

## The Balance of Care (BoC) Model

- Key question: What proportion of frail seniors deemed eligible for LTC facility placement could be maintained at home if given access to appropriate community-based care packages?
- Pioneered in UK.
- Assumes that the need for LTC facility placement is determined by 2 factors:
  - Care needs of individuals
  - Availability of community-based health and social care required to meet needs.
- Case managers used flexible, decentralized budgets with clear spending limits to integrate care from the “bottom-up” by building innovative, personalized care packages.
- Steps:
  - Identify at risk seniors: those currently occupying or deemed eligible for a LTC bed.
  - Classify at risk seniors into relatively homogenous groups based on:
    - Gender
    - Source of referral
    - Presence of carer
    - Confusion
    - Dependency
      - Activities of daily living (bathing, dressing, etc.)
      - Instrumental activities of daily living (housekeeping, laundry, etc.)
  - Determine how many of the at-risk seniors fall into each group.
  - Create a typical vignette for each group based on a real case.
  - Have expert panels review vignettes, construct appropriate care packages, and estimate the costs of these packages.
  - Determine which of the at-risk seniors could be maintained in the community with less or comparable costs to the system, and better or comparable outcomes for seniors and their carers.
- Results in UK: between 15% and 28% of admissions could have been cared for in the community if given appropriate cost-effective managed packages of care.

I attended a presentation by 2 PhD students who are conducting a study on the effectiveness of the BoC model in Waterloo region. Key messages from presentation:

- BoC model brings home care managers together from across the continuum – long-term care, community support services, CCAC – groups that often work in silos – to answer the question: do all the people on the LTC wait list really need to be there?
- Seeks to answer: what number of people on the LTC wait list can be diverted to community support services?
- Used CCAC RAI data to categorize individuals into groups (source of referral, presence of carer, dependency, etc.)
- In Waterloo, a higher percentage of people on the wait list had needs in the area of instrumental activities of daily living (housekeeping, meal prep., etc.) than activities of daily living (e.g., personal care)

- Recommended that the expert panel also include seniors/caregivers/ consumers of services
- First step – design care packages based on what is currently available; second step – re-look at each vignette based on what should be available (therefore used as a planning tool)