



Wednesday, October 17, 2015

1:30 – 2:45 pm

**Location:** St. Thomas Elgin General Hospital  
Auditorium (Ground Level), 189 Elm Street, St. Thomas

### Minutes

x	Amy Sczelecki	√	Anusha Perera	√	Chukwudi Koyenikan	x	Dereck Vaughan
√	Elsie Osagie via T-C	√	Jessica Johnston	√	Jillian Toogood	√	Kevin Mardell
√	Rick Goodhew	√	Sara Kloosterman	√	Stephanie Johnston	√	Tracy Nancekivell
x	Kellie Scott	√	Melissa Tenbergen	√	Amber Alpaugh-Bishop	√	Jana Fear via T-C
√	Alexa Attard	<i>Guest Presenters: Sherri Zavitz and Lyndsay Orr, South West LHIN</i>					

Item	Topics and Actions
1.	<p>Welcome and Introductions - Dr. Melissa Tenbergen, Co-Chair</p> <ul style="list-style-type: none"> <li>Dr. Scott could not attend today</li> </ul>
2.	<p>Family Managed Home Care (FMHC) - Sherri Zavitz:</p> <ul style="list-style-type: none"> <li>I am the program lead for the new FMHC and we have a project lead, Lisa Cann</li> <li>Sherri provided an overview of the FMHC</li> <li>the client will be responsible for securing their care team</li> <li>the client/SDM will hire, manage and pay service providers and be accountable for their spending</li> <li>the LHIN will monitor client health outcomes, through routine reassessments by Care Coordinators (CCs)</li> <li>the word is getting out and we are getting more calls for information</li> <li>we are top loading our visits so the patient and family are successful</li> <li>there is a formal contract that must be signed by the client/SDM</li> <li>we are spending approximately 20 hours per new client onboarding, we decided it is a hands on approach that the client needs <ul style="list-style-type: none"> <li>My understanding if a patient is assessed, and this patient qualifies for 10 hours of PSW per week, does the family have to hire a PSW or can it be a neighbor?</li> </ul> </li> <li>The PSW does not have to be a PSW, they have to be over the age of 18, they cannot be an immediate family member and they must have \$2m in liability insurance and, they must be paid \$16.80 an hour. There are eligible expenses for this program and one is for accounting and we encourage the client/SDM to hire a bookkeeper and expenses for hiring are also eligible. We provide patients/families a 30 day float for startup.</li> <li>We are not advocating for hiring through an existing service provider as our SPs are already limited for their PSW staff.</li> <li>We have on boarded 6 patients already and looking at 7 next week</li> <li>The client can pay above the approved limit from the LHIN but that portion will be self-pay</li> <li>the patient/client must open a separate bank account and have adequate home insurance</li> <li>we have hired a geographic care coordinator that will be starting next week <ul style="list-style-type: none"> <li>What are the exceptional circumstances?</li> </ul> </li> <li>We have a PAN LHIN group that meets regularly and we are trying to define these circumstances i.e., rural/remote is one, ALS, MS, anyone with progressive diseases. However, that being said there are circumstances where we may have to work with patients with these</li> </ul> <p><b><u>ACTION/COMPLETE:</u></b> Sherri to send additional materials to Alexa to be included in the minutes</p>

3.	<p>Diabetic Foot Ulcer Care - Lyndsay Orr:</p> <ul style="list-style-type: none"> <li>• Offloading initiative through Wound Care and the devices are now available</li> <li>• early intervention decreases amputation</li> <li>• consistency of patient care with our nursing providers</li> <li>• it is the chronic disease management that is required</li> <li>• there is an assessment for total contact casting and can only be provided at Flex Clinics</li> <li>• service in the home is not effective for this high-risk category</li> <li>• we are prioritizing the high-risk patients based on the assessment <ul style="list-style-type: none"> <li>○ If I see someone with a new foot ulcer, and if I refer and they are not deemed qualified, what happens from there?</li> </ul> </li> <li>• It could be for a number of reasons. We would still see them at the clinic and it is the care coordinator who will have them seen at a clinic.</li> </ul>
4.	<p>MyChart:</p> <ul style="list-style-type: none"> <li>• London is now getting a patient portal, the physician can see the patients cancer results before the patient see the reports</li> <li>• not sure if there is a timeline before it goes to the patient <ul style="list-style-type: none"> <li>○ the Project Manager indicated there is a set delay built in, then it is automated once the date has passed</li> </ul> </li> <li>• There will be a 3-6 month review, where the physician can provide feedback  <b><u>ACTION/COMPLETE:</u></b> Melissa to determine if there is a timeline and what it is before it goes to the patient. <ul style="list-style-type: none"> <li>○ There are specific timelines for myChart and when it gets pushed for patients to see. The consultant does not have to approve it, it just gets posted when the time has lapsed. Details of the specific times can be found in the MyChart presentation pages contained in the Agenda Package posted on the SW PCA website: <a href="http://www.swpca.ca/Content/7/Elgin">http://www.swpca.ca/Content/7/Elgin</a></li> </ul> </li> </ul>
5.	<p>MSK Rapid Assessment Clinic:</p> <ul style="list-style-type: none"> <li>• it is a phased approach but will be fully implemented by March 2019, one for hip/knee and one for spine</li> </ul>
6.	<p>The Referral Process - MSK:</p> <ul style="list-style-type: none"> <li>• we will advise of the start date of the new process <ul style="list-style-type: none"> <li>○ Is there going to be a central location?</li> </ul> </li> <li>• we suggested a location in Elgin and there will be one in London</li> </ul>
7.	<p>Blood Transfusions at STEGH:</p> <ul style="list-style-type: none"> <li>• we have been getting faxes stating you do not have privileges at STEGH and your request is denied</li> <li>• there have been some staffing issues</li> <li>• and we are trying to get order sets <ul style="list-style-type: none"> <li>○ chemo used to do blood transfusions</li> </ul> </li> <li>• I believe the manager of the chemo unit, is no longer in that department</li> <li>• It is now the manager for Ambulatory Care, Roxana  <b><u>ACTION/COMPLETED:</u></b> We will get the names for chemo unit and get them out with the minutes <ul style="list-style-type: none"> <li>○ All family doctors covering - Dr. Van Daalen, Dr. Carroll Harder, Dr. Alex Schlosser, Dr. Joanne Masella</li> <li>○ All patients will have regular follow-up with their oncologist in London.</li> </ul> </li> </ul>

8.	<p>Other Issues and Future of PCA Meetings:</p> <ul style="list-style-type: none"><li>• the next meeting Nov 22<sup>nd</sup> is a dinner meeting being held at the St. Thomas-Elgin Public Arts Centre and sponsored by South West Regional Cancer Program at 6:00 pm</li><li>• For future meetings, as there is no longer funding for catering, do we want to continue with meeting after rounds?<ul style="list-style-type: none"><li>○ I like this new process</li></ul></li><li>• All agreed, we will continue with the meetings after rounds on a monthly basis, starting in January</li></ul>
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## Family-Managed Home Care

### Patient and Family Fact Sheet

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The Ontario Ministry of Health and Long-Term Care and Local Health Integration Networks (LHINs) have launched a self-directed care program - Family-Managed Home Care.

#### **What is Family-Managed Home Care?**

Family-Managed Home Care is a new model for home care delivery in Ontario. It is available in each LHIN.

Family-Managed Home Care is intended to provide more control over care to eligible patients and families. Through the program, eligible patients, or their substitute decision-makers, will receive funding that they can use to purchase home care services or employ care providers. Patients or substitute decision-makers are responsible for managing their care providers and reporting to the LHINs.

Patients continue to be assessed by LHINs and LHINs remain responsible for developing the client's plan of service.

#### **Who is Eligible for Family-Managed Home Care?**

Patients must first have an assessment to determine their needs, must meet the eligibility requirements for traditional home care and must have a plan of service developed by the LHIN. As well, they must belong to one of the four patient groups included in the program: children with complex medical needs, adults with acquired brain injuries, eligible home-schooled children, and patients in extraordinary circumstances – as assessed by the LHIN. The patients must also meet the specific eligibility requirements for the program.

If the patient has a substitute decision-maker, the substitute decision-maker will also be assessed by the LHIN to determine whether they meet the eligible requirements to take on the required responsibilities under the program, including managing and coordinating the client's care and managing and reporting on funding.

#### **What are the responsibilities of the patient or Substitute Decision-Maker?**

The program provides patients or substitute decision-makers with considerable independence and responsibility.

They must be:

- ✓ Aware of the types of home care services that the patient requires and when they require them
- ✓ Capable of recruiting, scheduling and overseeing care providers in the home, including establishing contingency plans
- ✓ Able to fully understand and carry out the responsibilities of being an employer, often of multiple service providers
- ✓ Capable of managing the financial aspects of the program, including the SDC bank account, payment of service providers and taxes, securing insurance, record-keeping and fulfilling LHIN reporting.

### **Other Program Information**

Patients are restricted to the services and hours in their plan of service, with an exception for unexpected changes in health care needs. Service maximums apply in the same way they do in traditional care.

Funding for care is intended to fully compensate patients or substitute decision-makers based on an agreed-upon maximum compensation rate for service providers.

Patients or substitute decision-makers are also eligible for compensation for eligible expenses, which are usually capped or require pre-approval from the LHIN.

LHINs will establish reporting requirements and payment schedules for program funding.

Patients or substitute decision-makers are required to sign a legal agreement outlining their responsibilities and the responsibilities of the LHINs.

Patients are still required to undergo reassessments by the LHIN care coordinator, as they would in traditional care.

As well, patients or substitute-decision makers will continue to collaborate with the LHIN, particularly if there is any concern about a change in the client's health status.

### **Contact Information**

Your LHIN Care Coordinator can provide you with additional information about the new Family-Managed Care Program, including the detailed Program Specifications.

You can find contact information for the South West LHIN here:

<https://healthcareathome.ca/southwest/en/Contact-Us>.

You can also call us at: 519-637-4866 or 1-833-608-1048.

## Self-Directed Care Program: Family-Managed Home Care

### Technical Questions and Answers

September 2018

**Q: When will I be able to apply for Family-Managed Home Care?**

**A:** If the patient is not yet enrolled in traditional home care, they should discuss being assessed for eligibility for home care with the LHIN.

If the patient is already receiving traditional home care, the patient and/or their SDM should discuss their interest in Family-Managed Home Care with their LHIN Care Coordinator.

This is a new program and as such, the South West LHIN is developing the program specifics and design, as well as an implementation plan with timelines for the roll-out of the Family Managed Care Program. While this work is being done, the LHIN will develop a patient wait list and prioritization tool.

The LHIN will consider a number of requirements in terms of whether the new Program is suitable for a specific individuals, and collaboratively discuss options with patients or families. These requirements have yet to be determined.

We are developing a process for reviewing all applications for those that express interest in the program.

The LHIN may also identify existing home care patients who are potentially eligible for Family-Managed Home Care based on their plan of service.

We are working to ensure a process that is transparent and ensures equity, with appeal mechanisms built in.

**Q: Why is the program limited to only four types of patients?**

**A:** The Ministry of Health and Long-Term Care has identified specific groups that are expected to benefit the most from self-directed care. The program is not for everyone, as it requires active management by the patient or SDM.

The groups were also identified in collaboration with families, caregivers and other stakeholders. For example, children with complex medical needs are expected to benefit from their families and/or caregivers having more autonomy to manage care. It is anticipated that the program will contribute to more stability in caregiver and patient relationships which will help patients including those with complex needs.

This is also a new home care program and the Ministry wants to be able to evaluate the program based on the experience of patients who would benefit the most.

**Q: As well as being one of the four types of patients, are there other eligibility requirements for the new Program?**

**A:** In order to be enrolled in the new program, patients must first meet eligibility requirements for traditional home care. They must also fall into one of the four patient groups identified. In addition they, or their SDM, must demonstrate the ability to undertake significant additional responsibilities under the program. The South West LHIN Family-Managed Home Care Coordinator will take all of these requirements into consideration when assessing eligibility.

**Q: If I enrol in the program, what responsibilities will I be taking on?**

**A:** Responsibilities include: hiring, scheduling and paying service providers; managing funding; reporting to the LHIN; ensuring that contingency plans are in place for missed care; and ensuring that services provided comply with the patient's plan of service.

As well, the patient or SDM will enter into a legal agreement with the LHIN. It will be important that patients and/or SDMs understand the additional responsibilities and risks that they are taking on.

**Q: Why can't patients buy more care with their funding?**

**A:** Purchasing additional care beyond a patient's plan of service is not permitted in the program. The ministry is committed to maintaining equity between traditional home care and self-directed care. Therefore patients in both programs are restricted to the specific services and hours in their plan of service.

**Q: Will the LHINs help me hire workers and do all the financial reporting?**

**A:** No, the LHINs will not be assisting with the patient or SDM's management of the program. The LHIN will assist with onboarding and fulfilling the LHIN's reporting requirements.

Under the new program, patients and/or SDMs will also be funded for specific eligible expenses including bookkeeping.

**Q: What other supports will be available to patients or SDMs to help them succeed in the program?**

**A:** The Ministry is also developing a detailed guide for patients and/or SDMs which will provide information and links to resources to help them function successfully on the program.

**Q: How is this program different from the PSW Agency program?**

**A:** Through the new Family-Managed Home Care, patients or their substitute decision-makers (SDMs) will receive funding directly from the Local Health Integration Network (LHIN) which they can use to hire employees or purchase services in the patient's plan of service. Patients or their SDMs are also responsible for managing the care required by the patient and their service providers, as well as managing the financial aspects of the program.

The PSW Agency Program is a new program through which some home care patients will receive personal support services through a new Provincial Agency. The roll-out of this new agency across the province will be via a staged pilot program.

**Please note: the South West LHIN is not scheduled to be part of the initial PSW Agency Program pilot.**

There will be guidelines about which patients would be able to receive personal support services from the Agency.

Patients or their SDMs will not be provided with direct funding to access these services.