



POLICY BRIEF:

HOUSING IS HEALTHCARE

EXECUTIVE SUMMARY

Universal access to health care is enshrined in the Canada Health Act to ensure access to health care is not constrained by income, age or health status. Key principles that underscore this commitment include universal coverage, comprehensiveness, portability between provinces and territories and public administration (focused on the accountability of funds to the public) (3). The final principle, accessibility, is defined as care without financial 'or other' barriers and has increasingly come under scrutiny by groups experiencing constrained access to care, including Indigenous populations, those with cultural or linguistic barriers and those with lower socio-economic status. Additionally, geographic disparities have been increasingly recognized constraints to health equity due to the need to travel to access sub-specialized or specialized care.

A mix-methods study was undertaken in BC (April-August, 2024) to understand and document the cost consequences to and experiences of transplant patients who had to relocate to Vancouver from outside of the lower mainland to receive transplant care.

Recommendations to improve health equity for rural residents are derived from these findings and existing international literature.

KEY POINTS FROM EVIDENCE -

- On average, patients and care providers spend an average of \$18,535.70 for transplant care during their course of care (pre and post-surgery included).
- The process of relocation causes significant hardship for patients, families and their caregivers.
- Patients experience logistical challenges with relocation, as they must relocate to Vancouver for their transplant as soon as an organ is available, at a moment's notice.
- The reality of relocating without a safety net has deleterious effects due to psychosocial effects.
- Although there is currently subsidized housing, it is siloed by disease type and demand far exceeds supply.

Out-of-Pocket Costs

Transportation



Car, Airplane, Bus, Ambulance air, Ambulance ground, Ferry

Accommodation



Hotel, Hostel, Cancer Agency Accommodation, Short-term Rental, Home of family or friend, Kidney Suite, Happy Liver Society, Heart Transplant Home Society Suite, The Burn Fund centre, Lu'ma Lodge, Honour House etc.

Food



Other



Dependent care, House sitting, Animal care, other



BACKGROUND

Solid organ transplant care is specialized and must take place within urban centres. In British Columbia (BC) transplant patients who live outside of the Lower Mainland face greater barriers to accessing lifesaving treatment than their urban peers. The process of relocation for transplant care causes significant hardship and financial strain to most patients, their families and caregivers. Currently piecemeal strategies and supports are in place to help solid organ transplant patients access care. Available provincial supports include resources through WorkSafeBC, the Ministry of Health, the Ministry of Poverty Reduction, and non-governmental organizations. The disjointed nature of these supports leaves some patients falling through the cracks. Desperate and despairing patients have resorted to removing themselves from the transplant waiting list because they are unable to afford the expenses related to travelling for transplant care. For these patients, dying is the cheaper and more feasible option.

*Patients should **not** have to choose **death** because they **cannot** afford the costs required for them to **live**.*

Access to lifesaving treatment should not only be available to those who are fortunate enough to live within the Lower Mainland, or who have access to the financial resources for treatment related expenses. This indicates a failure to achieve 12.1 A of the Canada Health Act, that provinces and territories should provide access to health care services, within reason. Crucial changes can be made to drastically increase equity and accessibility of solid organ transplantation for patients living outside of urban centres. To create sustainable and

effective changes, patients' and caregivers' experiences and out-of-pocket costs with transplant care must be captured and explored. It was found that accommodation during relocation to Vancouver was the most expensive aspect of the transplant process. Patients without access to housing in Vancouver through loved ones expressed in interviews that securing accommodation was the greatest **financial** stressor for them. Patients reported stress levels for transplant preparation tasks, and securing accommodation had the second highest reported stress levels. Patients are willing to go into debt to receive treatment, and were concerned about how to manage the accumulated financial toll of transplant care expenses after their transplant. Patients often struggle to access resources because they are unaware of the available supports, the supports have strict eligibility criteria and excessive bureaucratic processes.

PROBLEM STATEMENT –

In order to achieve equity in access to solid organ transplants for patients who live outside of the Lower Mainland, comprehensive provincial funding should be made available, up-front, to support patients who need the life-saving surgery.

EVIDENCE

Little research exists in the Canadian context about the experience of solid organ transplant



patients traveling from outside of urban areas to receive care. The most applicable research has been completed in Australia, primarily for kidney transplant patients. Scholes-Robertston et al (2022) conducted an Australian study involving health care provider interviews identified that rural patients accessing kidney transplant care experience hardships connected to travel and financial distress. A pragmatic research study was conducted within British Columbia to better understand the experiences of solid organ transplant patients living outside of the Lower Mainland. Out-of-pocket costs and overall experience of transplant patients were examined using a patient-targeted survey and patient and caregiver interviews.

BC-SPECIFIC EVIDENCE

Costs associated with housing in Vancouver was the greatest stressor for transplant patients, causing considerable despair. Accommodation during relocation to Vancouver was the costliest aspect of the transplant process. Subsidized accommodation is a valuable resource, however the demand for this resource outweighs the supply. As a result of the financial realities of accessing transplant care, patients are willing to go into debt to access lifesaving transplantation treatment. Individuals who do not have a financial safety net experience considerable hardship. Without a financial safety net, patients must place themselves in positions of future financial scarcity and difficulty to access treatment. In addition, some of the funding opportunities available only apply to the patient and not the caregiver. This is concerning, as all solid organ transplant patients require a caregiver during their transplant operation period. Significant income losses due to

changes in health status or the logistics of transplant care further contribute to financial hardship throughout all stages of the transplant care journey. It was found that there is a strong relationship between patients who spent more on their overall expenses and their overall experience of stress in terms of securing accommodation. Most patients who responded to the survey reported an age range of between 45 – 64 years old, which is close to the standard national retirement age. It was also found that patients who used retirement savings to fund their transplant care related expenses were more likely to feel stressed about planning their travel.

RECOMMENDATIONS

The following interventions will improve equity and access to healthcare for patients relocating to Vancouver for solid organ transplants. These recommendations come from synthesis of the out-of-pocket costs survey results and the patient and caregiver interviews, with consideration of 12.1(a) of the Canada Health Act.

1. FUNDING

That comprehensive funding for transportation, temporary accommodation relocation and per diem costs be covered for all organ transplant patients who are required to relocate to Vancouver or a regional centre for care;

2. ACCOMMODATION

That the city of Vancouver, supported by the Ministries of Health and Housing, recognize increased efficiencies in making available targeted, affordable, subsidized patient accommodation for



organ transplant patients as part of an integrated provincial strategy addressing the access needs of all patients, regardless of disease category;

3. DEDICATED PATIENT HOUSING

Although temporary existing solutions will be necessary to address immediate need, dedicated patient housing (e.g., Ronald McDonald House, Canuck Place, Jeneece Place, Canadian Cancer Lodges) must be developed. These accommodation solutions should be multi-purposed across all health care needs to ensure efficiency and cost-effectiveness;

4. INTERDISCIPLINARY WORKING GROUP

To achieve (3) above, we recommend that an interdisciplinary working group be struck to develop housing options for relocated transplant patients adjacent to health services;

5. SYSTEM NAVIGATORS

Funding be established for third-party system navigators for solid organ transplant patients (and other high acuity patients) to provide centralized oversight and create feedback loops for system improvement;

6. FUNDING SYSTEM IMPROVEMENT

That all programs be embedded in a Quality Improvement Framework

inclusion of patient voices, for monitoring outcomes with particular attention to meeting patient needs and costs to ensure optimal health outcomes and patient experience and increased health system efficiency.

SIGNIFICANCE

Results from this study inform a larger evidence-based strategy to ensure equity in access to health care for all residents across British Columbia, regardless of location and proximity to services. It builds on earlier work identifying the out-of-pocket costs incurred by rural residents due to medically necessary travel and political advocacy through a resolution to the association of municipal governance, Union of BC Municipalities, entitled, 'Housing is Healthcare'.¹ More broadly, this work occurred within the larger context of evidence-based advocacy support system changes that help create equity in access to care and better health for all rural BC residents.

REFERENCES

Scholes-Robertson NJ, Gutman T, Howell M, Craig J, Chalmers R, Dwyer KM, et al. Clinicians' perspectives on equity of access to dialysis and kidney transplantation for rural people in Australia: a semistructured interview study. *BMJ Open* [Internet]. 2022 Feb [cited 2024 Sep 20];12(2):e052315. Available from: <https://bmjopen.bmj.com/lookup/doi/10.1136/bmjopen-2021-052315>