

Home Care

Fact Sheets on Key Health Care Issues

Setting the foundation for a National Home Care Program

In its submission to the Romanow Commission, the Ecumenical Health Care Network noted that an increasing number of Canadians are now receiving care at home, and called for the creation of a national home care program. In his final report, Mr. Romanow recommended that the needs of people receiving care in the home be recognized by creating the foundation for a national home care system, beginning with:

- support for home mental health case management and intervention services;
- post-acute home care; and
- palliative care home care – “the option of dying at home should be available to all Canadians”.

Mr. Romanow also recommended a new program for unpaid caregivers to relieve pressure on families and on the health care system by allowing informal caregivers to take time off work and to qualify for special benefits under Canada’s Employment Insurance program.

Many medical procedures that previously required long hospital stays have been replaced by day surgeries or shorter hospital stays. But many patients still need follow-up care and rehabilitation services in their own home. Drug coverage does not follow patients when they return home. Providing coverage for such post-acute home care services across the country through the *Canada Health Act*, as recommended by Mr. Romanow, is a necessary and logical next step. Coverage for post-acute home care would include case management, health professional services, and the management of medications in the home.



Mr. Romanow recommended that the federal government establish a Home Care Transfer (\$2B over 2 years) to kick-start the changes needed for the establishment of a national home care program.

First Ministers’ Accord 2003

In early February 2003, Canada’s premiers agreed to establish a minimum basket of services by September 30, 2003, but they missed the deadline. The goal is to ensure that Canadians have access to short-term “acute” home care, including acute community, mental health, and palliative care. These services are to be provided without user fees.

“We urge the federal government to introduce new legislation for a National Home and Community Care Program that will assure that health care remains universal, comprehensive, accessible, publicly administered and portable beyond the walls of hospitals and doctors’ offices.”

Submission of the
Ecumenical Health Care Network
to the Romanow Commission
May 2002

The Accord suggests that by 2006 home care services could be expanded to include such things as nursing services, drugs, medical supplies, and personal care. However, the wording of the agreement does not explicitly say these expanded services would be provided without user fees.



The Accord also includes a plan to establish a new compassionate-care program that will allow people caring for dying family members to take paid leave from work. The specifics of this new program were outlined in the federal budget of February 18, 2003.

Canadians with a gravely ill or dying child, parent or spouse will be eligible for up to six weeks of employment insurance (EI) benefits. The basic EI benefit rate is 55 per cent of a person's insured earnings up to a maximum of \$413 per week. However, the provinces have until 2005 to establish this program.

First Ministers' Meeting September 2004

Canadians had great hopes for the First Ministers' meeting in September 2004 and the First Ministers reached agreement on some issues. The increases in federal funding through the Canada Health Transfer, met the shortfall in federal contributions identified by the Royal Commission on the Future of Health Care. But it is not clear if this funding increase will bring

about the changes in health care needed to meet the Commission's recommendations.

First Ministers agreed to provide first dollar coverage by 2006 for certain home care services, based on assessed need (what does this mean?). These include:

- Short term acute home care for two weeks (nursing and personal care, intravenous medications related to the discharge diagnosis, case management).
- Two week coverage for short term acute mental health care and crisis response services.
- End of life care for case management, nursing, palliative specific pharmaceuticals and personal care at the end of life.

Each province and territory will develop its own plan to implement these services and report to annually to its citizens on progress in implementing home care services. While a flexible approach to implementing home care services takes into account the needs and priorities of each province and territory, there should be national standards so that citizens, regardless of where they live, will receive the same quality of care and coverage. It is not clear if national standards will be developed? Health Ministers from each jurisdiction will explore next steps to fulfill the home care commitment and report to First Ministers by the end of December 2006.

There is nothing in the agreement about chronic care. Elder care and long term health care were not considered by First Ministers and is absent from the agreement.

This Fact Sheet is one in a set produced by the Ecumenical Health Care Network (EHCN). The Network is a project of the Commission for Justice and Peace of the Canadian Council of Churches and includes representatives from the Anglican Church of Canada, the Canadian Conference of Catholic Bishops, the Catholic Health Association of Canada, the Evangelical Lutheran Church in Canada, The Presbyterian Church in Canada, the Salvation Army, and the United Church of Canada.

For more information on Ecumenical Health Care Network, contact:
The Ecumenical Health Care Network
The Canadian Council of Churches
Tel. 416-972-9494
www.ccc-cee.org
E:mail: noteboom@ccc-cce.ca

March 2005