A Look at Home Care in Manitoba

MANITOBA CENTRE FOR HEALTH POLICY

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Between 1990 and 1997, home care spending in Manitoba and in the other Canadian provinces more than doubled. In Canada, as in other industrialized countries, the growth in home care services is related to a number of factors, notably a decrease in hospital beds, an increase in the proportion of the population over 75, and an increased awareness that people who need long-term care services prefer to receive them at home if that is possible.

As home care's role in Canada has grown, policy-makers across the country have sought more information on how the home-care sector is performing. For Manitoba, the government wanted to know: Are home care services available to those who need them? Do Manitobans have reasonably similar access to home care services regardless of where they live? Did communities that reduced their hospital beds increase their use of home care to ensure that discharged patients get the care they need?

Accurate answers to questions like these require an information system that keeps track of who needs home care, who's getting it, what type of service they're getting, how much, and what impact home care has on health. This project was designed to see if such an information system could be created by merging existing data sources on home care (a client registry and payroll records maintained by the province) with the Population Health Information System (POPULIS) developed here at MCHP.

The information in POPULIS is programmed to help researchers evaluate the need for health services in the province or a given region, and to approximate how well the need is being met. This requires information beyond a mere count of how many Manitobans received services in a given year.

It was POPULIS that allowed us to publish a study in May 2001 that described in considerable detail how Manitoba's health care system had changed between 1985 and 1998. But we did not have home care data, and so all we could say in that report was that home care spending per Manitoban had risen 119% between 1990 and 1998. We couldn't comment on how the need for home care had changed or how well the need for services was being met, as we could for hospital, physician, and nursing home services.

We are pleased to report that the province's home care data are sufficiently complete, at least in some areas, to integrate them into POPULIS. In this report, we present our findings on home care use, and we list several recommendations on how to improve the home care data currently collected.

Findings

We grouped our findings into five categories:
(1) information on how many people use home care;
(2) use prior to admission to a nursing home;
(3) use before and after hospitalization;

The Manitoba Home Care Program

Home care is a core program of Manitoba Health. All Regional Health Authorities (RHAs) in Manitoba are required to provide home care services to persons who meet the program's criteria. The mandate of the home care program is to: (1) provide services to persons assessed as having inadequate informal resources to return home from hospital or to remain in the community; (2) assess and place individuals in long-term care facilities if and when home care services cannot maintain them safely and/or economically at home; and (3) provide home care services, if needed, to persons awaiting placement in a nursing home. Persons admitted to the program receive the services they require free of charge.

Home care services that each RHA must provide if warranted include:

- Assessment of eligibility and care needs;
- Care planning;
- Case management;
- Service co-ordination;
- Health teaching;
- Nursing services;
- Personal care assistance;
- Meal preparation;
- Cleaning and laundry services;
- Respite care (family relief);
- Therapy assessment and services;
- Assessment for and facilitation of long-term care placement;
- Self-managed and family-managed care;
- Home palliative care;
- Access to adult day care services;
- Medical equipment and supplies necessary to support client's care plan;
- Home oxygen therapy.

(4) use prior to death; and
(5) changes in use from 1995/96 to 1998/99.

Who is receiving home care?

In 1998/99, home care served 31,298 people, or 2.7% of Manitoba's population. Of these clients, 44% began receiving services that year. These two statistics—less than 3% received services and almost half of these were new clients—suggest that home care, despite being "free," is being carefully targeted.

Our analyses also suggest that this targeting is needs-driven. For instance, as the figure shows, at every age, individuals who are married—and hence more likely to have help at home—are much less likely to receive home care services. The figure also shows that older Manitobans are more likely to be receiving home care, as one would expect in a needs-driven program. Very few Manitobans aged 65 or younger receive home care, however 29% of 85-year-olds who are married, and almost 40% of 85-year-olds who are not married received home care services in 1998/99.

Manitobans have fairly similar access to home care regardless of where they live, suggesting guidelines on home care use are being similarly applied across the province. For example, 26% of Winnipeg residents over age 74 were clients of home care over a one-year period compared with 23% in the rural southern RHAs.

Is home care substituting for nursing home use?

Home care appears to extend the amount of time clients can live in the community before entering a nursing home. Ninety-three per cent of individuals who entered a nursing home in 1998/99 were home care clients prior to admission. Eight per cent of home care clients left the home care program that year to enter a nursing home. The average amount of time spent in the home care program since April 1, 1996 by clients admitted to nursing homes in 1998/99 was 537 days. For many clients, their days of home care prior to entering the nursing home were provided over several discontinuous periods, not all in one long episode.

The period of time spent in the home care program prior to admission to a nursing home varied little between the RHAs. This is further evidence that the guidelines for admission to the home care program are being interpreted consistently across the province.

What role does home care play in caring for the terminally ill?

Nine per cent of home care clients died in 1998/99. The average number of days of home care they received after April 1, 1996 and prior to death was 417. Again, the total days for many of these clients were accumulated in the course of several episodes. Use of home care prior to death was similar across the RHAs, once again confirming that the guidelines on home care use are being similarly applied across the province.

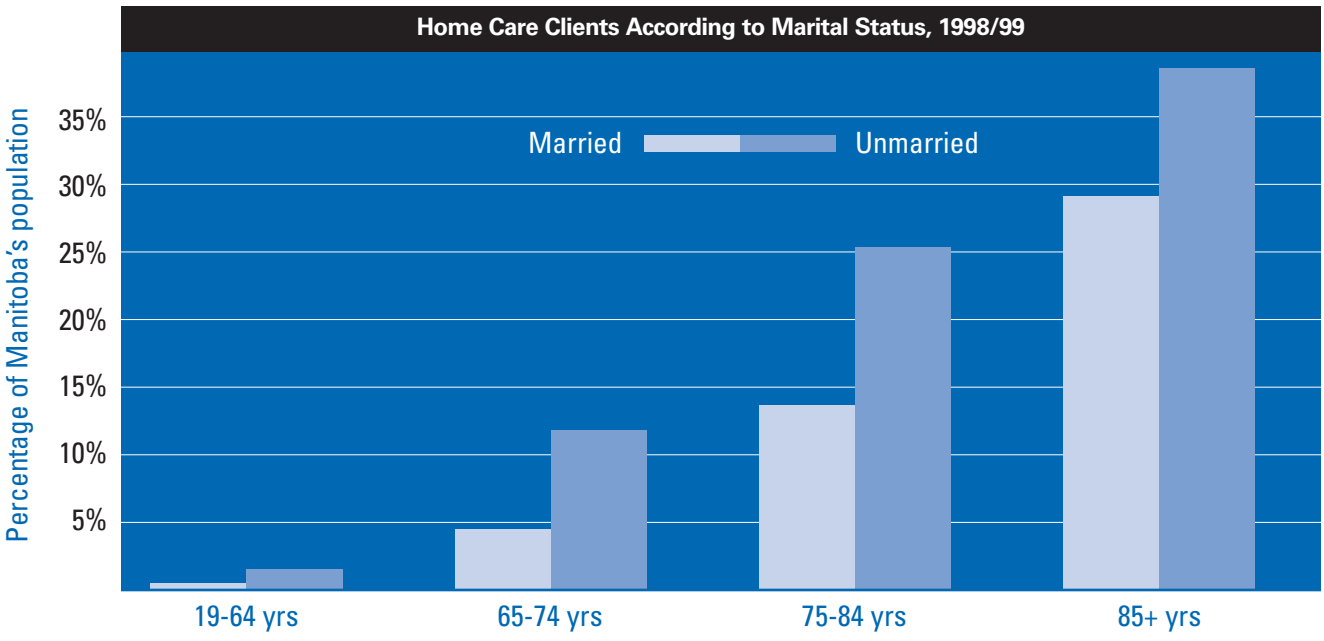
Is home care serving those who need post-hospital services at home?

Nine per cent of Manitobans who were hospitalized or had surgery on an outpatient basis in 1998/99 received home care services. Five per cent had received home care before entering hospital and four per cent started a new home care episode after discharge. A higher proportion of patients started receiving home care after hospitalization in Winnipeg (5.1%) compared to non-Winnipeg (3.2%).

In urban Manitoba (Winnipeg and Brandon), residents of the poorest neighbourhoods were more likely to receive home care after hospital or outpatient surgery than were residents of middle- and upper-income neighbourhoods. Since residents of low-income neighbourhoods are more likely to be in poorer health, this finding also suggests home care is being targeted to those who need it.

How is the use of home care changing over time?

Between 1995/96 and 1998/99, Manitoba experienced a steady growth in the use of home care services. We can see this increase both in the number of people using home care services and in the total days of services offered. The number of people receiving home care services rose from 2.3% of the total population to 2.7%. Increases occurred in all age groups, the largest occurring in those aged 85 and older. The total days offered per year per 100 Manitoba residents rose 21%—from 478 days in 1995/96 to 578 days in 1998/99. The increase in total days was caused by the steady rise in the number of new admissions to the home care program, and by an increase in the average length of time clients were in the program. These trends suggest that the Manitoba home care program's client base is increasing over time.



Limitations in the Home Care Data

We documented two major gaps in the home care data maintained by the province. One gap involves people, and the other involves services.

First, the provincial records contain essentially no information at all on perhaps 10% to 14% of those who receive home care services. Some of these people may only be receiving assessments and no actual services, but we can't tell for sure. We determined, however, that the data on the 86% to 90% for whom we do have records are complete enough to permit reliable reports on the characteristics of Manitobans who received home care services and for how long. We made this determination by consulting with our working group and by checking for consistency in patterns.

The second information gap concerns block reporting: for up to 20% of services delivered, data are reported for blocks of clients, not individuals. For example, a single home care worker might provide services to several clients living in the same senior citizens' residence, but does not report according to which client received which service. Some clients in the housing complex may only receive housekeeping services once every two weeks, and others may receive housekeeping services more frequently as well as a visit from a nurse and a physiotherapist weekly. In other words, for these clients, we know they are receiving home care, but we don't know the number and types of services they received. Although service data are available for at least 80% of Manitoba's home care clients, we concluded the gap created by block reporting is just too big to permit comparisons of services delivered across regions or over time.

Conclusions

We offer two conclusions. First, pulling the Manitoba Health data into POPULIS greatly enhances the ability of policy makers to evaluate the Manitoba home care program. Second, the home care data collection system has some holes in it that should be filled.

We found that Manitoba Health's home care data, combined with data on hospital and nursing home use in POPULIS, permit researchers to paint a fairly accurate picture of who receives home care and how long they receive it. However, because of missing data and block reporting, we cannot measure the level of services being delivered, nor compare how they vary by region and over time. We recommend that those holes be plugged as soon as possible so that policy-makers have the tools necessary to track the delivery of home care services more accurately.

It is important to emphasize that, despite the data gaps, the addition of home care data to POPULIS offers a valuable new tool for policy-makers to assess the home care delivery system. To illustrate, our data suggest that home care guidelines are being interpreted fairly uniformly across RHAs. However, Brandon appears to be an exception. Brandon home care clients appear to have a lower rate of home care use and a higher rate of hospital use, both before nursing home admission and before death, suggesting that in the Brandon region, hospital care may be substituting for home care instead of the reverse. Bearing in mind the limitations of the data, findings like these are important for RHA planners and managers to investigate further.

In our March 2001 report on how Manitoba's health care system had changed over the last decade and a half, we concluded that it had responded well to an aging population. But that picture was incomplete because of the absence of home care data. This study for the first time fills in that picture more fully. Now we know that while fewer than 3% of all Manitobans use home care in any given year, many clients are older, and that most of the people who entered a nursing home had been receiving home care services for some time. Findings like these suggest that home care deserves some of the credit for the good performance of Manitoba's health care system.

Summary by Kip Sullivan, based on the report: A Look at Home Care in Manitoba, *by Noralou Roos, Leonie Stranc, Sandra Peterson, Lori Mitchell, Bogdan Bogdanovic and Evelyn Shapiro*

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