

1. The inevitably growing demand

- A growing percentage of the population is dying or heading to end of life. It's not COVID related but COVID has exacerbated it. The reality is there is an inevitably growing volume of people *aging out of life*.
- Death is sudden for only 3% of Canadians. The rest experience a longer trajectory of dying that requires support.
- Too often people end up in hospital when they are dying – not because they need hospital care, but because they need care and there is insufficient support in the community.
- Community care is less expensive and more desirable than hospital care.
- Right now, we desperately need to shore up community care or we will lose what we have, and hallway medicine, and hallway dying, will only get worse.

The Quality

- Hospice Care keeps people out of hospital and in a place they'd rather be.
 - Either at home or in a home like setting, a hospice residence that smells of soup and cookies and accommodates residents and their families.
- It is wholistic care for the patient.
 - Medical, physical, practical, psychological, social and spiritual support
- Importantly, it supports those suffering from loss with critical grief and bereavement services.
 - Supporting family and caregiver wellbeing helps them make it through a difficult time without needing clinical interventions themselves.
- The quality of care is supported by HPCO's strict standards and there is empirical data demonstrating that the quality of hospice care in Ontario is unparalleled.
 - The services of our membership boast quality of care ratings by patients and family caregivers in the 97 and 98% range, and the quality of care was noted by the Auditor General.

The Emerging Crisis

- COVID showed us the devastating impact of not being able to say goodbye to a dying loved one.
 - So many people could not be with their loved ones at the end and this has led to prolonged, even trauma.
- It is predicted that the next pandemic is one of grief.
 - The Lieutenant Governor began the most recent throne speech by noting that so many families in Ontario are grieving.
 - That's going to continue, and increase, as more people die, not just from COVID, but old age.
 - The enormity of the grief and bereavement will rival that of post-World War 2.
- Without the right supports around dying, death and grief, there will be ongoing mental health problems and the associated impacts on the health care system .
 - Loss is a universal experience, but it's also individually and personally potent.
 - Everyone needs some help whether it's counselling or just someone to talk to.

The Business Case

- Community hospice care is less expensive and more desirable than hospital care.
 - Hospice Care is a fraction of the cost of hospital care - and it is keeping people out of hospital and in a place they'd rather be – either at home or a home like setting.

- *A hospice bed costs about one third the cost of a hospital bed. Volunteer home hospice services cost about \$80 a day. On average, 50% of hospice costs are covered by community donations.*
- Right now, we desperately need to shore up community care or we will lose what we have, and hallway medicine, and hallway dying, will only get worse.

The Bottom Line

- We need hospices to be better supported. If not we risk losing these vital resources, which are so highly valued by communities that local donors have in the past provided, on average, half or more of a hospice’s operating budget, and a great deal of capital support to build them.
- However, the costs are going up and local donors can’t keep up.
- Quite simply, we need better funding formulas for our community hospice services now, or there will be nowhere for people to die, and die badly, but on gurneys in hospital hallways and ERs, and nowhere for families to say a proper goodbye.

The Three Key Asks

1. Clinical Costs

- **We are asking the Government to fund 100% of clinical costs.**
- The amount of Government funding provided has proportionately diminished over the years.
 - Costs have increased since 2016 (the last increase in base funding) in part due to COVID, in part due to HHR cost increases and because there’s been no funding increase since 2016
 - The one time funding last year took many hospices out of deficit and out of crisis.
- Costs are going up and there are many other medical and clinical costs integral to care delivery that are not covered.
 - Right now Government restricts the use of funding to Nursing and PSWs costs, which are going up.
 - There are also other costs like patient care supplies, medical director costs, psychosocial care, and IPAC cleaning and equipment.
- These clinical costs would be covered if patients were in hospital and at three times the cost of care in a hospice.

ASK - \$43.2M investment 2022/23 up to \$55.8M by 2025/26

SYSTEM SAVINGS

With these investments the Government will care for 9000 patients a year in hospice, which would cost \$200M more in hospital

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

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

2. Improve the Funding for Visiting Services

- Hospice at home services help people stay out of hospital and at home.
 - 16,000 trained volunteers in Hospice at Home programs help over 25,000 patients a year stay home while also supporting the well-being of family caregivers.
 - In a survey of 1000 family caregivers, over half reported that *volunteer support averted a trip to the ER. Systems savings are estimated at \$20,000,000 a year.*
- On average, government funds 61% of the cost of In-Home Visiting hospice - but half of the in-home Hospices are well below this level of funding due to a patchwork of grandfathered funding agreements.
- We recommend \$4M annually increase to support hospice at home. This funding would bring all In-Home Visiting Hospice Services to a funding level of 61% and support equitable access across the province and help people stay home where they'd rather be.

ASK - \$4M annual increase

3. Pandemic of Grief

Provide funding for patient, family and community grief and bereavement services:

- Both Hospice Residences and Hospice at In-Home Hospice Services provide grief and bereavement programs, with both peer-based and regulated professional supports.
 - Services are offered both in person and virtually.
 - The Canadian Hospice Palliative Care Association reports that, in Canada, for everyone person served by hospice palliative care, there are 5 family members or friends that are also supported.
- These supports help to keep people functioning well through a difficult time and keeps them out of the health care system.
 - The right help at the right time for an individual experiencing loss and grief supports their well-being, often avoiding an escalation of health and mental health issues that would lead to absenteeism, health care use and clinical interventions.
- Hospices are the main providers of grief and bereavement services in communities.
 - Hospices support the health and wellbeing not just of patients and their families but people of all ages throughout communities. Community agencies look to hospices to help with grief and bereavement, such as school boards. One example is in Peterborough where the police service reached out to the hospice to support people suffering grief due to the loss of a loved one from opioids.

ASK - \$10M new annual investment in 2022/23 up to \$25M by 2025/26

Conclusion:

- With these investments, the Government can realize significant annual savings, unburden hospitals, 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 care to thousands of Ontarians and support their families to stay well.