

Continuing Care in Canada: The Policy Landscape and Outstanding Issues

**Dialogue on Health and Aging
Vancouver, British Columbia
October 28, 2004**

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Main Themes

- **Overview of policy evolution in Canada**
 - ❖ **Concepts of continuing care (spanning home and community services to residential care)**
 - ❖ **Financing of continuing care**
- **Emerging trends and expectations among public**
- **Major policy issues for next 5-10 years**
- **Some observations on the BC plans**

Continuing Care Policy: Main Features in the Canadian Policy Context

- For the most part excluded from the purview of the Canada Health Act
- Allows considerable flexibility in financing and delivery
- Great variety of approaches—many natural experiments
- Historically a mainly custodial system with high bed:population ratios

HISTORICAL	FUTURE DIRECTIONS
Custodial and risk-averse	Client-centered and risk-accepting
Medical orientation	Quality of life orientation
Focus on beds and facilities	Focus on aging in place and community programs
Many admissions with physical care needs only	Most admissions will involve significant cognitive impairment
Relatively few options with power in hands of state	More options with more choice for caregivers and clients
Professionalized scope of practice rules	Evidence-based division of labour?

Recent Developments – Financing Policy

- In Atlantic Canada, move to means-tested full-cost charges for residential care
- Gradual and persistent increase in home care spending (emphasis on post-acute)
- Less public investment in facility construction
 - ❖ Capital investment by for-profit and non-profit organizations (e.g., Good Samaritan Society)
 - ❖ Contracts for services with provs. or RHAs

Recent Developments – Client Preferences

- **Boom in seniors' condominiums aimed at middle class and higher**
- **Anticipatory moves to independent units with various menus of available services:**
 - ❖ **Meal plans**
 - ❖ **Organized surveillance systems**
 - ❖ **Homemaking services**
 - ❖ **Mix of public and private nursing care**
- **Greater range of activities and choices**

Changing Public Expectations

- **Higher quality and more independent housing for LTC residential clients**
- **Bring care to the condo rather than moving clients to care**
- **LTC public facility care viewed as last resort for the very old, very frail, significantly demented**
- **With smaller nuclear families and high geographic mobility, availability of intergenerational family caregivers varies greatly**

Issue #1: The Home Care:Residential Care Ratio

- Rhetoric supports transformation of system to community from facilities
- Canadian experience has been bed-oriented
- Home care budgets often among first to be scaled back in times of fiscal restraint
- Has been a decline in bed ratios in last decade
- *Question: Will provinces invest enough in community care to dramatically reduce dependency on beds?*

Issue #2: The Class Divide: Private Financing for Some, Public for Others?

- Emerging trend for prosperous seniors to opt out of public system
- Some provinces no longer subsidize any residential care for those able to pay full cost
- In most sectors, when the well-off opt out, the quality of public services declines
- *Question: Should the government encourage, tolerate, or discourage the “opting out” trend? Do we know why people are opting out?*

Issue #3: Standards, Turf, and the Division of Labour

- **Continuing Care**—a medical services with social care components, or a social service with a medical component?
- Major arguments over scope of practice
- Nature and cost of care affected greatly by who does it
- *Question: Can we develop an evidence-based model that optimizes efficiency, safety, acceptability, and job satisfaction?*

Issue #4: Who Controls the Resources?

- **Some move in Canada towards voucher systems and greater client/family choice of care pattern**
- **Some countries, e.g., Germany, devolve much more control to recipients and families**
- **Need to understand extent to which political and social culture affects feasibility of policies**
- ***Question: Should more control lie with clients/families, and if so, how do we guarantee safety and quality?***

Issue #5: Risk and Risk Management

- Canadian health care system generally risk averse
- In continuing care, often a trade-off among freedom and choice, cost-effectiveness, and safety
- Care recipients and families typically value quality of life over risk minimization
- *Question: Who decides on and manages risk levels? What price are we willing to pay for reduced risk? What demarcates reasonable from unacceptable risk levels?*

Issue #6: Dealing with Caregiver Burden

- It is prudent to encourage caregivers to play a prominent role in looking after clients living in the community
- There is a substantial literature on caregiver burden
- Different caregivers have different capacity and inclination to provide care
- *Question: How do we calibrate the right amount of care to maintain the caregiver role without exploiting the caregiver?*

Issue #7: Anticipating Innovation and Avoiding Irreversible Mistakes

- **Three main technologies on the horizon:**
 - ❖ **Communications devices, e.g., call systems, automatic monitors**
 - ❖ **Medical interventions to manage chronic diseases (drugs, surgery)**
 - ❖ **Science breakthroughs, e.g., brain plaque removal, genetic engineering**
- ***Question: How do we model innovation and maintain flexibility to adapt programs to changing profiles of need?***

Issue #8: For-Profit or Non-Profit Care

- **Community-based and residential care are provided through diverse delivery mechanisms**
- **More prone to “commodification” because not viewed as a strictly CHA-style public good**
- **Some US research shows for-profit programs have more quality problems**
- ***Question: in Canada, does experience to date suggest that we should prefer one approach to the other? Do we have enough evidence to decide?***

Issue #9: Improving Primary Care

- Growing evidence that “middle of the curve” primary care is problematic, especially for chronic disease management (Marshall et al, UK; McGlynn et al, US; Katz et al, Manitoba)
- Good primary care is essential to maintaining capacities and avoiding some acute episodes
- Interest in PC, geriatrics waning in Canada
- *Question: what incentives can reinvigorate PC and encourage improved care for the at-risk elderly?*

Issue #10: Enriching the Housing, Sharing the Responsibility

- Generally sound policy to separate housing needs from care needs
- People who secure care-compatible housing will need care at some point and want to age in place
- Need public policy that maximizes the impact of public spending in partnership with private spending
- *Question: What should govt. do to encourage self-management without discriminating against those who make these choices?*

Observations on the BC Agenda

- **General approach has been thoughtful and forward-looking**
- **Policies are in sync with evidence as we have it**
- **Emphasis of connection between primary care and chronic diseases management is excellent starting point**
- **Ongoing modeling of need for complex care beds is sound—circumstances will change**
- **Assisted living, psychogeriatric outreach teams are promising directions**

Observations (cont'd)

- **Challenge is turning theory into practice**
- **Physician payment systems and the organization of primary care may impede progress**
- **Need clear performance measures and alignment of incentives with goals**
- **Reduced access to social care (homemaker services, laundry, etc.) may lead to unintended consequences down the road**

Observations (cont'd)

- **Refined targeting of at-risk people is key to most cost-effective service delivery while keeping a lid on demand**
- **Funding systems must support cost minimization (getting desirable outcomes at lowest cost)**
- **Getting the right HHR model will be a Herculean struggle**
- **Some key issues likely better addressed interprovincially**

Final Thoughts

- **Integrating primary health care (in its robust definition), community-based services, and residential care will be key to the future**
- **Regulating (but not over-regulating) a hybrid public-private system is a constant challenge**
- **The future will depend largely on how innovative we can be in caring for people with significant cognitive impairment**
- **Canada needs a major debate on whether and which services should be means-tested**

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