‘Uberizing’ home care in Ontario

A strong home and community care system can contribute considerably to a sustainable healthcare system and to improving patient care, reducing healthcare system costs, decreasing lengths of hospital stays and shortening wait lists for long-term care. Unlocking the potential of Ontario’s home and community care means moving away from the current ‘one-size-fits-all’ service delivery model to better meet the needs of different populations of clients. It also requires thoughtful approaches to examining and revising longstanding policies, regulations and practices that have shaped the current approach to care. In essence, home and community care needs ‘uberizing’ – introducing positive, disruptive change that drives more patient-centered, equitable, and responsive care delivery.

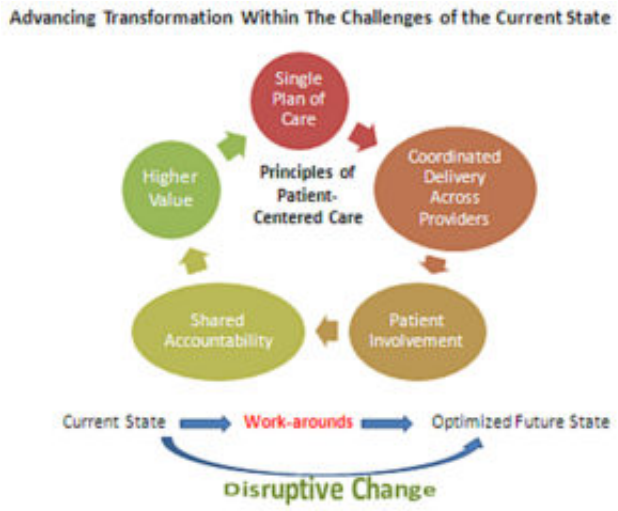

Fig. 1. Disruptive Change in Ontario's Home and Community Care Sector.

Like many other aspects of Ontario’s healthcare system, publicly-funded home care was designed for a different era and patient demographic. Care is primarily delivered through an out-sourcing model based on contracts with multiple service provider agencies. Patients report concerns about an unnecessarily complicated system, frequent and repetitive assessments, information gaps in their care, confusion about who to contact for a given condition or treatment, variations in levels of care, frequent staff turnover, and staff scheduling changes. Ontario’s home and community care system now supports among the most complex home care patients in the world yet the current home care delivery model cannot, by its design, meet the needs of clients and caregivers without substantial workarounds. An improved patient experience requires a much higher degree of integrated care and reduced complexity in delivery. Market pressures, including changing patient populations and expectations, are driving the critical need to mobilize the home and community care sector into a more patient-centred, technology-enabled, and streamlined system of care

delivery that can support the complex health and social care needs of our current and future patients.

In December 2015, the Ontario Ministry of Health and Long-Term Care (MOHLTC) announced its *Patients First* action plan, which proposes substantial changes to how primary care, home and community care, and public health are organized and delivered. Changing the organizational structure will not, in and of itself, address the fundamental challenges of Ontario's home and community care sector; however, a new structure could have fresh levers to strengthen and modernize delivery of care.

Design elements for a more streamlined patient-centred model include shifting to an integrated team-based model with one point of contact, one assessment, a shared health record, more flexible care options, and improved collaboration with primary care and social services. In addition, with an aging demographic, the system needs to find more cost-effective ways to deliver higher quality care, including increased use of enabling technologies, remote monitoring, better utilizing informal caregivers, and shifting care to less costly options including up-skilling the home care workforce. A more integrated care delivery system requires re-envisioning how care is provided, changes the roles and responsibilities of team members, optimizes front-line workers, blurs the lines between health care organizations, and re-organizes health care planning and delivery. This would include designing new service contracts to accelerate home and community care modernization with standard pricing, outcome-based payments, assigning volumes by geography and populations, bundled services, bundled payments, integrated care teams, and a single 'home care' brand.

To better meet the needs of clients there needs to be increased flexibility that allows easy determination and implementation of ideal delivery models that improve client outcomes and value for money. Patients and caregivers need to be part of this redesign process. With an aging population, increased prevalence of chronic diseases, and growing expectations of patients for the health system, the need for a new approach to home and community care has never been greater.

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