

Valuing Home and Community Care Project Methodology & Summary of Findings

So-sponsored by The
Change Foundation & The
Community Provider
Associations Committee
April 2010

Methodology

- The objective was to determine the economic value created by home and community-based health care for Ontario.
- Boston Consulting Group developed a model using a specific group of home-care clients that would serve as a baseline for calculating the total value of home and community care.

The client group had the following characteristics:

- they were 75 years and older and were considered to be frail
- they were still living at home in the Hamilton Niagara Haldimand Brant region (HNHB)
- they were already receiving some support in their home
- they had been assessed using a common provincial tool and had mild or moderate scores in terms of how much support they needed at home
- The data reviewed was for the period October 1, 2008 to September 30, 2009.

Summary of the Findings

- A significant number of clients would not be able to stay in their homes without home-care services.
 - 60% of clients would have to leave their homes if they did not have home-care services
 - For those with lower assessment scores, 27% of clients would have to move to an assisted living arrangement and 20% would have to go to a long-term care facility
 - For those with moderate assessment scores, 28% would have to move to assisted living and 43% would have to move to long-term care.

It costs less to provide support in people's homes.

- when we compare the costs of looking after those clients in home as opposed to assisted living or long-term care – assisted living is 1.2 – 1.8 times more expensive and long-term care is 2.2 – 3.4 times more expensive. If we keep this client group in their homes, we avoid \$60 million in expenditure.

Summary – continued

- Where people receive care has an impact on hospital use and costs.
 - if these clients stayed at home and did not have home-care support, they would use more hospital services – the study estimates they would use about 5-8 more hospital days
 - if these clients moved to assisted living or long-term care, they use of hospital services would go down – the study estimates 1-3 days less in hospital
 - So, the overall impact on hospital services is a reduction of about \$6 million

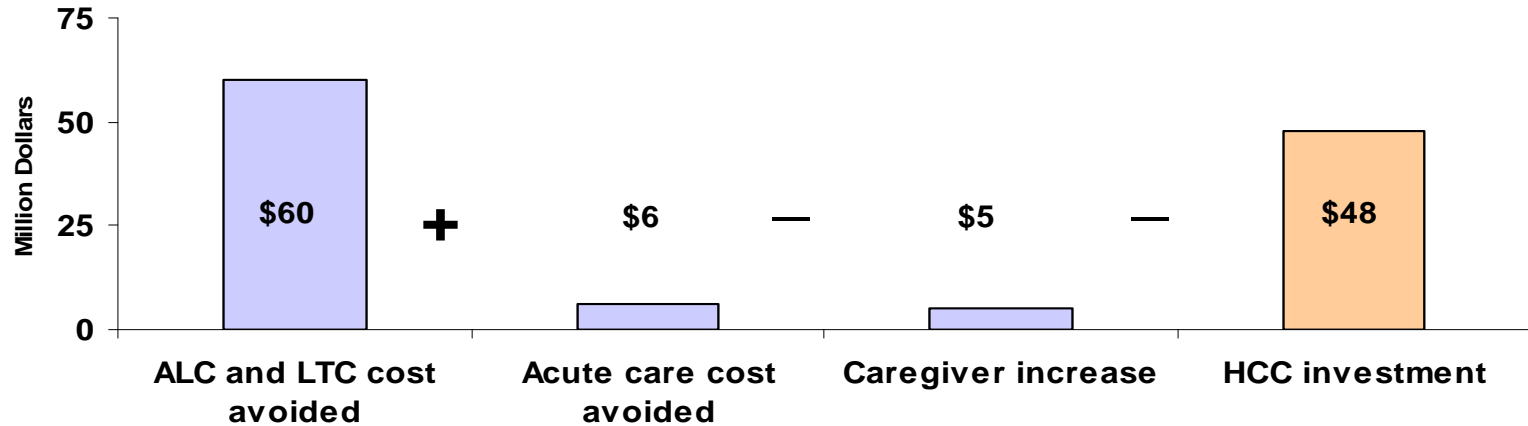
Removing home-care services has a direct impact on informal caregivers (family and friends)

- For the 40% of clients who could stay in their home without home-care services, the burden on informal caregivers increases 1.5 – 2 times. Depending upon the client's needs, this is an increase of 5-15 hours a week.
- For the 60% of clients who would have to move to assisted living or long-term care, there is actually a decrease in informal caregiver time as staff at the facilities would take on more of the support. Depending on the client's needs, this would be a decrease of 6 – 9 hours a week.
- The overall impact is about \$5 million in lost productivity for the informal caregivers.

Overall Savings

- **Overall Savings**
- **The savings noted here total \$66 million. We then have to subtract the lost productivity of the caregivers (\$5 million) and the actual costs of the home-care program (\$48 million). This leaves a possible savings of \$13 million.**
- **If this extrapolated to the level of the province, we could potentially save \$150 million annually.**

~48M Spent in HCC Lead to Cost Savings of ~\$13M in Hamilton-Niagara-Haldimand-Brant LHIN



It is extrapolated that investment in Home and Community Care could potentially save the province ~ \$150M annually.