

City Agenda Report

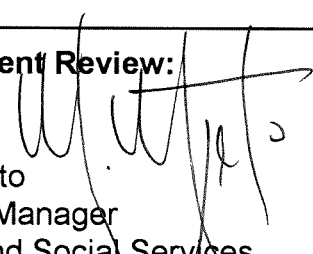
Report To: CITY COUNCIL

Report Date: July 5, 2001

Meeting Date: July 10, 2001

Subject: Funding Issues - Community Care Access Centres

Department Review:


Mark Mieto
General Manager
Health and Social Services

Recommended for Agenda:


J.L. (Jim) Rule
Chief Administrative Officer

Report Authored by:

Mark Mieto, General Manager

Recommendation:

Whereas the need for home care services is rapidly growing in Ontario due to the aging of the population and hospital restructuring, and

Whereas the prices paid by Community Care Access Centres (CCACs) to purchase home care services for their clients are rising due to factors beyond the control of CCACs, and

Whereas the funding provided by the Ontario Government, through the Ministry of Health and Long-Term Care (MOHLTC), is inadequate to meet the growing need for home care services, and

Whereas the funding shortfall, coupled with the implications of Bill 46, The Public Sector Accountability Act, currently before the Legislature, are forcing CCACs to make deep



cuts in home care services, and

Whereas value-for-money audits of CCACs will demonstrate that CCACs are employing good management practices, and that such practices alone may not provide a full solution to their financial challenges, and

Whereas the Equity Funding Formula used to distribute home care funding does not recognize key factors such as population health and their impact on demand for home care,

THEREFORE BE IT RESOLVED that the Mayor and Council's Committee on Seniors' Issues recommends that the Council of the City of Greater Sudbury urge the Minister of Health and Long-Term Care in Ontario to recognize the funding issue for home care in Ontario, because of the implications for an aging population and for the stability of the broader health sector and that

The Ontario Minister of Health and Long-Term Care urge the Provincial Government to review its position concerning the funding of home care , and that

Further this resolution be sent to the Federal Minister of Health, local Federal and Provincial Members of Parliament, the Association of Municipalities of Ontario, and the Federation of Northern Ontario Municipalities of Ontario, and other concerned local organizations.

Background:

Representatives of the Manitoulin Sudbury Community Care Access Centre met on June 27, 2001, with the Mayor and Council's Committee on Seniors' Issues to explain the impact of funding reductions on the home care program. A resolution which is the recommendation of this report was passed by the Mayor and Council's Committee on Seniors' Issues to be forwarded to City Council for approval. The Committee is also requesting Council to urge community groups to support the recommendation.

The Community Care Access Centres across the Province of Ontario are facing a \$175 million deficit. The Ministry of Health and Long-Term Care has requested all Community Care Access Centres to develop and submit deficit reduction plans to their local area offices.

In the Manitoulin Sudbury area, the deficit reduction plan requires a reduction of \$1.827 million in services and other administrative changes such as:

- a.) Medical supplies - eliminate incontinence supplied; generic approach and minimal supply to clients going to other CCAC areas
- b) Equipment - rental equipment only until client has decided to purchase
- c) Utilization Management - new case management and therapy guidelines

- d) Homemaking and personal support - waiting period of one month for homemaking; no homemaking to people with access to supportive housing; limitation of after hour referrals; implementation of a means test for homemaking
- e) Eligibility - no professional service to people able to access hospital services; no top up to other service providers' programs; reduction of Occupational and Physio Therapy to long-term care facilities
- f) Administration - removal of new positions; delay acquisition of new office space for speech services; limit assisted devices program authorization role; reduction in professional development budget.

The main reason for the deficit of \$1.827 million in the current budget of the Manitoulin-Sudbury Community Care Access Centre is due to inflationary cost increases of \$1.6 million. At the Provincial level, the reasons for the budget problem results from the \$800 million reduction in the Ministry of Health and Long-Term Care estimates announced by the Minister of Finance in the Provincial Budget on May 9, 2001.

The seniors staff of the Ministry of Health and Long-Term Care have advised the CCACs there will be no further funds on deficits bail outs in 2001.

The Manitoulin-Sudbury Community Care Access Centre has decided to communicate to the public and concerned organizations the impact the Ministry 's budget reductions is having on the services provided by the agency.

June 26, 2001

PO BOX 5000 STN A
200 BRADY STREET
SUDBURY ON P3A 5P3

CP 5000 SUCC A
200 RUE BRADY
SUDBURY ON P3A 5P3

705.671.2489

www.
city.greatersudbury
.on.ca

Mr. Bob Fera
Board Chair
Manitoulin-Sudbury Community
Care Access Centre
1760 Regent Street
Sudbury ON P3E 3Z8

Dear Bob,


Thank you for your recent correspondence which outlines your concerns relating to the under-funding of home care services in our Province and in particular, our community.

I look forward to having both you and Bob Knight at tomorrow's first meeting of the Mayor's Round Table on Seniors Issue and to hear your presentation. The services that your organization provide are a vital link in our health care system.

I have forwarded your correspondence to Thom Mowry, City Clerk, with your request for a Council presentation.

Bob, I appreciate your keeping me informed on matters which affect the health and well-being of our citizens.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jim Gordon'.

Jim Gordon
Mayor

P.S. Go for it, Bob!



CASC/CCAC

Centre d'accès aux soins communautaires de
Manitoulin-Sudbury
Community Care Access Centre

Sudbury
1760, rue Regent Street
Sudbury, Ontario
P3E 3Z8

Espanola
140, rue Barber Street
Espanola, Ontario
P5E 1S4

Manitoulin
6224 Hwy. 542
Mindemoya, Ontario
P0P 1S0

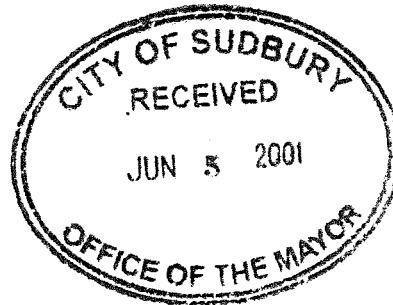
(705) 522-3461
1-800-461-2919
(705) 522-3855

(705) 869-3790
(705) 869-3793

(705) 377-5356
(705) 377-5020

June 4, 2001

His Worship Jim Gordon
Mayor, City of Greater Sudbury
P. O. Box 5000, Station A
200 Brady St.
Sudbury, ON P3A 5P3



Dear Jim:

You will have seen considerable attention in the local media recently concerning the under-funding of home care services in Ontario and in our community, and the serious impacts on the people who need these services. The media attention was generated by a news conference conducted by our agency on May 23rd, and by a letter I wrote to the Hon. Tony Clement, Minister of Health and Long-Term Care, on May 9th.

I have enclosed for your information our news release and addendum, the speaking notes used by me and Bob Knight, our CEO, during the news conference, and my May 9th letter to Mr. Clement. Also enclosed is an article from The Globe and Mail of May 26th concerning the impact of discontinuing homemaking services.

On behalf of our Board of Directors, staff and the people we serve, I respectfully request that you write to Mr. Clement in support of our concerns and ask that he take action to ensure that home care policy is developed through good planning rather than simply under-funding the system. We would also appreciate a resolution from Council in support of my May 9th letter and the motions contained in it. In addition it would be very helpful to have a motion from Council asking for adequate funding for our Community Care Access Centre so that it can meet the needs of the people in our area. Bob Knight would be pleased to assist your City staff in drafting appropriately worded resolutions.

Finally, I hereby request an opportunity to make a presentation to the Council of the City of Greater Sudbury about this important issue.

Thank you for your consideration of these requests.

Sincerely,




Bob Fera
Board Chair





CASC / CCAC

Centre d'accès aux soins communautaires de
Manitoulin-Sudbury
Community Care Access Centre



Sudbury
1760, rue Regent Street
Sudbury, Ontario
P3E 3Z8

 (705) 522-3460
 1-800-461-2919
 (705) 522-3855

Espanola
140, rue Barber Street
Espanola, Ontario
P5E 1S4

 (705) 869-3790
 (705) 869-3793

Manitoulin
6224 Hwy. 542
Mindemoya, Ontario
P0P 1S0

 (705) 377-5356
 (705) 377-5020

NEWS RELEASE MAY 23, 2001

Bob Fera, Board Chair, announced today that the Manitoulin-Sudbury Community Care Access Centre (MSCCAC) has submitted to the Ontario Ministry of Health and Long-Term Care (MOHLTC) a budget with a projected deficit of \$1,827,407 for the 2001-02 fiscal year, on total expenditures of \$22,508,010. This represents an increase of 8.9 percent compared to last year's Ministry-approved budget. Fera stated, "This is one of the lowest percentage increases among Ontario's 43 CCACs, reflecting our commitment to fiscal responsibility while still meeting the needs of the communities we serve." He noted that over \$1.6 million of the deficit is attributed to higher prices for client services the MSCCAC purchases from other agencies.

The MSCCAC provides a full range of home care services to clients across the Manitoulin and Sudbury Districts stretching from Manitoulin Island to Chapleau and Killarney. Services provided include nursing, physiotherapy, occupational therapy, speech language therapy, nutritional counseling, social work, personal care, homemaking and the co-ordination of placement in long term care facilities.

The MSCCAC received a two percent increase in its budget last year, as did all other CCACs in Ontario. "This is the only significant funding increase we have received since the 1997-98 fiscal year," said Fera. "Indeed, over the past three years, the 43 CCACs have received a total funding increase of \$272.5 million. The portion we have received in that period is a paltry \$487,000, less than one-fifth of one percent."

Fera noted that the MSCCAC Board of Directors is not hopeful that the Ontario Government will provide the much-needed funding increase of just over \$1.8 million. Indeed, in the recent Speech from the Throne and Budget Speech, the government signaled its intent to make it an offence in law for any publicly funded agency to operate at a deficit. Accordingly, the Board of the MSCCAC has approved a deficit reduction plan to shrink its projected deficit by at least \$1 million this fiscal year. This is in addition to \$463,000 in administrative costs already removed from the budget by the Board of Directors to reduce the deficit projection to \$1.827 million.

"Though we deeply regret having to implement these service changes, our deficit reduction plan is necessary due to the government's imminent policy concerning deficits, and inadequate funding for home care," said Fera. "In the face of such policies, our agency has no choice but to implement service reductions which we know will have a profound impact on our clients and the communities we serve. Further, these changes will have a significant impact on other health and social service agencies, and may actually pit agencies one against the other." He noted that the service reductions will primarily affect homemaking, personal support, nursing, medical supplies and medical equipment rentals, with lesser but significant impacts in therapy services.

Said Fera, "In a letter to the Honourable Tony Clement dated May 9, 2001, I expressed concern that the provincial government has not developed a plan for dealing with the tremendous financial pressures faced by Community Care Access Centres. I further stated that the legislated home care mandate in Ontario is gradually crumbling in the face of the government's failure to set home care policy. In essence, such policy is being



established by individual agencies rather than by [the] government. We have been left to our own devices, and have no choice but to move forward with our deficit reduction plan. We have heard informally that the Ministry of Health and Long-Term Care is developing deficit reduction guidelines for CCACs. We can only hope that this is true. But we reserve judgment as to the fairness and effectiveness of such guidelines.”

Mr. Fera concluded, “This intolerable situation requires political action – by consumers of long-term care services, by municipal governments, and by a united front of agencies in every community entrusted with the delivery of health services.”

For further information, contact Bob Fera, Board Chair, at 705-695-2153 or Bob Knight, Chief Executive Officer, at 705-522-3460, extension 425.

NEWS RELEASE ADDENDUM, MAY 23, 2001
MANITOULIN-SUDBURY COMMUNITY CARE ACCESS CENTRE (MSCCAC)
IMPLICATIONS OF DEFICIT REDUCTION PLAN FOR 2001-02 FISCAL YEAR

Service Reductions

- A waiting period of one month for any new clients admitted for homemaking services
- Further major reductions in the amount of homemaking service we provide, including to people who need personal care
- Elimination of in-home personal support and homemaking to people for whom other programs exist in the community, notwithstanding the limited resources those other programs may have to provide service
- Elimination of in-home professional services (nursing, physiotherapy, occupational therapy, social work, nutritional counselling, speech therapy) for people who are able, with little or no risk, to travel to receive services at clinics, hospitals, physicians' office or other health facilities, regardless of the distance they have to travel
- Deep cuts in the amount of medical supplies we provide, including complete elimination of certain supplies
- Reductions in medical equipment rentals
- Development and implementation of new guidelines to assist us in determining how much service and what kinds of service to provide to our clients (so as to reduce or eliminate services of little or no value to clients)

Implications for the People We Serve

- Once discharged from the MSCCAC homemaking service, many people, unable to do their own homemaking, will have to buy from other agencies the services they used to receive from the MSCCAC at no direct charge¹ since these services were covered through provincial taxes.
- Some people, who cannot afford to pay and are without family or friends able to help them, will go without homemaking services. Their living conditions will deteriorate over time, causing some to have to move into long-term care facilities.
- After discharge from the MSCCAC, many people will have to pay for professional health services from the private sector, or may have to travel to obtain service from the public system (e.g., from hospital outpatient departments). They may have to wait for long periods of time to obtain such services.
- With the MSCCAC no longer providing them with certain medical supplies at no charge, many people will have to buy those supplies from other agencies.
- More people will incur medical equipment rental costs.
- Some people may go without health services, supplies and equipment because they cannot afford to pay the additional costs, including travel costs. Their health will be affected.

Implications for Other Agencies

- The financial viability of agencies from which the MSCCAC purchases its client services may be affected.
- Employees may be laid off by agencies from which the MSCCAC purchases its client services.
- Other agencies in the community may be inundated with new clients (people no longer eligible for MSCCAC services), and because of their own limited resources, will be unable to provide all the services such new clients need.

¹ The MSCCAC does not charge fees for the services it provides because they are insured services under Ontario's *Health Insurance Act*.

**MANITOULIN-SUDBURY
COMMUNITY CARE ACCESS CENTRE
BOB FERA'S SPEAKING NOTES
FOR NEWS CONFERENCE
MAY 23, 2001**

Good morning everyone. Thank you for your interest in the important issue about which I will be speaking this morning – home care funding in Ontario and the profound impact of service cuts that are imminent right across our province.

Let me begin by telling you about our agency's financial picture.

The Manitoulin-Sudbury Community Care Access Centre (MSCCAC) has submitted to the Ontario Ministry of Health and Long-Term Care (MOHLTC) a budget with a projected deficit of \$1,827,407 for the 2001-02 fiscal year, on total expenditures of \$22,508,010. This represents an increase of 8.9 percent compared to last year's Ministry-approved budget. This is one of the lowest percentage increases among Ontario's 43 CCACs, reflecting our commitment to fiscal responsibility while still meeting the needs of the communities we serve. Over \$1.6 million of the deficit is attributed to higher prices for client services the MSCCAC purchases from other agencies, over which increase we have absolutely no control.

For the record, the MSCCAC received a two percent increase in its budget last year, as did all other CCACs in Ontario. This is the only significant funding increase we

have received since the 1997-98 fiscal year. Indeed, over the past three years, the 43 CCACs have received a total funding increase of \$272.5 million. The portion we have received in that period is a paltry \$487,000, less than one-fifth of one percent.

Based on this government's past record of its failure to provide adequate funding for health care services to community agencies and hospitals, our Board of Directors is not optimistic that the Ontario Government will now provide the much-needed funding increase of just over \$1.8 million so that we can meet the needs of our clients. Indeed, in the recent Speech from the Throne and Budget Speech, the government signalled its intent to make it an offence in law for any publicly funded agency to operate at a deficit.

In fact, we have a legal opinion based on a PriceWaterhouseCoopers operational review of the Hamilton Health Sciences Corporation acknowledging that there is a balancing act of meeting the needs of patients versus fiscal accountability and solvency. They stated that a board of directors should only authorize the delivery of services that it identifies as priorities for its catchment population within the funding envelope that it is provided with by government.

On this basis, our legal advisors tell us that CCACs should be very careful to ensure that they are operating in a fiscally responsible manner that is consistent with the policies of the Ministry of Health and Long-Term Care. Failure to do so may result

in the Minister invoking his power under the Long-Term Care Act, to impose terms and conditions on the CCAC, revoke the CCAC's agency status, or remove some or all of the members of the Board of Directors. In addition, this board (of volunteers) can be held personally responsible for any deficit. Accordingly, our Board of Directors, reluctantly and under duress, has approved a deficit reduction plan to shrink its projected deficit by at least \$1 million this fiscal year. This is in addition to \$463,000 in administrative costs we had already removed from the budget to reduce the deficit projection to \$1.827 million.

Although we deeply regret having to implement these service changes, our deficit reduction plan – I repeat loudly and clearly – is necessary due to the government's imminent policy concerning deficits, and their continued inadequate funding for home care. In the face of such policies, our agency has no choice but to implement service reductions which we know will have a profound impact on our clients and the communities we serve. For these service reductions, our board deeply apologizes. We are a volunteer board elected to serve the home care needs of our communities. We will not quietly see them being eroded or eliminated by a government who puts fiscal impossibilities before serving the legitimate health care needs of the community which they paid for through their taxes over the years and now in their time of need will be denied them because of changes in government policy. It is just not right. Indeed, in my opinion, it is immoral.

Further, these changes will have a significant impact on other health and social service agencies, and may actually pit agencies one against the other. The service reductions will primarily affect homemaking, personal support, nursing, medical supplies and medical equipment rentals, with lesser but significant impacts in therapy services.

In a letter to the Honourable Tony Clement dated May 9, 2001, I expressed concern that the provincial government has not developed a plan for dealing with the tremendous financial pressures faced by Community Care Access Centres. I further stated that the legislated home care mandate in Ontario is gradually crumbling in the face of the government's failure to set home care policy. In essence, such policy is being established by individual agencies rather than by [the] government.

We have been left to our own devices, and have no choice but to move forward with our deficit reduction plan. We have heard informally that the Ministry of Health and Long-Term Care is developing deficit reduction guidelines for CCACs. We can only hope that this is true. But we reserve judgment as to the fairness and effectiveness of such guidelines.

Let me conclude by saying this intolerable situation requires combined and forceful political action – by consumers of long-term care services, by municipal governments, and by a united front of agencies in every community entrusted with the delivery of health services. Without this combined action, the needs of the frail

elderly, physically disabled and others, in our health care community simply will not be met.

**MANITOULIN-SUDBURY
COMMUNITY CARE ACCESS CENTRE
BOB KNIGHT'S SPEAKING NOTES
FOR NEWS CONFERENCE, MAY 23, 2001**

I will now outline for you some of the key strategies in our deficit reduction plan. First, I must tell you that our plan has been in the hands of the Ministry of Health and Long-Term Care since April 27th, two days after its adoption by our Board of Directors. Ministry staff have reviewed the plan (including a legal review), and have informed us that it complies with the legislation governing Community Care Access Centres.

There are two types of strategies in our deficit reduction plan. The first type can be characterized as improved case management practices, whereby we develop methods of ensuring that we deliver home care services as effectively as possible, and eliminate services that are of little or no value to clients. We have been developing and implementing such strategies for over a year. Several components of our plan continue this process over the coming year. While improved case management practices have been effective in helping our financial situation, this year they will not be enough.

This brings us to the second type of strategy in our deficit reduction plan – these can only be described as home care service cutbacks being forced on us by the

provincial government's draconian fiscal policies. These cutbacks will have major implications for the people we serve, and for other agencies in the community.

Please refer to the addendum attached to our news release. I will refer to the points on that sheet.

Several of the strategies make reference to homemaking services. We have provided three pages from a Ministry document identifying what homemaking services are [READ THE LIST OF HOME MAKING SERVICES].

[READ THE HOME MAKING STRATEGIES IN THE ADDENDUM.]

As you can see, reduction of homemaking services is a major part of our plan, and will reduce our expenses this year by an estimated \$560,000 and next year by about \$1.2 million.

I must emphasize, as did Mr. Fera, our profound concern and regret in having to make these service cutbacks. We are being forced to set priorities between professional home care services such as nursing and the therapies, as compared to homemaking. We believe this is a deliberate ploy on the part of the provincial government, which we have informally been told intends to all but remove homemaking from Ontario's home care program. Instead of being up front with its

policy intentions, the government is starving CCACs for funds and forcing them to make these difficult decisions.

You will see Community Care Access Centres across the province implementing similar measures concerning homemaking this year – indeed, some already have. You see in our news release addendum the implications for the people we serve, and for other agencies in the community.

[READ THEM]

We are so concerned about these impacts that Bob Fera wrote to the Minister of Health in a letter dated May 9th. Copies of that letter are available for you this morning.

Another major strategy in our plan is the elimination of in-home professional services (nursing, physiotherapy, occupational therapy, social work, nutritional counselling, speech therapy) for people who are able, with little or no risk, to travel to receive services at clinics, hospitals, physicians' office or other health facilities, regardless of the distance they have to travel. This is a strict interpretation of the eligibility criteria for home care as set out in legislation. The reduction in costs this year will be about \$150,000, increasing to about \$260,000 next year.

Once again, the implications of these measures are outlined in the addendum to our news release.

[READ THEM]

Other strategies concern reductions in medical equipment rentals and medical supplies. Costs will be reduced in these areas by \$248,000 this year and \$310,000 next year. Implications are described in the addendum.

[READ THEM]

Even with these measures, we are still projecting a deficit for this fiscal year. We are deeply concerned that if the provincial government does not provide financial relief, we will have to make even deeper cuts to home care services in our area.

I will leave the final word here today to our Board Chair Bob Fera; we will then open the floor to questions from the media.

May 9, 2001

The Honourable Tony Clement
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor St.
Toronto, ON M7A 2C4

Dear Mr. Clement:

On behalf of our board of directors and staff, congratulations on your appointment as Minister of Health and Long-Term Care. You have taken on this portfolio at a challenging time in the history of Canadian health care. We send you our best wishes for success. From time to time, we will advise you on important health system policy issues to assist you in our own small way with the challenges you face.

My purpose in writing this letter is to provide policy advice in the form of two motions, adopted during our board meeting of April 25th and attached to this letter. They pertain to the provision of homemaking services.

Though we do not believe your government has a deliberate policy to force frail elderly Ontarians to leave their homes and move into long-term care facilities, we have concluded that this will be the combined impact of several key provincial policy initiatives, which include: the construction of 20,000 new long-term care beds, limitations in Ontario Regulation 386/99 concerning the provision of homemaking services by Community Care Access Centres (CCACs), and fiscal policies as they affect CCACs and their clients.

New Long-Term Care Beds

While we support the addition of new long-term care beds to our health care system (the first new bed supply in over a decade at a time when our population is rapidly aging), we are deeply concerned that there will be tremendous pressure by facility operators for the new beds to be filled as soon as possible, and existing beds to remain fully occupied, to maximize their revenues. This could lead to inappropriate occupancy of long-term care beds – by people who could remain at home longer at a lower cost to the public system. It is our intent to resist such pressure by fulfilling our legislated placement coordination and home care mandates with rigour and with a client-centred approach. If this means that beds will remain vacant in our local long-term care facilities, so be it.

Ontario Regulation 386/99 As It Pertains to Homemaking

This regulation sets criteria for determining who is eligible to receive personal care and homemaking services from CCACs. We are concerned that the regulation prohibits the provision of homemaking to people who do not have a personal care need. We are in the process of implementing this particular criterion; because of it, we

are discharging hundreds of clients it has made ineligible. These people are independent with their personal care, but are unable to do their own homemaking tasks to maintain their homes.

Most are able to make alternate arrangements following discharge – either they depend on family members or friends for assistance, or they purchase homemaking services at their own expense. While this is appropriate for many seniors, there are those for whom we hold deep concern – they cannot afford to purchase service and do not have family members or friends who can assist them. We are concerned that over time their homes will become dirty, unsanitary, unsafe and a health hazard. Ultimately, they will be forced by their circumstances to move into long-term care facilities or low-cost retirement homes. This is already a frequent scenario right across the province.

Such scenarios could be avoided with an amendment to Ontario Regulation 386/99 enabling CCACs to provide homemaking services (at a lower cost to the government than that of subsidies to long-term care facilities) to people who are:

- unable to perform their own homemaking, but do not require personal care services;
- do not have an adequate support network from which they can obtain homemaking support; and
- are unable to afford to purchase homemaking services.

This is an amendment which we strongly recommend be made to the regulation.

A related amendment would bring about a significant rationalization in the long-term care sector. Many seniors currently ineligible for our services, would be able to remain at home rather than move to a long-term care facility if we were permitted to provide them with homemaking assistance. The cost to the public would be substantially less. For such clients, we could help them remain at home for less than \$100 per week. Compare this to the weekly cost to the public of the subsidy to long-term care facility for housing one person – more than \$600 per week. This defies *Common Sense*. We propose an amendment to Ontario Regulation 386/99 empowering CCACs to provide sufficient home care services (which could include any combination of personal support, homemaking and professional services), enabling people to avoid moving into long-term care facilities as long as the total cost of such service does not exceed the cost to the public of housing people in those facilities.

Finally, we propose that the funding required to implement our recommended amendments be reallocated from the long-term care facility sector.

Fiscal Policies

The establishment of government policies for the long-term care sector, indeed the entire health sector, should be based on thoughtful and meticulous population-based health planning, albeit in combination with a commitment to doing what is affordable. Currently this is not the case in the long-term care sector.

Notwithstanding government injections of new funding in recent years, including the current fiscal year, CCACs are starved for funds¹. The uncontrollable factors causing this have been explained to you by

¹ Our CCAC has projected a deficit of \$1.8 million for the current fiscal year, an increase of 8.9 percent, the second lowest percentage increase among the northern CCACs. The average deficit among the northern CCACs is projected at 21 percent (in total, \$20million for 2001-02). Similar scenarios abound right across the province.

representatives of our provincial association and many of our colleague CCACs – population growth and aging, hospital restructuring, labour market influences in nursing and personal support and homemaking, and major increases in the prices of services purchased by CCACs from other agencies.

Your government has not yet delivered a plan for dealing with this critical situation. CCACs, out of concern (based on the Throne and Budget Speeches) that deficits will not be funded by the government this year, are planning to implement a wide variety of measures in order to avoid or reduce their deficits, leading to major inconsistencies across Ontario in what services CCACs will provide and in how they will apply their eligibility criteria. By way of example, we recently received a news release from one CCAC which stated it has now eliminated homemaking services for virtually all its clients, regardless of whether or not they have a personal care need. The legislated home care mandate in Ontario is gradually crumbling in the face of the government's failure to set home care policy. In essence, such policy is being established by individual agencies rather than by your government.

Mr. Clement, we urge you to take control of the policy-setting agenda for Ontario's home care services through rational population-based health planning rather than simply by under-funding the system. Our provincial association, and doubtless other associations, would be pleased to help by participating in a critical short-term planning initiative to identify and implement solutions.

Please know that our intent is to assist you in making decisions that will be a credit to you and your government.

Sincerely,

ORIGINAL SIGNED BY

Bob Fera
Board Chair

cc. Hon. Cam Jackson, Minister, Seniors' Secretariat
Rick Bartolucci, MPP, Sudbury
Shelley Martel, MPP, Nickel Belt
Mike Brown, MPP, Algoma-Manitoulin
Mayors of all municipalities in the Manitoulin and Sudbury Districts
Stan Kunto, Program Supervisor, Ministry of Health and Long-Term Care
All print media, Manitoulin and Sudbury Districts
Ontario Association of Community Care Access Centres

**MANITOULIN-SUDBURY COMMUNITY CARE ACCESS CENTRE
BOARD RESOLUTIONS ADOPTED APRIL 25TH, 2001**

MOVED BY: Marie Foster
SECONDED BY: Jeanne Naponse

WHEREAS long-term care legislation of the Government of Ontario, through its limitations concerning the provision of homemaking services, prohibits the provision of homemaking services to people who do not require personal care services; and

WHEREAS many such people are unable to perform basic homemaking tasks in order to maintain their homes, with the consequence that over time their homes become dirty, unsanitary, unsafe and a health hazard; and

WHEREAS the ultimate impact of the long-term care legislation of the Government of Ontario is that many of these people are forced to leave their homes and move into long-term care facilities;

BE IT RESOLVED THAT the MSCCAC advocate for an amendment to Ontario Regulation 386/99 to enable CCACs to provide homemaking to people who are:

- unable to perform their own homemaking, but do not require personal care services;
- do not have an adequate support network from which they can obtain homemaking support; and
- are unable to afford to purchase homemaking services.

BE IT FURTHER RESOLVED THAT the MSCCAC advocate for increased funding to CCACs to support the costs associated with the proposed amendment to Ontario Regulation 386/99, possibly through reallocation from the long-term care institutional sector.

CARRIED (01-39)

MOVED BY: Berthe Lafrenière
SECONDED BY: Jean Brown

WHEREAS legislated maximums on the amount of home care that CCACs can provide often forces people to leave their homes and move into long-term care facilities; and

WHEREAS the cost of maintaining such people in long-term care facilities is often higher than if sufficient home care had been provided over and above current legislated maximums;

THEREFORE, BE IT RESOLVED THAT the MSCCAC advocate for an amendment to Ontario Regulation 386/99 empowering CCACs to provide sufficient home care services, enabling people to avoid moving into long-term care facilities as long as the total cost of such service does not exceed the cost to the public of housing people in long-term care facilities.

BE IT FURTHER RESOLVED THAT the MSCCAC advocate for increased funding to CCACs to support the costs associated with the proposed amendment to Ontario Regulation 386/99, possibly through reallocation from the long-term care institutional sector.

CARRIED (01-40)

News Investing Careers Leisure

globe
web centre

THE GLOBE AND MAIL

Home | Business | National | International | Sports | Review | Technology | Books | Wheels

gl beandmail.com

Go to Breaking News

Today's Weather

Globe 7-day Search

[Tips](#) | [What Can I Search?](#)
[Subject Index](#)

Search the Web

Google
powered by

Contents

☐ Full Site Index

☐ E-mail alerts

Main Sections

☐ Report on Business

☐ National

☐ International

☐ Sports

☐ Playoffs

☐ Technology

☐ Globe Review

☐ Travel

☐ Features

☐ Comment

☐ Forums

☐ Focus

☐ Books

☐ Appointments

Other Sections

☐ Classifieds

• AD MAIL

☐ Globetrotter

☐ Campus

☐ Wheels

☐ Real Estate

☐ Health



Search Results

Cutting 'frills' to seniors' care costs thousands, report says

ANDRÉ PICARD
PUBLIC HEALTH REPORTER
Saturday, May 26, 2001

Denying elderly **home-care** clients "frills" such as housecleaning actually ends up costing the health system a bundle over the long term, according to a groundbreaking new study.

Those denied help with daily chores use \$4,000 more a year on health services and are more than twice as likely to end up in costly nursing homes.

"While the original logic of cutting people who needed only housecleaning seemed reasonable at the time, our results show the logic is false," Marcus Hollander, health economist and the study's principal author, said.

"We found that a significant proportion of people seemed to have a health-care crisis a year or two after their services were cut that ultimately cost the system more."

Globe Forums

Economic Update

Do you agree with the decision to use the \$15-billion surplus to pay down the debt?

[Join In]

The CA's leadership dilemma

Does the Canadian Alliance need a leadership review to put itself back on track, or does it face deeper problems?

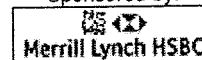
[Join In]

Current Markets

Enter Canadian or U.S. stock symbol(s) or market index:

Stock symbol lookup

Sponsored by:



TSE 300	-150.61	8101.40
DJIA	-166.50	10872.64
S&P500	-19.85	1248.08
Nasdaq	-91.0	2084.5
CDNX	-5.60	3316.9
FTSE100	-67.00	5796.9
Nikkei	-280.5	13493.3
HSeng	-210	13420
DJ Net	-5.51	85.66

Delayed 20 minutes. [Help](#).

[Science](#)
[Environment](#)
[Education](#)
[Obituaries](#)
[Births & Deaths](#)
[Toronto News](#)
[Specials & Series](#)
[All Reports...](#)
[Entertainment](#)
[Cartoon](#)
[Crosswords](#)
[Horoscopes](#)
[TV Listings](#)
[Food & Dining](#)

Services

[Full Services Index](#)
 Click for a detailed list of everything on the site.

[Advertise: Newspaper](#)
[Advertise: Web Sites](#)
[Customer Service](#)
[Corrections](#)
[Free Headlines](#)
[Help & Contact Us](#)
[Make Us Home](#)
[Mobile NEW](#)
[Press Room](#)
[Privacy Policy](#)
[Reprints](#)
[Subscriptions](#)

Globe Web Centre

[News:](#)
[globeandmail](#)
[globetechnology](#)
[ROB magazine](#)
[ROBtv](#)

[Investing:](#)
[globefund](#)
[globeinvestor](#)
[ROBtv](#)

[Careers:](#)
[workopolis](#)

[Leisure:](#)
[globemegawheels](#)
[globebooks](#)
[TV listings](#)
[Crosswords](#)

The study is being released today at a meeting of the Canadian Health Economics Research Association.

It is one of the first to demonstrate that investing early in **home care** can actually save money over the long term.

It comes at a time when most **home-care** programs in the country, to save money, are stripping the elderly of low-level care that allows them to live independently in the community. Dr. Hollander said the approach should be rethought immediately because it is a false economy.

"These simple, cheap services appear to help maintain the elderly person's functioning and prevent his or her deterioration," he said.

Having a homemaker perform simple chores such as cleaning, as little as once a week, provides stimulus and stability and acts as an early warning system for serious health problems, the researchers found. They said those denied the services feel lonely and abandoned, which seems to precipitate health crises.

The study was conducted in British Columbia, where the government unwittingly created a large-scale natural experiment. In 1994, the province instituted a policy of cutting services to clients with minimal **home-care** needs. But the policy of eliminating housecleaning services was implemented in some jurisdictions and ignored in others.

That allowed researchers to examine the health outcomes of **home-care** clients with and without low-level services over many years.

The research found there was no difference between the groups in the first year, which seems to justify the cuts.

But in the second and third years, the cost of caring for those stripped of homemaking services soared, and their health outcomes plummeted.

Morning Smile

Why not have the Falun Gong exercises as a demonstration sport at the 2008 Olympics?
 - Peter Bowers,
 Toronto

In the third year, annual costs per person for all health services averaged \$7,808 for those who still had housecleaning, compared with \$11,903 for those whose services were cut.

More important, 17 per cent of those who lost their housecleaning ended up in long-term care institutions three years after the cuts, compared with only 7 per cent of those who still had the housecleaning.

This makes a tremendous financial difference. The homemaking services cost the government about \$2,500 a year; the basic institutional care, more than \$42,000 a year.

Earlier research by Dr. Hollander showed that most moves from community care to institutional care are precipitated by an event such as a fall. This is far more likely to happen if the home is untidy. (Falls are the leading cause of hospital and nursing-home admission and one of the leading causes of death among the elderly.)

Furthermore, the death rate was 50 per cent higher among those who lost their low-level help than among those who still had their homes cleaned. After three years, 22 per cent of the former group had died, compared with 15 per cent of the latter.

"Ignoring the preventive aspects of **home care** may not only lead to increased costs in the overall health system, but may also lead to increased suffering and distress for a significant proportion of people who are cut from care," Dr. Hollander said.

The research was commissioned by Health Canada, which has funded 15 major studies to determine the efficiency and cost-effectiveness of **home care**.


The results have been more dramatic than anyone expected.

For example, an earlier study found that

governments can cut treatment costs for elderly patients by as much as half by providing care in the community instead of in institutions. It revealed that each patient cared for in the community rather than a facility saves the health system an average of \$8,000 a year, regardless of the severity of the patient's condition.

In fact, what the research has driven home forcefully is that stability is a key to caring for patients cost-effectively, a view that has been reinforced in the new study.

Nationally, governments spend about \$2.1-billion a year on **home care**.

 [E-mail this article](#)

[Subscribe to The Globe and Mail](#)

[Home](#) | [Business](#) | [National](#) | [International](#) | [Sports](#) | [Review](#) | [Books](#) | [Technology](#) | [Wheels](#)

Copyright © 2001 Globe Interactive, a division of Bell Globemedia Publishing Inc.
[Help & Contact Us](#) | [Back to the top of this page](#)



CASC/CCAC

Centre d'accès aux soins communautaires de
Manitoulin-Sudbury
Community Care Access Centre

Sudbury
1760, rue Regent Street
Sudbury, Ontario
P3E 3Z8

(705) 522-3461
1-800-461-2919
(705) 522-3855

Espanola
140, rue Barber Street
Espanola, Ontario
P5E 1S4

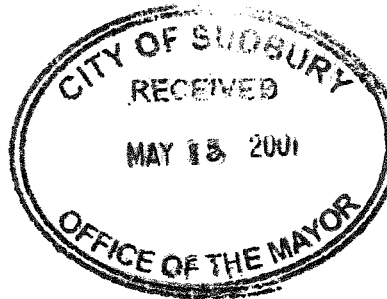
(705) 869-3790
(705) 869-3793

Manitoulin
6224 Hwy. 542
Mindemoya, Ontario
P0P 1S0

(705) 377-5356
(705) 377-5020

May 9, 2001

The Honourable Tony Clement
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor St.
Toronto, ON M7A 2C4



Dear Mr. Clement:

On behalf of our board of directors and staff, congratulations on your appointment as Minister of Health and Long-Term Care. You have taken on this portfolio at a challenging time in the history of Canadian health care. We send you our best wishes for success. From time to time, we will advise you on important health system policy issues to assist you in our own small way with the challenges you face.

My purpose in writing this letter is to provide policy advice in the form of two motions, adopted during our board meeting of April 25th and attached to this letter. They pertain to the provision of homemaking services.

Though we do not believe your government has a deliberate policy to force frail elderly Ontarians to leave their homes and move into long-term care facilities, we have concluded that this will be the combined impact of several key provincial policy initiatives, which include: the construction of 20,000 new long-term care beds, limitations in Ontario Regulation 386/99 concerning the provision of homemaking services by Community Care Access Centres (CCACs), and fiscal policies as they affect CCACs and their clients.

New Long-Term Care Beds

While we support the addition of new long-term care beds to our health care system (the first new bed supply in over a decade at a time when our population is rapidly aging), we are deeply concerned that there will be tremendous pressure by facility operators for the new beds to be filled as soon as possible, and existing beds to remain fully occupied, to maximize their revenues. This could lead to inappropriate occupancy of long-term care beds – by people who could remain at home longer at a lower cost to the public system. It is our intent to resist such pressure by fulfilling our legislated placement coordination and home care mandates with rigour and with a client-centred approach. If this means that beds will remain vacant in our local long-term care facilities, so be it.

Ontario Regulation 386/99 As It Pertains to Homemaking

This regulation sets criteria for determining who is eligible to receive personal care and homemaking services from CCACs. We are concerned that the regulation prohibits the provision of homemaking to people who do not have a personal care need. We are in the process of implementing this particular criterion; because of it, we

are discharging hundreds of clients it has made ineligible. These people are independent with their personal care, but are unable to do their own homemaking tasks to maintain their homes.

Most are able to make alternate arrangements following discharge – either they depend on family members or friends for assistance, or they purchase homemaking services at their own expense. While this is appropriate for many seniors, there are those for whom we hold deep concern – they cannot afford to purchase service and do not have family members or friends who can assist them. We are concerned that over time their homes will become dirty, unsanitary, unsafe and a health hazard. Ultimately, they will be forced by their circumstances to move into long-term care facilities or low-cost retirement homes. This is already a frequent scenario right across the province.

Such scenarios could be avoided with an amendment to Ontario Regulation 386/99 enabling CCACs to provide homemaking services (at a lower cost to the government than that of subsidies to long-term care facilities) to people who are:

- unable to perform their own homemaking, but do not require personal care services;
- do not have an adequate support network from which they can obtain homemaking support; and
- are unable to afford to purchase homemaking services.

This is an amendment which we strongly recommend be made to the regulation.

A related amendment would bring about a significant rationalization in the long-term care sector. Many seniors currently ineligible for our services, would be able to remain at home rather than move to a long-term care facility if we were permitted to provide them with homemaking assistance. The cost to the public would be substantially less. For such clients, we could help them remain at home for less than \$100 per week. Compare this to the weekly cost to the public of the subsidy to long-term care facility for housing one person – more than \$600 per week. This defies *Common Sense*. We propose an amendment to Ontario Regulation 386/99 empowering CCACs to provide sufficient home care services (which could include any combination of personal support, homemaking and professional services), enabling people to avoid moving into long-term care facilities as long as the total cost of such service does not exceed the cost to the public of housing people in those facilities.

Finally, we propose that the funding required to implement our recommended amendments be reallocated from the long-term care facility sector.

Fiscal Policies

The establishment of government policies for the long-term care sector, indeed the entire health sector, should be based on thoughtful and meticulous population-based health planning, albeit in combination with a commitment to doing what is affordable. Currently this is not the case in the long-term care sector.

Notwithstanding government injections of new funding in recent years, including the current fiscal year, CCACs are starved for funds¹. The uncontrollable factors causing this have been explained to you by

¹ Our CCAC has projected a deficit of \$1.8 million for the current fiscal year, an increase of 8.9 percent, the second lowest percentage increase among the northern CCACs. The average deficit among the northern CCACs is projected at 21 percent (in total, \$20million for 2001-02). Similar scenarios abound right across the province.

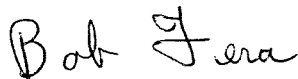
representatives of our provincial association and many of our colleague CCACs – population growth and aging, hospital restructuring, labour market influences in nursing and personal support and homemaking, and major increases in the prices of services purchased by CCACs from other agencies.

Your government has not yet delivered a plan for dealing with this critical situation. CCACs, out of concern (based on the Throne and Budget Speeches) that deficits will not be funded by the government this year, are planning to implement a wide variety of measures in order to avoid or reduce their deficits, leading to major inconsistencies across Ontario in what services CCACs will provide and in how they will apply their eligibility criteria. By way of example, we recently received a news release from one CCAC which stated it has now eliminated homemaking services for virtually all its clients, regardless of whether or not they have a personal care need. The legislated home care mandate in Ontario is gradually crumbling in the face of the government's failure to set home care policy. In essence, such policy is being established by individual agencies rather than by your government.

Mr. Clement, we urge you to take control of the policy-setting agenda for Ontario's home care services through rational population-based health planning rather than simply by under-funding the system. Our provincial association, and doubtless other associations, would be pleased to help by participating in a critical short-term planning initiative to identify and implement solutions.

Please know that our intent is to assist you in making decisions that will be a credit to you and your government.

Sincerely,



Bob Fera
Board Chair

cc. Hon. Cam Jackson, Minister, Seniors' Secretariat
Rick Bartolucci, MPP, Sudbury
Shelley Martel, MPP, Nickel Belt
Mike Brown, MPP, Algoma-Manitoulin
Mayors of all municipalities in the Manitoulin and Sudbury Districts
Stan Kunto, Program Supervisor, Ministry of Health and Long-Term Care
All print media, Manitoulin and Sudbury Districts
Ontario Association of Community Care Access Centres

**MANITOULIN-SUDBURY COMMUNITY CARE ACCESS CENTRE
BOARD RESOLUTIONS ADOPTED APRIL 25TH, 2001**

MOVED BY: Marie Foster
SECONDED BY: Jeanne Naponse

WHEREAS long-term care legislation of the Government of Ontario, through its limitations concerning the provision of homemaking services, prohibits the provision of homemaking services to people who do not require personal care services; and

WHEREAS many such people are unable to perform basic homemaking tasks in order to maintain their homes, with the consequence that over time their homes become dirty, unsanitary, unsafe and a health hazard; and

WHEREAS the ultimate impact of the long-term care legislation of the Government of Ontario is that many of these people are forced to leave their homes and move into long-term care facilities;

BE IT RESOLVED THAT the MSCCAC advocate for an amendment to Ontario Regulation 386/99 to enable CCACs to provide homemaking to people who are:

- unable to perform their own homemaking, but do not require personal care services;
- do not have an adequate support network from which they can obtain homemaking support; and
- are unable to afford to purchase homemaking services.

BE IT FURTHER RESOLVED THAT the MSCCAC advocate for increased funding to CCACs to support the costs associated with the proposed amendment to Ontario Regulation 386/99, possibly through reallocation from the long-term care institutional sector.

CARRIED (01-39)

MOVED BY: Berthe Lafrenière
SECONDED BY: Jean Brown

WHEREAS legislated maximums on the amount of home care that CCACs can provide often forces people to leave their homes and move into long-term care facilities; and

WHEREAS the cost of maintaining such people in long-term care facilities is often higher than if sufficient home care had been provided over and above current legislated maximums;

THEREFORE, BE IT RESOLVED THAT the MSCCAC advocate for an amendment to Ontario Regulation 386/99 empowering CCACs to provide sufficient home care services, enabling people to avoid moving into long-term care facilities as long as the total cost of such service does not exceed the cost to the public of housing people in long-term care facilities.

BE IT FURTHER RESOLVED THAT the MSCCAC advocate for increased funding to CCACs to support the costs associated with the proposed amendment to Ontario Regulation 386/99, possibly through reallocation from the long-term care institutional sector.

CARRIED (01-40)