Background

Veterans Affairs Canada (VAC) supports a wide range of health and supportive services for Veterans. It also provides funding to “top up” existing provincial services, as needed, and provides funding for services which are not funded by Provincial Ministries of Health. VAC has a complex structure of eligibility for services based on the type and location of military service that the Veteran has had. VAC also provides health services to some still-serving Canadian Forces members, members of the Royal Canadian Mounted Police (RCMP), and certain civilians, as well as to their dependents and survivors. Thus, there are numerous categories of Veterans (and other service recipients), and categories of benefits, within two main health programs: the Health Benefits Program (HBP) and the Veterans Independence Program (VIP).

Under its Health Benefits Program, VAC offers a range of health benefits (such as medical, surgical or dental examinations, surgical or prosthetic devices, home adaptations to accommodate the use of devices or aids, preventative health care, and prescribed drugs). Clients may also be eligible to receive supplementary benefits such as costs associated with travel to receive treatment, escorts and medical examinations.

The Veterans Independence Program (VIP) is a national home care program that assists clients to remain healthy and independent in their own homes. The program works in concert with other federal, provincial, or municipal programs. The services an eligible client may receive depend on the client's particular circumstances and health needs. VIP benefits include: grounds maintenance; housekeeping; personal care; home adaptations; nutrition services; health and support services provided by a health professional; ambulatory health care; access to community long term care beds; and social transportation.

Overview and Rationale

In 1999, in response to a growing number of clients on waiting lists for beds in long term care facilities, VAC implemented the Overseas Service Veterans At Home Pilot Project. The “At Home” pilot offered certain clients, on waiting lists, who met nursing level care and military service requirements (Overseas Veterans), access to some Veterans Independence Program (VIP) home care and treatment services. Overseas Veterans (OSVs) had previously been ineligible for these services. Thus, the pilot program (which was known as the OSV/VIP Pilot) was intended to provide home care services as a substitute for facility care services. An internal review of the pilot showed that a large majority of clients preferred to remain at home, with support, rather than accept a long term care facility placement even when a bed became available. The pilot helped to reduce waiting times and demand for long term care beds. VAC implemented the
OSV/VIP program nationally in 2002. Given the results of the pilot study, and the establishment of VIP services as a new benefit for Overseas Veterans, VAC has been interested in conducting a more rigorous study of the initiative for internal planning and policy development, and as a means of obtaining information that can contribute to broader health policy discussions in Canada.

The Government of Ontario (GO) also has an interest in learning about the potential benefits of long term home care. In addition, the GO is interested in determining if supportive housing is an appropriate alternative to facility care. Thus, VAC and the GO decided to work together to conduct a detailed study of the relative costs and outcomes of long term home care (including home support), supportive housing, and long term care facility services.

As part of an extensive review and consultation with external experts, field staff, and senior executives, a number of possible options for the Continuing Care Research Project were developed and reviewed by VAC and the GO. On the basis of these reviews and consultations, it was decided to proceed with one project comprised of two related studies, to be conducted concurrently.

In January 2005, VAC released a Request for Proposal (RFP) for researchers to conduct the Continuing Care Research Project through MERX, the Federal Government’s contract bidding system. Through a competitive process, Hollander Analytical Services Ltd. bid on, and was awarded, the contract to conduct both studies. As part of the process of bidding on the RFP, Hollander Analytical Services needed to stipulate how the two studies could be conducted. The proposed approach was approved by VAC as part of the review process, and forms the basis for how the Continuing Care Research Project is being carried out. It is anticipated that this project will be completed by June 2007. Funding for the project is being provided by VAC.

Purpose and Goals

The overall purpose of the Continuing Care Research Project is to develop new knowledge to contribute to future policy and planning initiatives with respect to continuing care services, including supportive housing. It is expected that the findings from the project will also contribute to a broader policy debate regarding the provision of health services for the elderly in Canada.

The goals of the Continuing Care Research Project are:

- To obtain information on the relative success of the OSV/VIP initiative;
- To obtain information on the relative costs and outcomes (i.e., cost-effectiveness) of long term home care (including home support), supportive housing and facility care;
- To obtain information about the contributions of long term home care and home support services in regard to the care of the elderly; and
To obtain information which can be used to contribute to the broader policy debate in Canada about health services for the elderly.

As noted above, the Continuing Care Research Project consists of two studies:

**STUDY 1: A Case Study of the OSV/VIP Initiative**

**Introduction** - To date, VAC has not conducted a thorough study to determine the impacts of the OSV/VIP initiative. Study 1 is intended to provide a rigorous and independent evaluation of the outcomes of the OSV/VIP initiative. The study will be conducted in the same three sites used for the original pilot: Halifax, Ottawa, and Victoria. It will include, to the extent possible, a trend analysis of the uptake of VIP and an analysis of the comparative service utilization of VIP and residential care before and after the introduction of the VIP initiative. In addition to the historical analysis, a study of current OSV clients in VIP and residential services will be conducted to compare and contrast costs and outcomes between home care and residential care, by level of care.

This case study approach will enable VAC to determine the impact of the OSV/VIP initiative and will provide information on the comparative costs of home care and residential care. However, there are a relatively limited number of people on OSV and, thus, the sample size across the three locations will be modest.

**Research Questions For Study 1 Are:**

- To what extent have people, who originally would have only received facility care, embraced the VIP home option?
- What are the comparative systems costs (that is, overall costs) for OSV clients before and after introducing the VIP home option, on a cost standardized basis?
- How satisfied are VAC staff and managers with the new approach, what do they see as its strengths and weaknesses, and how would they rate the success of the program?
- How satisfied are comparable clients in VIP and residential care and how do they rate their quality of life?
- What proportion of home care services (VIP and health services) are provided by home support services?
- Which home care and home support services are the most instrumental in keeping people out of facility care?
- What factors contribute to community clients entering residential care?
- What have been the positive and negative impacts on family caregivers?
- What is the cost effectiveness of home care compared to residential care?

**Methods and Sample**

In Study 1, an analytical database will be developed in order to conduct the trend analysis of the uptake of VIP and the analysis of the comparative service utilization of
VIP and residential care both before and after the introduction of the VIP initiative. In addition, interviews will be conducted with current OSV clients who are receiving VIP services at home or who are receiving services in a residential setting. Interviews will also be conducted with informal caregivers\(^1\) of these individuals to determine the positive and negative impacts of providing care. Finally, costing information will be gathered through diaries.

It is anticipated that in each of the three study sites (Halifax, Ottawa, and Victoria) there will be a total of 120 clients (60 who are receiving services at home and 60 who are receiving services in a facility). It is also anticipated that approximately 80% of the clients will have an informal caregiver. Therefore, it is anticipated that approximately 100 informal caregivers will also be included in each study site. It is expected that, across the three sites, data will be gathered from:

- Approximately 180 clients who are receiving services at home;
- Approximately 180 clients who are receiving services in a facility; and
- Approximately 300 informal caregivers who are providing care and support to these clients\(^2\).

**STUDY 2: A Cost-Effectiveness Study of Home Care, Supportive Housing and Residential Care**

**Introduction:** In Study 2, three groups of Veterans will be compared:

- VIP clients in long term home care;
- VAC clients in supportive housing settings; and
- VAC residential care clients.

The groups will be randomly sampled from Veterans receiving home care, supportive housing and residential services who live in the greater Toronto region. A number of instruments and procedures to group clients into comparable levels of care needs will be used in order to conduct “apples to apples” comparisons across the three care settings to estimate the costs and outcomes for clients with comparable care needs. The contribution that home support services play in keeping people in the community (home or supportive housing), and the factors which lead to eventual institutionalization, will also be studied. Study 2 has a larger sample size than Study 1.

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\(^1\) For the purposes of this study, an “Informal Caregiver” is someone who provides the client with care and/or support without pay. Informal caregivers may include family members, friends, volunteers, members of service organizations, etc.

\(^2\) This is based on the belief that approximately 80% of clients will have an informal caregiver.
Research Questions for Study 2 are:³

- How satisfied are comparable clients in VIP, supportive housing, and residential care and how do they rate their quality of life?
- What proportion of home care services (VIP and health services) are provided by home support services?
- Which home care and home support services are the most instrumental in keeping people out of facility care?
- What factors contribute to community and supportive housing clients entering residential care?
- What are the positive and negative impacts on family caregivers?
- What is the cost-effectiveness of home care compared to residential care?
- To what extent is supportive housing an appropriate alternative to home care and residential care?
- To what extent would adding supportive housing contribute to an enhanced, and cost-effective, continuum of care for VAC clients?

Methods and Sample

In Study 2, interviews will be conducted with clients who are receiving services at home, in a supportive housing setting, or in a facility. As in Study 1, interviews will also be conducted with informal caregivers of these individuals to determine the positive and negative impacts of providing care. Costing information will be gathered through diaries. It is anticipated that in Study 2, data will be gathered from:

- Approximately 320 clients who are receiving services at home;
- Approximately 320 clients who are receiving services in a supportive housing setting;
- Approximately 320 clients who are receiving services in a facility; and
- Approximately 770 informal caregivers who are providing care and support to the above noted clients.⁴

³ Some of these are the same as in Study 1.
⁴ This is based on the belief that approximately 80% of clients will have an informal caregiver.
Goverance Structure

A governance structure has been developed to ensure that the roles and responsibilities of the various parties involved in the Continuing Care Research Project are clearly understood and respected. As shown in Figure 1, the governance structure for the Continuing Care Research Project has five components: the Project Sponsors/Executive; the Advisory Committee; the Working Group; the Project Secretariat; and the Research Team. Each of these is discussed in more detail below.

Figure 1: Governance Structure for the Continuing Care Research Project

The project sponsors/executive are the Assistant Deputy Minister, Veterans Services, Veterans Affairs Canada, and the Assistant Deputy Minister, Ontario Seniors’ Secretariat, Ministry of Citizenship and Immigration, Government of Ontario. They are responsible for the overall leadership and stewardship of the project, representing the project to their respective organizations, and to other related Ministries/Departments or governments. They will chair the Advisory Committee, or designate a chair to represent them in various functions such as the Project Working Group (e.g., leader of the Project Secretariat).

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There is a great deal of interest in the VAC/GO Continuing Care Research Project, both in Ontario and across Canada. In addition, as this project is an activity of the Canadian Seniors Partnership (CSP), a range of key stakeholder organizations are represented on the Advisory Committee. Members of the Advisory Committee include representatives from:

- Veterans Affairs Canada
- Health Canada
- British Columbia Ministry of Health
- Nova Scotia Department of Health
- The Royal Canadian Legion
- Canadian Healthcare Association
- Canadian Homecare Association
- Ontario Association of Community Care Access Centres
- Ontario Community Support Association
- Ontario Home Care Association
- Ontario Ministry of Citizenship and Immigration
- Ontario Ministry of Health
- The Royal Canadian Legion, Ontario Command

The Project Working Group is a subset of the Advisory Committee, but is a more active body involved in the operational aspects of the project. The Project Working Group consists of representatives from the Project Secretariat, VAC District Offices in Halifax, Ottawa, Toronto and Victoria and the Government of Ontario Ministry of Health.

The Project Secretariat provides operational and organizational assistance to the Advisory Committee and the Project Working Group.

The Research Team is responsible for conducting the research for the project. It is also responsible for providing monthly updates, standardized communications material about the project, and other related materials, to the Secretariat for its own use and/or for further dissemination, as appropriate.

**Knowledge Transfer and Communications**

Working in collaboration, the Ontario Seniors’ Secretariat, the Continuing Care Research Project Research Team, and the Project Secretariat, will assist in the timely and effective dissemination of information regarding the research to targeted policy and decision makers, program planners, health managers, clinicians, and identified stakeholders through a variety of approaches. These approaches will include the Web and print publications, with the goal of strengthening client and stakeholder understanding of research outcomes and best knowledge exchange, transfer and dissemination processes. A summary of the findings will also be made available to participating clients, family caregivers, and organizations, upon request.