

Show Me the Way to Stay Home

Lynn M. Nagle, RN, PhD

Assistant Professor, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto;
Senior Nursing Advisor, Canada Health Infoway

As the health system continues to evolve through the implementation of the electronic health record and other information technology initiatives, it is imperative that governments undergo a paradigm shift and recognize the need for strategic investment in home care (CHCA 2008a:7).

Among my closest baby boomer contemporaries, recent life experiences have revealed an increasingly pervasive challenge – maintaining the independence of aging parents. As one of the major issues facing middle-aged Canadians today, the provision of emotional, material, and physical support and care to this cohort takes a toll on family caregivers. The lay caregivers of Canada save taxpayers millions annually by avoiding the cost of institutional care. Although given comparatively less airplay these days, there is also tremendous cost avoidance afforded to the healthcare system because of home-based, family-delivered care for chronically ill children and young adults. A significant number of Canadians are doing their bit to supplement the gaps in service: family and friend caregivers constitute up to 80% of the care delivered in the home (Canadian Home Care Association [CHCA] 2008b). More than 10 years ago, it was estimated that 2.85 million Canadians were caring for a family member with long-term illness (Cranswick 1997), equating to more than \$5 billion of unpaid labour annually (Fast et al. 2002). Given the country's demographic trends, one can only surmise what those figures might be in 2008. 'Twas ever thus that a majority of families assume responsibility for certain aspects of care for their loved ones, but limited attention is afforded these contributions.

Approximately 900,000 Canadians access home care on a regular basis (CHCA 2008a). Home care is the fastest-growing sector in healthcare, and it is predicted that between 1996 and 2046 the number of people needing it will double (Home Care Sector Study Corporation 2003). It has long been a cornerstone of Canadian healthcare, but sadly, home care gets short shrift when it comes to public funding. In a study of the long-term care systems of 19 OECD countries, Canada was found to invest 0.17% of its GDP in such systems compared with the overall average of 0.35% (Organisation for Economic Co-operation and Development [OECD] 2005). Why is there not greater equity with other sectors in the funding of home- and community-based care? It seems obvious there are some potentially significant financial benefits to be derived by investing in community and home care services that keep Canadians out of high-cost institutions. With shorter hospital lengths of stay and higher discharge acuity than ever before in our history, where is the infrastructure to support recovery at home?

Interestingly enough, a tremendous amount of rhetoric is directed to the need to focus on primary care, chronic disease management and aging at home. How can any jurisdiction effectively deliver on these agendas without some concomitant investment in community-based supportive technologies? We certainly do not have an endless supply of health human resources to deliver on the services needed to support same. Is it realistic for any jurisdiction to expect that without information and communication technology (ICT) investments, effective home and community support can be achieved? Assistive technologies to support individuals and family caregivers exist (e.g., remote monitoring of chronic disease and smart devices for those with dementias and sensory impairments), but are they widely utilized? Surely the cost of such supportive technologies would significantly offset the costs associated with short-term hospitalization or long-term institutionalization.

Grim forecasts of pending shortages of health professionals, particularly nurses, should provide compelling enough reason to consider technology solutions to optimize efficiency and effective use of resources in every sector. Equipped with point-of-care technologies, nurses in the community could access client data and information from other providers and settings, collaborate with other members of the healthcare team on-line and ultimately contribute to improved clinical outcomes. Estimates suggest that access to remote technologies could extend nurses' capacity to visit more clients (up to 3–4 times more) and maximize access to this increasingly scarce commodity (Thobaben 2000). As the nursing profession is also aging, it behoves jurisdictions to consider deploying solutions to further support nurses in the delivery of home and community care.

A recent publication by the CHCA (2008a) included several recommendations directed to investment in ICTs and other technologies to support the delivery

of community-based care for lay and professional caregivers alike. In particular, the need to link community care, including primary healthcare teams and home care, to other sectors is highlighted as essential to enable “improved integration, communication and collaboration” (CHCA 2008a). Financial investments in ICTs to support the provision of home and community services remain relatively insignificant when compared with those being directed to other sectors. While infrastructure supporting the advancement of electronic health records in institutions has been emerging as a priority in every Canadian jurisdiction, few have recognized the need to move beyond institutional brick and mortar to the communities where the greatest amount of care is delivered by professionals and family caregivers.

In our technology-obsessed society, one cannot help but wonder why more solutions are not being deployed to support and sustain the unsung heroes of home- and community-based care delivery. The current delivery of community-based care is undervalued and not integrated with the rest of the healthcare system, yet it is on the verge of becoming the single most important point of service delivery. The recent launch of the Canada Health Infoway–funded “VON Caregiver Portal” (www.caring-connect.ca) is an excellent demonstration of the capacity to lend support to hundreds of thousands of Canadians seeking information and solace from others in comparable circumstances.

As all providers of care (read “my generation”) are also aging, relying entirely on families and communities to keep citizens out of hospitals will not be sufficient. The demographics, the statistics and the trends tell a clear story – community- and home-based care, while not a panacea, can go much further still in offsetting the continuing escalation of healthcare costs. I look forward to an acknowledgement by “the system” that there is merit in extending the reach of supportive ICTs. That acknowledgement will be clear when there is an increase in public funding for supportive infrastructures and technologies. If given the choice, I want to age “at home” rather than “in the home.” How about you?

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