

Setting the Balance of Care in Waterloo, Ontario

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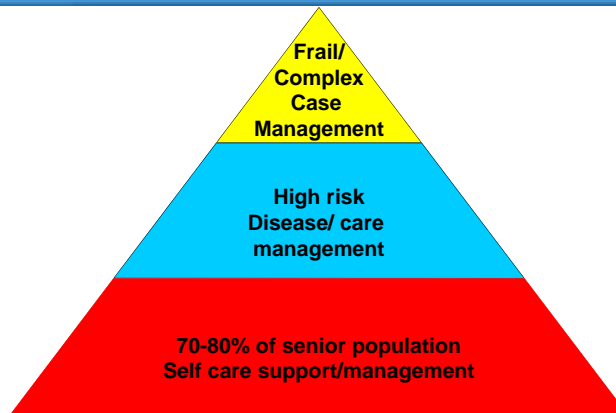
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Growing and Credible Evidence

- A growing body of international research suggests that H&CC can play an important role in maintaining the health, well-being and autonomy of individuals and families, while moderating demand for more costly emergency, hospital and LTC beds when:
 - Targeted
 - Case managed
 - Integrated into the broader continuum

Targeting and Managing Needs



The NHS and Social Care long term conditions model

Source: UK Department of Health (2005)

What does Balance of Care mean?

- Developed by Challis et al at the PSSRU in the UK.
- Conceptually- distribution of resources at the institutional level versus the community level for frail seniors.
- Methodologically- a group of health care managers get together, design and cost out care integrated community-based packages and compare to the cost of a LTC bed

Value Added

- The Balance of Care (BoC) method is a useful local planning tool that can be used to determine the ideal care setting and mix of services for frail seniors.
- The BoC fosters cross sectoral thinking and collaboration (moving from silos to integration in the home and community care sector).



Research Question

“What proportion of seniors on the long-term care waiting list can be diverted to the community?”



Long-term Care Facility



Home and Community Care (CCAC, CSS, Supportive Housing, etc).



Waterloo-Wellington BoC Project



Use CCAC RAI data to categorize individuals on LTC wait lists into groups

1. Cognition (Intact/Not Intact)
2. ADL impairment (no difficulty, some difficulty, great difficulty)
3. IADL impairment (no difficulty, some difficulty, great difficulty)
4. Live-in caregiver? (yes, no)

Waterloo-Wellington BoC Project: Next Steps



Determine how many individuals on LTC wait list fall into each group

- 36 groups, representing 91% of people on the LTC waiting list



With “expert panel” (CCAC, CSS, MCSS, LTC) case managers, develop

- **realistic vignettes for each group**
 - “Mrs. Smith is cognitively intact, has low ADL needs, high IADL needs and has no caregiver”

Waterloo-Wellington BoC Project: Next Steps

- **With “expert panel,” review vignettes, construct appropriate care packages and estimate costs for each group**
- **Assess for which groups community care option makes sense**
 - Better or comparable outcomes for individuals
 - Lower or comparable costs (LTC per diem as base)

Waterloo-Wellington BoC Project: Next Steps

- **Estimate overall “diversion” rate**
 - Given current community service configurations (status quo)
 - Given planned or possible service configurations (e.g. improved access to community services, supportive housing, etc.)

Variable #1: Cognition

Cognitive Performance Scale – short term memory, cognitive skills for decision-making, expressive communication, eating self-performance

Intact = 352 (43%)

Not Intact = 459 (57%)



Variable #2: ADL

(Self-Performance Hierarchy Scale – eating, personal hygiene, locomotion, toilet use)

No Difficulty = 433 (53%)

Some Difficulty = 226 (28%)

Great Difficulty = 152 (19%)



Variable #3: IADL

IADL Difficulty Scale -meal preparation
housekeeping, phone use and medication
management)

No Difficulty = 15 (2%)

Some Difficulty = 263 (32%)

Great Difficulty = 533 (66%)



Variable #4: Presence of a Caregiver

Caregiver Living with Client?

Yes = 369 (46%)

No = 442 (54%)



Characteristics of case types (first 6 of the 36)

Type	Confusion	ADL Needs	IADL Needs	Live with Caregiver?	Frequency and Percentage (rounded)
1	Intact	No Difficulty	No Difficulty	Yes	1 (0.1%)
2	Intact	No Difficulty	No Difficulty	No	10 (1%)
3	Intact	No Difficulty	Some Difficulty	Yes	49 (6.0%)
4	Intact	No Difficulty	Some Difficulty	No	103 (13%)
5	Intact	No Difficulty	Great Difficulty	Yes	29 (4%)
6	Intact	No Difficulty	Great Difficulty	No	40 (5%)
7	Intact	Some Difficulty	No Difficulty	Yes	0



Example of a Vignette

“Mrs. Smith is cognitively intact and functionally independent in all ADLs with the exception of bathing (limited assistance is required). Mrs. Smith has no difficulty using the phone, some difficulty managing medications and great difficulty preparing meals and housekeeping. Mrs. Smith has a live-in caregiver.”



Breakdown of Vignette

1. Cognition

Intact (independent- decisions made are consistent/ reasonable/safe.
Is understood- expresses ideas without difficulty)

2. ADL

Independent in most ADLs (locomotion inside the home, eating, toilet use and personal hygiene). **Limited assistance** required when bathing

3. IADL

No difficulty using the phone. **Some difficulty** managing medications.
Great difficulty with meal preparation and housekeeping.

4. Caregiver (in home?)

Yes



Care Package- based on services that are available

Service	Frequency
Meals on Wheels	Three meals/week
Home help/homemaking (some assistance with meal preparation and housekeeping)	2.5 hours every 2 weeks
Congregate Dining	1/week
Transportation	2 return trips/week
Home maintenance	2 hours/week
CCAC Nursing (education on medication management)	3-4 visits over 2-3 weeks
CCAC PSW assist with bath	1/week



Care Package- based on ideal configuration of services

Service	Frequency
Same services as before but services delivered in a more integrated fashion- services wrapped around the client	
Additional services recommended: Caregiver respite volunteer	2-3 hours weekly
CCAC PSW bath assist	1/week, also do some light house keeping and meal preparation



Lessons Learned

- **Structural barriers** of agencies (that organize/provide/deliver services to seniors in the community) place limits on scope of services and methods of delivery (not always effective for client or most efficient for the health care system)
- **Data analysis:** tension between statistical and practical relevance



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Questions?

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