INTEGRATING LONG-TERM CARE INTO A COMMUNITY-BASED CONTINUUM (COLLABORATIVE PUBLICATION)

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CONTEXT

A growing body of international evidence suggests that aging populations are not, in themselves, major drivers of rising health care utilization, since utilization is increasing across all age groups. However, as people age they are more likely to experience multiple chronic health and social needs which fragmented, hospital-based curative health care systems are poorly equipped to address. Lacking appropriate community-based care, older persons with chronic needs can "default" to costly hospital beds, leading to lengthy hospital stays with permanent placement in residential long-term care (LTC) often following. Such system challenges are compounded by a continuing decline in informal caregiving associated with the decline of the nuclear family, women's growing participation in paid employment, and the out-migration of young adults in rural areas. Nevertheless, the literature suggests that integrating models of home and community care (H&CC) which provide coordinated access to non-medical supports for daily living as well as primary health care, can maintain the wellbeing and independence of older persons and caregivers in their own homes and communities, while moderating demand for bed-based care.

OBJECTIVES/METHODS

This study identifies and analyzes promising community-based care initiatives for older persons and caregivers in urban and rural areas of Ontario. It draws on institutional political theory to analyze historical and institutional factors supporting or impeding current attempts to scale up and spread these initiatives in support of growing numbers of older persons with multiple chronic needs and caregivers in different geographic regions.

FINDINGS

H&CC in Ontario emerged as a collection of community-based initiatives to meet local needs. Although Ontario offers a wide range services including those offered by Community Care Access Centres (CCACs), community support services agencies (CSSAs), and private commercial agencies, these remain a patchwork quilt with different entry points, assessment processes, eligibility criteria, service offerings, service caps and users fees, with no overall strategy, little accountability, and funding arrangements reflecting historical utilization patterns and "market share" rather than current needs. Moreover, instead of building community-based capacity, during the early 2000s, Ontario chose to build tens of thousands LTC beds. As a result, older persons with multiple chronic needs requiring services from multiple providers may have few options but referral to LTC. In this context, we present detailed vignettes of three community-based initiatives in different regions of the province which have demonstrated success in supporting high needs older persons and caregivers "closer to home." These initiatives emphasize early case-managed access to a tailored mix of non-medical supports for daily living (including personal care, meals, medications check and transportation) with coordinated referral and follow-up to medical care.

CONCLUSIONS

To respond to the rise of multiple chronic needs, and sustain an increasingly stretched bed-based health care system, a first key step is to plan for an integrated continuum of "places" for care over the longer term, most or all of which could be in community settings such as supportive housing, assisted living, adult day programs or the family home. Then, following the example of governments in other jurisdictions internationally, the province needs to establish an enabling policy framework which allows promising ground-up initiatives scope to scale and spread, taking into account varying local system capacity and access to informal caregivers across urban and rural areas of the province. Finally, funding should be based on assessed needs rather than location of care, so that older persons and caregivers have greater choice, including the choice of the least restrictive care setting possible, and a historical bias toward costly and often avoidable bed-based care is eliminated.

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