

Providing patients and families with quality hospice palliative care and grief & bereavement services:

- 1. Lowers overall health care costs
- 2. Keeps people out of hospital ending hallway medicine and ER overcrowding
- 3. Delivers wholistic care that is highly valued by and responsive to patients, families, and communities
- 4. Supports mental and emotional well-being preventing escalation to clinical interventions

With these strategic investments, Government can realize significant annual savings, keep people out of more costly hospital beds, provide an excellent patient, caregiver, and health care worker experience, and support the wellbeing of grieving families.

People and communities highly value their hospice services. Their donations demonstrate that. However, costs are outstripping fundraising potential. Small but significant investments in the hospice sector will lower overall health care costs and provide excellent and meaningful patient and caregiver experience.

Hospice beds cost one third the cost of hospital beds and volunteer home hospice services cost about \$80/day. On average 50% of hospice costs are covered by community donations.

Recommendations:

1. Fund 100% of clinical costs in existing and developing hospice residences with an additional annual investment of \$43.2M starting in 2022/23 up to \$55.8M by 2025/26.

SYSTEM SAVINGS OF \$200M a year AND \$2B over 10 years

Number of Hospice Beds	Cost of care in Hospital	Cost of Care in Hospice	Annual System Savings
By 2025/26 - 645 Hospice Beds			
(491 Existing and 154 in Development)	\$324,645,600	\$145,376,038	\$199,559,912

- Clinical costs would be covered if patients were in hospital.
- Will improve sustainability/viability of hospice AND improve equitable access in small, rural and remote areas.
- Help address the increased costs associated with retention and recruitment of health human resources.

2. Improve funding for In-Home Visiting Hospice Services \$4M annually

- Bring all In-Home Visiting Hospice Services to an equitable average funding level of 61%.
- 16,000 trained volunteers help over 25,000 patients a year stay home and support the well-being of family caregivers. Over half of family caregivers reported that volunteer support averted a trip to the ER.

Systems savings are estimated at minimum \$20,000,000 a year.

3. Address the pandemic of grief - \$10M new annual investment in 2022/23 up to \$25M by 2025/26

- Families are grieving in the wake of COVID and it will continue with the aging population.
- Hospices are the main providers of grief and bereavement services in communities.
- Grief and bereavement services prevent more complex mental health issues and the need for clinical interventions keeping people functioning well and out of the health care system.
- In 2020, hospices in Ontario conducted over 10,000 bereavement groups, mostly virtually, supporting over 35,000 bereaved individuals.