



VON CANADA

New Strategies for Health Care in the Home

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VON CANADA

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Presentation

- **Health Care in Canada: the new realities**
- **Challenges of home and community care in Canada**
- **How can we respond?**
 - **Social policy development**
 - **Innovations**
 - **Technology**

How do we move forward?



Health Care in Canada: The New Realities, the Home and Community Context



What are the overall objectives of any health care system?

- **Meet the needs of the people**
- **By providing quality, state of the science care and services**
- **In a responsible and sustainable manner (financially, equitable, across sectors, efficient, effective)**



The New Realities

But in Canada, like in many other OECD countries...

- **The needs, demands and values of people are changing**
- **The health system hasn't kept pace**
- **Funding is not appropriately targeted to meet the changing needs**



Needs, Demands and Values are Changing

- Canadians are living longer with more chronic diseases (i.e. diabetes).
 - Life expectancy has increased to 82.1 for women and 77.2 for men
 - But the leading health concerns today are more chronic than acute:
 - > than 2M (7%) Canadians have diabetes out of a population of 30M
 - > 70,000 Canadians die annually from heart disease
 - More need than ever before for disease management.



Needs, Demands and Values are Changing

- Increasing aging population – 9.9 million baby boomers (those born between 1947 and 1966) are now between 40 and 60 years of age
 - Huge population that will require chronic care and disease management
 - Costs of healthcare gradually rises over a person's 30s and 40s.
 - By their 60s and beyond, the cost of health care soars for both sexes.

(David K. Foot, Boom, Bust & Echo)



More Canadians wish to receive convalescent, rehabilitation, chronic, and palliative care **at home** rather than in an institutional setting (*Health Care in Canada, CIHI & Statistics Canada, 2000*)

- Between 1995-2000 there was a 140% increase in home care services (*Canadian Home Care Association, Jan 2003*)
- Palliative clients prefer to die at home, whenever possible, in the comfort of their own surroundings and with their family and loved ones close by

- Increasing obesity
- Poor mental health – children and youth



Health System Hasn't Kept Pace

- **Canada Health Act (CHA)**

- * Five principles of the Canada Health Act:

- *Public Administration*: the administration of the health care insurance plan of a province or territory must be carried out on a non-profit basis by a public authority;
 - *Comprehensiveness*: all **medically necessary services** provided by **hospitals and doctors** must be insured;
 - *Universality*: all insured persons in the province or territory must be entitled to public health insurance coverage on uniform terms and conditions;



Health System Hasn't Kept Pace

- *Portability*: coverage for ***insured services*** must be maintained when an insured person moves or travels within Canada or travels outside the country;
- *Accessibility*: reasonable access by insured persons to ***medically necessary hospital and physician services*** must be unimpeded by financial or other barriers.

CHA doesn't include a role for home care or community support services



Health System Hasn't Kept Pace

Home care is not considered an essential service under the Canada Health Act and therefore is not covered through our Medicare program.

Home and community care is not fully integrated with primary health care and is often left out of the circle of care.

The valuable role of the voluntary sector is not appropriately recognized or supported within the health system.



Health System Hasn't Kept Pace

- Even fairly recent recommendations by both the Romanow Commission and Kirby Committee – *to add limited **acute** home and community care to policy* - falls short of the increasing **chronic** care needs of Canadians
- The last FMM, the 10 year plan defines the attention for Home care as:
 - **Post acute**
 - **Mental health**
 - **End of life**



Health System Hasn't Kept Pace

- **Health Human Resources Crisis** – The estimated world wide shortage is almost 7 million doctors, midwives, nurses and support workers (WHO 2005)
- Impact of the health reforms of the 90's contributed to HHR shortage, increased wait lists, lower quality care.

With the system in the current state, we can't meet the expected increasing demand!



System not Appropriately Funded

- The current system cannot be sustained:
 - **TRUE OR FALSE**
- It will not be able to respond to the increasing use of health care, home and community care expected from the baby boomers



Home and community care in Canada



Home & Community Care in Canada

What is Home Care?

- no single definition of home care –it encompasses a wide range of health services delivered at home and throughout the community to recovering, disabled, chronically or terminally ill persons in need of medical, nursing, social or therapeutic treatment and/or assistance with the essential activities of daily living.
- Population Health
 - Consider all the determinants of health and factors that play a role in the health and well being of the client (family dynamic, home environment, etc.)



Home & Community Care

- Primary Health Care
 - Provide health promotion, disease prevention, curative, supportive and rehabilitative services
 - Nurse Practitioners are growing in numbers in rural areas and where a physician is not available
- Building Community Capacity
 - Collaborate with health, social, charitable and private agencies as active partners in community-building
 - Identify gaps in care and supports and work with partners to address these needs



Home & Community Care

Caregivers:

- As more and more care is shifted from hospitals and institutions into the homes and communities of Canadians, the role of care provider is often left up to family members, relatives, friends or neighbours.
- Today there are an estimated 3 million caregivers in Canada – who day in and day out provide care and support ranging from meal preparation and transportation to medicine administration and dressing changes.
- Caregivers provide more than 2 billion hours of caregiving, saving the Canadian health care system about \$5 billion each year.
- 700,000 Care Givers give 10 or more hours of care per week



Home & Community Care

- 50% of caregivers report health problems due to caregiving;
- 79% of caregivers report some emotional difficulty i.e. increased stress, sleep disturbances and other physical problems
- 25% of caregivers report their employment situation has been affected by their caregiving responsibilities; and,
- More than 2/3 of caregivers spend more than \$100/month on caregiving



Home & Community Care

Volunteers:

- Volunteers are vital in communities across Canada – often filling the gaps in care left by the government and health and social services organizations
- Canada boasts more than 6.5 million volunteers
- VON Canada has more than 15,000 volunteers who provide a range of services including the following:
 - administrative support
 - palliative volunteer visiting
 - Meals on Wheels
 - Transportation
 - Security Checks/Telephone Reassurance





Home & Community Care

Full spectrum of care – all ages and stages of life





Home & Community Care

Who receives home care?

- Largest proportion of clients are between 65-84 years old (37.4%-55.5%)
- Larger proportion of female than male (58.4% vs. 41.6%)

What are the living arrangements?

- Most common was living with a spouse (31.5%-45.3%)
- Up to a third of clients lived alone – this tended to increase with age

(CIHI, 2001 Final Project Report
Development of National Indicators
and Reports for Home Care)



Home & Community Care

Why is Home Care Growing so fast?

System Changes:

- Reduction in hospital beds
- Shorter length of stay
- Patients home quicker but still needing some level of care
- Increase in day surgeries – sending patients home with more complex care regimens
- Costs less than institutional care
- Chronic Disease



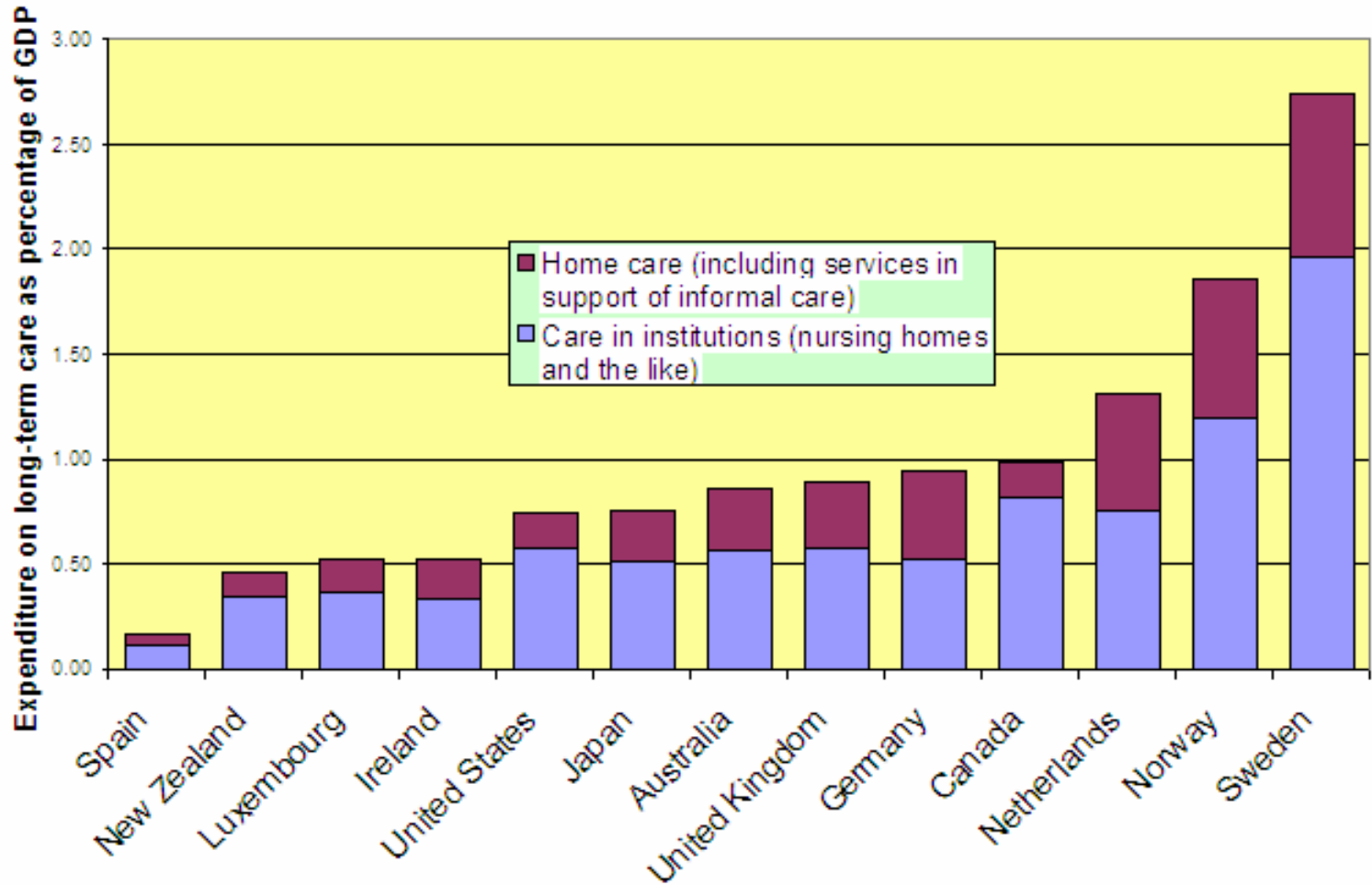
Home & Community Care

Technologies:

- **New technologies allow for more treatments to be done at home**
 - Dialysis
 - Intravenous infusion therapy
 - Ventilation
 - Medication delivery via ambulatory pump
 - Screening for blood glucose, hemoglobin and bone density

Expenditure on long-term care

**OECD Long-term care study:
Public expenditure (M. Huber, 2004)**



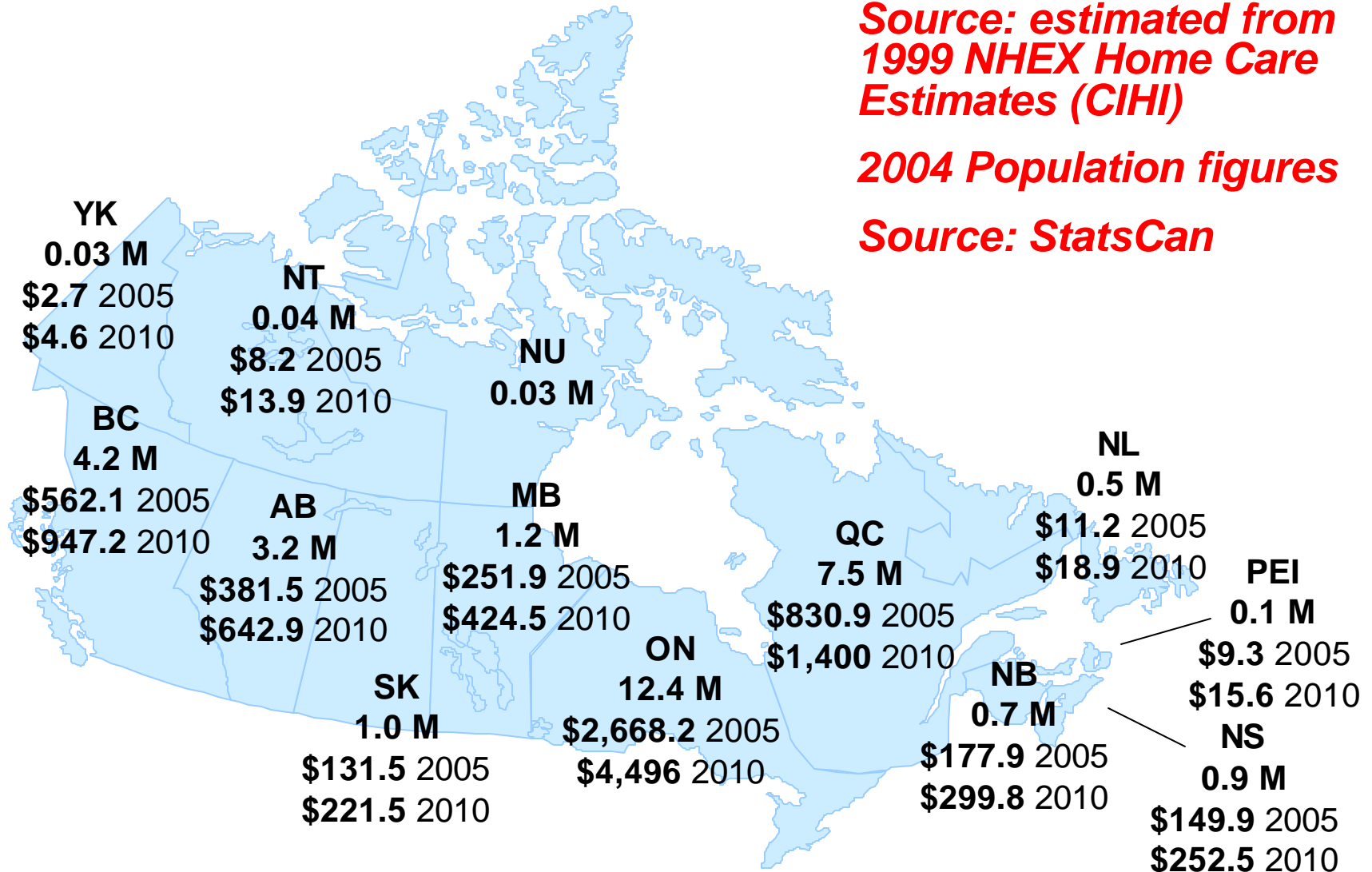


2005 Homecare budget in millions

**Source: estimated from
1999 NHEX Home Care
Estimates (CIHI)**

2004 Population figures

Source: StatsCan





Home & Community Care

- Home care has become a major focus in discussions on health and social services policies in Canada
- 38% of Canadians are dissatisfied with health care access in home and community (*Health Care in Canada Survey 2004, CHCA*)



Presentation

- **Health Care in Canada: the new realities**
- **Overview and challenges of home and community care in Canada**
- **How can we respond?**
 - **Social policy development**
 - **Innovations**
 - **Technology**

How do we move forward?



Social Policy Development



Social Policy Development:

- Defined Role for voluntary and not-for-profit organizations
 - key **community** partners in building a high quality of life
 - Critical contributor to our national economy – representing 6.8% of the GDP
 - More than 2 million full-time equivalent workers

The voluntary and not-for-profit sector must be identified by governments for their vital role in society



Social Policy Development:

- Defined role for caregivers
 - VON is very proud to have led the initiative that resulted in the social policy for caregivers – “Compassionate Care Benefits”, but...
 - The shortcomings were obvious and were made clear in the 2005 report from the Health Council of Canada...more needs to be done to support these vital contributors to the health system
 - Canada lags behind other countries such as the United Kingdom, Australia, Germany, Japan, the Netherlands and the United States in the development of a national caregiving strategy or significant supports for caregivers.

Develop social policy to acknowledge the contributions of caregivers and reflect their needs.



Social Policy Development:

- Policy to reflect the community-based population health model of care – to recognize the value shift from hospital to home and community
 - A bias exists currently towards acute care – patients get help in a hospital or institutional setting when they experience an episode of ill health.
 - More focus is necessary on health promotion, disease prevention through community-based services (such as home care) and active citizen involvement (Mhatre and Deber, 1992 – National Forum on Health, 1997)
 - More emphasis on “Independent Living” - goal of care may not be to cure, but to allow the patient to remain as healthy as possible, for as long as possible – contributing to society



Innovations



Innovations:

- Integrated care
 - Team of caregivers responsible for the health of a group of people – patient centred-care
 - Budget is provided to the team based on each patient and their health status – income for health care professionals remains constant
 - Support for this type of care is strong as it focuses the work of the team on keeping patients healthy – promotes disease management



Innovations:

- **Self-managed care**

- World Health Organization in 1978:

"People have the right and the duty to participate individually and collectively in the planning and the implementation of their health care."

- Current research being undertaken in Ontario will have results that will indicate if people are taking up the responsibility for their own health (Drs. Tony Easty & Christopher Chan)



Innovations:

- Home hospitals
- Regionalization
- Consumer Directed Home Care:
 - An individual is allocated an amount of money (a budget), that they can use to buy services from independent providers
 - Budget holders can purchase from independent providers, family members or agencies

*growing in popularity in Sweden



Technology



Technology:

- **Telehealth – Infoway’s Telehealth Program**
- **Telehome care**
- **Tele-triage**
- **Telemedicine – “Care Connect”**
- **Telephony**



Technology:

- **E-health records:**

(View link below for video on progress of e-patient records:

http://healthcouncilcanada.ca/videos/Electronic_Patient_Record_UHN_Toronto.wmv)

- current process is not moving fast enough
- Not using technology to its fullest

(Health Quality Council 2005 Report)



Technology:

- **Mobile Phones:**

- Developing the 3G telephone services (**www.sweden.se**)
 - Mobile telephony with Internet connections and m-services
 - Mobile media
 - Multimedia messaging
 - Mobile video/camera
 - Data traffic
- Sweden's research shows that "everything that can be made mobile, will become mobile."
- In 2003, 11% of Sweden's 7.9 million mobile phone subscribers used mobile Internet – the European leader



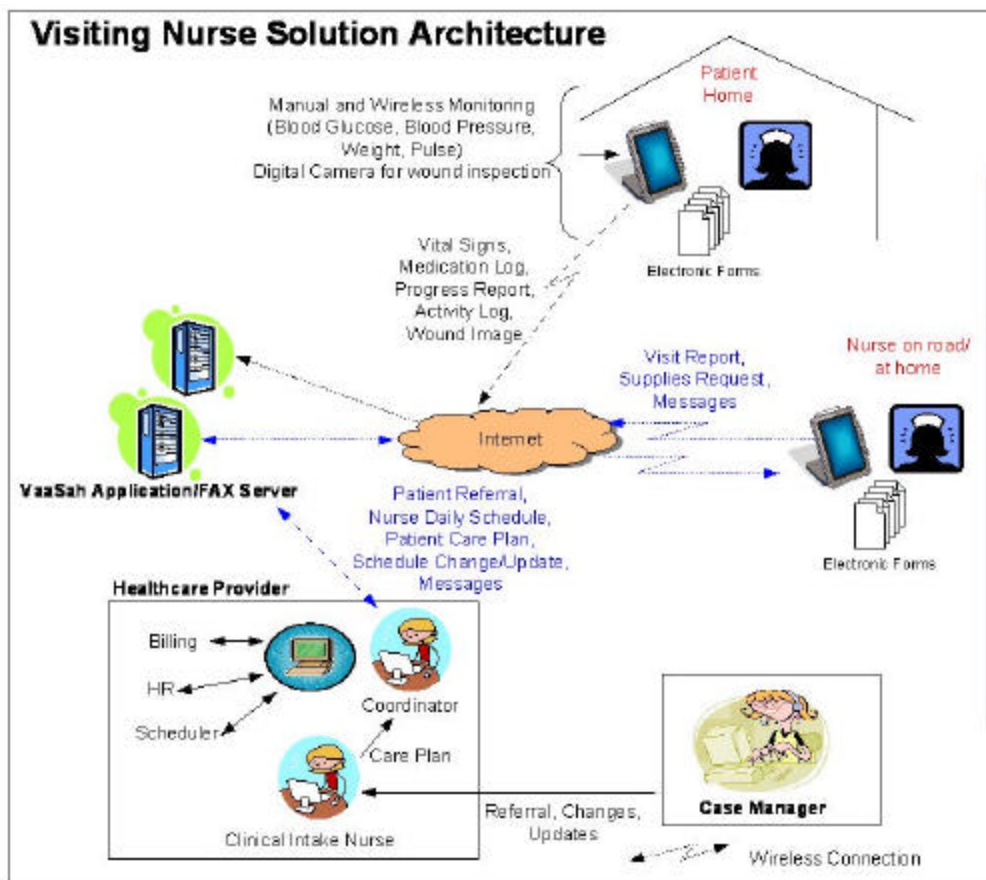
Technology:

- **Tele Care:**
 - Netherlands has a government policy directed at reducing the number of elderly living in nursing and residential homes
 - With hand-held computers for electronic case management, data are collected and transferred using dial-up network from the point of care to the central home care database.

Technology:

- **Portable Tablet PC**

VaaSah Inc. – Home Health Care Innovations



Benefits

- Save time with electronic delivery of information to visiting nurses
- Improve consistency of care with shared access to patient data
- Reduce cost by eliminating manual data entry
- Allows for incremental changes to healthcare provider processes
- No capital investment

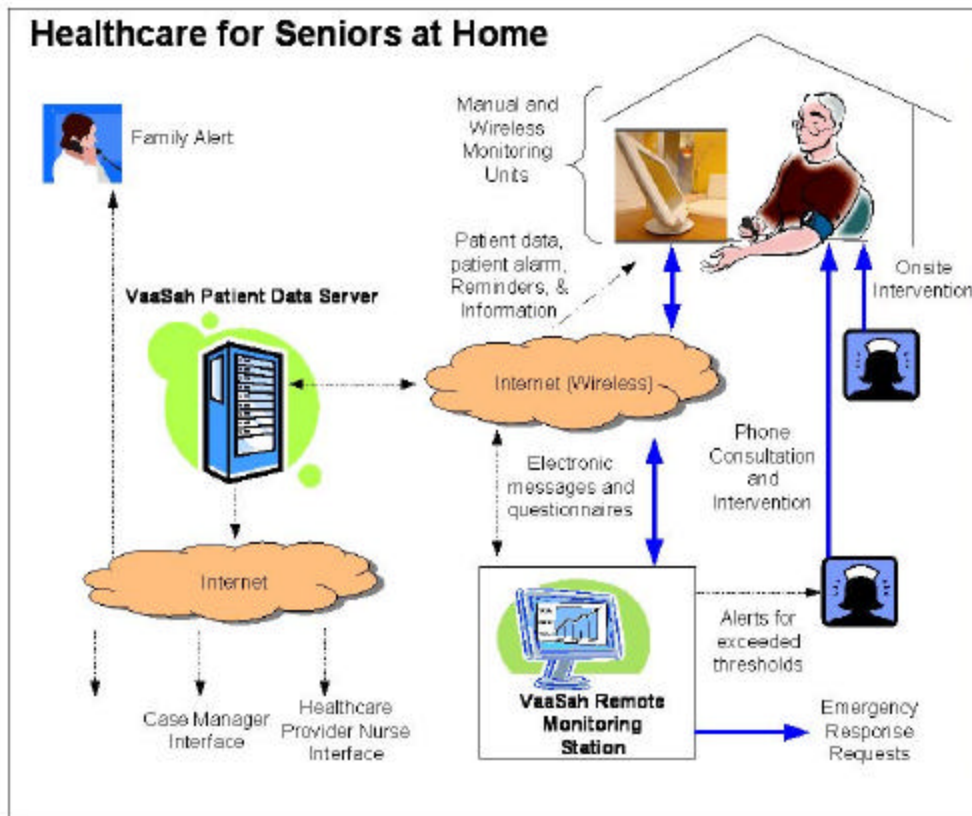


Technology:

- **Cybertranscriber** (used by the VNSNY):
 - Speech recognition system
 - A nurse calls a toll free number and enters a patient's vital signs, clinical and other pertinent data by speaking into a phone
 - Can call in updates from patient's homes
 - Cybertranscriber uses prompts for each data field – the nurses speak or use the keypad to respond
 - Information is sent via secure email and is automatically uploaded to the clinical database.
 - Nurses have the opportunity to edit the reports before they are sent to other health professionals involved in the care

Technology:

- **Wireless Monitoring Units (e.g. for chronic disease management of diabetes) – VaaSah Inc. – Home Health Care Innovations**



Benefits

- Increased sense of patient security and independence.
- Fewer visits to ER and hospitalizations with proactive monitoring and timely nurse intervention.
- Affordable solution that compliments onsite nursing care with eVisits.
- Improved care with patient vital data shared by entire healthcare team.
- Improved patient wellness with better medication compliance, and guidance on diet and exercise.
- Reduced stress on caregivers.



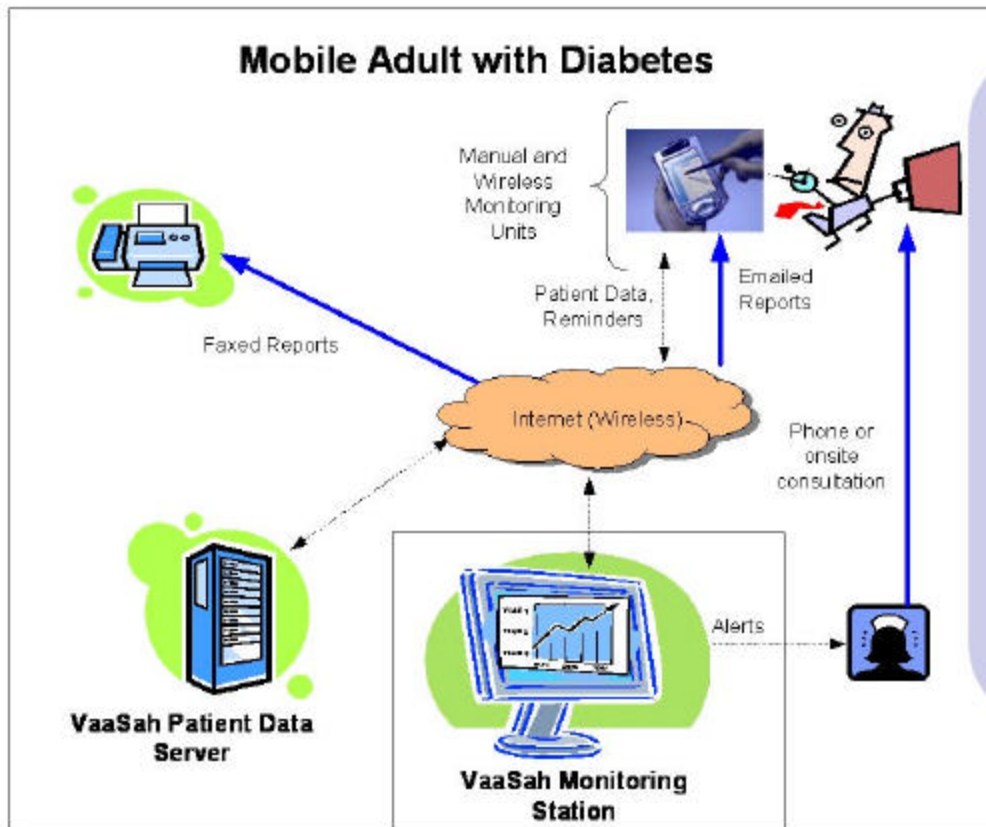
Technology:

- **Technology Assisted Friendly Environment for the Third Age (TAFETA)**
(An initiative from the Health of the Elderly Research Group and led by the University of Ottawa Institute on Health)
 - Smart Apartments for Seniors to help them remain independent as long as possible
 - Making the home environment safer to prevent unnecessary hospitalization or premature entry to a long-term care facility
 - Technology for remote health monitoring (bio-sensors, video-conferencing)

Technology:

- **Self-Care:** (e.g. for mobile adults with diabetes)

VaaSah Inc. – Home Health Care Innovations



Benefits

- Improve self care with reminders for monitoring
- Easy monitoring of BP, Blood Glucose and Weight using manual or wireless units
- Trend charts for individual and his/her physician
- Regular guidance from qualified staff to assist with diet, meal planning, stress management and exercise



Technology:

- **Wireless Woundcare**
- **Remote Patient Monitoring**
- **Geriatric care: Sensor and Tracking Devices**
- **Portals: communities of practice**
- **Medical Records (Infoway)**



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Conclusion

- Health-care innovation has transformed the practice of medicine over the course of the last century. Technological innovations can bring substantial benefits in the prevention, diagnosis and treatment of disease, as well as access to care.
- At the same time, there is widespread variation in the use of health-care technologies across OECD countries, indicating that the most effective and efficient technologies may not always be the ones most often used.
- Encouraging the uptake of efficient and effective health-care technologies is a significant policy challenge in many OECD countries.

(OECD Health Technologies and Decision Making, 2005)



Conclusion

One of the most creative and client focused projects (not related to health care) is GM's "On Star" technology.

- **Surpasses the needs of the clients** (can give direction to a new restaurant or let you know when you need your next oil change)
- **Provides high quality services** (sometimes responding to life threatening events)
- **Financially viable because the service is wanted and needed**

Can we develop an "On Health Star?"



How do we Move Forward?

- **Everyone is responsible**
 - A small idea can have a major impact
 - Partnerships of all kinds – private, not for profit, corporate - to foster innovations
 - SPEED IS OF THE ESSENCE
- **Governments must be courageous re health reforms**
 - Pressure on governments to move quickly



● **Role of Communities**

- **Role of caregivers**
- **Role of volunteers**
- **Role of providers**
- **Role of private & public sector**
- **Role of Technology**

IT TAKES A VILLAGE TO CARE FOR ITS MEMBERS

WE NEED A PARADIGM SHIFT