Ontario opening the door to new models of residential care: Health minister

27.02.2020 Jessica Smith Cross

The Ontario government is eyeing new models of residential health care as part of its efforts to tackle the province's hallway medicine problem, Health Minister **Christine Elliott** told *QP Briefing* in an exclusive interview.

Earlier this week, Elliott introduced new legislation with accompanying regulatory proposals to transform home care. Her plan includes creating a regulatory regime for a new category of care dubbed "residential congregate care."

It refers to group residential settings that are less intensely medical than long-term care.

Elliott said that regulatory category will apply to the province's residential hospices and "reactivation care centres." The latter are places, such as renovated former hospitals, where patients can be discharged to, from hospital, and receive supportive care before they are able to go home or to another residential setting. They've been a major piece of Elliott's efforts to tack hallway health care and she said there will likely be more of them opened in the future.

There will likely be other residential congregate care models announced in the future too, she said.

"We're just sort of keeping the door open, because we need to be flexible with care options," she said. "We know that the previous system was very rigid, outdated, and we need to bring it into the 21st century."

The group approach has benefits for health-care workers too, Elliott said.

"We know that there are many seniors, for example, who are living on their own but who may need the assistance of home care, and if they are all congregated in one facility, then it is easier for the health-care professionals to see them," she said.

For example, the province has had trouble recruiting and retaining personal support workers and congregate care might help fix that, Elliott said. One of the PSWs' chief complaints is there tend to be long gaps between their paid hours of the working day, and they often have to drive long distances, with only their mileage paid, between clients. That wouldn't be an issue if all of their patients are living in one location.

"Better care, and better for health professionals too," Elliott said.

Earlier this month, the **Residential Civil Construction Alliance of Ontario** released a report that considers the problem of overcrowded hospitals and hallway health care as a housing problem — it recommends building seniors' accommodations that suit different levels of health-care needs to avoid hospital admissions and reduce the length of hospital stays, and involving the health sector in building some of those housing solutions.

Elliott told *QP Briefing* she agrees that hallway medicine is, in part, a housing issue.

"Hallway health care is a combination of a number of factors that have come together over a number of years," she said. "So, part of it is the lack of long-term care homes, part of it is a housing issue, part of it is a mental health and addictions issue, part of it is chronic conditions that keep cycling people back into hospital. But the housing part is an important one. We've certainly heard about that through our mental health and addictions consultations as well as with some of the alternate level of care, for, mostly, seniors."

She noted that that Housing Minister **Steve Clark** is conducting consultations on supportive housing for seniors, for people with mental health and addictions challenges and for people with disabilities.

Michael Fenn, the former deputy minister who wrote the report, said it's not surprising that hallway health care is is usually conceived of separately from housing.

"We tend to focus on where we see the manifestation of the problem, which is inside the health-care system, inside the hospital," he said. "That tends to result in us not looking for solutions outside of that paradigm."

The divide between health care and housing is also reflected in who pays for it: the Canadian norm is that medically necessary health care is free, while subsidized housing is a rarity not a right.

NDP health critic **France Gélinas** said she believes affordable housing is a key part of the solution to the "multi-layered" problem of hallway health care.

"Thousands of people stay in our hospitals because there are no places for them to go, when really if the affordable housing was there, if supportive housing was available, those people would be so happy to leave the hospital and go there," she said.

Gélinas said the same applies to about 10 per cent of the 78,000 people in long-term homes — their medical needs aren't so acute they can't be cared for in the community, but they don't have a home with the appropriate support.

"If you ask most people, are you looking forward to going into a long-term care home, I can guarantee the answer would be 'No,'" she said.

She explained a scenario that often repeats itself: a frail elderly people person is admitted to hospital and their family will go to their apartment and see that they've been having a little

trouble living alone, and may also find they're late on their rent. So the family lets the apartment go.

"Now you have this person who is basically homeless, who hasn't got an apartment to go back to, who could have been cared for in the community, had she had an apartment she could afford, with support," said Gélinas.

In this situation, the elderly person usually ends up being put on a long-term care home waiting list, even if her needs aren't that acute, and stays in hospital as an alternate-level-of-care patient until a space is available, contributing to hallway medicine, according to Gélinas.

Ontario just doesn't have the full range of supportive seniors' housing available in other countries, she said.

"You either live by yourself in your own home with a tiny, tiny bit of home care if you're lucky, or you go to 24/7 care in a long-term care home," she said. "The exception to this is people who have money. People who have money go into retirement homes and pay for the care."

There are many models for the kind of space that is needed, said Gélinas. One is a "dementia village," which is a supportive housing community that looks like a regular neighbourhood — with a grocery store, pharmacy, and other amenities — where people live in congregate housing together, with support workers.

A dementia village was recently opened in B.C., but CBC reported its cost was out of reach for many people, with base rates starting at $7,300 per month.

Gélinas said it's not only "really cruel and wrong" to keep someone in hospital or long-term care when they don't need to be, but it's also expensive — about $300,000 a year in hospital and $60,000 a year in long-term care. And that money could go to fund a range of options that would provide a better quality of life.

Gélinas is Elliot's official opposition critic — and while she said Elliott's plan for residential congregate care could be going in the right direction, she said she has concerns about it.

One is that the change is being made in order to allow hospitals to discharge people to private for-profit retirement homes, with home-care supports, on a temporary basis. She said she doesn't want to see the province "using the very expensive retirement homes we have in place and using public money to basically make sure the profit the retirement homes were hoping for materializes."

Gélinas said her concern with that is even if the patient's first few months in the home are paid for — say, at a cost of $5,000 a month — they will then become at home there, may form relationships there, and their family would then be on the hook to pay that $5,000 a month for the rest of their life if they want to stay there.

Elliott told *QP Briefing* that retirement homes may be part of the solution, but her vision goes beyond that too.

"There maybe some situations where patients who are alternative level of care can be placed into retirement residences and then the home-care supports can be brought to them," she said. "But we're looking at developing beyond retirement homes, because we know that they're needed for people who have retired and choose to live there."