

Press Release

National Program of Research Stresses Importance of Home Care

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As Canada's growing and aging population puts greater demands on our health care system, policy makers are looking for cost-effective ways to ensure appropriate health services. For some, home care is an obvious choice as a less expensive alternative to acute care hospitals and long-term facility care. However, home care has been plagued by American research from the 1970s and 1980s suggesting that it is not a cost-effective alternative to residential care. Also, home support services, a critical element in making home care cost-effective, have suffered under the stigma of being non-medical, low tech services.

Now, a major program of research on Canadian health care has concluded that home care services can indeed be a cost-effective alternative to residential long term care. "If home care is integrated with long term care as part of a broader system of continuing care, it has the potential of making Canada's health care system more cost-effective," said Dr. Marcus Hollander, co-director of the National Evaluation of the Cost-Effectiveness of Home Care, an integrated program of 15 studies conducted across Canada and funded by the Health Transition Fund, Health Canada.

"The completion of these studies is timely, given that the Romanow Commission and the Kirby Committee will deal with the issue of home care in their reports. There has been a great deal of discussion about home care, including a national home care program, and we believe that it is important that policy makers and the public are aware that home care and home support services can help to achieve the seemingly contradictory goals of saving money, and improving care and the quality of life for clients," said Dr. Neena Chappell, co-director of the program of research.

In terms of cost to government, it was found that home care costs less than residential care for all levels of care. The potential savings are even greater for home care clients who are in a stable health condition. Costs within home care, that is, costs for nursing care, home support, and case management are no more than half of the overall health care costs for home care clients. Hospital care, doctors and drugs account for the remainder of the costs. Home care also has the potential to be a lower cost substitute for acute hospital care. In the mid-1990s home care clients reduced their use of hospitals and increased their use of home support services.

In terms of overall societal costs, it was found that home care costs less than residential care for all levels of care even taking into account the out-of-pocket expenses of clients, family members and other caregivers as well as the time of family caregivers (costed at minimum wage and at replacement wage). Home care clients were also as satisfied with their quality of life and with the services they received as were clients in long-term residential care.

Contrary to everyday thinking, people do not always enter home care at the lowest level of care and progress to higher levels of care until death. Many enter at a specific level of care

and remain there until they die. Also, contrary to popular belief, as health fails and more formal services are provided, the amount of informal care from family and friends also increases. That is, formal services complement, they do not substitute for, family care.

These and other findings are highlighted in a synthesis report summarizing the results of the 15 inter-related studies that assessed the differences in costs and quality between home care and various forms of institutional care.

“Moving home care and home support services into a universal coverage program would help ensure that seniors and other people with chronic health problems are given the appropriate type of care for their needs. Home support costs are already provided without extra charge in Manitoba, Ontario and Quebec,” Dr. Hollander said.

As well, the synthesis report suggests other areas in need of attention such as residency requirements relating to the portability of services across provinces and the current problem of drugs being paid for in hospitals but not for patients at home. “In many situations, home care interventions such as Quick Response Teams, palliative care programs, and respite programs can provide significant assistance to home care clients and their family members,” Dr. Chappell said.

There has been little research conducted so far in this field, and much of it is difficult to access and interpret. More research and better information on the effectiveness of various programs is also needed. Thus, the synthesis report recommends the adoption of funding for a program of rapid response research which would allow for quick and rigorous evaluations of new innovations in home care and the development of national data on home care.

The National Evaluation of the Cost-Effectiveness of Home Care was a collaborative effort of Hollander Analytical Services Ltd., and the Centre on Aging at the University of Victoria.

The synthesis report is available from: www.homecarestudy.com

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