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Réseau canadien de recherche pour
les soins dans la communauté

Leading knowledge exchange on home and community care

Balance of Care – Policy Implications for Aging in Place

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Presented to Alzheimer Knowledge Exchange, September 11, 2009

The CRNCC is funded by the SSHRC and Ryerson University

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Research Council of Canada



Presentation Outline

- Quiz
- Acknowledgements
- Balance of Care Summary
- Comparative Findings
- Discussion
- Insights & Implications



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Acknowledgements

- Research Partners in 9 Regions of Ontario
 - CCAC Senior Management & Decision Support Teams
 - LHIN Staff
 - BoC Steering Committees and Expert Panels

- Balance of Care Research Group
 - Raisa Deber, Janet Lum, Karen Spalding, Walter Wodchis
 - Kerry Kuluski, Frances Morton, Jillian Watkins, Ali Peckham

- Funders
 - CIHR Team in Community Care and Health Human Resources
 - MoHLTC

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Growing and Credible Evidence

- A growing body of international research suggests that Home & Community Care can play an important role in maintaining the health, well-being and autonomy of individuals and caregivers, while moderating demand for more costly emergency, hospital and long-term care beds when:
 - Targeted
 - Case managed
 - Integrated into the broader continuum

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Targeted, Integrated, Managed Care



Kaiser Permanente Triangle

Source: UK Department of Health (2005)

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Balance of Care

Personal Social Services Research Unit (PSSRU),
University of Manchester

- Balance of Care (BoC) aims to determine most appropriate mix of institutional and community resources needed at the local level to meet the needs of an aging population

Source: Dr. David Challis -- go to www.CRNCC.ca

Balance of Care: Key Assumptions

What determines optimal balance of residential LTC and H&CC at the local level?

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

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Upward & Downward Substitution

- Upward substitution
 - Failure to access “lower level” supports (e.g., transportation or nutrition) results in utilization of “higher level,” more costly, health care (e.g., LTC or hospital bed)
- Downward substitution
 - Appropriate access to “lower level” community supports avoids or delays health care utilization

LTC Wait Lists

▪ Waterloo	811
▪ Toronto Central	1684
▪ Central	2631
▪ North West	860
▪ North East	1500
▪ South West	2876
▪ Central West	725
▪ North Simcoe Muskoka	1758
▪ Champlain	3724

*How many wait-listed individuals could be diverted safely,
cost-effectively to home & community*

Comparative Findings: Cognition

Cognitive Performance Scale

Short term memory, cognitive skills for decision-making, expressive communication, eating self-performance

	Waterloo	Toronto	Central West	Central	NSM
Intact	43%	48%	33%	38%	43%
Not Intact	57%	52%	67%	62%	57%
Total	1100	1684	725	2631	1768

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Comparative Findings: ADL

Self-Performance Hierarchy Scale

Eating, personal hygiene, locomotion, toilet use

	Waterloo	Toronto	Central West	Central	NSM
Low Difficulty	53%	43%	34%	41%	52%
Medium Difficulty	28%	28%	25%	29%	27%
High Difficulty	19%	29%	41%	30%	21%

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Comparative Findings: IADL

IADL Difficulty Scale

Meal preparation, housekeeping, phone use, medication management

	Waterloo	Toronto	Central West	Central	NSM
Low Difficulty	2%	3%	1%	1%	2%
Medium Difficulty	32%	32%	26%	25%	32%
High Difficulty	66%	65%	73%	74%	66%

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Comparative Findings: Caregiver Living with Client?

	Waterloo	Toronto	Central West	Central	NSM
Yes	46%	35%	56%	55%	45%
No	54%	65%	44%	45%	55%

South West Sub-Groups: First 14 of 36

Sub-Group	Cognition	ADL Difficulty	IADL Difficulty	Live with Caregiver?	Frequency (Percent)
1-Appleton	Intact	Low	Low	Yes	4 (0.1)
2-Bruni	Intact	Low	Low	No	11 (0.4)
3-Copper	Intact	Low	Medium	Yes	92 (3.2)
4-Davis	Intact	Low	Medium	No	331 (11.5)
5-Eggerton	Intact	Low	High	Yes	41 (1.4)
6-Fanshaw	Intact	Low	High	No	116 (4.0)
7-Grimsby	Intact	Medium	Low	Yes	0 (0.0)
8-Hamilton	Intact	Medium	Low	No	1 (0.0)
9-Islington	Intact	Medium	Medium	Yes	39 (1.4)
10-Jones	Intact	Medium	Medium	No	60 (2.1)
11-Kringle	Intact	Medium	High	Yes	64 (2.2)
12-Lambert	Intact	Medium	High	No	102 (3.5)
13-Moore	Intact	High	Low	Yes	0
14-Nickerson	Intact	High	Low	No	0

South West Sub-Groups: Middle 15 – 28

Sub-Group	Cognition	ADL Difficulty	IADL Difficulty	Live with Caregiver?	Frequency (Percent)
15-Opus	Intact	High	Medium	Yes	15 (0.5)
16-Pringle	Intact	High	Medium	No	13 (0.5)
17-Quinn	Intact	High	High	Yes	76 (2.6)
18-Rogers	Intact	High	High	No	87(3.0)
19-Smith	Not Intact	Low	Low	Yes	4 (0.1)
20-Thompson	Not Intact	Low	Low	No	3 (0.1)
21-Upperton	Not Intact	Low	Medium	Yes	74 (2.6)
22-Vega	Not Intact	Low	Medium	No	162 (5.6)
23-Wong	Not Intact	Low	High	Yes	139 (4.8)
24-Xavier	Not Intact	Low	High	No	255 (8.9)
25-Yeung	Not Intact	Medium	Low	Yes	0
26-Zeleny	Not Intact	Medium	Low	No	1 (0.0)
27-A. Armour	Not Intact	Medium	Medium	Yes	16 (0.6)
28-B. Biloski	Not Intact	Medium	Medium	No	33 (1.1)

South West Sub-Groups: Last 8 of 36

Sub-Group	Confiton	ADL Difficulty	IADL Difficulty	Live with Caregiver?	Frequency (Percent)
29- C. Cameron	Not Intact	Medium	High	Yes	264 (9.2)
30-D. Daniels	Not Intact	Medium	High	No	303 (10.5)
31-E. Edwards	Not Intact	High	Low	Yes	0
32-F. Fish	Not Intact	High	Low	No	0
33-G. Gallo	Not Intact	High	Medium	Yes	5 (0.2)
34-H. Hogan	Not Intact	High	Medium	No	5 (0.2)
35-I. Innis	Not Intact	High	High	Yes	260 (9.0)
36-J. Johns	Not Intact	High	High	No	300 (10.4)

Total Number Wait Listed = 2,876
 Included in Analysis = 2,561 (89%)
 Number of Vignettes = 14

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No Goes

Sub-Group	Cognition	ADL Needs	IADL Needs	Live with Caregiver	Waterloo	Toronto Central	Central West	Central	NSM
D. Daniels	Not Intact	Medium	High	No	H&CC not a safe option		H&CC not a safe option		
I. Innis	Not Intact	High	High	Yes	H&CC not a safe option	H&CC not a safe option			
J. Johns	Not Intact	High	High	No	H&CC not a safe option	H&CC not a safe option	H&CC not a safe option	H&CC not a safe option	H&CC not a safe option

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Sample Vignette for Vega

- **Not** cognitively intact
- Functionally **independent in all ADLs** with the exception of bathing (limited assistance is required).
- Experiences **no** difficulty using the phone, some difficulty with meal preparation, and managing medications and **great** difficulty with transportation and housekeeping.
- **Not** have a live-in caregiver. The caregiver is an adult-child who lives outside of the home (provides advice/emotional support & assistance with IADLs).

Sample Vignette for Xavier

- **Not** cognitively intact.
- Requires **some** assistance with ADLs (independent in locomotion in the home, eating, personal hygiene and toileting; **extensive** assistance required with bathing).
- Experiences **some** difficulty using the phone and **great** difficulty with housekeeping, meal preparation, managing medications, and transportation.
- **Not** have a live-in caregiver. Xavier's caregiver is an adult child who lives outside the home (provides advice/emotional support & assistance with IADLs).

Sample H&CC Package for Xavier

Service	South West
Professional Services	
Case Management (CCAC) Education/navigation (client and caregiver)	Initial +follow-up (4 hrs.)
Geriatric Assessment Team (multi-disciplinary approach)	2 visits/13 wk timeframe
Occupational Therapist (home safety/ambulation assessment)	2 visits/13wks
Personal Care (bathing, medication monitoring/cueing)	2/week (1 hr)
Social Worker (replace with First Link)	2 visits
Community Support Services	
Adult Day Services for Dementia (w exercise & bath)	2 visits/week
Caregiver Support Group (First Link)	5 visits over 13wk
Caregiver Support Respite	5 hrs/week
Friendly Visiting (dementia trained)	2 hr/week
Home-Help/Homemaking	2 hr/week
Transportation (2-way return)	5/month
Life Line/Connect Care (recommend subsidy such that all receive option)	
Safely Home (Alz Wander Registry)	
CRNCC Canadian research network for care in the community	Note: Pharmacist education on meds management (client/caregiver) Free blister packs (recommended)

Divert Rates Summarized

	Divert: Line by Line	Divert: Supportive Housing	Cost Higher Than LTC	LTC Required
Waterloo	49%	N/A	26%	25%
Toronto	37%	46-53%	27%	20%
Central West	30%	TBD	52%	18%
Central	21- 25%*	27- 43%**	47% - 63%***	10%

*Includes Fanshaw with 6% cost premium

** Excludes I.Innis

***Excludes Fanshaw

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Insights: Opportunity Knocks

- Using conservative economics, BoC projects across Ontario estimate potential divert rates from 20%-50%

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Insights: People Are the Top Line

- BoC projects reveal deeply held belief that vulnerable people's lives can and should be improved
- Willingness to talk, work with colleagues across continuum
 - BoC as forum for “taking off institutional hats” and engaging in cross-sectoral thinking and action

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Insights: “Lower level” Needs Crucial

- IADLs top wait list drivers in all regions
 - Transportation, nutrition, housekeeping
- “Upward” to “downward” substitution
 - Barriers to accessing “lower level” services have often meant LTC (or hospitals) the default option
 - Copper: individuals requiring transportation and housekeeping slated for LTC

Insights: Service Capacity

- H&CC services have to be there
 - “Divert rates” assume capacity to provide needed H&CC
 - Access to H&CC particularly problematic in rural areas
 - Culturally appropriate services may not be available even within urban areas

Insights: Care Coordination

- Coordination/navigation crucial
 - Cognition, language, culture, inability to use phone, multiple services & providers create barriers for older persons and caregivers
 - Case managers work in partnership with older persons and their caregivers to build appropriate care packages, bridge formal/informal care
 - Clinical and financial accountability need to be combined

Insights: Caring for Caregivers

- Unit of care = individual and carer
 - Contrasts to acute care focus on individuals or body parts
 - Caregivers are themselves increasingly frail
 - Caregiver capacity/needs not included in measures such as MAPLe

Insights: Supportive Housing

- Considerable potential to enhance outcomes for individuals and system
- Many different shapes and sizes
 - Linked, de-linked SH
 - Also, attendant care, cluster care
 - Different cost structures, target groups
- BoC a framework to elaborate logic, make “apples-to-apples” comparisons

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Insights: Diversity

- Ethno-religious issues
 - (placement, choice of housing options, staff, volunteers, food, etc.)
- Language
 - (may need translator, linguistically appropriate services)



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