SETTING THE BALANCE OF CARE IN NORTHWESTERN ONTARIO: OPPORTUNITIES AND CHALLENGES FOR AGING IN PLACE

(WORKING PAPER SERIES)

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CONTEXT

A growing number of older adults require access to home and community care services. Homecare plays an important role in meeting their daily living needs and can potentially substitute for more expensive care in hospitals and long-term care (LTC) facilities. Finding the appropriate balance between care in the home and care in institutional settings for older adults with care needs is not always easy to achieve. Much like other parts of the province, Northwestern Ontario (NWO) has a lengthy waiting list for LTC. While some older adults have high needs that warrant LTC facility admission, others could potentially receive care in the community, assuming it were available, properly integrated, managed, and aligned with the needs of the client and their caregivers.

OBJECTIVES

In this study we examined the characteristics of adults waiting for LTC in NWO; engaged with local care managers and providers to design packages of community care for clients waiting for LTC; and outlined the factors that would make it easier to mobilize and deliver home and community care for older adults in their communities**.**

METHODS

Data from the RAI-HC were analyzed to characterize the population and develop case vignettes. These vignettes were presented to a group of 10 care providers who work in various organizations across the health and social care continuum. They were tasked with designing community care packages for each of the vignettes. The session was audio-recorded and transcribed verbatim and thematically analyzed using qualitative descriptive methods.

FINDINGS

At the time of the study 973 people were on the wait list for LTC in NWO ~ 680 people were waiting in Thunder Bay (urban area) and 287 were waiting in the surrounding Region (rural and remote areas). People wait-listed in Thunder Bay showed higher impairments overall. When designing care packages, care managers indicated the importance of considering delivery models that facilitated greater integration of services, care continuity and ease of access. Suggestions ranged from supported self-management where families and providers co-design care; to housing with care models where care is provided “under one roof.” Ideally, as needs increased, supportive housing would become enhanced through further adaptations. However, it was cautioned that supportive housing should continue to be used as a prevention model and be targeted to people early in their care trajectory. Day programs could be adapted to include needed medical care on-site, particularly for moderate-high needs clients. These models would ideally be situated within geographically based “hubs” comprised of a network of providers who leverage local resources and work closely with clients and families over time. Core themes that would support the aforementioned integrated delivery models included increasing the capacity and role of care providers (particularly personal support workers), changing the organization and structure of care (clustering services and instating flexible funding models), improving the orientation/focus of care (from reactive to proactive care with attention to caregivers), and improving accessibility and knowledge of care (making it easier to find information regarding services and relaxing eligibility criteria).

CONCLUSIONS

Ongoing resource constraints in the home and community care sector combined with a lack of capacity to integrate services across boundaries, prevent providers from doing what they wish to do—help their clients and families safely remain in the community with access to appropriate supports. There are opportunities to deliver care differently through personal budgets, supportive housing, enhanced day programs and community-based hubs, which could facilitate a more seamless care experience for both providers and clients. The insights from this report can potentially help NWO and other similar jurisdictions set priorities for their growing senior population.

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