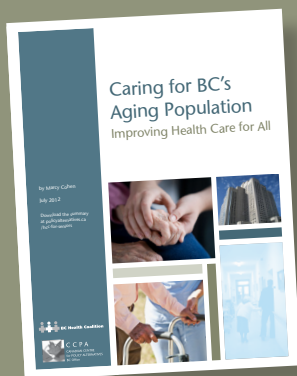


Caring for BC's Aging Population

Improving Health Care for All

SUMMARY

Download the full report at policyalternatives.ca/hcc-for-seniors



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CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
BC Office

WITH THE GROWING SENIORS' POPULATION, the question of how best to care for people as they age has never been more important. A recent landmark investigation by BC's Ombudsperson highlights the serious problems seniors experience in accessing affordable high-quality home and community-based care services. At the same time, media coverage continues to focus public attention on the problems of hospital overcrowding and unacceptably long waitlists for emergency care and surgeries.

Taken together, these challenges can seem overwhelming, prompting dire warnings about the "financial sustainability" of Medicare, calls for private delivery of publicly-funded services, and fears that aging baby boomers are about to overwhelm the health care system, leaving few resources for younger British Columbians.

A more comprehensive and better-coordinated system of home and community care for seniors can help us move beyond this impasse. It can help seniors to live independent and healthy lives in their own homes and communities. It can reduce pressure on family members—many of whom are already balancing full-time employment and parenting—to act as caregivers. And it can reduce pressure on hospitals—the most expensive part of our health care system.

However, a decade of underfunding and restructuring has led to a home and community care system that is fragmented, confusing to navigate, and unable to meet seniors' needs.

An improved system of home and community care for seniors can help seniors live healthy, independent lives, and reduce pressure on hospitals—the most expensive part of our health care system.

CONTINUED DECLINES IN ACCESS TO MOST SERVICES

Previous CCPA studies published in 2005 and 2009 documented steep declines in access to home and community care services since 2001—in particular residential care and home support. Updated figures obtained from the Ministry of Health show a continued downward trend.

It is important to note that access to services is not simply a matter of asking how many residential care beds exist in BC, or how many hours of home support are provided. Such numbers tell us little unless we consider them in relation to population needs. It is no secret that BC’s population is aging: the number of seniors over age 75 increased by 28 per cent between 2001 and 2010. To assess the level of access, we look at the volume of services provided each year relative to the number of seniors over 75, and find that between 2001/02 and 2009/10:

- Access to residential care dropped by 21 per cent.
- Access to home support dropped by 30 per cent.
- Reductions in access to home nursing of 3 per cent were more moderate, and in community rehabilitation there has actually been an increase of 14 per cent.
- When all services are considered together, access to home and community care declined by 14 per cent.
- Access to services varies significantly across health authority regions, particularly for home health services (see page 13 for regional breakdowns).

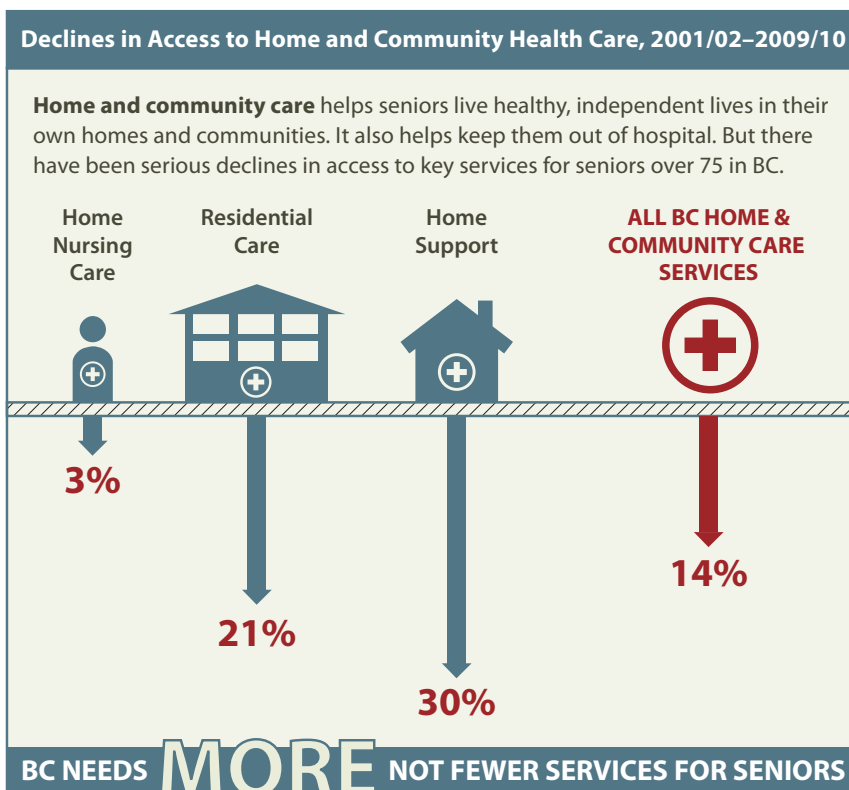
Restructuring in home and community care—such as changes to policies that govern when seniors get access to what types of care—has also undermined the vital prevention role these services can play. In both residential care and home support, eligibility criteria have become increasingly restrictive, to the point that seniors often have to wait until they are in crisis and admitted to hospital in order to get the community services they require. Even then, services can be difficult to access.



Previous CCPA–BC studies documented steep declines in access to key home and community care services. Updated figures obtained from the BC Ministry of Health show a continuing downward trend.

REDUCED ACCESS TO SERVICES CONTRIBUTES TO HOSPITAL OVERCROWDING AND WAITLISTS

One of the best ways to track the impact of reduced access to services is to look at the number of hospital patients who no longer require acute care but who continue to occupy a hospital bed because the appropriate residential or home health services are not available. These patients are called “Alternate Level of Care” or ALC patients.



In 2005/06, the provincial government discontinued its requirement that health authorities publicly report standardized data on ALC hospital use. However, data from the provincial government show that between 2005/06 and 2010/11, there was a 35.5 per cent increase in the number of hospital beds across BC occupied by people classified as ALC patients.

For elderly patients, being stuck in hospital because of the lack of sufficient and/or appropriate home and community care services can lead to a decline in their mobility and their ability to live independently. It also contributes to overcrowding in BC's hospitals.

Research shows that hospital occupancy rates of 85 per cent or lower are optimal. When hospitals operate above optimal capacity, it is harder to isolate patients with antibiotic resistant viruses or respond to emergency admissions without having to delay elective surgeries or control wait times in emergency departments. While there is a lack of publicly reported data, it is possible to make a reasonable estimate of overall provincial occupancy levels by comparing the number of beds in operation with the average number of inpatient acute care days. Based on this calculation, in 2009/10, BC hospitals had occupancy rates of 97 per cent.

RECOMMENDATIONS

BC needs a more comprehensive and better-coordinated home and community care system, one that focuses on early intervention and supporting seniors to live well and die with dignity. This shift requires, at least initially, an infusion of new funding to build needed capacity in the system, which will reduce the need for expensive emergency room visits and hospital stays down the road. The cost of treating a senior in hospital ranges from \$825 to \$1,968 per day, whereas the cost of residential care is approximately \$200 per day.

While health care has fared relatively well compared to other areas in provincial budgets over the last decade, BC has not kept up with other Canadian provinces. In 2001, BC had the second highest level of health spending per capita in Canada; by 2011 it had fallen to second lowest. This might not be cause for concern if BC's lower rate of growth in health spending were the result of widespread efficiencies as opposed to restraint policies that reduced access to needed home and community care services and hospitals.

Beyond issues of funding and access, changes are needed to how home and community care services are organized and integrated with the broader health care system. The provincial government needs to take a strong leadership role in the following priority areas.

The Remaining Light Project



The Remaining Light is a 30-minute documentary film that explores the issues raised in this study. It features the stories of seniors, their family members, and people who work as caregivers.

Watch the film online at www.policyalternatives.ca/projects/seniors-care, or email bcseniors@policyalternatives.ca to request a free copy.

Integrate home, community and primary care (doctors) services for seniors with complex health needs:

Seniors with complex needs are frequently in and out of hospital and have multiple health providers (a family doctor, one or more specialists, a home nurse, etc), who often don't even communicate with one another let alone work as a team. In other words, they face a home and community care system that is highly fragmented. Many of the basic home support services they need (particularly if they are low income), such as transportation and assistance shopping for groceries or preparing meals, are no longer publicly provided. These challenges can be resolved when services are reconfigured around a senior's needs, provided by an interdisciplinary team of health professionals and front-line workers, and available 24/7.

Increase patient involvement in decisions about their care:

Too often health care systems are organized around the needs of providers rather than patients. A growing body of evidence shows that by redesigning services around the needs of the patient, it is possible to improve both the quality and cost-effectiveness of care. There is also evidence to show that when individual patients with challenging chronic conditions are em-

powered to become more involved in managing their care and more confident in communicating with health care professionals, their health improves and they use fewer hospital and physician services. There are currently programs in many BC communities that promote a greater role for patients in managing specific chronic conditions. However, these programs could be significantly expanded to cover a broader range of health challenges and be more accessible to low-income and immigrant seniors and those living in rural communities.

Treat social supports as an integral aspect of care:

Social support is a determinant of health. It helps seniors to remain independent and healthy by building self-esteem and coping skills, improving knowledge about available health and community resources, and encouraging healthy behaviours. Research shows that social connectedness slows cognitive decline, and the progression of both mental and physical dis-

abilities. The provincial government should provide funding to ensure that social supports are available both within the home and community care system and in the broader community (through outreach programs at community or seniors' centres, for example).

Develop provincially standardized, publicly-reported information on key indicators

Getting even very basic information about seniors care in BC can be daunting. The need for more transparent, accessible reporting on home and community care services, funding levels and health outcomes was highlighted by the province's Ombudsperson in her recent investigation. Consistent, publicly available data on Alternate Level of Care patients, hospital occupancy rates, and hospital utilization by people with limited incomes and few social supports are also needed.



BC Health Coalition

The BC Health Coalition is a coalition of more than 50 groups that works to protect and expand public health care. For more information, please contact info@bchealthcoalition.ca, call 604.681.7945 or visit our website at www.bchealthcoalition.ca



CCPA
CANADIAN CENTRE
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BC Office

The Canadian Centre for Policy Alternatives is an independent, non-partisan research institute concerned with issues of social and economic justice.

The CCPA's BC Office hosts The Remaining Light Project, which brings community organizations, seniors and researchers together to develop policy solutions that support seniors' dignity and well-being.

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This report is part of The Remaining Light Seniors Project, which brings community organizations, seniors and researchers together to develop policy solutions that support seniors' dignity and well-being. CCPA-BC thanks the United Way of the Lower Mainland, Vancity, the Hospital Employees' Union, and the BC Government and Service Employees' Union for their support of the project.

The opinions and recommendations in this report, and any errors, are those of the author, and do not necessarily reflect the views of the publishers or funders of this report.

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