

EXECUTIVE SUMMARY

The South East aging at home planning effort has resulted in the introduction of a new regional long-term functional support program: *SMILE (Seniors Managing Independent Living Easily)*. One consequence of living longer is the need for assistance at home to support various activities of living, such as shopping, cooking, and banking. Evidence points to a decline in an individual's functional ability to carry out these activities as being the tipping point towards progressive frailty and a vulnerability to adverse outcomes, leading to premature dependency and institutionalization. In its early stages, however, frailty in the elderly is characterized by being both identifiable and, therefore, potentially reversible. Accordingly, the program will offer frail seniors and their caregivers support in activities of daily living that are instrumental to living independently at home.

At its introduction in the spring of 2008, the SMILE program will be unique in the province of Ontario in its focus on assisting the frail elderly to live at home by defining and assigning individualized budgets for services that are matched to needs, and supporting options in modalities of service delivery, that include the use of existing (e.g., community support service agency) and non-traditional service providers. By empowering seniors to make decisions over aspects of their day-to-day care that can crucially affect their independence and quality of life, the program protects their dignity.

At its maturity in 2010/11, \$9.7 million will be made available for the SMILE program. It is estimated that the program will make it possible for more seniors across the South East – approximately 1,760 individuals – who are elderly and at risk of progressive frailty, premature dependency and institutionalization, and their caregivers, to receive services that best meet their needs, in a way that is best suited and acceptable

to them – no matter where they live in the region. It is estimated that the majority of the funds, at least \$8 million, will be available to directly fund services for seniors through individualized care plans and budgets.

The program is grounded in both research and practice in that it incorporates best practices for health care delivery systems for seniors, persons with disabilities, persons with chronic mental health conditions and children with special needs, as identified in a Canadian study by Marcus J. Hollander and Michael J. Prince,¹ and components from valid and relevant sources, at the federal and provincial (Ontario) levels, i.e., The Self-Managed Attendant Services – Direct Funding Program; the Special Services At Home Program; and the Veterans Independence Program (for more information, refer to the Insert – SMILE program). The outcome of discussions with seniors and health care sector representatives about the need for basic supported living services for seniors throughout the region, and the need to target services to the frail elderly have directly informed key aspects of program design, specifically the identification of a core basket of at-home services and supports, and the determination of a client population.

The Aging at Home Strategy has provided the strategic framework for the development of the South East LHIN's Aging at Home Plan. Similarly, the plan has provided the conceptual framework for the design of the SMILE program. The plan builds on and dovetails with previous planning efforts in the South East, specifically the South East LHIN *Integrated Health Services Plan* and the *Annual Service Plan*, and current initiatives designed to address the needs of an older population cohort across the continuum of care, be they of an immediate, short, medium or long-term nature.

A major goal to be achieved in the South East, as well as provincially, is to depressurize the health care system. As Ontario's senior population continues to grow, pressures on the health care system – and in particular the acute and long-term care sectors – increase. The South East LHIN has the highest percent (16.7%) of residents aged 65 years and older of any LHIN in the province; however, the size of the population is relatively small – too small in fact to allow each local community to sustain a full-service menu of health care services. In terms of health service utilization, the data shows that residents of this LHIN have the highest number per capita of emergency department (ED) visits in the province. They also use emergency room services for less-urgent care more frequently than almost any other LHIN in Ontario. Seniors in the South East and elsewhere use a disproportionate amount of acute care services relative to their numbers, but a subgroup of frail and vulnerable seniors accounts for a major part of that use. It is critical, therefore, that seniors in the South East be provided with appropriate and flexible care alternatives, other than costly acute care, and that unnecessary institutionalization in long-term care homes be prevented whenever and wherever possible. Consequently, new long-term care homes are being built in the South East and a number of local initiatives are underway. They focus on meeting the more immediate and/or short-term professional care needs of an older patient population, prior to or further to hospitalization, whereas the focus of the Aging at

Home Plan is on meeting the long-term care needs of seniors who are elderly, and at risk of progressive frailty, premature dependency and institutionalization, but well enough to live at home. In doing so, the plan considers the data that is available on health service utilization, the needs and priorities of seniors, the current environment, the “what” prior to the “how,” and the optimal way of organizing the provision of services considered essential to maintaining independence at home. As such, the planning approach is strategic, methodical and inclusive. It thinks regionally, while enabling providers to act locally in arranging for and in providing services.

The plan sets out an innovative care delivery model that respects and supports the intent of the province's Aging at Home Strategy, while being regional in scope. The model is 100% innovative in that it offers a brand-new way of looking at, and organizing the provision of services considered essential to maintaining independence at home, such as: meals; housekeeping; shopping; laundry; running errands; transportation to and from medical appointments; and seasonal chores. It represents a radical shift in current thinking from a traditional *supply driven market* of health service provision, where pre-designed structures each supply a pre-determined set of services, to one *driven by needs*, where the individual needs of clients/patients drive the supply of services. From that respect, the model also mirrors the Ontario health care system's patient-centered philosophy.

There's no place
LIKE HOME – Dorothy Gale

The model addresses seniors' priority for supported living services that are portable and their need for equitable access to these services – whether they live in an urban or rural setting, or in more remote areas of the region. Seniors' priority and need have been identified through targeted and focused community engagement efforts. In the South East, community engagement has been used as a process to bring planning closer to the potential users and suppliers of health care services. Indeed, it is the discussions and input of seniors that set the direction for planning efforts – they helped to determine the “what,” while health service providers representing all health care sectors, along with seniors, have been fully engaged in defining the “how,” i.e., the care delivery model.

The model incorporates features designed to maximize local access to services through multiple access portals at points in the system where people traditionally seek care and have contact with their community, as well as assistance with service navigation, if wanted or needed. More importantly, it provides seniors with the choice of self-managing services through non-traditional service providers, and/or of selecting care from traditional community support agencies.

The model is supported by an effective and integrated regional service delivery system, incorporating elements that reflect best practices,

such as a single administrative structure (i.e., regional management centre) to ensure consistency of service standards and cost efficiency (as no administrative structure or process is duplicated or fragmented), a coordinated entry system and standardized, system-level assessment.

Finally, accountability is embedded in the model in that the regional management centre will have a relationship of accountability with the South East LHIN through the development and negotiation of an accountability agreement. This regional management centre will be accountable to the South East LHIN for the achievement of specific targets related to program objectives, designed in large part to measure the program's impact at a regional level. Local access portals will also have contractual agreements with the regional management centre.

The South East LHIN will work closely with the Ministry on examining the potential policy, legislative and regulatory implications related to the implementation of the new SMILE program. The South East LHIN anticipates that this may involve a review of current provincial policy, legislative or regulatory limitations on volumes of services and linkages between personal care and homemaking services. As a result, changes may be required to alter current service maximums and to de-link personal care and homemaking services.