

B.2 Supporting Aging in Place

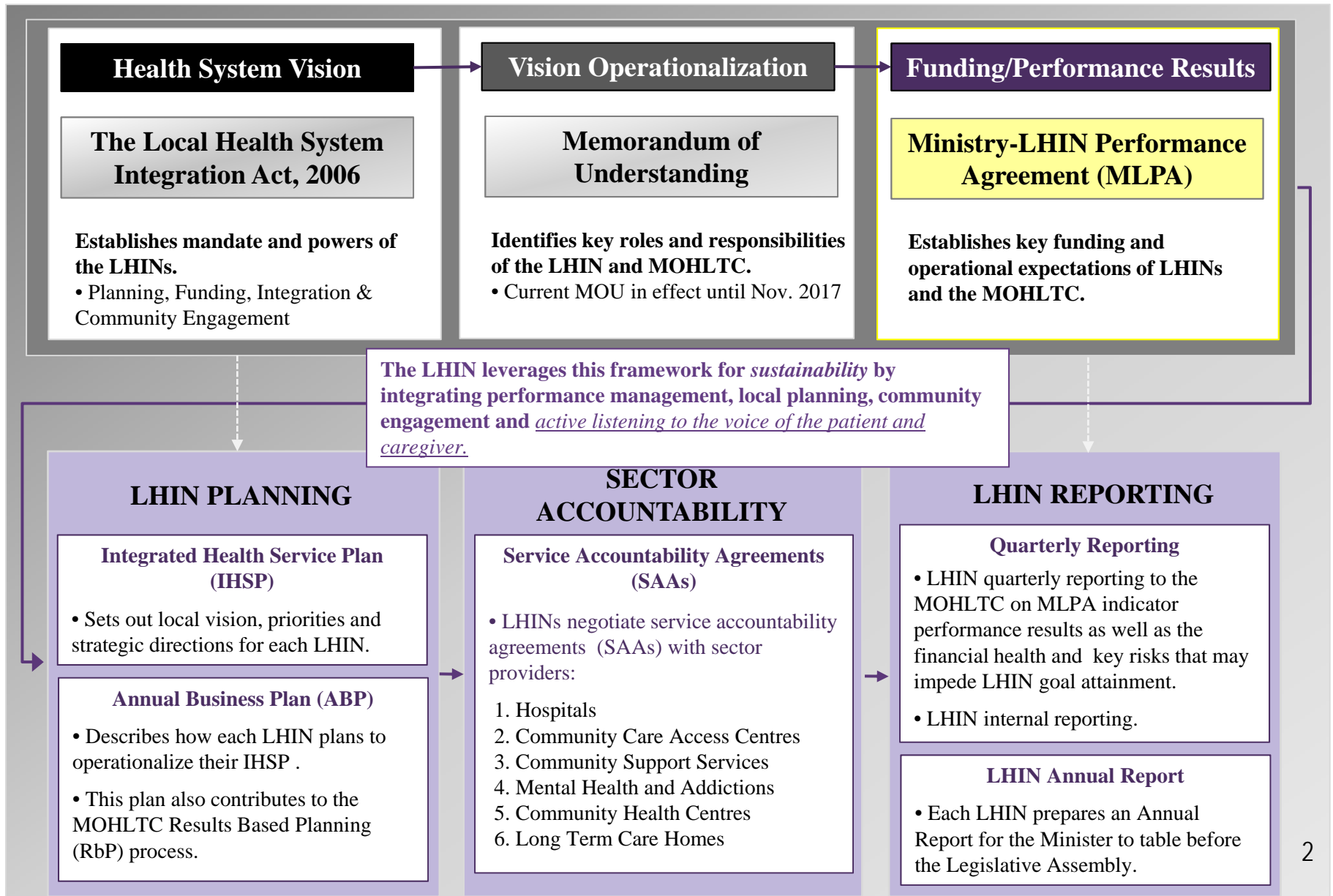
Kim Baker,

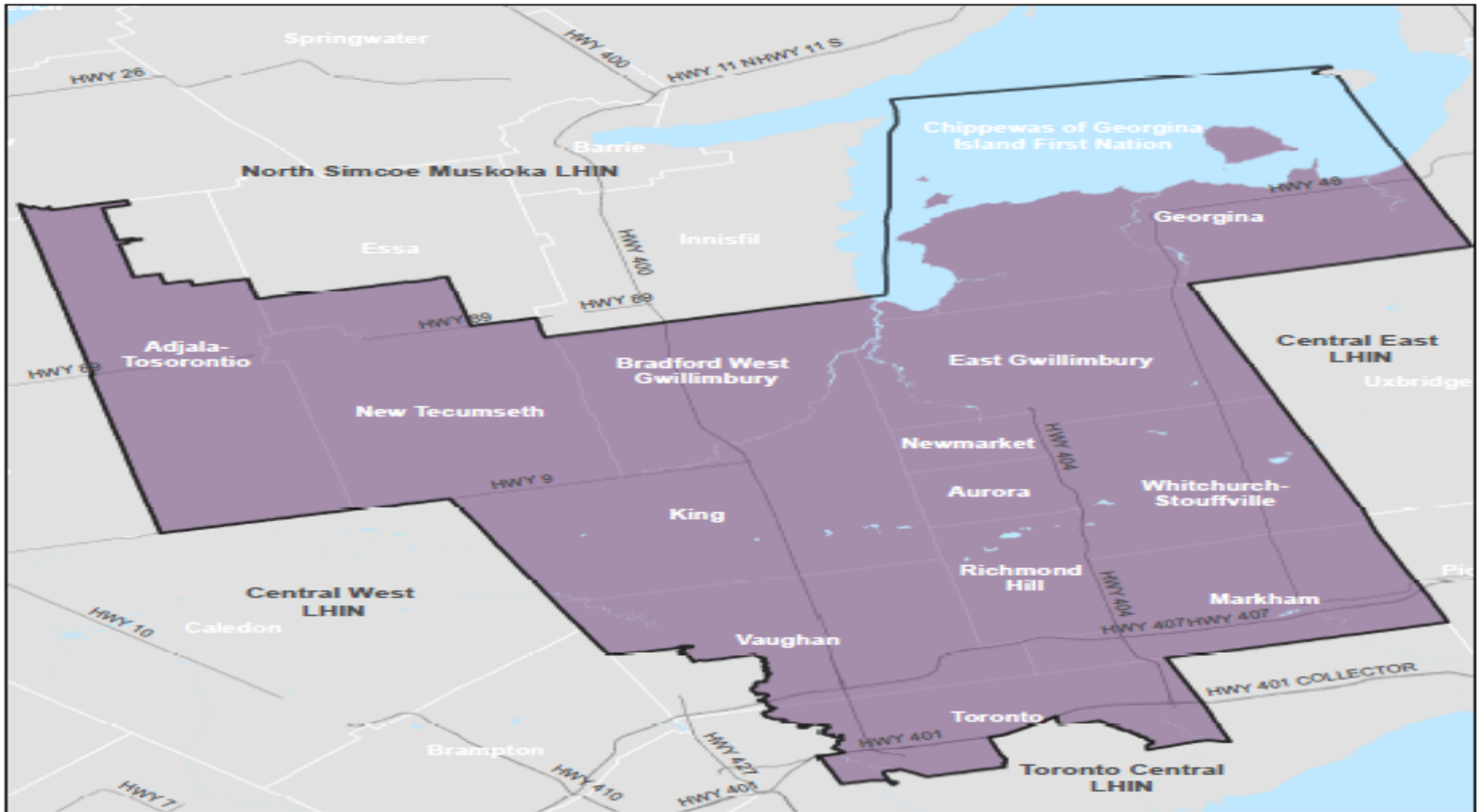
**Chief Executive Officer, Central Local Health Integration
Network (CLHIN)**





B.2 Seniors Capacity Planning

Presentation to the York Region Seniors Strategy Advisory Task Force
Kim Baker, Chief Executive Officer, Central LHIN
April 8, 2016

Legislated Accountability and Performance





-  Central LHIN Boundary
-  Census Subdivisions
-  Waterbody
-  Ontario Highways



0 2.5 5 10 15 20 Kilometers



Ontario

Central Local Health
Integration Network

Central LHIN Health Service Providers

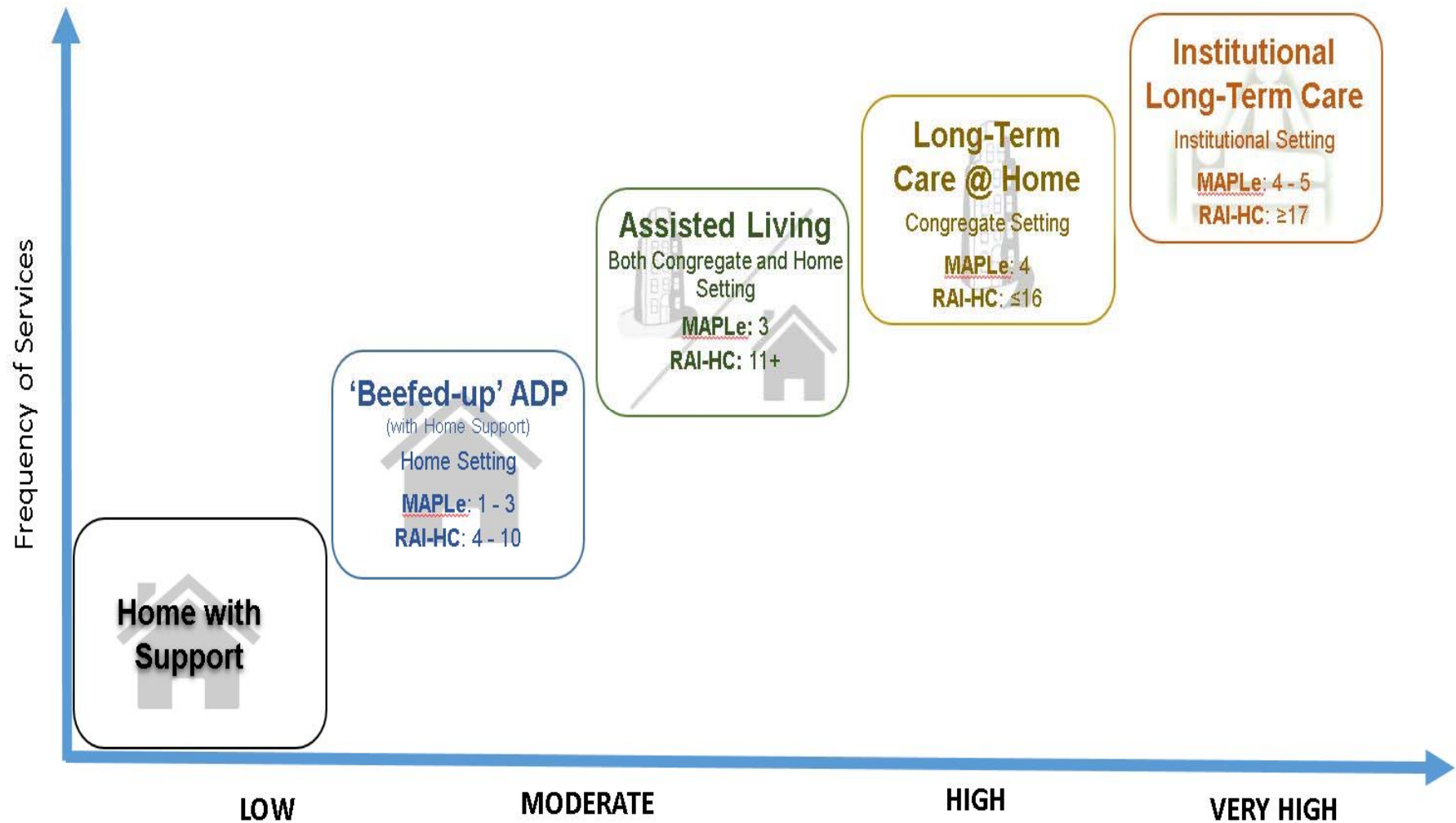
- 96 Funded Organizations - some offer services in multiple sectors
- \$1.9 Billion in funding
- 108 Service Accountability Agreements (HSAA, MSAA, LSAA)
 - **7 Public*** and **2 private** hospitals
 - **46** Long Term Care homes (LTC)
 - **1** Community Care Access Centre (CCAC)
 - **36** Community Support Service providers (CSS)
 - **23** Mental Health and Addictions service providers (MH&A)
 - **2** Community Health Centres (CHCs)

*Includes West Park Health Centre (Ventilator Beds)

Seniors – Some Context

- The Central LHIN has the highest number of seniors in the province, with the population of seniors 85+ projected to increase by 59% in the next 10 years. This will put considerable pressure on traditional LTC Homes
- The province has indicated that there will be investments made to improve the current LTCH infrastructure (LTC Redevelopment), but there won't be any increase in capacity (# of LTCH bed licenses) across the province
- Innovative new care models that look beyond LTCH beds are needed to meet this increasing demand. Models in other jurisdictions (OECD countries) have stated aims to avoid constructing new LTC home beds and to incorporate community services such as Adult Day Programs (ADP) and Assisted Living (AL) in their models.
- This capacity plan is broadly based on the methodology used by Colin Preyra in the February 2015 report done for Mississauga Halton (MH) LHIN titled: *Meeting Senior Care Needs Now and in the Future – A Community Capacity Plan for the MH LHIN*.

Levels of Care – Seniors Requiring Support



Guiding Principles



- Going forward, the current spending mix will be adjusted toward non-institutional care
- LTCHs will be for the highest need seniors
- Capacity plan will be used to inform investments in community services
- Capacity plan will align with and leverage Ministry vision and strategies
- Capacity plan will explore partnerships with non-health and /or publically funded assets

Current LTCH funding per Bed

Given the Ministry strategy to improve the patient experience and create a sustainable health care system, it is important to understand the current cost to the health care system of an average LTC bed in order to assess the appropriateness of alternatives.

	Annually	Per Diem
Nursing&Personal Care	\$ 33,770	\$ 92.52
Programing&Support Services	\$ 3,369	\$ 9.23
Raw Food	\$ 2,931	\$ 8.03
Other Accommodations	\$ 19,684	\$ 53.93
Physiotherapy Subsidy	\$ 780	\$ 2.14
Accreditation	\$ 120	\$ 0.33
Equalization	\$ 1,186	\$ 3.25
RPN	\$ 741	\$ 2.03
HINF Per Diem NPC	\$ 230	\$ 0.63
HINF Per Diem RF	\$ 44	\$ 0.12
RAI-MDS	\$ 150	\$ 0.41
POC	\$ 97	\$ 0.27
Total funding provided	\$ 63,103	\$ 172.9
Average co-pay collected*	\$ (18,103)	\$ (49.60)
	\$ 45,000	\$ 123

Annual cost to the health care system of an average LTCH bed is **\$45,000**

or a Per Diem of **\$123**

Data Source: MOHLTC 2015-16 Long-Term Care funding standard - LTCH payment Calculation Notice

* On average, the ministry collects 85% of the full resident co-payment rate. Resident Revenue per diems are updated twice a year - in July or Sept consistent with the co-payment rate change, and in January based on the revenue occupancy report. \$49.60 (co-payment rate 58.35 X 0.85) is the average resident revenue as at July 1, 2015.

*In looking at alternatives to institutional LTC, cost to the health care system should be **<=\$45,000** per year. Note that the capital costs of building new LTCHs are avoided in the alternatives presented.*

Allocation of 4,246 Seniors & Costing

Below is a summary of the 3 alternatives to LTC, showing proposed services to be provided, the cost per senior and the allocation of the 4,246 seniors to each alternative. The allocation was based on a combination of MAPLe & RAI-HC score.

For comparison purposes, annual cost to the health care system of an average LTCH bed is **\$45,000**.

Service	LTC @ Home		Assisted Living		'Beefed-Up' Adult Day Programs	
	Unit/ wk	# of wk	Unit/ wk	# of wk	Unit/ wk	# of wk
Adult Day Programs (ADP)	1.50 days	50	2 days	50	3 days	50
Personal Support Services (PSS)	21 hrs	50	10.50 hrs*	50	6 hrs	50
Transportation	In congregate setting		4 trips	50	6 trips	50
Nursing	4 hrs	52	2 hrs	50	1 hr	50
Case Management	1 visit	5	Included		1 visit	4
Occupational Therapy (OT)	1 hr	1	Some level of service included in Base ADP		Some level of service included in Base ADP	
Exercise Class	2 hrs	48				
Fall Prevention Class	2 hrs	12				
Other Services (eg. NP, SLP, SW)	1 hr	20				
# of seniors (Total 4,246)		2,276		1,734		237
Cost per senior	\$	38,575	\$	26,373	\$	20,849

*this includes PSS, homemaking, security checks and case management services as part of AL base

Potential Next Steps

- **Retirement Homes:** In the past 2.5 years, 17% of CLHIN LTC Home residents were admitted from Retirement Homes.
- Some buildings in the community are “**senior buildings**”.

Could we pilot the **LTC@Home model** in one of these buildings to keep seniors in their retirement home/senior’s building and prevent/delay admission to a LTC Home?

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