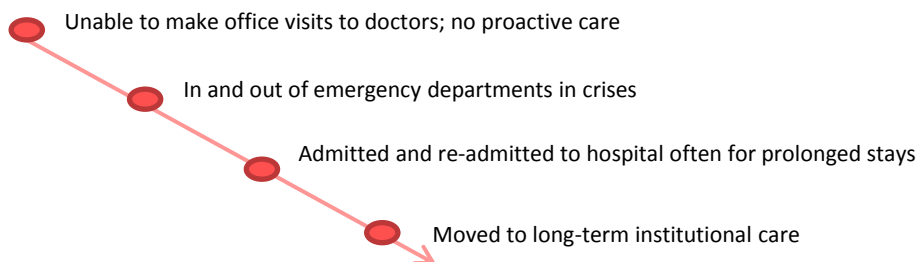


HouseCalls

Interdisciplinary Healthcare for Homebound Seniors

House Calls improves the health and quality of life of homebound seniors by providing interprofessional health care at home to those whose needs cannot be met by typical office based care due to medical, cognitive, and social frailty.

Homebound seniors face challenges leaving their homes to attend medical appointments. These challenges lead to decline, hospitalization and institutional care.



One-third of homebound seniors lose independent function as a result of hospital practices.

Half of these seniors are then unable to ever recover the function they lost.

The needs of homebound seniors are poorly served by office-based medical care.



House Calls is tailored to homebound seniors' needs.

Homebound seniors have complex medical and social challenges that need to be addressed by an interdisciplinary team.

House Calls' team conducts regular rounds and uses shared portable electronic patient records for truly **integrated** care.

Since 2008, House Calls has provided interdisciplinary health care to over 800 homebound seniors in Toronto.

Seniors like John L.

John, age 79, was living like a hermit, isolated and alone. He was suffering from post-traumatic stress, dementia, and heart disease. While managing and monitoring his complex health challenges, House Calls linked John to SPRINT Senior Care, who ensured his rent was paid, meals were delivered, and a personal support worker was arranged to help John take medications and clean his apartment.

Patients on average had **9** simultaneously occurring medical conditions and took **10** medications.

A constellation of physician-led care based around seniors' needs



House Calls is led by:

Dr. Mark Nowaczynski, Clinical Director
SPRINT Senior Care, Administrative Lead

House Calls is based at SPRINT Senior Care, a community support service agency that provides services such as home care and Meals on Wheels.

When seniors benefit, we all benefit.

53% fewer hospitalizations

67% reduction in hospital days of care

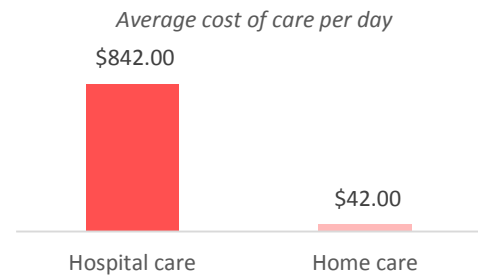
Based on an analysis of 118 patients enrolled into House Calls after hospital discharge. These benefits were seen in seniors active in the program for more than 90 days.

House Calls provides end-of-life care.



Home-based health care is highly preventative and cost-effective.

Home-based health care for ailing seniors is **20 times less expensive** than hospital care



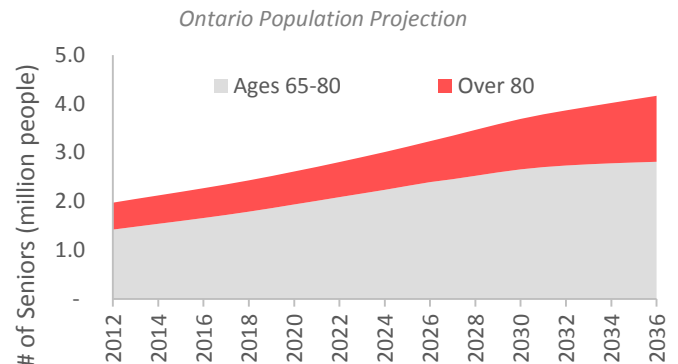
We need to do more. House calls is a necessity, not a convenience.

In the next 20 years, the number of Canadians over age 65 will double. The number over age 85 will quadruple.

House Calls is a **proven model** for interdisciplinary home-based health care.

It can be expanded.

It can be replicated.



More resources are needed. Many costs of home-based, interdisciplinary health care are not covered by public funds. The beneficiaries of this program are homebound seniors who would not otherwise have access to interdisciplinary health care at home that meets all their needs.

To meet our current caseload, we need to fundraise **\$500,000/yr, or a \$10 Million Endowment**. This caseload serves only seniors within our current catchment area. Expansion to a larger catchment (50% of the region) is modest especially if considered in the context of total health care spending, which was \$4.7 trillion in the Toronto Central LHIN, year ending in March 2014.

Annual Fundraising needs, Current catchment area, 2014

\$500,000

Annual Fundraising needs, Expanded catchment, 2019*

\$1,863,243



Current catchment area for House Calls

*Catchment expansion to cover 50% of Toronto. Estimate assumes Ministry of Finance reference case population growth for seniors in Toronto. Caseload based on current caseload relative to estimate of seniors living in the catchment area.