

Living Longer, Living Well

Highlights and Key Recommendations

From the Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to inform a Seniors Strategy for Ontario
Dr. Samir K. Sinha, MD, DPhil, FRCPC, Provincial Lead, Ontario's Seniors Strategy

The province's Provincial Seniors Strategy Expert Lead, Dr. Samir Sinha, has released a report making sweeping recommendations to better provide acute and continuing care to Ontario's seniors. It calls for better coordination of services, a patient focused approach and specific measures to address problems for seniors in their interaction with the formal health care system. Chief among these specific issues are access to primary care, acute and chronic care in the home, support for family caregivers and involvement of the broader social services and housing sector as part of the strategy. According to the report, all recommendations can be achieved without additional funding or resources.

Questions to consider locally:

1. Which recommendations can be acted upon within the next 12 months?
2. What community agencies will be impacted by the proposed directions?
3. Will our community (which has the highest proportion of seniors) be an appropriate pilot for the proposed enhanced service-delivery system?

Five Principles for a Seniors Strategy

1. Access
2. Equity
3. Choice
4. Value
5. Quality

Notable recommendations include:

1. Ensure all Older Ontarians can have a family doctor
2. Nursing homes to be community care hubs including short stay, home care and caregiver support
3. Education standards, registration and complaints process for Personal Services Workers
4. Launch Hospital at Home
5. Prioritize training in geriatrics and access to services

Positive Directions	Directions that are moving away from our existing system of inclusiveness	Directions that need more clarification – what do these mean?	Missing ingredients
<p>Increased awareness of services to help the elderly stay healthy and at home.</p> <p>Improved access to primary care, improved communication, team-based approach, house calls.</p> <p>Increase funding to home and community care by 4% this year and next.</p> <p>Increased respite, convalescent care.</p> <p>Nurse-led outreach teams for long-term care.</p> <p>A provincial working group of geriatricians, care of the elderly family physicians and specialist nurses, allied health professionals, and others to help develop a common provincial vision for the delivery of geriatric services and a prioritization plan to guide local staffing and funding of care models as resources become available.</p>	<p>In addition to the privatization of payment for home and community care recommended, there are other key privatization directions included in the recommendations.</p> <p>More means-testing (private payment) for the Ontario Drug Benefit program. (The report recommends the Ministry complete its move away from the ODB program for seniors to a full income-tested system rather than age-based system.)</p> <p>There is a recommendation to improve access to clinic-based physiotherapy. Clarification is required as to whether these clinics would be privately owned and operated or public, for-profit or non-profit. Additionally, clarification is needed as to whether this would be privately-paid physiotherapy or publicly-funded.</p> <p>There is a recommendation that long-term care homes be a home and community</p>	<p>Community Paramedicine</p> <p>Hospital at Home model</p> <p>Senior Friendly Hospitals approach</p> <p>Adoption of care transitions and standards as part of the Avoidable Hospitalization Advisory Panel’s recommendations – in the report titled <i>Enhancing the Continuum of Care</i>. Which recommendations?</p> <p>Undefined capacity planning to move people from long-term care homes to assisted living, home care or supportive housing. It is not clear what this means or how it is intended to be accomplished.</p> <p>The Ministry of Health and Long-Term Care should support its LHINs to leverage the</p>	<p>Many Ontarians already have insufficient home care, or in the worst cases, no access at all. There is no proposal to improve existing access to home care beyond already-announced funding.</p> <p>Ontarians currently do not have a clear right to access home care services and many patients continue to be offloaded from hospitals without adequate care in place due to funding shortfalls and staffing shortages.</p> <p>In recent months a number of Community Care Access Centres (government agencies responsible for the funding and provision of home care) have reported that</p>

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<p>Enhancing the range of palliative care settings available in their regions, including within a patient’s home, hospice, and institutional care settings as well.</p> <p>Clinical practice guidelines to reduce drug interactions.</p> <p>Full review of MedsCheck program to evaluate its efficacy.</p> <p>Promote awareness of respite and unpaid caregiver support programs.</p> <p>Awareness initiatives for elder abuse, though nothing concrete to support them.</p>	<p>care hub. How will these be defined and what services will they provide?</p>	<p>partnerships, momentum, and successes of their Behavioural Supports Ontario (BSO) Initiative to help define what core community geriatric mental health and addictions services need to be funded and delivered. Additionally, a standard approach to assessment, referral, and service delivery models needs to be developed and implemented within and across LHINs. Note: this proposal seems to adopt the dangerous “core service” approach, often a euphemism for cuts to needed health care services. It is not clear what is intended here.</p> <p>Aboriginal seniors’ care requires a process to consult on an aboriginal seniors strategy.</p> <p>A call for improved transportation</p> <p>Supports to modify homes to age in place.</p>	<p>they are wait-listing even high needs clients.</p> <p>Care is severely rationed leaving seniors with no option but to pay out-of-pocket or go without.</p> <p>According to the 2010 Provincial Auditor’s report, more than 10,000 Ontarians are on wait lists for home care. The Auditor further found that home care services are inequitable across Ontario and wait lists are inconsistently tracked, a situation that continues today.</p> <p>More than 20,000 Ontarians are waiting for placement in a long-term care home, according to Ministry of Health data, and Health Quality Ontario reports that wait times have quadrupled since 2005. Wait lists numbering</p>

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		<p>Alternative Funding for geriatricians</p> <p>Strengthen PSW registry</p> <p>Health, social, and community services providers streamline their assessment and referral processes in unspecified ways</p>	<p>20,000 or more have persisted since the late 1990s.</p> <p>The summary and recommendations released do not address the long wait lists for Ontarians who have already been assessed as needing long-term care home placement.</p> <p>The report fails to address longstanding problems such as: Ontario’s organized home care which is run through an expensive competitive bidding system that results in duplication and privatization; inadequate care levels in long-term care homes; the shortage of acute care and complex continuing care beds for seniors in hospitals; and, the ongoing cuts to and privatization of</p>

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			outpatient hospital services such as therapy services required by the elderly.

Source: Ontario Health Coalition www.ontariohealthcoalition.ca

What others are saying:

Canadian Association of Retired Persons (CARP)

"This is a robust set of recommendations that can turn the page on the state of seniors' care in Ontario and serve as a blueprint for other provinces. Some things are as simple as coordination of information and care. Other measures require proactive intervention such as promoting geriatrics training. Still others can increase care standards, such as accreditation for Personal Services Workers, without massive new funding or resources. All the recommendations hold promise. The next step is immediate implementation", said Susan Eng, VP, Advocacy for CARP. "The report takes direct aim at the core of Seniors' care today – access to primary care and home care, things our members cite time and again.", added Eng

Roy Brady, Peterborough Health Coalition re charging fees based on income to seniors for support services designed to keep them in their homes

"Health care services should be free...that's the universality of any service. It's one of the principles of the Canada Health Act. We're getting into a slippery slope that leads to privatization. They're going to be charging fees and that's not acceptable...(He) argued the problem with fees is they encourage service providers to take care of those who can afford it first...It rearranges the waiting list."

The Ontario Association of Community Care Access Centres (OACCAC)

"We commend Dr. Sinha for his thoughtful and insightful approach - listening carefully to the views of Ontario's seniors and their families," says Dan Burns CEO, Ontario Association of Community Care Access Centres (OACCAC). "We know seniors want to stay healthy and in their homes for as long as possible. To help make this happen, we must work together to promote seniors' health and independence and look for better ways to support the most vulnerable seniors in each community across Ontario."

Building strong partnerships with doctors, nurse practitioners, hospitals, pharmacists and many other health care professionals, and working in closely knit teams is essential for providing patients with more coordinated care. CCACs can help seniors understand their options and maintain their health and independence, avoiding unnecessary trips to hospital and ensuring seniors are safe and well cared for in their own home, only going to a Long-Term Care home when absolutely necessary.

Ontario Community Support Association

Some community services, including Meals On Wheels and those that do gardening and shovel snow for seniors, already charge a small fee to recoup a portion of their costs. These payments are based on the honour system rather than an analysis of a senior's income tax return, said Deborah Simon, chief executive officer of the Ontario Community Support Association. Ms. Simon said a more formal co-payment system would have to be done carefully to ensure that those most in need get access to services. "We want to ensure that no senior would be cut out of being able to have services by a co-payment system," she said. "Our interest is really in expanding services, not decreasing them."

Sources:

<http://www.carp.ca/2013/01/08/ontario-senior-care-strategy-bold-and-robust-blueprint-for-better-care-should-be-implemented-asap-carp/>

<http://www.theglobeandmail.com/news/national/ontario-turns-to-seniors-to-help-curb-care-costs/article7088197/>

<http://www.newswire.ca/en/story/1096509/community-care-access-centres-applaud-ontario-s-seniors-strategy-with-bold-recommendations-to-provide-better-care-to-older-adults>

Ontario Health Coalition www.ontariohealthcoalition.ca

Brendan Wedley, Peterborough Examiner, "At-home services for seniors should be free: advocate", January, 9, 2013

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