

Home care cuts hurting the elderly

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By Dr. Gordon Guyatt

An elderly Burlington woman, determined to continue living in her own home, is struggling. Frail and suffering from arthritis, she can no longer manage her housework, and is having trouble dressing in the morning.

Her family doctor recognizes that home care, including housekeeping and personal care services, would go a long way toward helping her cope. The family doctor considers making a referral to the local Community Care Access Centre. Then, she reads the fact sheet that the CCAC released on September 17.

As of August 7, the Halton CCAC provided service "to high priority clients only. All other clients were placed on a waiting list and will receive services in as timely a manner as our budgetary position allows."

The doctor knows that "high priority" usually means patients recovering from a major illness, and needing services such as nursing and physiotherapy. Her patient will be at the bottom of a long waiting list. If her patient can afford it, she had better pay for her own personal care and homemaking. If not, she is out of luck.

Reviewing the Halton CCAC information sheet, the family doctor braces for increasing difficulty obtaining home care for all her patients.

"Services levels must be reduced in order to balance our budget this fiscal year. This means that homemaking services will be reduced by approximately 13,000 hours per month, nursing visits by approximately 4,000 visits per month and rehabilitation services visits by approximately 4,000 visits per month."

How did this happen? Faced with increasing demands, the 43 Ontario CCACs projected large budget deficits in the 2000–2001 fiscal year. The provincial government has made it clear to the CCACs that budget deficits are unacceptable. In May of this year, the government announced that the CCACs would receive no additional funds to cover their deficits.

The CCACs fought back. In June, in unison, they announced that without additional funding, they would have to institute major cuts in service.

The Harris government rejected their plea. Furthermore, the government made it clear that they want no more public complaints about insufficient funding.

In an interview with Spectator reporter Joanne Frketich, Tory Health Minister Tony Clement said "I'd be happy to work with any CCAC that feels badly done...We can send in supervisors..just as in Hamilton."

This summer, Clement sent in a "supervisor" to take control of the Hamilton CCAC from the governing board and chief executive officer.

The Hamilton CCAC had its problems, but inadequate funding to meet community home care needs is a province-wide problem. Waterloo, Kingston, Sudbury and Toronto have all cut services in response to CCAC deficits.

In Hamilton, service reductions have included reduced availability of equipment, such as hospital beds. Moving case managers from the hospital to plug holes in the community has meant that hospital patients may not get the services they need immediately upon discharge. The waiting list for the Alzheimer Society's volunteer program to aid family members providing care to their demented relatives has doubled. The reason? Cuts in the respite care that CCACs provide.

Why the crisis? While a larger population of older patients has contributed, cuts in hospitals are the major cause. Canadian hospitals reported 25% fewer beds in 1997-8 than in 1984-5. As a result of bed closures, and greater use of day surgery, the proportion of health care spending devoted to hospitals has dropped from over 43% in 1979, to 32% in 1999.

Doctors now turn away patients they would have admitted to hospital 10 years ago. We discharge patients from hospital quicker and sicker.

The shift to outpatient care has potential benefits. Hospital care is expensive. While in hospital, patients are exposed to serious risks, such as infection with "superbugs", bacteria that are resistant to antibiotics.

Patients may face noisy roommates, unappealing hospital food, and isolation from loved ones.

Patients are better off at home, but only if they get the necessary care. The explosion in home care needs for acutely ill patients presents a threat to the other major group needing home care: the frail and chronically ill, trying to manage at home despite their disability.

In the past, the home care system used to spend up to 80% of its resources on the frail elderly, disabled and chronically ill. Now, up to 75% of services go to hospital discharges. As the Halton policy shows, the current deficits will only increase the shift away from chronic patient care.

The Harris government created CCACs to deal with the huge challenge of meeting society's increasing home care needs. Unfortunately, even before this year's crisis in home care funding, things have been going badly.

Per-person funding for CCACs ranges from \$64 to \$152, resulting in large variations in services in different regions.

An independent review of home care delivery in Ontario by PriceWaterhouseCoopers submitted to the government in December 2000 noted inadequate payment for staff, including visiting nurses, who receive far less than hospital workers. The result is difficulty recruiting and retaining qualified individuals.

The report concluded that staff shortages are one contributing factor to waiting lists that leave patients in the community suffering, and result in delays in discharging patients from hospital. Those delays contribute to hospital bed shortages, and emergency-room overcrowding.

In 1997, the National Health Forum, a wide-ranging group of health care experts, conducted a comprehensive review of health care in Canada. They noted the shift from hospital to outpatient care, and the increasing need for home care. They recommended a national home care program to deal with the problem.

Since then, the provinces have resisted any program with national standards, and federal and provincial governments have continued to squabble over health care funding. Furthermore, both levels of

governments have given tax cuts a higher priority than ensure quality health care. If we want a well-functioning health care system, priorities must change, and governments must guarantee adequate home care on which the public can depend.