

IS IT WORTHWHILE TO INVEST IN HOME CARE?

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Objective

To examine outcomes by community to determine whether there appears to be any relationship between the rates of Ambulatory Care Sensitive Conditions (ACSC, or avoidable hospitalization) and

- (1) Level of local access to primary health care (services delivered by nurses with an expanded scope of practice), and**
- (2) The implementation of the Home and Community Care program.**

Why First Nations?

- Local access to care is known
- Home and community care program was rolled out in a similar way in every community in 2001



Methods

Sample: defined by postal code, no FN identifier (5% “error” but same access issues).

N = 64,933 in 1984/85, 71,510 in 2004/05.

Rates of hospitalization for Ambulatory Care Sensitive Conditions (avoidable hospitalization):

- a) Focused on the number of hospital separation in a fiscal year**
- b) Also looked at the number of hospital-days in a fiscal year**

GEE modeling

Method: Ambulatory Care Sensitive Conditions

<p>Chronic Conditions</p>	<ul style="list-style-type: none"> •Asthma •Angina •Heart Failure and pulmonary edema •Grand mal status and other epileptic convulsions •Diabetes with complications 	<ul style="list-style-type: none"> •Hypertension •Chronic Obstructive Pulmonary Disease (COPD) •Pneumonia (only when a secondary diagnosis of COPD is present) •Acute Bronchitis (only when a secondary diagnosis of COPD is present) •Iron deficiency anemia; Other deficiency anemia
<p>Vaccine Preventable Conditions</p>	<ul style="list-style-type: none"> •Diphtheria •Hemophilus Influenza type B •Hepatitis A •Hepatitis B •Influenza •Measles •Meningococcal disease (meningitis) 	<ul style="list-style-type: none"> •Mumps •Pertussis •Pneumococcal •Poliomyelitis •Tuberculosis •Rubella •Tetanus
<p>Acute Conditions</p>	<ul style="list-style-type: none"> •Dental Conditions •Cellulitis •Pelvic Inflammatory Disease 	<ul style="list-style-type: none"> •Gastroenteritis •Severe ENT Infections •

On-reserve health care services

Facility designation criteria and number of Manitoba communities*		
Type of Facility	# of ind (comm)	Community characteristics (the community should meet a majority of the following criteria)
Nursing Station	N=28,321 22 comm	On-reserve health services funded: Treatment and prevention, accessible 24/7
Health Centre	N=22,933 11 comm	On-reserve health services funded: Emergency, screening and prevention available 5 days per week, with limited or no after hour care locally
Health Office	N=19,225 24 comm	On-reserve health services funded: Part-time, often non-resident screening and prevention services only
No facility	N=1,031 2 comm	No on-reserve facility

*Health Canada (FNIHB), 2003; 2004a

Findings: What is the relationship between local access to home care and the rates of avoidable hospitalization

Findings: Access to home care

Proposition:

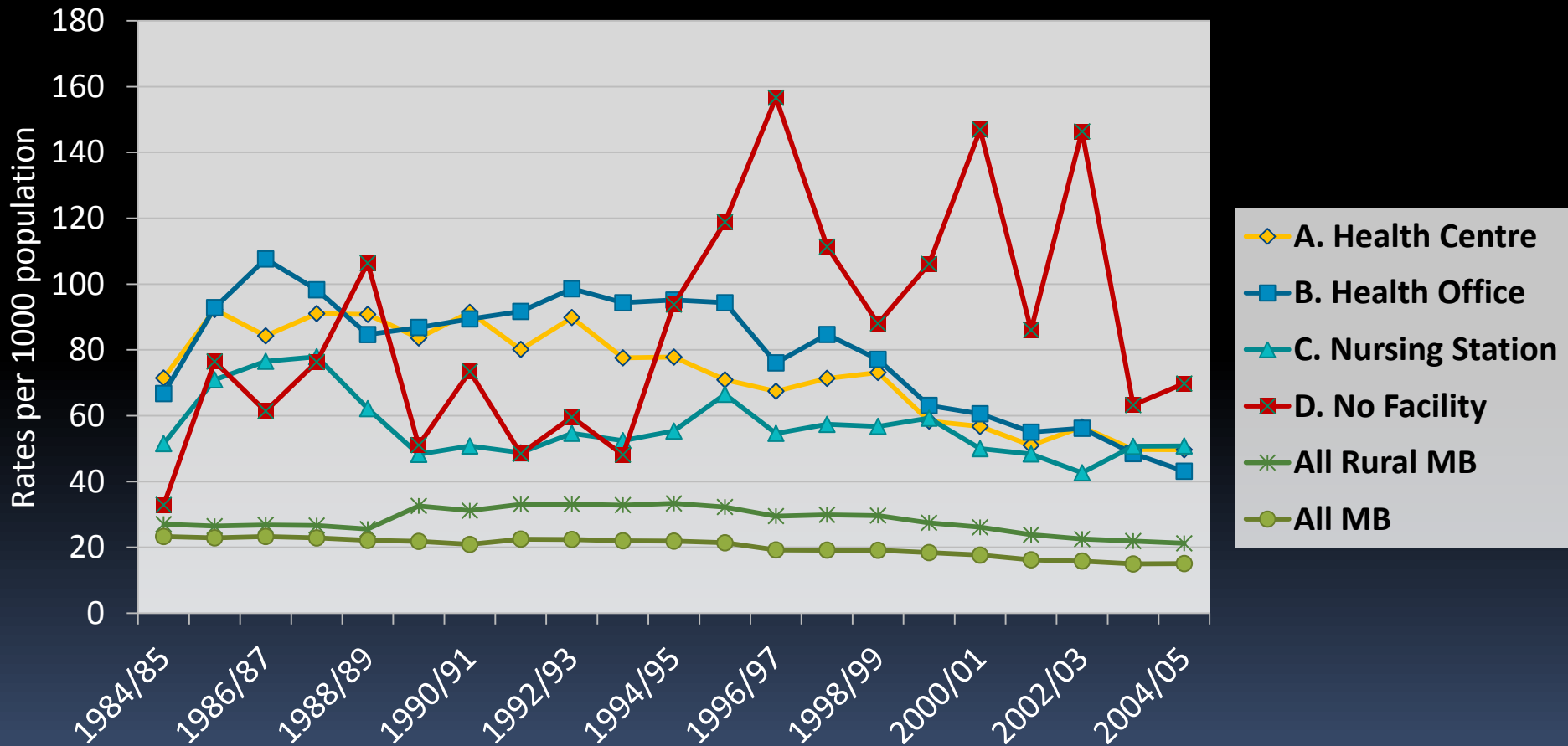
Rates of avoidable hospitalization reflect levels of local access to primary health care (health office, health centre, nursing station) over time

• Two separate time periods: between 1989/90 and 1993/94, and between 2000/01 and 2004/05.

Between 1989/90 and 1993/94	Between 2000/01 and 2004/05
<p>Communities with no facility had lower rates than communities served by a Health Office ($p=0.0006$) or a Health Centre ($p=0.0044$).</p> <p>Communities with Nursing Stations had lower rates than those served by a Health Centre ($p<0.0001$) or a Health Office ($p<0.0001$).</p>	<p>Communities with Nursing Station, a Health Centre or a Health Office had lower rates of avoidable hospitalization than communities that had no local access to a health facility ($p<0.0001$, $p=0.0001$, and $p=0.0002$ respectively).</p>

Findings: Access to home care

Adjusted ACSC Rates per 1000 population by facility type



Conclusions

- The introduction of the FNIHCCP expanded primary healthcare activities in communities served by Health Offices/Health Stations. Rates of avoidable hospitalization decreased.
- Rates of hospitalization decreased in communities served by Nursing Stations. The same gains were not documented for chronic conditions, however.
- Communities where the FNIHCCP was not available did not report the same gains.
- This brings evidence to suggestions to include home care as an insured service under the Canada Health Act.

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