



**Dr. Kevin Wade,** CD, MD, CCFP(PC) Chief Medical Officer @ Gravitii.care Clinical Assistant Professor, UBC Faculty of Medicine

Community care – and especially care of the elderly – is a frequently neglected area of medicine. As a physician, I can recall the "hidden curriculum" of medical school that encouraged students to engage maximally in the exciting areas of acute care like surgery and intensive care. Compared to this, the daily work of caring for people and keeping them home was commonly seen as less interesting, and it remains considerably less compensated. This neglect extends beyond physicians to other parts of the health system as well, where funding and effort tend to radiate outwards from the hospital.

In a <u>previous article</u>, I described that the costs of public home support in our province, and even publicly subsidized home support, are often out of reach for seniors. By failing to support people at home, they more frequently end up in hospital or long-term care, which is usually both more expensive and worse for quality of life. For example, a 2021 report from the CD Howe Institute noted that 61% of Canadians die in hospital, compared to 51 percent in England, 28 percent in the Netherlands, and 20 percent in the United States. The inaccessibility of home support is one factor leading to this disparity.

This trend must change for us to meet the ongoing challenges of an aging population and an overburdened healthcare system. Caring for people at home is one of the few wins we have in health care where we can save money and improve the quality of care.

A 2023 report from the BC Office of the Seniors Advocate described a 42% increase in expenditures on home and community care over 5 years, which seems like great news until they note that this increase resulted in only 5% more care hours for patients. In fact, on a per capita basis, the hours of care actually decreased.

The additional funding is being absorbed by increased bureaucracy and administrative overhead, rather than going to provide additional patient care. This is a poor value for the investment. This is a poor value for the investment.

We can look to other jurisdictions for prospective solutions. In the United States, the Centre for Medicare and Medicaid Services has proposed a rule that would require 80% of home care provider funding to be allocated toward direct care worker pay. Compare that to BC, where health authorities budget \$38 to deliver an hour of care, but the median salary for home care providers on Indeed.com is only \$23.40, (61% of the total).

To reduce this overhead, BC home care providers (both public and private) will need to embrace technology that allows providers to be allocated efficiently and effectively and keeps those providers accountable to their patients (and patients' families) for the care they deliver. Without this, spending more money risks only delivering more bloat and overhead.

British Columbians deserve better care at home, and one way to achieve this is by ensuring that our home care is delivered efficiently and that home care providers are compensated well, commensurate with the care they deliver.

The current system of home support has failed to deliver this and is leading to adverse outcomes for British Columbians as we struggle to achieve health care for all.