Briefing Note:

Palliative Care for the Homeless: An intervention to reduce the healthcare economic cost

Eleanor R. Pineau

Faculty of Health Sciences, The University of Western Ontario, London, Canada

The Issue

Homelessness has increasingly become an economic burden on society, with an estimated 157 000 homeless Canadians in 2009.¹ In 2006, a total of 1.25 billion Canadian taxpayer dollars were spent on costs incurred by homeless people in the criminal justice system, social services, and emergency health care.¹ With the rise in percentage of Canada's aging population, it is imperative to use resources more effectively and efficiently in order to maintain accessibility to free social and health services that are enjoyed by Canadians. One avenue that can be targeted is palliative care for the homeless.

Background

Basic survival needs take precedence over the health needs of an individual experiencing homelessness. Consequently, health status is vulnerable to impairment. Health problems, both physical and psychological, are manifested and further exacerbated due to a homeless person's inability to access health care. This may be due to the absence of a health card, proof of health insurance, or fiscal resources to purchase medications – 25% have no access to healthcare services.¹ As a result, 50% of the homeless population is unable to follow doctors' orders,² and therefore health problems worsen and individuals are likely to experience pain and discomfort. Once there is a health problem or it becomes exacerbated, the homeless person uses inappropriate, upstream resources, namely the emergency room and hospitalization. When accessing healthcare, derelicts often use the most expensive services – emergency room and acute care² – and they use these services five times more often than the general population, for a longer period of time.^{1,3} It is well known that when nearing the end of life, the use of health care services increase dramatically, and this pattern is even more pronounced in the homeless community.⁴ Palliative care has been demonstrated to be a cost-effective care system that reduces the use of upstream healthcare resources.¹⁶

Current Status and Projections

The Canadian Institute for Health Information (CIHI), has projected increased health care costs.⁴ In 2009, 8.5% of Canada's gross domestic product was spent on healthcare⁴ and is expected to rise to 11% in 2014.¹⁵ The Ontario Ministry of Finance projects a 4.9 per cent increase in health care budget expenditures from 2010 to 2018.⁵ This includes rises in health care costs associated with long-term care homes, community care, drugs, and hospital operations.⁵ According to the CIHI, Canada's healthcare costs continue to rise due to the aging population, technology, increased utilization of healthcare services, and health-sector inflation.⁴ Due to these factors, health care expenditures will continue to rise. As a consequence, it is essential to allocate resources as effectively as possible.

Traditional care for a homeless person is estimated to be \$64,600 ± 76,800 based on a projected 120 day stay, whereas using a hospice program, admission is \$15,000 ± 17,600.³ As the population ages, the homeless population is expected to grow as well due to the loss of pension, the continuing economic downturn of 2008, and the lack of stable residency.^{6, 7} Additionally, an increase in the absolute numbers of homeless people will intensify the economic burden directly associated with them. This will further affect the health care system and thus the entire population of Ontario and Canada, contributing to the increased economic burden on Canada's potentially unsustainable health care system. Canada's healthcare system is part of its foundation, and is something that most Canadians prestigiously uphold. New policies should be implemented that allocate resources more effectively and efficiently in order to maintain the quality of the healthcare system.

Palliative care is the appropriate resource for terminally ill homeless people. However, many hospices refuse to care for people lacking a permanent address; most homeless shelters do not have the skills or equipment to care for such individuals; and many hospices require their patrons to have a primary care provider – all factors

that the homeless are impacted by.⁸ All these variables lead to the use of upstream health care services which augment healthcare costs, take away resources from others, and ultimately place a large burden on the healthcare system.

Key Considerations and Recommendations

New policies should be made that bring hospice and palliative care to homeless people. As shown in the Ottawa Inner City Health Project – The Hospice – it was reported that using a model of shelter-based palliative care that included: food, housing, nursing, client care workers, medical supplies, medications, and physicians, would yield a daily cost of care per patient of \$125 instead of \$684 for traditional palliative care and \$633 for tertiary hospital care. With an average of a 120-day stay, 28 clients were admitted and died at The Hospice, with a projected savings of \$1.39 million.³

Shelters and hospices for the homeless should be congruent with clients' humanity and dignity. It is proposed that in order to ensure that the dignity and humanity of clients are preserved, there needs to be: sleeping and personal hygiene facilities, health facilities, a kitchen, laundry, an infirmary, a chapel, and a welcoming environment with privacy and dignity.⁹ Furthermore, because indigent persons are of a special population, any approach to serve them must be comprehensive in nature – comprised of a team of professionals, and that integrates all tiers of the healthcare system and community services – and community-oriented.¹⁰

The Canada Health Act (CHA) needs to expand its definition of “medically necessary” services to include end-of-life care. Death is a universal phenomenon and therefore everyone should have access to services that aid them in this experience. Palliative care should be administered according to the five principles of the CHA, and facilities that comply with these regulations should receive federal cash contributions. Additionally, palliative care should be integrated within the whole healthcare system as this will facilitate continuity of care, reduce costs, increase coordination and collaboration, use resources more efficiently, ensure downward substitution, increase access to services, build community capacity and increase positive patient outcomes.^{11, 12, 13}

Funding for palliative care programs for the homeless such as The Hospice and other hospice-type

facilities, could come from the savings produced by the programs themselves. As estimated by Trypuc & Robinson, there are approximately 157,000 homeless people in Canada each year and an estimated 1,350 died in 2008.¹ If half of these people received appropriate end-of-life care – care that is the most expensive in the life course – extrapolated savings of \$33.5 million would be achievable over an average 120 day period. Furthermore, earmarked taxes could be used to fund this program as this would protect it from governments who wish to reallocate budget expenditures.

The new policy for palliative care for the homeless population should use a shelter-based approach that upholds the dignity of its clients. Harm reduction strategies such as needle exchanges, safe injection sites, outreach programs, and peer-services based programs, should be used to decrease adverse consequences of maladaptive lifestyle behaviours (i.e., illicit drug use, alcohol abuse, etc.) without requiring abstinence.³ This would require laws that lift the legal and ethical dilemma professionals experience when dealing with patients who use illicit drugs.¹⁴ New policy should also reflect the principles of palliative care including the availability of religious counseling, as well as being patient-centred, holistic and team-based. Pain control should be a high priority as it has been shown to reduce the use of illicit drugs.³ Furthermore, the use of medications that do not require refrigeration would cut electricity costs and allow the clients to store medication themselves.¹⁴ Lastly, the new policy should establish mandatory palliative care programs for the homeless in communities who exceed a-to-be-determined minimum rate of homelessness.

Conclusion

The fact that it is possible to give homeless people a good and comfortable death without incurring higher costs and potentially lowering expenditures is cost effective, efficient, and is consistent with Canadian values. As stated in the Canadian Charter of Rights and Freedoms, all people are entitled to universal healthcare, no matter their residency or ability to pay – we must meet the needs of our entire population. Not only would this policy improve the healthcare system in Canada by reinforcing egalitarian objectives and providing the right care, at the right time, in the right place, to all in need, it would also save resources that can be more effectively allocated to meet the needs of the growing aging population of Canada. Reducing healthcare costs is imperative for Canada's current

economic, political, and social environment, with a shifting population distribution influencing healthcare resource allocations. With more and more people living past age 65, an age at which the prevalence of chronic conditions increases and the expected associated healthcare expenditures increase, the healthcare system must find new and innovative ways to allocate resources appropriately and efficiently. Similar programs like The Hospice project would potentially save limited resources and provide citizens with the appropriate care.

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