

Was Home Care a Hit or a Miss For Romanow

From Medical Reform - Vol. 22, No. 3, Winter 2003

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Roy Romanow has been quick to point out that his 47 recommendations were strategic in nature: aimed at getting us to 2006 with a stronger, and more sustainable, health care system, he decided to target key areas either to stabilize or to initiate. Homecare has been identified as one of the targeted areas to receive part of a recommended \$3.5 billion in 2003-04, and \$5 billion in 2004-05.

Home Care: The Next Essential Service", or Chapter 8 of the Commission's report, outlines the three key areas where homecare must be incorporated, under the umbrella of the Canada Health Act, as an essential service, rather than the piecemeal offering it has become.

Across Canada, eligibility for homecare varies, the range of services vary, and costs to patients vary, despite the fact that most provinces spend about 4 to 5 per cent of their total health care budgets on homecare services. In addition, costs have risen by an average of 14 per cent per year since 1980-01, compared to 6.1 per cent for hospitals. Obviously, the demand has been growing, as homecare has been used more and more to shorten, or avoid, hospital admissions, or postpone institutional care for the chronically ill or frail elderly. The Commission refers to a study by Hollander and Chappell, in 2002, as evidence for the cost-effectiveness of providing care in the home.

In order to address disparities and improve access, the Commissioner has identified two urgent actions: including medically-necessary homecare in the Canada Health Act, and creating a Home Care Cash Transfer to support expansion by the provinces. This would be necessary for the first 2 years only, and would be used to introduce services in three priority areas, as a basic "floor" of services, which would be expanded with time.

In his November 28th speech, Mr. Romanow spoke passionately about the parts of the Homecare puzzle which require immediate priority: first on the list was support for home mental health care management. Long overlooked, the care of people with severe mental illness, in their homes, makes inherent sense. Among the most vulnerable in our society, people with mental illness are at risk of homelessness, abuse, incarceration, and death. Their care presents challenges that many families are unable to meet. The health care system has failed to provide the flexibility, resources, and capacity for response that mental illness demands. Mr. Romanow has recommended that case-management and mental health treatment be brought into the Canada Health Act as an explicitly defined service in need of funding and provision.

Secondly, the provision of "post-acute" homecare services, including medications and

rehabilitation, for a period of 14 days (treatment) to 28 days (rehabilitation), has also been targeted as an immediate priority for funding. This would address both the trend for day surgery and shorter hospital stays, and the current gap in funding for services or medications usually provided in hospital. Again, Mr. Romanow proposed using the Canada Health Act as the vehicle for ensuring that all provinces and territories participate in the provision of this national programme.

The third priority for Homecare in the first two years is the provision of palliative care to patients in their last 6 months of life. Access to home hospice care is currently only available to about 5 per cent of Canadians. A 1997 Angus Reid poll found that 80 per cent of Canadians would prefer to die at home. Mr. Romanow believes it should be the right of every Canadian to die at home.

The cost for these services is estimated to be \$1 billion. But the true costs of homecare must take into consideration the fact that about 80 to 90 per cent of this care is delivered by unpaid family and friends, most often women. When the time of informal caregivers and unpaid volunteers is factored into the costs of homecare, the true costs are probably between \$20 and \$30 billion per year.

For this reason, the Commission has recommended that informal caregivers should be allowed to take time away from paid employment, without penalty, to care for loved ones, and that the Employment Insurance fund be used to provide benefits for persons providing home care to a patient. Finally, a responsible and just way to use that surplus! That alone would be worth the price of the Commission's report.

Part of the fine print in the chapter on Homecare includes recommendations to address issues in human resource planning and in integration and coordination, so that care in the home occurs as part of the continuum of care, rather than a fragmented add-on. This will require more resources both in the hospital and in the community, improved linkages and the improved use of information technology.

This, then, is the Commissioner's prescription for what to do and how to do it quickly, over the next 2 years, so that all Canadians have access to priority homecare services: Canadians with severe mental illness, Canadians who are dying, and Canadians who require hospital services in the home. In addition, the Commissioner has identified Employment Insurance funds to compensate Canadians who are providing care to infirm or frail loved ones. Finally, the Commissioner has recommended using the legislative powers of the Canada Health Act to ensure that all this is accomplished in every province and territory. It is a minimum. It is still not enough. But it is a way forward and it is possible. Now it's up to the federal Liberals to do it.