

Right Care, Right Time, Right Place

Prioritising the needs of people living with dementia in the community to address elevated alternate level of care rates and premature admission to long-term care.

March 1, 2021

Improving community-based supports for people living with dementia and their care partners is a vital objective for any Ontario Health Team seeking to deliver better value. **The Alzheimer Society of Ontario urges all OHTs to identify people living with dementia as a priority population for their year one or year two targets.**

Ontario's healthcare system does not always operate efficiently¹. Clients are often mismatched with available services, receiving more or less support than they truly need—delivering either poor value to the system, or poor care to the client. The rollout of OHTs seeks to address this, with more efficient use of resources being a core component of the Quadruple Aim.

Over a quarter of a million Ontarians are now living with dementia, a figure that will continue to rise as the province's population ages². The societal impacts of dementia stretch far beyond the person diagnosed: care partners, families, friends, employers, and healthcare providers are all affected, in various ways.

Given the choice, the overwhelming majority of older adults in Ontario—91%—want to live at home as long as possible, with the ongoing COVID-19 pandemic only increasing the number of Ontarians expressing a desire to receive care in their own home³. Despite this, under 60% of Ontarians with dementia live at home⁴. Insufficient resources exist to support people living with dementia in receiving care in their own home as the disease progresses. With no other choice, many people living with dementia are forced into institutional settings that deliver poor value and a disproportionate level of care.

Nine in ten long-term care residents in Ontario have some form of cognitive impairment, including two-thirds of all residents who live with dementia⁵. For some long-term care represents a natural progression in their dementia journey, planned for well in advance. Yet for far too many, a move to long-term care is not welcome and made only out of desperation.

¹ "A Healthy Ontario: Building a Sustainable Health Care System". Premier's Council on Improving Healthcare and Ending Hallway Medicine, June 2019.

² "Dementia Projections for the Counties, Regional Municipalities, and Census Divisions of Ontario". Hopkins, Dr. R. W., June 2010.

³ "New Poll Shows Over 90% of Ontario Seniors Want to Live at Home as They Age, and Want Government to Invest to Help Them do it". Home Care Ontario, August 2020.

⁴ "Targeted Investments for Smarter Health and Long-Term Care". Alzheimer Society of Ontario, January 2020.

⁵ "This Is Long-Term Care 2019". Ontario Long-Term Care Association, 2019.

Nearly one quarter of Ontario's long-term care residents do not need to be there: with the right mix of home and community care, 23% of residents could be supported at home⁶. This represents 18,000 residents whose length of stay could have been shortened, or avoided altogether. In a system where beds are over 98% occupied in an average month, this is a staggering waste of resources.

When intervention is early, a combination of counselling, care partner education, and support groups has been shown to delay long-term care placement by 11 months⁷—a cost savings to the healthcare system of over \$31,000 per client⁸. Community support services, including those offered by the Alzheimer Society, are a proven solution to help clients receive care in their own home as long as possible. Care partners supported by the Alzheimer Society's First Link[®] program, as an example, report that they are connected to resources tailored to their individual needs and are better able to care for a loved one at home as a direct result of the support, education, and linkages to other programs and services they gain through First Link^{®9}.

At the same time as some clients are moving unnecessarily into a long-term care home, others are waiting for months on emergency admission lists. Well past their crisis point, care partners and families—faced with a never-ending wait and community supports unable to meet the needs of the person living with dementia—have no choice but to turn to the one care setting that cannot turn them away: their local hospital.

Older adults living with dementia are 65% more likely to be admitted to hospital than those without dementia. When admitted, older adults living with dementia remain in hospital longer, and are one and a half times more likely to be harmed during their hospital stay. Hospital is not a care setting that is conducive to healing for someone living with dementia: the change of environment, altered routine, and overstimulation mean that, once admitted, behaviours may present that lead to an extended stay. In an all-too-common scenario, people living with dementia find themselves in a repetitive cycle once admitted to hospital: overstimulated by the hospital environment, responsive behaviours emerge and hospital staff—who are ill-trained to handle such behaviours—respond in a way that causes the person's condition to further deteriorate.

Sometimes, with no available bed in a long-term care home and care partners stretched past their breaking point, a person living with dementia remains in hospital simply because they have nowhere else to go. It is a source of profound shame that older adults living with

⁶ "Leveraging Ontario's Home and Community Care Sector to End Hallway Health Care". Ontario Community Support Association, October 2018.

⁷ "Supporting Ontario Families Living With Dementia". Alzheimer Society of Ontario, January 2019.

⁸ Average cost to the government to provide one day in a long-term care home is \$150, average cost to provide one day of home and community care support is \$55. From Ontario Community Support Association, 2018.

⁹ "First Link[®] Impact Report 2019". Alzheimer Society of Ontario, 2019.

dementia accounted for half of all alternate level of care (ALC) days reported nationwide in 2015/16¹⁰.

Hospitals and long-term care homes will always play a vital role in the care plans of some people living with dementia. For someone with acute needs, a long-term care bed is often the best option for both them and their care partners. Likewise the emergency, round-the-clock care available through a public hospital is a lifeline to those in crisis. Both long-term care and hospital beds are intensive, expensive options that are appropriate only for clients with higher-acuity needs. When these institutions are caring for people who could (and would prefer to) receive care at home, the healthcare system is operating inefficiently.

This is the reality today.

The OHT model presents a unique opportunity to make a client's home the default care setting. Surrounded by family and friends at home is where people want to be, and where they can receive care most efficiently and effectively. The Alzheimer Society of Ontario believes that people living with dementia are the population that would benefit most from an immediate, targeted effort to shift care patterns towards home and community.

Many OHTs have identified "frail seniors", "vulnerable seniors", "seniors with chronic care needs", or other, similar populations as year one priorities. **We call for people living with dementia to be specifically named as a priority population**, with the OHT's success measured by its ability to improve care for this group.

Specific recommendations on steps OHTs should consider to begin addressing the unmet community care needs of people living with dementia are made in a June 2019 statement from the Alzheimer Society of Ontario, available here: <https://alzheimer.ca/on/en/whats-happening/media-centre/position-statements>

People living with dementia are the face of hallway medicine in Ontario. Any OHT seeking to deliver value and significantly reduce inefficient use of high-acuity resources, including hospital and long-term care beds, must designate people living with dementia as an immediate priority.

The Alzheimer Society is willing and able to help OHTs ask the right questions and meaningfully measure performance. With 29 local Societies serving communities across Ontario and a wide-ranging network of clinical and research partners, including primary care providers, local Alzheimer Societies are prepared to leverage their expertise in collaboration with OHTs to suggest actionable items in their geographical area to begin better serving the needs of people living with dementia and their care partners. OHTs do not need to tackle the problem of inefficient care for people living with dementia alone: the Alzheimer Society is a willing partner,

¹⁰ "Dementia in Canada". Canadian Institutes for Health Information, June 2018.

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and already has a presence at most OHT tables province-wide. **We are here to help demystify dementia.**

Better, more efficient use of health system resources is a prudent and attainable goal for the OHT model. By making people living with dementia an immediate focus, approved OHTs can make strides in ensuring high-cost, high-acuity settings—such as hospitals and long-term care homes—are occupied only by those who need them, while everyone else receives care where they want to: at home.

For further information:

Contact your local Alzheimer Society: <https://alzheimer.ca/on/en/about-us/find-your-local-alzheimer-society>

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