OneConnect: Integrated Care for Adults Living with Frailty

Supporting People
Strengthening Community

Community Care Durham
SUPPORTING PEOPLE, STRENGTHENING COMMUNITY

Problem Statement

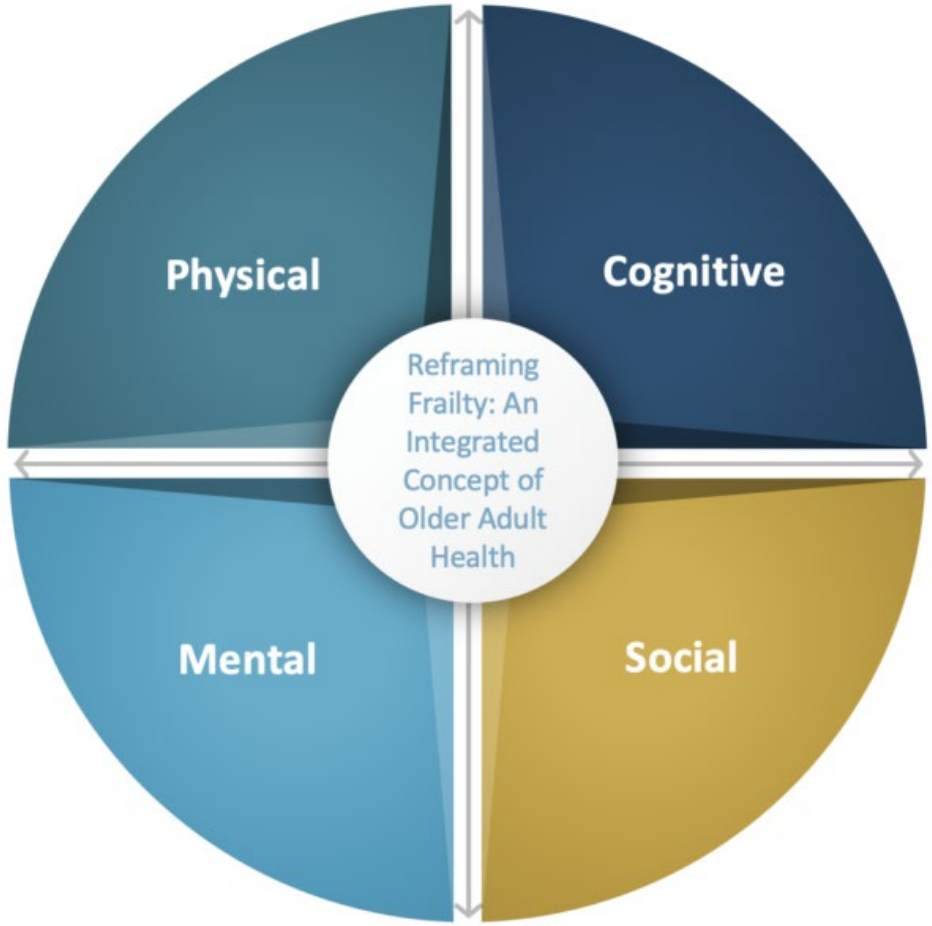
- Services for those living with frailty are often fragmented and lack integration with other parts of the health system, such as primary care, leaving clients and their families to navigate a complex and disjointed network of providers.
- There is almost a total lack of integration between health and wellness services, resulting in seeing individuals as “transactions” rather than people.
- The combined impacts of social isolation, chronic health conditions, and lower social economic means places individuals at significantly higher risk of hospitalization and premature admission to long-term care facilities.

The System is Faltering

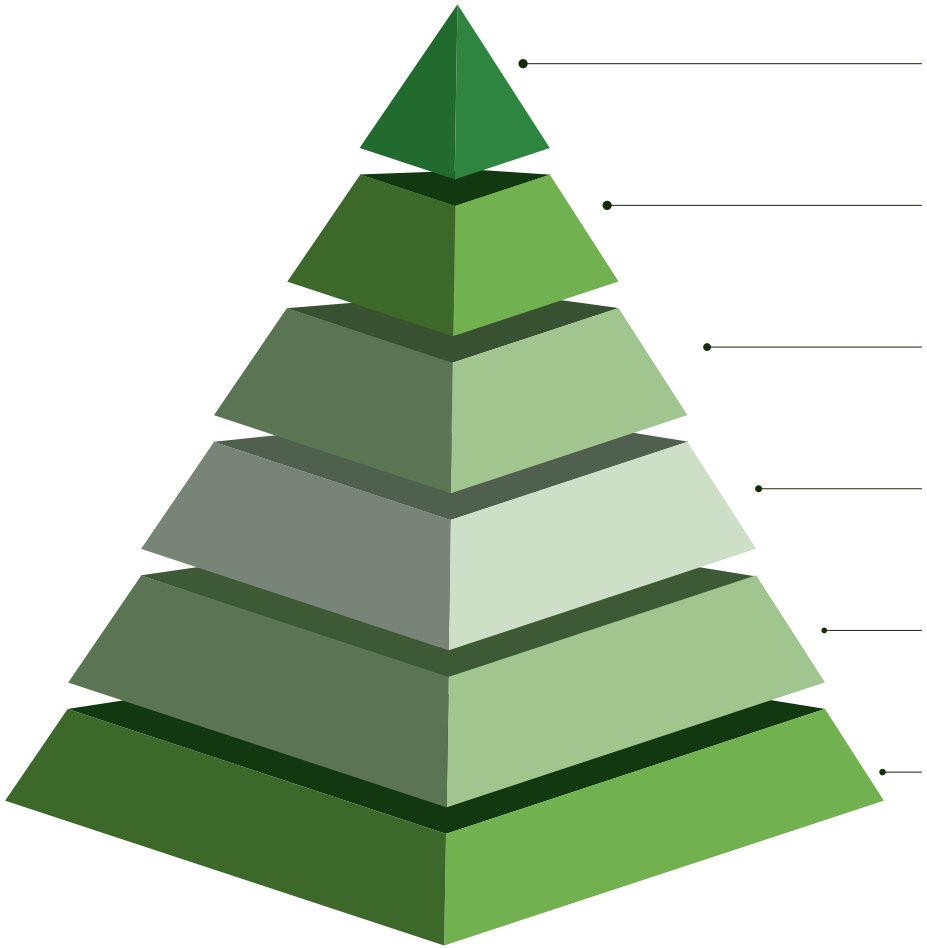
- **90% of Ontario Seniors want to live at home as they age and want the government to invest to help them do it.**
- In the next 10 years, the demand for long-term care in Durham Region is projected to increase by 38%.
- As of January 2025, there are 2,345 Durham residents on the waitlist for long-term care – 30% of these individuals are living alone.
- The average number of days people waiting to move into a long-term care home was 433 days (all priorities). 578 days for non-crisis placements.
- Hospital capacity continues to be strained by patients unable to be discharged to suitable settings in the community or waiting long-term care.

Dimensions of Frailty

- **“Frailty” is intended to describe the complex social and health needs of individuals. It is not a description of those people.**
- **In Durham Region, there are nearly 27,000 older adults living with frailty.**
- Frailty becomes more common with increasing age. People who are frail are more likely to have many health care problems reducing their ability to function and their ability to do the activities necessary for daily living. As frailty severity increases, the risk of deterioration and death, especially from minor illnesses and injuries greatly increases (Canadian Frailty Network).



A Population Health View



Long Term Care	
High Intensity	High needs patients requiring intensive health support (e.g., palliative care.)
OneConnect	Comprehensive care coordination across health and social supports.
Home Care	Continuum from short-stay episodic (e.g., Hospital to Home) to Assisted Living Services
NORCs	Wellness. Social Connection. Activation. Community Supports.
Primary Care	

OneConnect: Our Vision

Community Care Durham
SUPPORTING PEOPLE, STRENGTHENING COMMUNITY

OneConnect

Community Care Durham's (CCD) comprehensive community-based primary health care program – **OneConnect** – will help older adults living with frailty (i.e., complex health and social needs) age in place for as long as possible while maintaining their independence and quality of life.

Our Made-in-Durham solution will address the pressures on Ontario's health care system by lowering the rates of hospitalization and preventing long-term care admissions.

Our Vision

OneConnect

A comprehensive range of health and social supports offered through a unified program with a single point of intake and single channel of funding.

Community Care Durham
SUPPORTING PEOPLE, STRENGTHENING COMMUNITY

How will OneConnect be different?

- **Basket of Services**
  - A comprehensive range of health and social supports with a single point of intake.
  - Instead of chasing services, OneConnect wraps around the client and moves resources as their needs change.
- **Funding:**
  - Services will be bundled into a single funding envelope rather than the typical siloed funding models currently in Ontario.
- **Primary Care**
  - There is an opportunity to establish formal linkages between local OneConnect hubs and primary care physicians through technology we have tested.

The Community Health and Wellness Centre

'A Home Away From Home' for health and wellness services delivered by integrated care teams.

- Enhanced Adult Day Program (ADP)
  - Nursing. Personal Care. Caregiver supports.
- Whitby Site ready for Fall 2026

OneConnect Budget

- Our proposal includes:
  - Enhanced home care support
  - Fully subsidized ADP participation
  - Fully subsidized transportation to the ADP and medical appointments
  - Social prescribing to address unique needs

- Cost Savings
  - It will cost Ontario taxpayers less than half of what it costs to provide care in long-term care
  - **$97 per client day** versus $201 per resident day for Ontario Long-Term Care

Key Performance Indicators

- **Utilization of services / Service Intensity**
  - Resident Days. Scheduled and Unscheduled Services. Types of Services
  - Cost of Service
- **System Outcomes**
  - 911 Calls. ED Visits. Hospital Admissions. Hospital Length of Stay
  - Days on the LTC Waitlist
- **Self-Reported Client and Caregiver Measures**
  - Self-Rated indicators related to quality of life, goal attainment and stress.
  - Reported feeling of Isolation and Loneliness*
  - Program Satisfaction
- **Client Outcome measures (derived from client assessments)**
  - Changes in physiological well-being, functional, mental health, social and behavioral status, cognitive ability.
- **Staff Engagement and Satisfaction**
  - Staff Retention Rates
  - Staff Engagement and Satisfaction
  - Staff Competency
- **Quality Indicators**
  - Complaints and Compliments
  - Adverse Events (e.g., Falls)

*OneConnect programming is consistent with the recommendations from the Canadian Guidelines on Social Isolation and Loneliness in Older Adults that may be of interest.

Spread and Scale

OneConnect is a scalable solution in Durham and Ontario.

- In Durham:
  - Rather than building another new long-term care home, we are asking government to fund “long-term care at home” for 150 local residents.
  - We will scale OneConnect programs across Durham communities with funding, ADP capacity, and future Health and Wellness Centres.
- In Ontario:
  - PACE is easily adapted to local contexts and capacities. It may require different partnerships through a community lead agency.
  - Align and promote through Ontario Health Teams, and with emerging Health Homes.

Why OneConnect at CCD?

- Community Care Durham is a unique regional provider of a multitude of services across the continuum, offering a wide variety of solutions unavailable to many other agencies.
- We have innovated and been responsive to the needs of our partners and our community, pushing the boundaries of what most agencies do, including
  - Developing an innovative **community nursing program.**
  - Providing **Hospital to Home** services for individuals presenting to our regional hospital partner.
  - Having a **business architecture** that can scale efficiently, measure and report on outcomes, and provide customized solutions to clients.
- A leadership team that embraces and can deliver on OneConnect.

Together, we can build a future where older adults thrive, caregivers feel supported, and public funds are maximized for lasting impact.

James Meloche

CEO, Community Care Durham

jmeloche@communitycaredurham.on.ca

Community Care Durham
SUPPORTING PEOPLE, STRENGTHENING COMMUNITY