

health reform in the 1990s called for an expansion of home care as a type of health care that would be less expensive than medical care delivered in hospitals and as care that would be more appropriate. This argument has been made especially for an ageing population (Segall & Chappell, 2000; Chappell, 1993). However, Canada has never had and does not have universal or comprehensive coverage for non-hospital, non-physician related services.

All provinces provide some home care services (in British Columbia they are referred to as home support services) but the specific services that are available, whether they charge a user fee and whether they are based on ability to pay, varies from province to province and indeed from jurisdiction to jurisdiction within one province. At the current time, home care is provided in a decentralized system with a lack of national coordination and lack of universal access, although Canada's recent National Forum on Health (1998) recommended that home care be added to medical care so that it could become nationally available and universally accessible. Recent reforms that have been taking place within the health care system, though, suggest that traditional home care services that had been provided as the mainstay for long-term chronic care in the community* are being dismantled, they are not being supported and expanded.

Attempts to redistribute health care dollars from expensive acute care hospitals to less expensive home care are typified by the Capital Health Region of the province of British Columbia. Penning et al. (1998) examined official government expenditure data on health services for the eight year period from 1988-89 to 1995-96, revealing gradual declines in the proportion of the health care budget assigned to medical and hospital services. There were increases in the proportion of the budget allocated to community and other health care services including continuing care. Within continuing care, the proportion of the budget that is expended on home care services, that is, non-nursing services only, increased in the early years but declined in later years. Similarly, the number of clients served and the number of hours of services provided to home care clients increased in the early part of the period but declined more recently.

In contrast, the intensity of services provided to those receiving services increased; that is, fewer people are receiving services but those who are receiving services are receiving more hours of service. In addition, those receiving services are in greater need as measured by level of care. These data suggest there has been a reduction rather than an expansion of community-based home care services and that health reform is resulting in a redirection of services away from clients who are less needy (and who may have greatest potential for prevention), who require non-medical or supportive services, towards clients who require more intensive and medically-focussed needs. Community home care is providing more medical support and less social care. This is precisely the experience in the United States when diagnostic related groups (DRGs) became used as a funding formula for acute care hospitals. The new formula resulted in earlier discharges from hospital and an increased demand in home care for intensive post-acute care, with a restriction of the social services available through home care (Estes & Wood, 1986). Medical support is provided for the medical needs of hospital discharges. Community services have become tailored to support the medical needs of the hospital and now offer fewer and fewer services that will facilitate health maintenance and disease prevention. Home care is becoming a medical support system rather than expanding the domain of non-medical care.

These shifts followed bed and hospital closures in many provinces (especially in Saskatchewan for closure of entire hospitals), limits to new admissions and postgraduate training in medical schools, differential fees in some provinces to encourage physicians to

* This is not to suggest that they have ever been adequate.