

## Fact Sheet 6 Waiting for a real shift to home care

### 1. A first reduction in the MSSS budget for home services since 1994-95

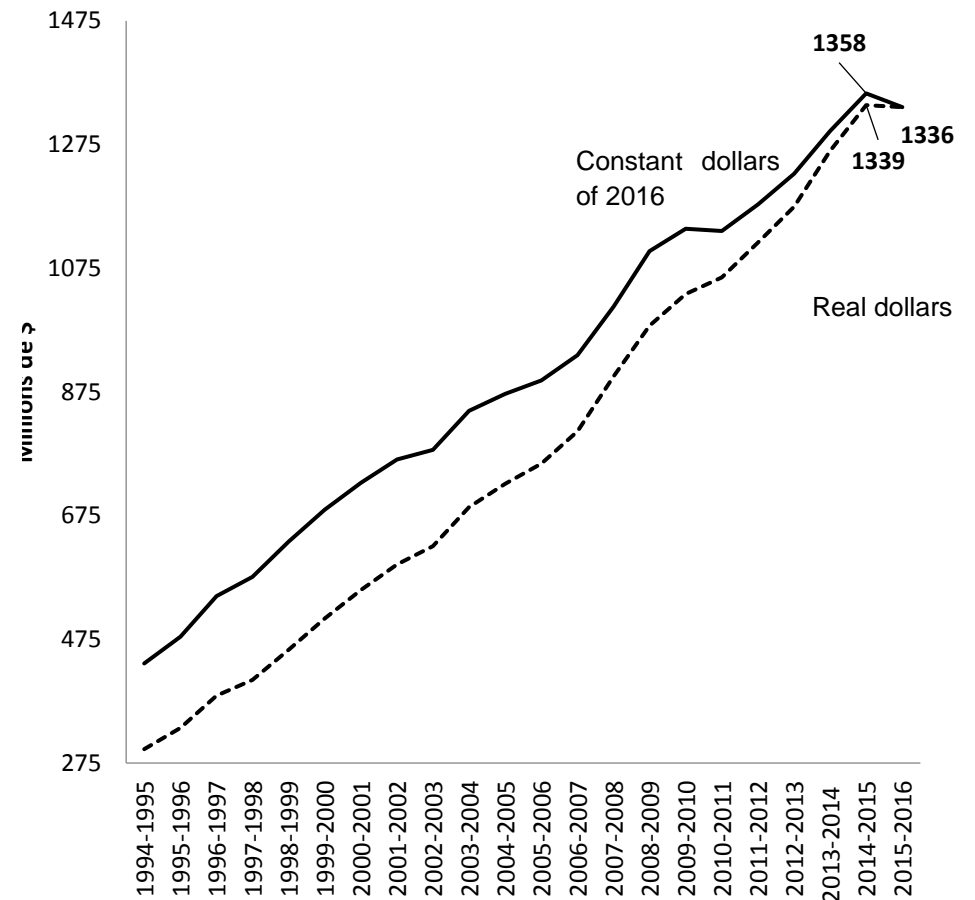
In 2015-2016, the budget for the entire government for home support rose nearly \$1.9 billion. Of this amount, 71% is devoted to the MSSS budget for home services, 25% to different tax credits and 4% to the *Programme d'exonération financière pour les services d'aide-domestique* (Financial Assistance Programme for Domestic Services) (PEFSAD)<sup>1</sup>. This programme is used to obtain a reduction in the hourly fee charged by social economy enterprises known for domestic services<sup>2</sup>.

The MSSS budget for home services was evaluated at \$1.3 billion in 2015-16, a reduction of a little more than \$3 million when compared to 2014-15<sup>1</sup>.

#### Between 1994-95 and 2015-16

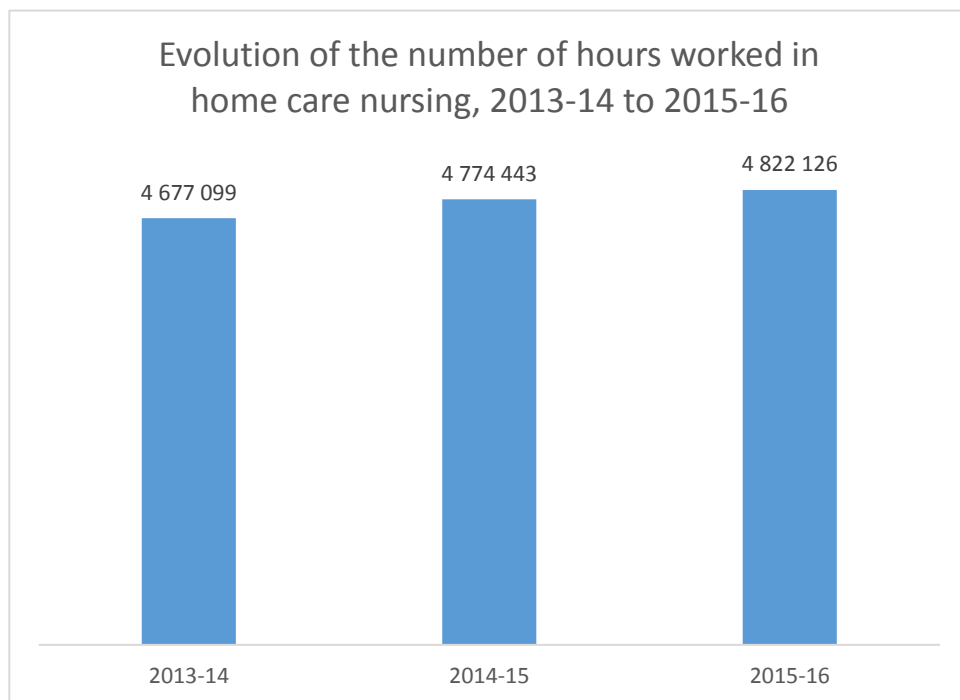
- The budget is presented in real dollars and constant dollars of 2016 to take into account the loss of purchasing power (in other words, compensate for the fact that \$100 in 1994 bought a lot more than in 2016).
- Thus, the reduction of \$3 million seen between 2014-15 and 2015-16 represents in reality 22 million constant dollars of 2016.

Evolution of the MSSS budget for home services, real and constant dollars for 2016, 1994-95 to 2015-16



## 2. Increase in the number of hours worked in home care nursing is almost nothing

Although several stakeholders are involved in home support, the healthcare professionals are indispensable. Home care nursing represents activities related to nursing care provided in the homes of users with an incapacity thus allowing them to live as long as possible. In 2015-16, nearly 5 million hours were worked by healthcare professionals in line with these activities, an increase of only 1% compared to 2014-15<sup>1</sup>.



The number of hours worked in home care nursing in 2015-16 was associated with the costs of 167 million dollars in salaries and other expenses (nurses, baccalaureat nurses, nurse practitioners, licensed practical nurses and respiratory therapists).

## 3. Issues for the healthcare professionals

To support the long-awaited shift to home care, an action plan and significant recurrent investments must accompany the lip service from the politicians. The healthcare professionals are ready to face the necessary changes, but it must be admitted that if there are not enough resources to meet the increase in clientele and complexity of the cases, it will be increasingly difficult in the field.

Furthermore, the tax credits linked to home support monopolize an envelope of \$470 million. When the complexity of the tax rules, vulnerability of the clientele involved and the glaring lack of resources are put into perspective, such an amount could make a difference for the users and support the efforts of the healthcare professionals. Would this envelope be better invested in care and services: this is something to think about!

### References

<sup>1</sup>Étude des crédits 2014-15 à 2017-18, ministère de la Santé et des Services sociaux, Réponses aux questions particulières de l'opposition officielle.

<sup>2</sup>RAMQ, Programme d'exonération financière pour les services d'aide-domestique, [www.ramq.gouv.qc.ca](http://www.ramq.gouv.qc.ca)

<sup>3</sup>MSSS, Dépenses de services à domiciles (coûts directs nets), ensemble des clientèles, 1994-95 à 2013-14, <http://www.msss.gouv.qc.ca/>