community for a longer period of time. Using volunteers does not and should not devalue the role of nurses and other support workers as they are essential if we are to take the system to a successful goal. However, their role will be to take care of the more complex patients, and take care of less acute cases in the nursing homes.[89] Significant support will be needed for these informal caregivers who are constantly struggling with

88 Building on Values: The Future of Health Care in Canada – Final Report. Roy J. Romanow, Commissioner. November 2002.

89 Simpson, J. "Where's a nurse when you need one?" The Globe and Mail, February 25. (1999)

moral and ethical issues around providing care to a family member or friend and their own personal values of balancing their lives predominantly with families of their own.

Romanow recommends to the federal government that a new national program should be established through Employment Insurance to provide direct financial support to informal caregivers. Additionally other caregiver supports such as tax breaks, job protection, caregiver leave and respite are recommended.[90]

Recruitment of volunteers should not be done at the expense of the requirements for clients. This is recommended because home care programs should not be in the business of recruiting volunteers in bulk, or for the sake of saving costs. The home care industry's primary focus should remain customer and service-orientated and ensure that sufficient and qualified paid staff is available to meet the needs of its clients.

5.3 Information & Technology

The functions played by technology in the home care industry are steadily increasing. Just like tele-shopping, tele-home care is also gaining momentum.[91] The patient, after being discharged from the hospital, can make use of various medical or lifestyle equipment at his/her residence. In this aspect, home care can surely outplay

90 Building on Values: The Future of Health Care in Canada – Final Report. Roy J. Romanow, Commissioner. November 2002.

91 Home Care – When Will the Information Age Arrive? Canadian Journal of Nursing Administration. 1998, 11(4)

the technical feasibility of hospital care if it concentrates on developing reserves as good as in hospitals. [92] The usage of laptops in the home care sectors is increasing to a great extent and this should be addressed through the development of technology. With the growing necessity for these laptops, the need for financial aid is increasing simultaneously. Hereto, governments must adopt the necessary policies that will lead to the improvement of technology for the overall development of the home care industry.[93]

In this context, the federal/provincial legislatures must institute guidelines in a way that individuals can look forward to a justifiable and suitable degree of care at the comfort of their homes.[94] This is done after the patients are released from the hospices or after their ailment has alleviated. It should be noted that the above-mentioned guidelines should be keen on motivating not-for-profit institutes to expand open-handed services that help individuals who are not qualified or for that matter who cannot afford for such services.

Home care has been in the news for many decades and it cannot be constricted to a particular system. It can be considered as cutting, edge but not necessarily a chief health service. Added to this, it is an inimitable merger of health and non-medical support services. Thus a management information system must be maintained all over Canada so that the provinces can weigh their resources with that of others. Moreover,

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92 Strengthening home and community care across Canada: A collaborative strategy, Report to the Annual Premiers' Conference August 2002

93 Canadian Home Care Human Resources Study. Phase I Report. February 2002

94 Health Canada, Policy and Consultation Branch. Public Home Care Expenditures in Canada 1975-76 to 1997-98 (Fact Sheets, March). Ottawa: Minister of Public Works and Government Services (1998)http://www.homecarestudy.com/overview/ - 2

they can evaluate the rapport of home care with that of miscellaneous health care services. The higher-ranking policy-makers must deal with the matter of home care yardsticks where they can be evaluated as to who is held accountable for administering the standards. This system should be able to measure the workload, results achieved at the client's end, the service utilization achieved, and client satisfaction. The federal government should also invest in home care, making it as a part of the fiscal dividend for the purpose of setting up a national home care system.

5.4 Policies

A balance should be maintained between the cost and revenue. Hence, with regard to the provision of home care services there has been internal questioning between the federal and provincial governments in Canada.[95] To attain consistency in home care services, universal national criteria for home care must be developed. This will help in formulating policies in a broad range of inter-related areas. Common evaluation benchmarks should be maintained so that standardized services are provided. The home care services should be comprehensive in nature and geographical barriers should be removed. If individuals are suffering from acute illness, then self-governed options should be provided.

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95 Quality Management in Long Term Care – Here to Stay? Long Term Care. 1998, November/December

It is time that the federal and provincial governments consider a national home care program that nurtures the justifiable treatment of all masses across Canada.[96] The need of a national home care program is felt to a great extent because the requirements of the client can be the focal determinant of service rather than the location. A comprehensive national home care program can reduce sliding scale effect and help in establishing a long-term home care community. Since the sliding scale effect on support services often provokes the use of more expensive care options, efforts should be taken to cultivate a widespread national home care program that provides policy or direction to mitigate overuse. Moreover, the existing friction between case managers and service workers should be dealt with. By having case managers who are the central access point to assessing individual clients and assigning appropriate home care providers, a more consistent approach can be taken to ensure effective provision of care. The adoption of policies that delineate services that both formal and informal caregivers provide will allow for more efficient allocation of resources and eliminate bias throughout the system. An all-inclusive, systematic and convincing home care administration system will advocate setting of standards at a national level. Apt financial resources, human resource administration and public awareness by all Canadians will improve home care services.

The establishment of a nationalized home care model is essential and this system should contain the following features: 1) it should be publicly aided, publicly monitored and serviced. 2) comprised of community support services that harmonize with medical provisions. 3) the services should be provided by an exemplary group of

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96 Federal/Provincial/Territorial Subcommittee on Long Term Care. Report on Home Care. Ottawa: Health and Welfare Canada, (1990)

providers who act on behalf of the home care organizations. 4) this efficiency should be implemented at both the work setting and the legislative level and 5) the payment structure should be justifiable for the geographical area of work and take into consideration the areas cost of living and civilized working environments should be maintained.[97] It is important to note that policy development towards a national home care platform must consider the fiscal and feasibility issues around the provision of home care in rural areas. Again, a standard must be set outlining nationally available program content that is publicly funded, what services will be provided by informal caregivers, what services must be purchased by the customer and how this national program will fairly and adequately allocate financial resources to areas with reduced human resources and limited other services.

The development of a national forum for home care services should not prove to be a hindrance to the provision of fundamental services by the provinces, territories and other legislation to fulfil the requirements of their respective area. For instance, if home care services were enveloped under the purview of CHA, the provinces would have to govern it on the basis of the CHA's five guidelines: Public administration, comprehensiveness, universality, portability and accessibility. These five principles assure superior quality even though this is done at the cost of more investments. By ensuring continuity of services across the provinces, disparity in minimized and the public will receive equal services for equal need. The costs of these services should continue to be managed by the province or health authority and either of these allocators

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97 Health Canada. Report on Home Care (prepared by the Federal/Provincial/Territorial Working Group on Home Care, A Working Group of the Federal/Provincial/Territorial Subcommittee on Long Term Care), 1990, p. 2

should be open to learning from other areas across Canada that have been successful in the implementation and delivery of home care services.

There should be a group policy maintained by all the legislations across Canada so that cost-effectiveness is improved and studies are carried out in a complacent manner.[98] It is necessary to amalgamate the services of home care sectors all over Canada and geographical constraints should be removed. If at all possible, a uniform procedure would help in maintaining parity of specialized and support services. CARP's report on home care made in 2001 provided various tips and recommendations to enhance the home care services in Canada. The main issue of Canadian home care services is that it is a system formed by default. Rather, there is a need to develop a home care system that is formed by design.[99]

The system also needs to change its analysis of the people who avail of these services. Through the adoption of a nationally accepted assessment and classification system, a more objective assessment of the client, despite need, location, family involvement or financial status, can be undertaken. Each new generation of elderly has different preferences and needs therefore the continuing care system must constantly evolve and reflect these changes.[100] Probably the most important and immediate change will be to take care of the "baby boomers". Like all elderly, they must be in a system

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98 Comparative cost analysis of home care and residential care services. A Report prepared for the Health Transition Fund, Health Canada, National Evaluation of the Cost-Effectiveness of Home Care, November 1999

99 CARP's report card on home care in Canada 2001: executive summary: home care by default not by design / Karen Parent and Malcolm Anderson, with William Gleberzon and Judy Cutler. Toronto: CARP, (2001)

100 Communique, National Advisory Council on Aging, 1988-02E

where they can age gracefully in the community; however, their expectations may be greater than that of any generation before them. The system will have to become focused on the people they serve most. The reports sent by this system should go beyond mere turf battles between stakeholders in health, social service and housing as the changes will not only be a health system change. It will be vital that all stakeholders have their say – provincial government, federal government, territorial government, municipalities, the professional organizations providing these services and the general public – the consumer in particular will demand it.

The home care system must be expanded in scope and facilities. It needs to evolve a broader system of community care. New services are needed, such as meals on wheels, transportation of people and goods, providing companions, formation of self-help groups, treatment and check-up centers.

The Provincial Premiers and territorial leaders had a meeting regarding the key issues faced by their health care systems during January 2002. They decided upon a collaborative strategy and focused on improving the top issues of concern. Since continuing care is gaining importance, they came to a conclusion that they were strengthening the outlays in that sector. During the discussion, the Premiers unanimously agreed that they are concentrating more on home and community care systems by increasing their funds.[101]

The Premiers discussed the following points: 1) investigate alternatives to offer guidance to the care workers and family members of the ailed person. 2) to bring into spotlight methods that can enlarge the implementation of technology with the help of telehealth expertise that can be used in home and societal locations. 3) prop up co-operation between home and community care and housing providers to design novel and reasonably priced supportive livelihood. In addition to this, miscellaneous facility contracts should be developed. 4) investigate methods that will enhance the longevity of care for home care customers by boosting harmonization and connections between home caregivers and other health care workers. 5) the Premiers decided to work as a team to recognize frequently used data fundamentals across provinces and territories that would prop up reliable categorization of home care patients. 6) permit a comparative analysis of home and community care services followed by the outputs. 7) set a path for efficient research and proof-oriented decision making and 8) offer significant connections to other locations and degrees of care.[102]

Further, the effectiveness, profit-volume ratio and the excellence of care services are impeded in cases where there is linkage between the public case management aspect of home care and the private service provision aspect. It should not be taken for granted that home care programs should load the spaces in public health services. A considerable portion of the financial surplus should be employed by the federal government to develop a secure, contactable, manageable, publicly monitored national home care program. This program should be completely combined with the universal

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101 Strengthening home and community care across Canada: A collaborative strategy, Report to the Annual Premiers' Conference August 2002

102 Strengthening home and community care across Canada: A collaborative strategy, Report to the Annual Premiers' Conference August 2002

Medicare model of Canada and it should be similar through all provinces. When policies are developed at the provincial level, efforts should be taken to evaluate legislation. In this aspect, the part played by the policy-makers (at the provincial level) as well as by the regional sector should be reviewed.[103] Keeping in mind the above-mentioned facts, the policy-makers can restructure the primary care sector as need be. It is quite evident that the provincial government should consult all stakeholders with the home care system, so that all of them will be able to put forward their own opinions and concerns that they may have. The only way that this consultation process will work is if takes place prior to the enactment of any legislation or regulation that relates to the home care industry.

The CHA should cover the services offered in the home which provide an alternative to hospital services while cutting down costs. Coverage under the CHA would also be supporting the current trend of more care at home, while ensuring that better medical service care at home spread out to all over the country. This coverage should include case management, health professional services and medication management. The home care should be permitted for a maximum of 14 days after release from the hospital in acute cases. If patient rehabilitation is needed, in specific cases, it may even be permitted up to a maximum of 28 days.[104] Since its foundation in 1984, the CHA played a vital role in the development of the home care industry. The CHA has given rights to the home care provided by the physicians. Basically, the CHA pertains to a smaller portion of health expenditure.

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103 Ross, Lillian. Executive Summary: Based on the Final Report: Canadian Home Care Data Collection. Ottawa: Health Canada. (1998)

104 Quality Management in Long Term Care – Here to Stay? Long Term Care. 1998, November/December

5.5 Aboriginal Groups

The Department of Indian Affairs and Northern Development (DIAND) mainly provide the financial aid for long-term care services. If there is transfer from severe care services to home care services, it requires a massive investment in those services provided by the society. The federal budget prepared for 1999 permitted programs such as FN&I Home and Community Care initiative that act as a bridge between the federal-based home care services and other similar programs. It also focuses on offering advanced services for the senior citizens, those who are physically handicapped, and those who are suffering from severe illness and those who need severe care for a small period of time.[105]

5.6 Other Recommendations/Solutions

Policy-makers must deal with existing and upcoming workforce concerns that are influencing institution and delivery process of home care sessions. Provincial administrators must act as a person in authority to join forces with hospices and home care administrators to deal with the compositional and universal matters that hamper the finest utilization of resources. In cases where assessments are made to integrate an

105 Canadian Home Care Human Resources Study. Phase I Report. February 2002

improvement into the customary programs, the regional and home care administrators must be vigilant enough in spotting out the probable "losers".[106]

For the home care services to be efficient and effective in the long term, it should focus on certain factors, like removing the necessity for care services in a hospice or facility-based care services, supplying precautionary drugs, acting as a supportive system by lightening the pressure of caregivers, and motivating the client to get involved in the activities. Home and community care could thus be considered as the provision of health care, community and social support programs that enable individuals to receive care at home and/or live as independently as possible in the community.

Since the maintenance of home care services is complicated, the provinces and territories must take collective and collaborative measures to simplify their processes. There are even certain areas in Canada (e.g. Quebec) where home care and community care is considered as primary health services. There should be a bridge between home and community care services in such a way that the clients are provided facilities at a rate at which they can afford. The idea of public-private affiliation has been in the air for a long time and in this aspect efforts should be taken to evaluate the profit attained through concept. Since the non-availability of data is a problem, research in the area of home care services should be encouraged.

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106 Hollander, M.J. and Tessaro, A. Evaluation of the maintenance and preventive model of home care (Ottawa: Home Care/ Pharmaceuticals Division, Policy and Communication Branch, Health Canada, 2001.)

It is possible for home care to change the entire system of health care by introducing innovations in its operation. It can reach practically all its clients with timely health information and care. The lesson to be learned here is that, for any institution to maintain its success in the long run, it has to be diplomatic enough to maintain a proper link between the consumers and those who provide the services.

The alliance between various home care programs should be considered as a key issue in the development of home care services. Now that the nation itself is considering ways of improving the functioning of the home care system, the Canadian home care industry should prove to be up to the challenge.

6.0 CONCLUSION

The momentous changes in the Canadian health care system have necessitated the growing demand for home care industry. Since home care comes under the purview of health care, any change in the structuring of the latter will have a deep-rooted effect on the former. Noteworthy improvements in the medical field have paved way to the uprising of various home care services in Canada.

A national home care system would benefit both existing and potential clients tremendously. It would also free a large number of beds in hospitals and other facilities or institutions that currently provide care. The resources of the health care systems would be more effectively utilized. Money would also be saved as the costs of home care have been seen to be much lower than hospital treatment. A national home care system that prescribes to the five main principles will provide the dignity, comfort and respect to the aging population of Canada. It has all the elements to improve the quality of life for the individual.

The well being of the public should be the main criterion and it should be seen that there is an adequate return for the outlay. If the problems and issues that have been discussed are resolved, either by taking into consideration the suggested recommendations or by some other successful means, then there will be long-term benefits for the Canadian home care industry and more importantly, the clients who may one day rely on this service, will gain.

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