

# Home Care

## Fact Sheets on Key Health Care Issues

### Setting the foundation for a National Home Care Program

In its submission to the Romanow Commission, the Ecumenical Health Care Network noted that an increasing number of Canadians are now receiving care at home, and called for the creation of a national home care program. In his final report, Mr. Romanow recommends that the needs of people receiving care in the home be recognized by creating a foundation for a national home care system, beginning with:

- support for home mental health case management and intervention services;
- post-acute home care; and
- palliative care home care – “the option of dying at home should be available to all Canadians”.

Mr. Romanow also recommended a new program for unpaid caregivers to relieve pressure on families and on the health care system by allowing informal caregivers to take time off work and to qualify for special benefits under Canada’s Employment Insurance program.

Many medical procedures that previously required long hospital stays have been replaced by day surgeries or shorter hospital stays. But many patients still need follow-up care and rehabilitation services in their own home.



Providing coverage for such post-acute home care services across the country through the *Canada Health Act*, as

recommended by Mr. Romanow, is a necessary and logical next step. Coverage for post-acute home care would include case management, health professional services, and the management of medications in the home.

**“We urge the federal government to introduce new legislation for a National Home and Community Care Program that will assure that health care remains universal, comprehensive, accessible, publicly administered and portable beyond the walls of hospitals and doctors’ offices.”**

**Submission of the  
Ecumenical Health Care Network  
to the Romanow Commission  
May 2002**

Mr. Romanow recommended that the federal government establish a Home Care Transfer (\$2B over 2 years) to kick-start the changes needed for the establishment of a national home care program.

### First Ministers' Accord 2003



In early February 2003, Canada's premiers reached an agreement with the federal government over future funding for health care. One of the areas addressed in the Accord is home care. First Ministers agreed

to expand Medicare with a basket of home care services, but did not specify how much funding would be made available for this purpose.

A list of minimum services is to be identified by September 2003. The goal is to ensure that

Canadians have access to short-term "acute" home care, including acute community, mental health, and palliative care. These services are to be provided without user fees.

The Accord suggests that by 2006 home care services could be expanded to include such things as nursing services, drugs, medical supplies, and personal care. However, the wording of the agreement does not explicitly say these expanded services would be provided without user fees.

The Accord also includes a plan to establish a new compassionate-care program that will allow people caring for dying family members to take paid leave from work.

The specifics of this new program were outlined in the federal budget of February 18, 2003. Canadians with a gravely ill or dying child, parent or spouse will be eligible for up to six weeks of employment insurance (EI) benefits. The basic EI benefit rate is 55 per cent of a person's insured earnings up to a maximum of \$413 per week. However, the provinces have until 2005 to establish this program.

This Information Fact Sheet is one in a set of information resources produced by the Ecumenical Health Care Network. The Ecumenical Health Care Network is a project of the Commission for Justice and Peace of the Canadian Council of Churches. The Network includes representatives from the Canadian Conference of Catholic Bishops, the Anglican Church of Canada, the Evangelical Lutheran Church in Canada, The Presbyterian Church in Canada, the United Church of Canada, the Catholic Health Association of Canada, and Kairos: Canadian Ecumenical Justice Initiatives.

The Network has organized educational events and has made representations to the Standing Senate Committee on Social Affairs, Science and Technology (<http://www.united-church.ca/jpc/healthcare/senate-brief.shtm>), the Royal Commission on the Future of Health Care (<http://www.ccc-cee.ca/english/jp/index.html>) and various Ministers of Health. For more information on the work of the Ecumenical Health Care Network, please contact:

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