

2020 Hospice Palliative Care Ontario Pre-Budget Submission

Opportunities to Realize System Saving & Efficiencies While Improving Patient & Caregiver Experience

Providing patients and families with quality end of life, grief and bereavement services which:

- *Lower overall health care costs*
- *End hallway medicine and ER crowding*
- *Deliver wholistic care that is highly valued by patients and families.*
- *Support mental and emotional well being*

Context:

Nothing can halt the growing demand for hospice palliative care. The population is aging and the number of people nearing end of life is rapidly increasing,

Now, more than ever, people are understanding what quality of life, until the end of life, truly means. COVID-19 has revealed for many the critical importance of comfort, care and spending quality time with loved ones in the remaining days of life. Hospice palliative care is wholistic care for patients and families, allowing for the necessary connections, meaning and comfort that are so essential to a quality end of life experience.

Keep the Dying Out of Hospital - No one wants to be in hospital, but too often people who don't need to be in hospital are there, simply because there are not enough other appropriate settings or support at home.

- Hospice palliative care is wholistic **Health and Social Care** delivering **quality of life wherever a patient needs and wants to be.**
- In hospitals, palliative care units host patients who need a high level of medical care while making quality of life a priority.
- Residential hospices and hospice-at-home services provide highly cost effective and desirable health and social care in the community and are **proven to keep people out hospital Emergency Departments, beds, and hallway, lowering overall health care costs.**

Value - Sample impact:

1. **16,000** trained volunteers in Hospice at Home programs help over **21,000 patients** stay home while also supporting the well-being of family caregivers. More than half of family caregivers reported that **volunteer support averted a trip to the ER saving the system \$10,000,000 in unnecessary ER visits.**
 2. From fiscal 2017/18 to 2018/19, **14,381** people were either discharged from hospital to a hospice residence or bypassed hospital admission by going straight from home to hospice, **saving \$140.4M in health care costs and freeing up 205,473 hospital bed days for other patients. In just one year.**
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Supporting Wellbeing and Keeping People out of the Health Care System

Thousands of people are kept well and out of the health care system through hospice grief and bereavement services. **There has been a marked increase in demand and uptake of these services in recent months due to heightened grief experience related to COVID-19, with some hospices reporting a three to five fold increase in need.**

Health and Social Care That is Working: Community based hospice palliative care is jointly funded by the **Government and Grassroots** donors, and must meet the high standards of quality set out by **Hospice Palliative Care Ontario***

* **Community based hospices are independent not-for-profit, registered charities** that are grassroots grown and generously supported by community donors and volunteers, with funding support being provided by the Government for medical care, resources and supplies. **Hospice Palliative Care Ontario** provides strict standards, a comprehensive accreditation process, training, education, data collection, collation and analytics, public awareness, and leadership in collaborative partnerships with health and community care providers and the Government.

2020 Ontario Budget Recommendations

Opportunities to Realize System Saving & Efficiencies and Improve Patient & Caregiver Experience:

1. *Recommended Investments*

2. *Cost-Free Measures*

1. *Recommended Investments* - Recommendations that will support viability, grow capacity, and expedite the development of community hospice palliative care services to meet the inevitable and rapid increase in demand for health care with the aging and dying population. For example:

a) **Ensure Viability** – Help ensure the viability, sustainability and equitable access to lower cost, high quality community hospice palliative care by providing a funding formula that fairly covers patient clinical costs.

- Hospices are the only medical provider that must fundraise to pay for clinical care costs. Clinical care costs are covered in other care settings.
- At present, Government funding covers 38% to 54% of a residential hospice’s total budget at \$105,000 per bed.
- Funding all of the clinical cost would relieve constant fundraising pressures. Clinical costs - on average - account for 70% of a residential hospice’s budget.

Adjust the funding formula to improve equitable access to care and the viability of hospices throughout Ontario, with an additional investment in 2020/21 to fund 100% of clinical operating costs (on average 70% of overall operating costs)

Annual

Adjusted to reflect the impact of COVID-19 on long-term health human resources, increased clinical supports for clients and operating costs that will not decrease post-COVID-19 \$22,400,000

Annual - For beds approved for funding but not yet open. Roll out commencing in 2020 \$16,700,000

Annual - New investment in 2020/21 to fund 15 beds ready to open in existing hospices \$2,500,000

b) **Support Mental Health**

Hospice at home and residential hospices make up the the largest providers of bereavement support in the province. Hospices provide communities with psycho-social services – a range of practical, social, spiritual, and bereavement services that support the well-being of patients and families, i.e. prevention of caregiver burnout and grief and loss counselling, as well as the broader community. These services are supporting well-being, pre-empting more serious mental health issues, and keeping people out of the health care system, lowering system burden and costs.

Hospices provide these services to their patients and their families, and most often the community at large, using fundraised dollars. However, demand and need has been steadily growing, with a recent spike due to the impact of COVID-19. Some hospices are reporting a 300 to 500 % increase in demand in the summer of 2020. Hospices require additional funding support beyond community donations, to manage the increasing demand for care.

Annual - Fund psycho-social services provided by hospices throughout Ontario. \$25,000,000

2. **Cost Free Measures** – The following is a list of cost-free measures of system and regulatory changes that can *improve care and save money in the system.*

For example:

- **Ease capital fund procurement requirements to allow for donated goods and services:** The requirements of Government capital funding should be reviewed to reflect the realities of hospice builds. Hospices often benefit from donated goods and services, some quite significant, but the capital funding criteria are creating impediments. HPCO recommends a change to procurement requirements to allow hospices to accept donated goods and services, subject to quality/safety criteria.
- **Streamline processes to enable after hour hospice admissions:** Improve occupancy rates, eliminate unnecessary holdups, and support quality hospice service by returning to base contracts for hospices, which can define the ability for hospices to admit patients without pre-assessment from the LHIN or other outside agency, thus boosting occupancy rates and allowing admissions 24/7.
- **Require adherence to HPCO Standards of Care as criteria for government funding:** To ensure the continued quality that is valued and generously supported by communities, the Government should restore the specific requirement that hospices adhere to HPCO Standards of Care as criteria for receiving Government funding and the Government should recognize HPCO Accreditation which is based on the Standards of Care. Hospices are partnerships supported by Government and Grassroots and owe their high quality of care and outstanding patient experience to adherence to HPCO Standards of Care. ***This is a cost-free way for the Ministry and the Government to continue to ensure the high standards of care, which are valued and supported by community donors, with all existing and new hospice projects.***
- **Direct transfer to hospice by Paramedics:** Ensure faster access to the right care, better patient experience, and savings in costs, time, and resources by expediting the change in regulations to allow paramedics to take patients to locations other than the ER, i.e. transferring palliative care patients directly to hospice when directed by a physician or based on pre-approval for admission.
- **Certification of death:** Allow nurses to provide certification of death, which will improve occupancy rates by allowing beds to be cleared in a timelier fashion. (An amendment to section 35 - Vital Statistics Act.)
- **Municipal Levy Exemptions:** Ease fundraising pressure by allowing hospices to be exempt from development charges and educational levies. At present, there is no legislative mechanism to exempt hospices from paying educational levies even if school boards want to exempt them.

Conclusion:

Save money, provide highly valued and needed care, and support excellent patient experience and caregiver well being.

These recommendations will help provide Ontario with a strong, viable, sustainable hospice palliative care sector, cost effectively supporting the inevitably growing demand for wholistic care at home or in a home like setting and enabling system savings and efficiencies to improve patient and caregiver experience.