



ONTARIO RETIREMENT COMMUNITIES ASSOCIATION

A MESSAGE FROM THE CEO

Dear Minister Phillips,

Thank you for your continued commitment to seniors.

2020 has been a year different from those which came before – COVID-19 has pushed Ontario to its limit, and then some.

What remains constant, however, is a steadfast commitment to our seniors. As the Association that represents over **90 per cent** of all retirement community suites in this province, and the **60,000** seniors and **30,000** frontline staff who choose to live and work in our homes – caring for seniors is our most important job, and we take that responsibility very seriously.

We believe in putting seniors first. A commitment to doing so means ensuring that every senior has access to a strong continuum of care that supports their needs and choices. A continuum that protects and works for them. A continuum that includes all of its contributors working together to full scope, embracing innovation and change to serve seniors best.

That work and responsibility coupled with a desire for seniors to have a stronger continuum of care has shaped *"Putting Seniors First"*, ORCA's 2021 Pre-Budget Submission that is grounded in two simple ideas:

1. Seniors deserve to be safe in a home that they love and empowered to choose the care they need when they need it.
2. We are all in this together and to ensure the well-being of all seniors – systemic innovations are necessary.

"Putting Seniors First" lays out a reasonable, achievable roadmap to serve seniors better in three sections titled: Keeping Seniors Safe; Policies to Put Seniors First; and Helping Our Seniors.

It highlights the importance of reliable, high quality care in a safe environment while embracing innovative solutions. Solutions such as a **Senior Services Benefit**, which puts seniors and their care first – requiring no new money.

2020 has been a journey. We respectfully acknowledge and mourn for those that have been lost, and we carefully and hopefully plan for what is to come. Change is needed in the days and months ahead - we look forward to and are very ready to be part of this important action.

Sincerely,



Cathy Hecimovich

Chief Executive Officer, Ontario Retirement Communities Association

PUTTING SENIORS FIRST

ACHIEVABLE ROADMAP

Seniors have the right to determine how, where and by whom their care services will be delivered.

A Senior Services Benefit can help.

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KEEPING SENIORS SAFE

Retirement communities continue to take decisive action to protect residents and staff.

ACTIONS:

- Expanded on infectious disease policies and procedures
- Adopted all of Ontario's Chief Medical Officer of Health directives
- Implemented guidelines from the Ministry for Seniors and Accessibility and Retirement Homes Regulatory Authority
- Worked collaboratively with experts in IPAC and infectious diseases to keep residents safe while ensuring they continued to receive high quality care

OUTCOMES*:

- Of the 772 licensed retirement communities in Ontario:
- 97 per cent are free of COVID-19 outbreaks
 - The prevalence rate of COVID-19 is 1.54 per cent
 - From the beginning of COVID-19 retirement community staff and residents made up 3.00 per cent of all cases

*As of September 27, 2020

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POLICIES TO PUT SENIORS FIRST

Seniors deserve a system that puts their needs and care first.

CURRENT CHALLENGES:

- 38,000 Ontarians are waiting for long-term care³
- 1 in 9 LTC residents could potentially have been cared for in a home community⁴
- Approximately 4,500 ALC patients are languishing in hospitals each day⁵
- 2,000 Ontarians are waiting for publicly funded home care⁶

RETIREMENT COMMUNITIES AS PART OF THE CONTINUUM OF CARE:

- 64,000 licensed retirement community suites in Ontario
- 17,000 new suites are planned by 2023
- Retirement communities employ 30,000 Ontarians
- Retirement communities are licensed and inspected by the Retirement Home Regulatory Authority and must comply with 21 pieces of legislation, including the Retirement Homes Act, 2010

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HELPING OUR SENIORS: A SENIOR SERVICES BENEFIT

A Senior Services Benefit is a monthly allowance sent directly to a senior to help pay for their care needs.

MORE CHOICE - Seniors in a retirement community should be funded to purchase the home care and supports they need directly from service providers, giving them greater autonomy over their care.

COST SAVINGS - If Ontario were to adopt a Senior Services Benefit, health care savings could amount to **\$385 million** per year; money that can be reinvested into the delivery of frontline care.

NO NEW MONEY - A Senior Services Benefit would repurpose existing dollars from the current LHIN-administered home and community care system to a direct payment to seniors.

ALREADY QUALIFIED - Any senior who qualifies for home and community care services would be eligible for a Senior Services Benefit.

More must be done on all fronts to ensure seniors are supported to stay in their communities as long as possible. ORCA supports more home care; we agree we need more long-term care beds; however, we also need innovation.

Ontario needs a Senior Services Benefit.

KEEPING SENIORS SAFE

The safety and protection of the seniors who live in retirement communities, their families and the staff who provide their care has been our first priority throughout the pandemic.

At the beginning and throughout the COVID-19 pandemic, retirement communities took decisive action to protect residents and staff, expanding on infectious disease policies and procedures already in place. Further, we worked effectively to adopt all of Ontario's Chief Medical Officer of Health's directives and guidelines.

As of September 27, 2020, of the 772 licensed retirement communities in the province, **97 per cent** are free of COVID-19 outbreaks.¹ The prevalence rate in homes is **1.54 per cent** and from the beginning we made up **3.00 per cent** of all cases.²



87%

of Ontarians aged 55+ believe that providing living environments which promote seniors remaining healthy, active, and socially engaged should be a high priority for the provincial government.³

The retirement community sector worked hard to keep seniors safe. We all did. However, retirement communities did not experience the same outcomes as Ontario's long-term care homes. The number of retirement communities that went into outbreak, the number of residents infected with COVID-19 and the incidence rate was significantly less than what was experienced in long-term care. All while retirement communities were required to follow the same Directives and guidance from Ontario's Chief Medical Officer of Health.

The outcomes in the retirement community sector in minimizing transmission risk reflect the urgency in which our members and their employees moved to enhance their already existing infectious disease procedures to pandemic levels, in addition to revising daily activities to implement physical distancing and outbreak protocols where required.

In addition to the response to COVID-19, the design of retirement communities and our suites is tailored to meet the needs of individual seniors, which has led to a more effective model to limit the spread of infectious diseases. Each resident has their own suite with their own washroom – allowing retirement communities to effectively isolate residents when required.

Retirement communities are also not constrained by government regulation with regards to staffing. We were able to move quickly to increase staffing levels to meet the needs of residents to ensure that they continued to receive high quality care while facing the realities of the COVID-19 pandemic.

We also worked hard to ensure residents were getting the social interaction they need and enjoy as part of living in a retirement community – seniors were never alone. They were able to participate in abridged, socially distanced activities and meals to ensure a sense of community and social connection was never lost.

Our members did this because they take the heightened risk of COVID-19 to their residents as their highest responsibility. An iron ring was effectively established around retirement communities, protecting residents, staff, and family members.

Ontario needs to build on these outcomes and work towards innovative solutions that put seniors first and address the systemic issues that have been impacting the health care system.

POLICIES TO PUT SENIORS FIRST

Ontario needs a better, more senior-friendly method of providing government-funded care services to seniors.

Putting seniors first in the system today is grounded in two simple ideas:

1. Seniors deserve to be safe in a home they love while being empowered to choose the care they need when they need it.
2. We are all in this together and to ensure the well-being of all seniors – systemic innovations are necessary.

COVID-19 has only reinforced these ideas.

WHAT SENIORS DESERVE

Seniors deserve a system that puts their needs and care first. A system that makes it easier to access home and community care. A system that helps them connect with their care providers more easily, that provides more choice for those with high care needs to get the care they need in a community setting, and that keeps them healthier at home and in the community by empowering teams to work together. Most importantly, seniors deserve a system that puts quality and equity above all else.

CURRENT CHALLENGES

Seniors are waiting longer than ever to move into a long-term care home. Between the beginning of the COVID-19 pandemic and as of writing, the waitlist for long-term care beds has increased from **36,000 Ontarians to 38,000**.³ While the government has committed to expeditiously building new long-term care beds, in the immediate term the length of the long-term care waitlist will grow – as a result of the necessary move to reduce the number of four-bed ward rooms.

We also know that with the current structure of Ontario's waitlist policies, seniors are moving out of the community prematurely. A 2020 Canadian Institute for Health Information report found that about **1 in 9** newly admitted long-term care residents potentially could have been cared for in a home community⁴, with the primary reasons being difficulty navigating the health care system, financial barriers and the importance of reliable home care staff.

Further, seniors are languishing in hospital beds, as alternate level of care (ALC) patients⁵, in part because of a siloed health care system.

Hospital discharge planners, family physicians, and LHIN care coordinators often default to the long-term care waitlist or publicly funded home care as the only option for ALC patients. Ignoring alternative community-based solutions, such as retirement communities, that have the capacity today and are building for tomorrow's demand.

Seniors receiving publicly funded home care in the community have little choice in who delivers it and when it is delivered. They must also join a waitlist of more than **2,000 people** before they are able to receive care at home.⁶ If they want more autonomy and control over the quality of care they receive, they must purchase it privately with their after-tax income. As the COVID-19 pandemic continues to impact the economy, more seniors are turning towards the public system.

During the pandemic, publicly funded home care struggled to reliably deliver home care to seniors, resulting in missed visits and challenges with the continuity of care they require. As a result of these challenges, seniors did not know if there would be someone there to help them get up in the morning and have their shower. They did not know if someone would be coming to change the bandage on their wound or support them in their daily activities. While missed visits have been a reality of Ontario's publicly funded home care system for some time, the COVID-19 pandemic has exacerbated them – many times, leaving seniors without the care that they need.

RETIREMENT COMMUNITIES AS PART OF THE CONTINUUM OF CARE

To put seniors first, all members of the continuum of care must be acknowledged and utilized to their full capacity.

There are approximately **64,000 licensed retirement community suites** in Ontario. An additional **17,000 new suites** will be added by 2023.

We further employ over **30,000 men and women** who are committed to the health, safety and care of the seniors who choose to call retirement communities home.

Retirement communities are licensed and inspected by the Retirement Homes Regulatory Authority and must comply with **21 pieces of legislation**, including the *Retirement Homes Act, 2010*. Each retirement community can offer up to thirteen care services, including but not limited to: assistance with dressing, assistance with personal hygiene, medication management and provision of a meal.

We are an important part of a robust continuum of care – one that is ready to continue our work in putting seniors first. We can help.

HELPING OUR SENIORS A SENIOR SERVICES BENEFIT

We are stronger together. When we put seniors first and work cooperatively and to full capacity within the continuum of care, we are able to identify innovations that help deliver better care to seniors.

A Senior Services Benefit is that innovation.

A Senior Services Benefit is a monthly allowance sent directly to a senior to help pay for their care needs.

It supports seniors to age in place in a community setting of their choice.

HOW THE SENIOR SERVICES BENEFIT ALLEVIATES CURRENT SYSTEM PRESSURES

A Senior Services Benefit can address pressures and promote alternative options in the continuum of care, such as retirement communities, which may significantly reduce the number of seniors moving into long-term care prematurely, reduce the number of seniors languishing in hospital beds, and begin to address the systemic challenges of Ontario's publicly funded home care system.

1. A Senior Services Benefit gives ALC patients options that were not previously available to them, including the ability to purchase the care and support they need from a retirement community and providing them autonomy on where and by whom their care will be delivered.
2. A Senior Services Benefit enables seniors to not only receive the necessary medical care they require but allows them to socially connect with other seniors and community members, to promote important social and emotional supports – improving health outcomes overall.
3. A Senior Services Benefit promotes a system where seniors are receiving their care from the same care provider each day, who can respond to and adjust their care plan in the event of a change of circumstance or health.
4. A Senior Services Benefit allows seniors and family members to direct their funding to address their care needs, reducing the amount of out-of-pocket expenses and investing in what they need thereby reducing the number of seniors moving into long-term care prematurely, as a result of financial constraints.



HOW A SENIOR SERVICES BENEFIT WOULD WORK

Any senior who qualifies for home and community care services would be eligible for a Senior Services Benefit.

Seniors could use a Senior Services Benefit to purchase the home care and supports they need directly from service providers, such as retirement communities, giving them greater autonomy over their care. It would also allow them to stay in the community longer – reducing the pressures on Ontario’s hospital and long-term care systems.

Once a home and community care coordinator completes a interRAI home care assessment, a senior would be given the option to receive a certain number of care hours per month according to their assessed level of need (the current model) or an allocation of dollars that would cover the costs of purchasing the care directly from a service provider (the proposed Senior Services Benefit). A service provider may include a home care provider, a retirement community, or another type of provider the Ministry deems appropriate.⁷

The senior would receive the financial allocation in the form of a monthly direct deposit into their bank account. They can purchase the care they feel best meets their personal desired outcomes – in line with their care plan.

Monitoring arrangements should be implemented and carried out by home and community care coordinators. ORCA is proposing two distinct types of monitoring arrangements:

- Welfare Monitoring – Ensuring that the supported person’s needs are being met.
- Financial Monitoring – Proportionate steps to satisfy that public funds are spent in line with the assessment and care plan.⁸

REINVESTING TIME AND RESOURCES INTO MORE CARE

A Senior Services Benefit is possible through the repurposing of LHIN-administered home and community care dollars as a direct payment to seniors who qualify for existing services.

The LHIN-related savings associated with a Senior Services Benefit are estimated at **\$250 million per year**.⁹ If Ontario were to adopt a Senior Services Benefit model that was similar to other international models, that savings could increase to **\$385 million per year**.

The most recent data available suggests that approximately two-thirds of LHIN expenditures go to service providers to fund direct care. The introduction of a Senior Services Benefit will mean that:

- 20 per cent (\$540 million) of the home care budget is applied to care coordination and assessment, of which one third (\$178 million)¹⁰ is estimated to become redundant, and
- 8 per cent (\$216 million) is applied to overhead and administrative costs of operating the LHIN of which a one-third reduction (\$71 million) is expected to be achievable with a reduced infrastructure.

Additional savings may be realized through a distinction between services provided in-kind (the current model) and a benefit provided in cash (a Senior Services Benefit).

A similar model in Germany offered seniors the choice of receiving services in-kind or a cash benefit. “Benefits provided in cash are smaller than they would cost were they provided in kind.”¹¹ Approximately 80 per cent of seniors who received care at home in Germany in 2012 selected the cash option.

If Ontario were to provide a Senior Services Benefit at 70 per cent of in-kind services, and with a conservative opt-in rate of 50 per cent, the total savings could be up to an additional \$135 million.

This is **\$385 million** that can be reinvested into the delivery of frontline care.

Additionally, a Senior Services Benefit would enable the creation of a system that allows the majority of care to be provided to residents directly by highly trained retirement community staff. This is not only a more efficient and effective model of care; it also frees up limited home care resources to care for seniors living alone in the community – seniors that are at a greater risk of hospitalization. It will reduce the current home care waitlists, enable better support for those coming out of hospital who need home care in order to safely transition back home, and allow more seniors to choose retirement community living and thereby ease the pressure on Ontario’s long-term care and hospital systems.

PUTTING SENIORS FIRST

CONCLUSION

ORCA's commitment to our seniors is steadfast.

Retirement communities have been a vital contributor to a robust continuum of care, throughout the pandemic and beyond. Retirement communities are in a unique position to support seniors – to work through challenges and identify opportunities to provide solutions that put seniors first.

Retirement communities:

- Built an iron ring around our seniors to keep them safe, together and in a home they love, where they were never alone;
- Believed that seniors deserve to be safe in their home while being empowered to choose the care they need – in a place they love;
- Believed that we are all in this together – to ensure the well-being of all senior's systemic improvements are necessary;
- Focused on an innovative solution which puts seniors and their care first and requires no new money – a Senior Services Benefit.

A Senior Services Benefit will:

- Increase seniors' control over the quality of care delivered to them;
- Increase seniors' satisfaction with government-funded services;
- Address the systemic challenges associated with home care delivery in retirement communities;
- Ease the pressure on the hospital system and act as one solution to the ALC crisis;
- Address the length of the long-term care waitlist;
- Reinvest time and resources into better care.

Seniors deserve a system that makes it easier for them to access home and community care. A system that helps them connect with their care providers more easily, that provides more choice for those with high care needs to get the care they need in a community setting, and that keeps them healthier at home and in the community by empowering teams to work together. A Senior Services Benefit can achieve those goals.

A Senior Services Benefit will begin to address the systemic challenges that Ontario's health care system is facing. It is an innovative and cost-effective solution, which promotes choice and autonomy while undertaking the challenges of Ontario's long-term care waitlist and hallway health care crisis.

More must be done on all fronts to ensure seniors are supported to stay in their communities as long as possible. ORCA supports more home care; we agree we need more long-term care beds; however, we also need innovation.

Ontario needs a Senior Services Benefit.

PUTTING SENIORS FIRST

REFERENCES

Endnotes:

1. RHRA COVID-19 Dashboard, Toronto: Retirement Homes Regulatory Authority, 2020.
2. Epidemiologic Summary – COVID-19 in Ontario, Toronto: Public Health Ontario, 2020.
3. Long-Term Care Staffing Study, Toronto: Ministry of Long-Term Care, 2020.
4. 1 in 9 new long-term care residents potentially could have been care for at home, Ottawa: Canadian Institute for Health Information, 2020.
5. Measuring Up 2018, Toronto: Health Quality Ontario, 2018.
6. Home Care Wait Times, Toronto: Health Shared Services Ontario, 2020.
7. The Ministry of Health is currently examining reforms to Ontario's home care system including location of services, method of delivery, eligibility for services, eligible providers, charges for services, care coordination functions, and self-directed care. The Senior Services Benefit can be enabled by the proposed regulatory framework under the Connect Care Act, 2019.
8. An example of financial monitoring may be the requirement that recipients of the Senior Services Benefit submit an expense form on a recurring basis to a designated organization responsible for financial monitoring of the program.
9. These calculated cost savings may change subject to the introduction of the Ontario Health Teams and the future structure of home and community care.
10. This includes costs related to transportation of home care workers, reduced dependency on sub-contracting relationships with congregate care settings, and a reduction in the number of duplicative assessments for home care recipients.
11. Ake Blomqvist and Colin Busby, Shifting Towards Autonomy: A Continuing Care Model for Canada, Toronto: C.D. Howe Institute, 2016.
12. Ontarians Priority Levels for Potential Provincial Policies for Ontario Senior Citizens and Their Living Arrangements, Toronto: DART C-Suite Communicators, 2019.

Note: Cover art created using quotations sourced from ORCA member communities. Names and locations were removed to maintain the privacy of our residents, staff, and their families.

ABOUT ORCA

Caring for seniors is our most important job and we take that responsibility very seriously.

Since 1977, the Ontario Retirement Communities Association (ORCA) has been the voice of Ontario's retirement communities and we remain committed to setting a standard for operational excellence in the sector.

ORCA represents over 90 per cent of all licensed retirement community suites in Ontario, with members caring for nearly 60,000 seniors who choose to call retirement communities their home.

Further, ORCA members employ over 30,000 Ontarians who are steadfast in their devotion to the difference the sector can make to each of its residents.

Retirement communities are regulated by the Retirement Homes Act, 2010 and are licensed and inspected by the Retirement Homes Regulatory Authority (RHRA). Each retirement community can offer up to thirteen care services, including but not limited to assistance with dressing, assistance with personal hygiene, medication management and provision of a meal.

This submission has been prepared on behalf of ORCA's membership.

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