

# Rethinking the Care of Older Canadians in Light of COVID-19

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**Johnson Shoyama Public Lecture**

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[www.nia-ryerson.ca](http://www.nia-ryerson.ca)  @RyersonNIA / @DrSamirSinha



# The National Institute on Ageing

- The NIA was established in 2016 at Ryerson University to provide evidence-based public policy innovation and advice and to promote best-practices for ageing well.
- It is Canada's first think-tank focused exclusively on cross-disciplinary research, thought leadership, innovative solutions, public education, and public policy on ageing.

# Learning Objectives

- Understand the pre-COVID-19 outlook on Canada's systems of Long-Term Care.
- Understand the epidemiology of COVID-19 in older adults in community and residential care settings
- Understand why Canada has experienced the highest global rates of COVID-19 deaths in its residential care settings
- How should our COVID-19 experiences help accelerate how we consider the future delivery of long-term care in Canada?

# Future of Long-Term Care Series

The NIA's 2019 Policy Series has been sponsored by and produced in collaboration with AdvantAge Ontario, Canadian Institute of Actuaries (CIA), Canadian Medical Association (CMA), Essity, and Home Instead Senior Care.

The purpose of our inaugural report of this series was to:

1. Explore the current provision of long-term care across Canada and place it within the global context of comparable countries that are tackling similar demographic transitions as they redevelop their systems of care
2. Highlight Canada's current challenges
3. Present evidence-informed opportunities and enablers of innovation in the growing and important area of care

<https://www.nia-ryerson.ca/covid-19-long-term-care-resources>



# Future of Long-Term Care Series

The purpose of our second report of this series was to:

1. Better understand the challenges Canada faces over the next three decades in providing long-term care – both public cost and private costs to older Canadians and their families
2. Project the future long-term care costs from a public policy lens
3. Examine the personal cost to seniors in terms of the unpaid care hours provided by personal support networks



<https://www.nia-ryerson.ca/covid-19-long-term-care-resources>

# Why Long-Term Care Matters

- It is the **LARGEST** form of hands-on care that is **NOT** covered under the *Canada Health Act*.
- Coverage levels, qualifying criteria, and design standards vary significantly across provinces and territories.
- There is a growing value of these services to meet the *long-term care* needs of an ageing population effectively and sustainably.
- The current demand for long-term care services is already unprecedented and is only expected to grow as the population ages.
- The system has been plagued by longstanding systemic vulnerabilities when it comes to its health human resources and physical design and redevelopment approaches.



# Re - Defining *Long-Term Care*

Figure 1: NIA Visual of the Components Inherent to the International Provision of Long-Term Care (LTC)



Over **430,000** Canadians  
currently have unmet  
home care needs,  
while **40,000** are  
on nursing home  
wait lists.



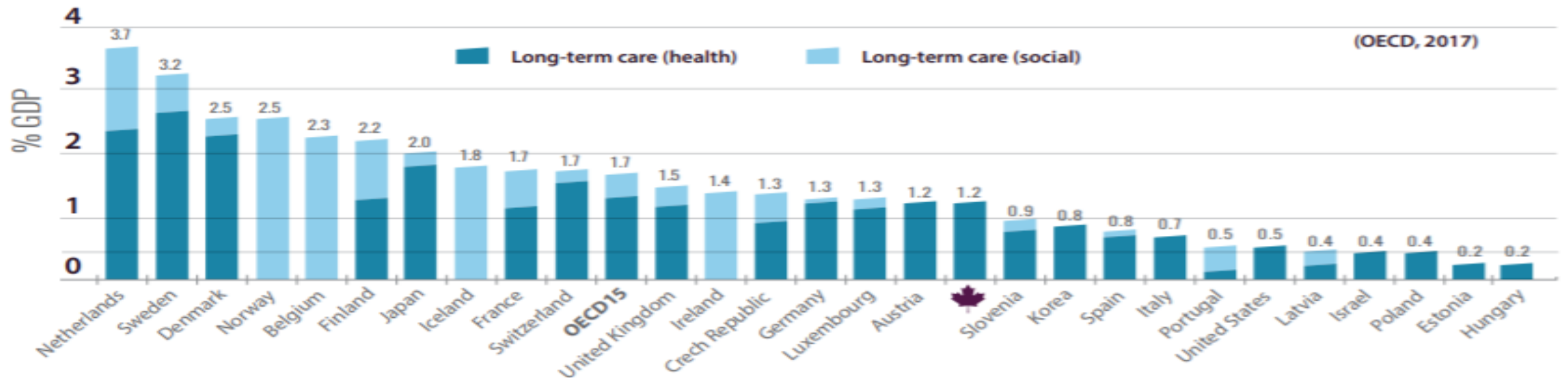
(Gilmour, 2018b)





# Comparing Canada to Other OECD Nations, Canada Spends less on Average of its GDP on the Provision of Long-Term Care

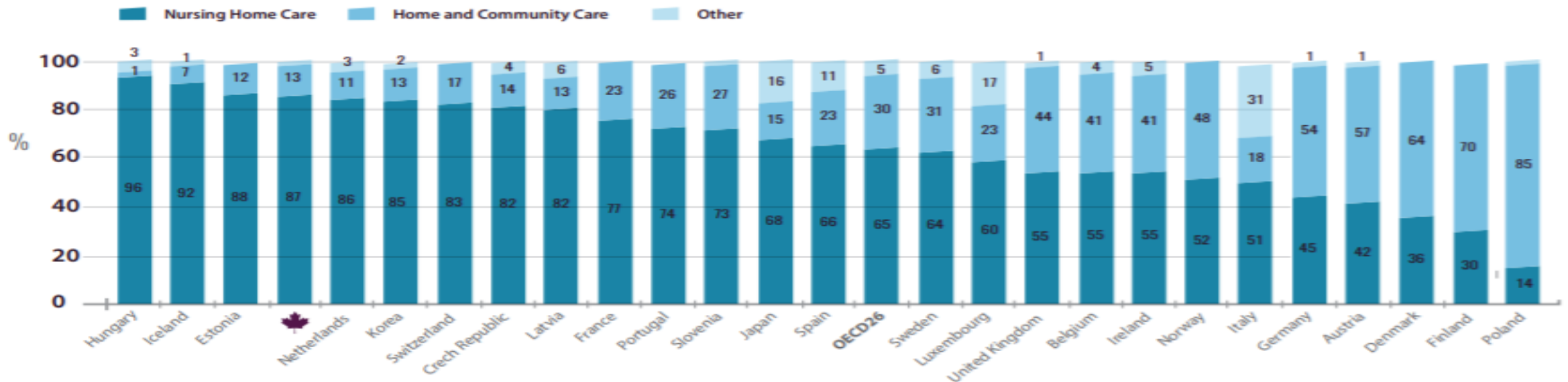
Figure 2: Long-Term Care Expenditure (health and social components) by Government and Compulsory Insurance Schemes, as a Share of GDP, 2015 (or nearest year) Across OECD Nations



Note: The OECD average only includes the 15 countries that report health and social LTC. Source: OECD Health Statistics 2017.

# Comparing Canada to Other OECD Nations, Canada Spends far Less on Home and Community Care than on Nursing Home Care

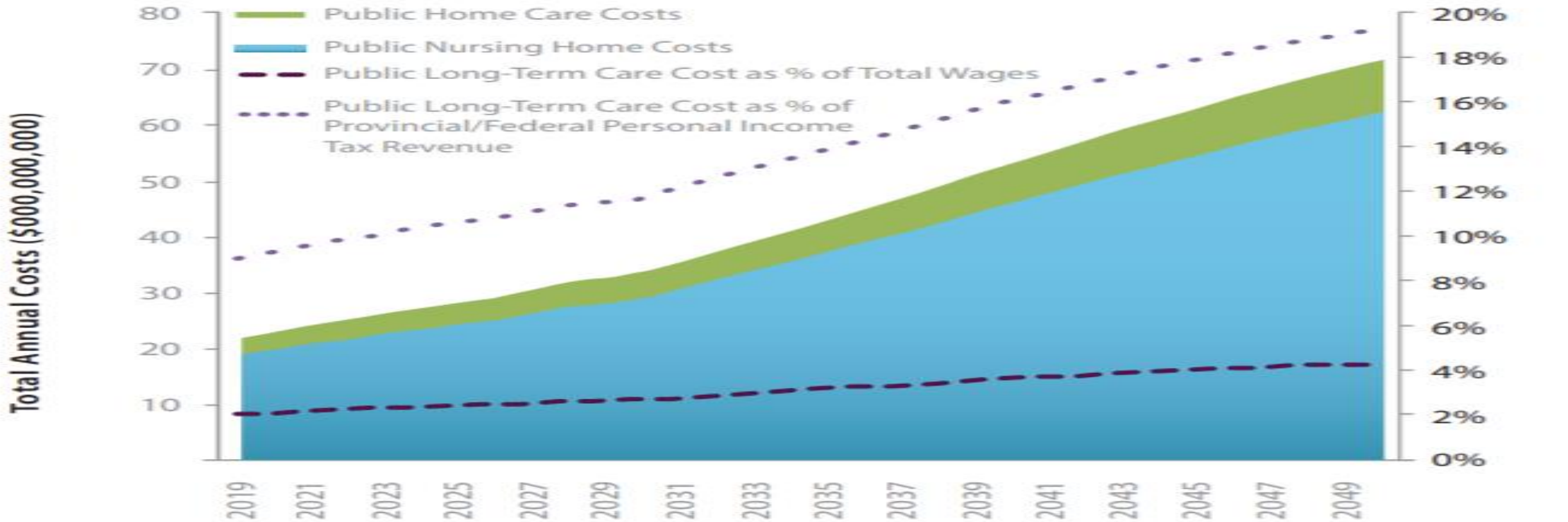
Figure 3: Government and Compulsory Insurance Spending on LTC (health) by Mode of Provision, 2015 (or nearest year) Across OECD Nations



Note: "Other" includes LTC day cases and outpatient LTC. Source: OECD Health Statistics 2017.

(Adapted from OECD, 2017)

# Public Long-Term Care Costs to Maintain Our Current Service Levels over the Next 30 Years



Notes: Publicly-funded long-term care cost to maintain current coverage (nursing home/home care aggregate by the blue/green and left axis) and publicly-funded long-term care cost as percentage of (1) total personal income tax revenue (provincial and federal; dotted purple line and right axis) and (2) total wages (dashed purple line and right axis). 2019 constant dollars.

Source: Authors' LifePaths projections.

Between 2019 and 2050, the cost of public care in nursing homes and private homes will more than triple, growing from **\$22 billion to \$71 billion** annually (in constant 2019 dollars).





Between 2019 and 2050, there will be approximately **30%** fewer close family members available to provide unpaid care.



By 2050, the average unpaid family caregiver will need to increase their efforts by **40%** to keep up with care needs. More than twice the number of Canadian seniors will find themselves drawing on unpaid support.





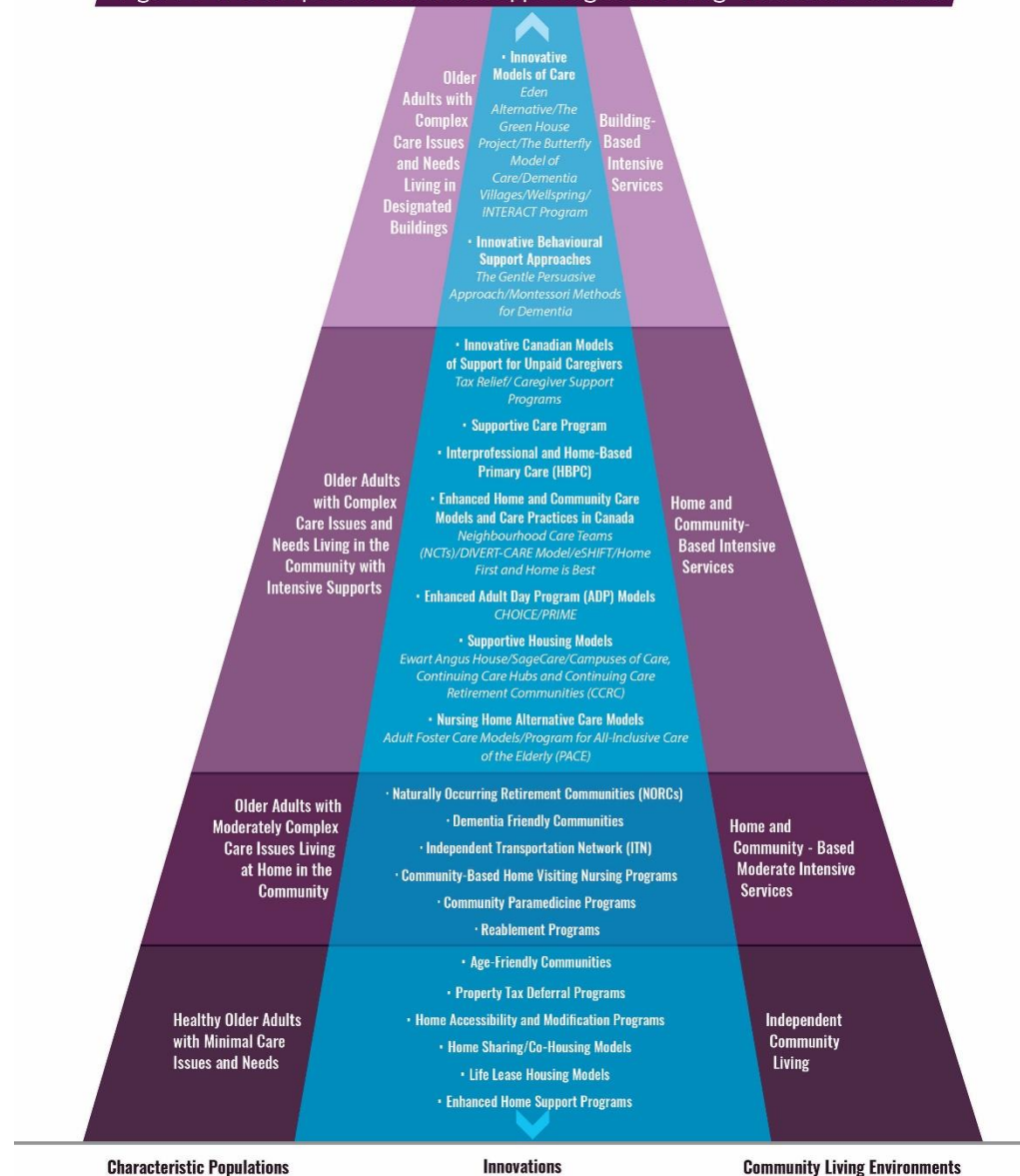
# Current Challenges in the Provision of Long-Term Care

- Faced by Older Canadians and their Unpaid Caregivers
- Faced by Care Providers and Unpaid Caregivers in Delivering Care
- In the Organization of Delivery of Care
- To the Public and Private Financing of Care

# Emerging Enablers & Opportunities To Support The Future Provision of Long-Term Care

- Enabling Evidence-Informed Integrated Person-Centred Systems of Long-Term Care
- Supporting System Sustainability and Stewardship
- Promoting the Further Adoption of Standardized Assessments and Common Metrics
- Using Policy to Enable Long-Term Care Reform

Figure 7: A Conceptual Framework Supporting Future Long-Term Care Provision



# A Conceptual Framework Supporting Future Long-Term Care Provision in Canada

# And then Came COVID-19

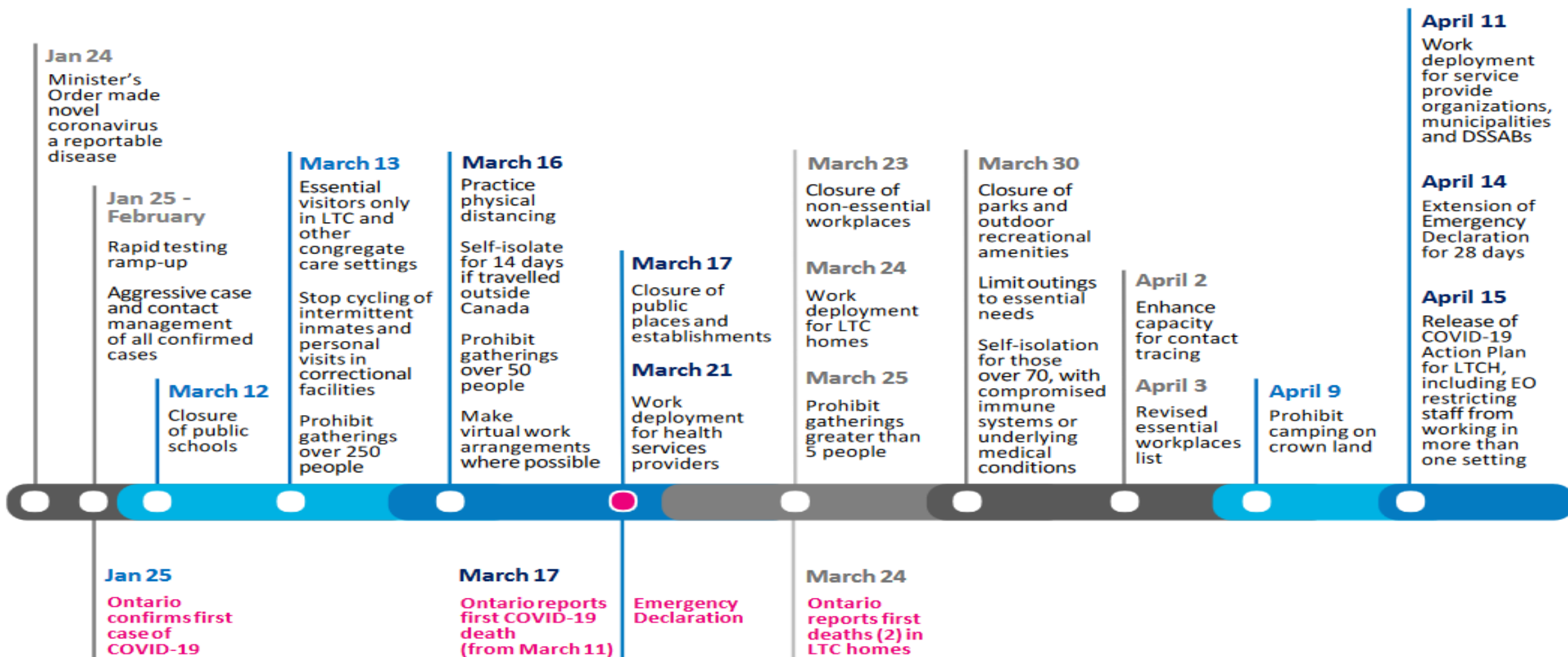


**CORONAVIRUS (COVID-19)**

# COVID-19 Has a Predilection for the Old

- Most Novel Viruses Affect those with Less Developed and Weakened Immune Systems: Young, Old and Chronically Ill
- CASE FATALITY RATES:
  - <18 = <1%
  - 18-59 = 1-2%
  - 60-69 = 3%
  - 70-79 = 8%
  - 80-89 = 15%
  - 90+ = 25%
  - LTC – 30-34%

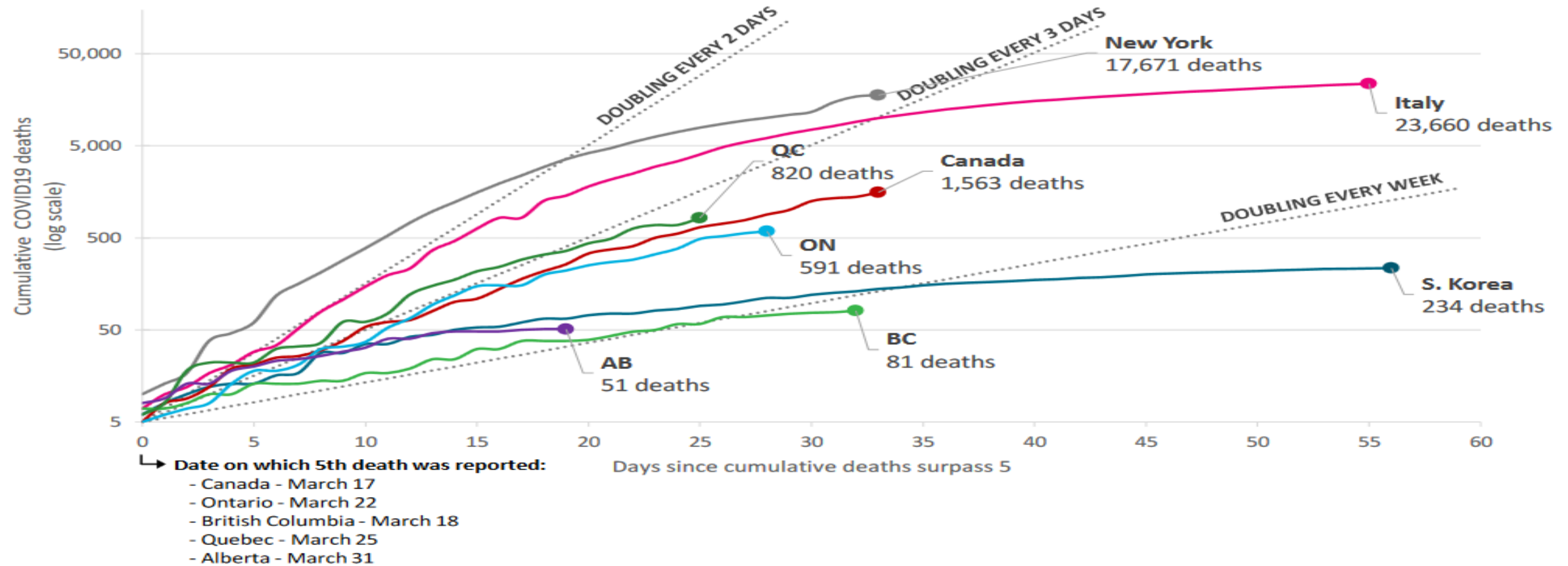
# COVID-19: Key Public Health Measures Timeline





# Epidemic Curve: Cumulative COVID-19 deaths, number of days since the 5th death

By country, including the Canadian provinces of Ontario, Alberta, British Columbia and Quebec

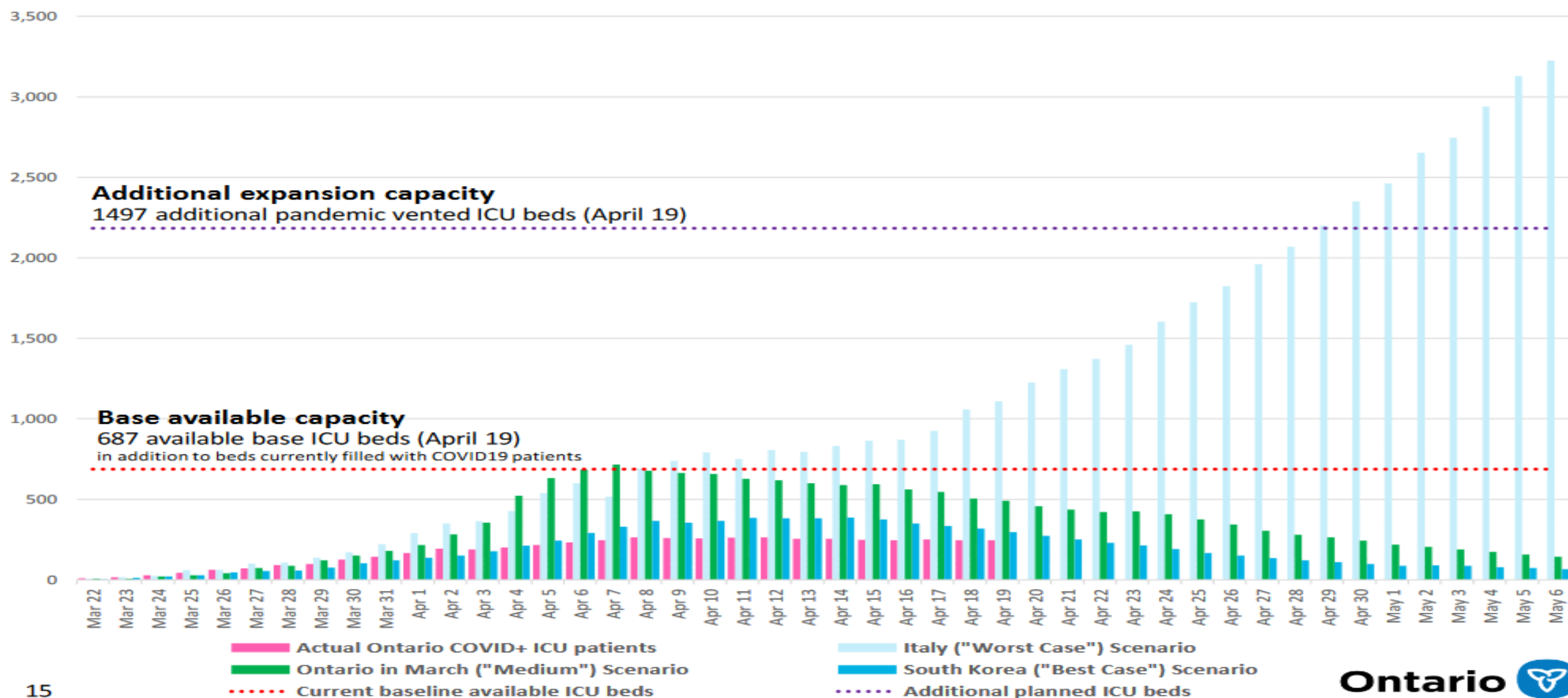


Data from: Dong, E., Du, H., & Gardner, L. (2020). An interactive web-based dashboard to track COVID-19 in real time. *The Lancet Infectious Diseases*, as of April 19, 2020.

Data compiled by Johns Hopkins University from the following sources: [WHO](#), [CDC](#), [ECDC](#), [NHC](#), [DXY](#), [1point3acres](#), [Worldometers.info](#), [BNO](#), state and national government health department, and local media reports.

## How are we doing so far?

COVID-19 patients in Ontario ICU beds each day vs. predicted ICU bed demands in 3 model scenarios

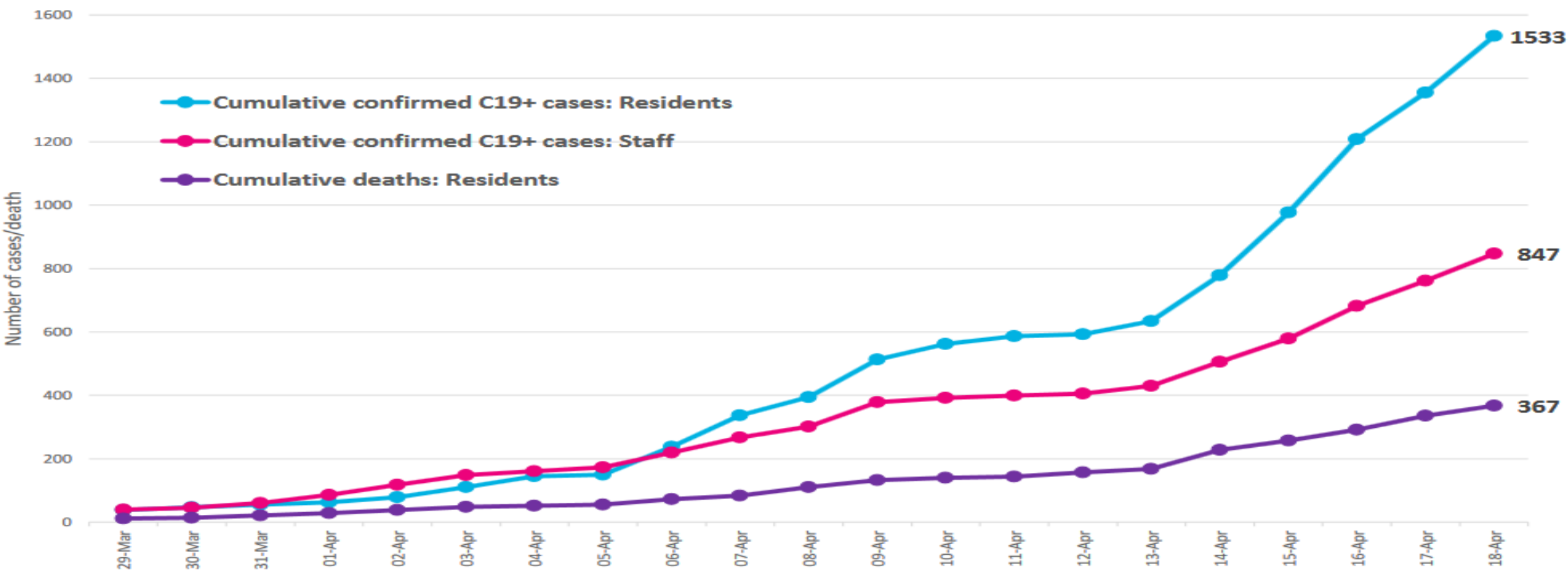


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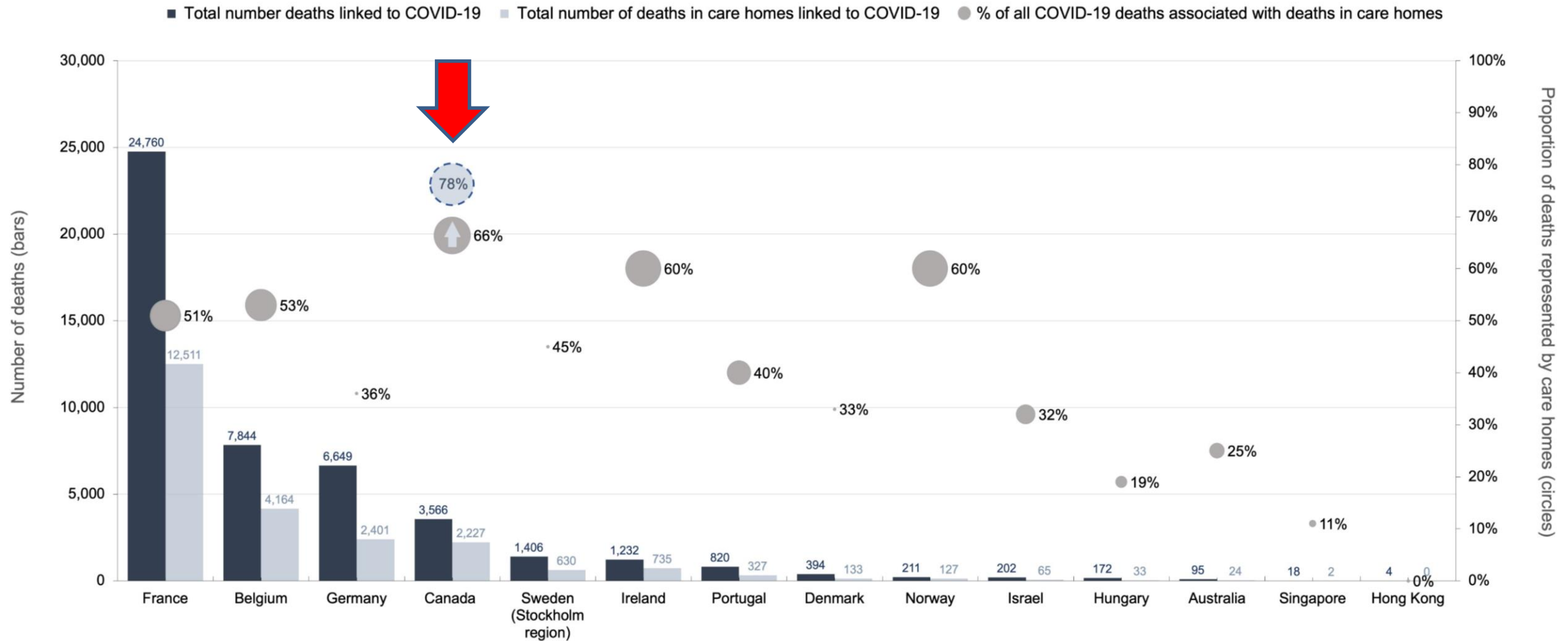


# LTC Snapshot:

## Cumulative resident COVID-19 cases, staff COVID-19 cases and resident deaths

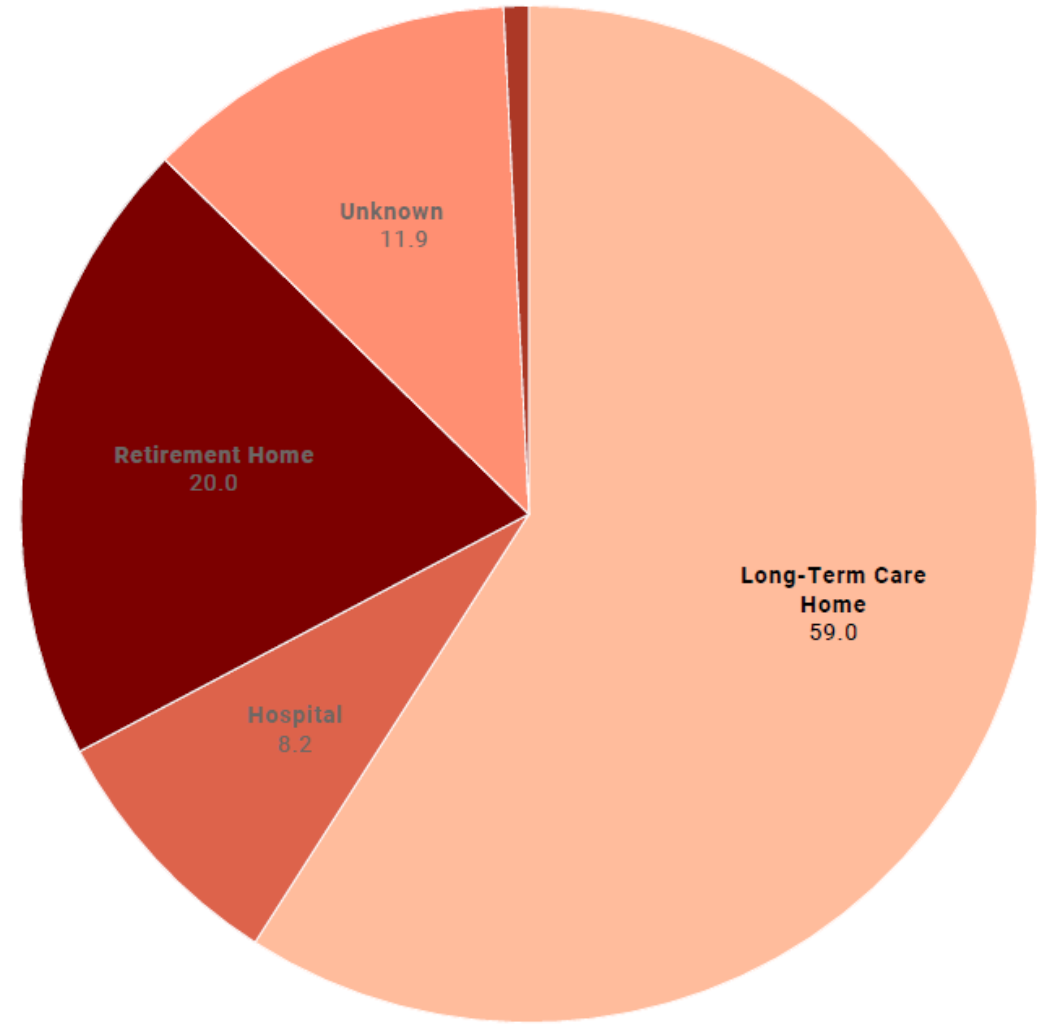


# A National Tragedy and A Dubious Distinction



# Where Ontario's Outbreaks Live...

- Ontario's LTC Homes have faced 3x and 7.5x the number of influenzas, rhinoviruses, coronaviruses, combined outbreaks and other infections that Retirement Homes + Hospitals did between 2014-2019.



*Chart: Victoria Gibson/iPolitics*

*Source: Public Health Ontario respiratory virus bulletins*

# COVID-19 is Anything but a Typical Virus

- Increasing Reports of its Ability to Present Atypically, Including Asymptomatically as well.
  - In LTC Settings 50-75% of Positive Cases on Widespread Testing for the CDC were in either Asymptomatic or Pre-Symptomatic Individuals.
  - COVID-19 ≠ INFLUENZA with a VACCINE and Effective Treatments
  - Restrict Non-Essential Visitors
  - Universal Masking
  - Test and Isolate Any Positive Contact
  - Ensure People Know HOW to Use PPE
  - Provide Excellent Supportive Care

*The NEW ENGLAND JOURNAL of MEDICINE*

## ORIGINAL ARTICLE

### Epidemiology of Covid-19 in a Long-Term Care Facility in King County, Washington

Termet M. McMichael, Ph.D., Dustin W. Currie, Ph.D., Shauna Clark, R.N., Sargis Pogojans, M.P.H., Meagan Kay, D.V.M., Noah G. Schwartz, M.D., James Lewis, M.D., Atar Baer, Ph.D., Vance Kawakami, D.V.M., Margaret D. Lukoff, M.D., Jessica Ferro, M.P.H., Claire Brostrom-Smith, M.S.N., Thomas D. Rea, M.D., Michael R. Sayre, M.D., Francis X. Riedo, M.D., Denny Russell, B.S., Brian Hiatt, B.S., Patricia Montgomery, M.P.H., Agam K. Rao, M.D., Eric J. Chow, M.D., Farrell Tobolowsky, D.O., Michael J. Hughes, M.P.H., Ana C. Bardossy, M.D., Lisa P. Oakley, Ph.D., Jessica R. Jacobs, Ph.D., Nimalie D. Stone, M.D., Sujana C. Reddy, M.D., John A. Jernigan, M.D., Margaret A. Honein, Ph.D., Thomas A. Clark, M.D., and Jeffrey S. Duchin, M.D., for the Public Health–Seattle and King County, EvergreenHealth, and CDC COVID-19 Investigation Team\*

ABSTRACT



# Canada's Responses Have Been Variable

- **Every province/territory has acted differently at different time points**
  - Stopping non-essential visits
  - Preventing staff to work in multiple settings
  - Masking all staff and visitors
  - Implementing infection prevention and control policies for COVID-19 and not influenza – including making more space to isolate residents during an outbreak
  - More flexible admission and discharge policies

<https://www.nia-ryerson.ca/covid-19-long-term-care-resources>



# NIA Review of Jurisdictional Responses 01-06-20

Jurisdiction	Restricting all Non-Essential Visits	Limiting Care Providers from Working in Multiple Care Settings	All Care Providers and Visitors Should be Wearing a Surgical Mask	Strong Infection Prevention and Control (IPAC) Policies	Flexible Admission and Discharge Policies
Federal PHAC Guidelines	R April 8 <sup>th</sup> , 2020	R April 8 <sup>th</sup> , 2020	R April 8 <sup>th</sup> , 2020	R April 8 <sup>th</sup> , 2020	
British Columbia	✓ March 17 <sup>th</sup> , 2020	✓ March 27 <sup>th</sup> , 2020	✓ March 25 <sup>th</sup> , 2020	✓ Testing if exhibiting mild and atypical symptoms  April 10 <sup>th</sup> , 2020	
Ontario	✓ March 18 <sup>th</sup> , 2020	R March 22 <sup>nd</sup> , 2020 To limit wherever possible those working at multiple locations  ✓ Announced on April 15 <sup>th</sup> , 2020  To be effective as of April 23 <sup>rd</sup> , 2020  Does not enable the limitation of multiple different home care providers from entering licensed retirement homes	✓ April 8 <sup>th</sup> , 2020	✓ April 15 <sup>th</sup> , 2020	✓ March 24 <sup>th</sup> , 2020

# NIA LTC COVID-19 Tracker Data as of 15-06-20

Canadian Jurisdiction	Total Number of Cases	Total Number of Deaths	Date Source Last Updated	Total Number of Homes	Total Number of Homes Affected	% of Homes Affected	Total Number of Resident Cases	Total Number of Staff Cases	% Staff + Resident Cases out of Total Cases	Total Number of Resident Deaths	Total Number of Staff Deaths	% Staff + Resident Deaths out of Total Deaths	Resident Case Fatality Rate %
Quebec	54054	5242	2020-06-15	2215	561	25.24	10218	6079*	30.1	4311	8	82.4	42.2
Ontario	33961	2579	2020-06-15	1396	423	30.16	6524	3198	28.6	2029	8	79.0	31.1
Alberta	7453	151	2020-06-15	350	53	15.14	553	294	11.4	116	0	76.8	21.0
British Columbia	2745	168	2020-06-15	392	38	9.44	302	180	17.6	93	0	55.4	30.8
Nova Scotia	1061	62	2020-06-15	134	13	9.70	265	123	36.6	57	0	91.9	21.5
Saskatchewan	683	13	2020-06-15	402	3	0.50	4	4	1.2	2	0	15.4	50.0
Manitoba	304	7	2020-06-15	261	5	1.92	4	2	2.0	2	0	28.6	50.0
NL	261	3	2020-06-15	125	1	0.80	1	0	0.4	0	0	0.0	N/A
New Brunswick	261	2	2020-06-15	468	2	0.43	16	8	9.2	2	0	100.0	N/A
Prince Edward Island	27	0	2020-06-15	39	0	0.00	0	0	0	0	0	0	N/A
Yukon	11	0	2020-06-15	5	0	0.00	0	0	0	0	0	0	N/A
Northwest Territories	5	0	2020-06-15	9	0	0.00	0	0	0	0	0	0	N/A
Nunavut	0	0	2020-06-15	5	0	0.00	0	0	0	0	0	0	N/A
<b>CANADA</b>	<b>100839</b>	<b>8227</b>		<b>5801</b>	<b>1099</b>	<b>18.84</b>	<b>17887</b>	<b>9888</b>	<b>27.54</b>	<b>6612</b>	<b>16</b>	<b>80.56</b>	<b>36.97</b>

Source: NIA LTC COVID-19 Tracker Open Data Working Group

<https://ltc-covid19-tracker.ca/>

\*May14<sup>th</sup>

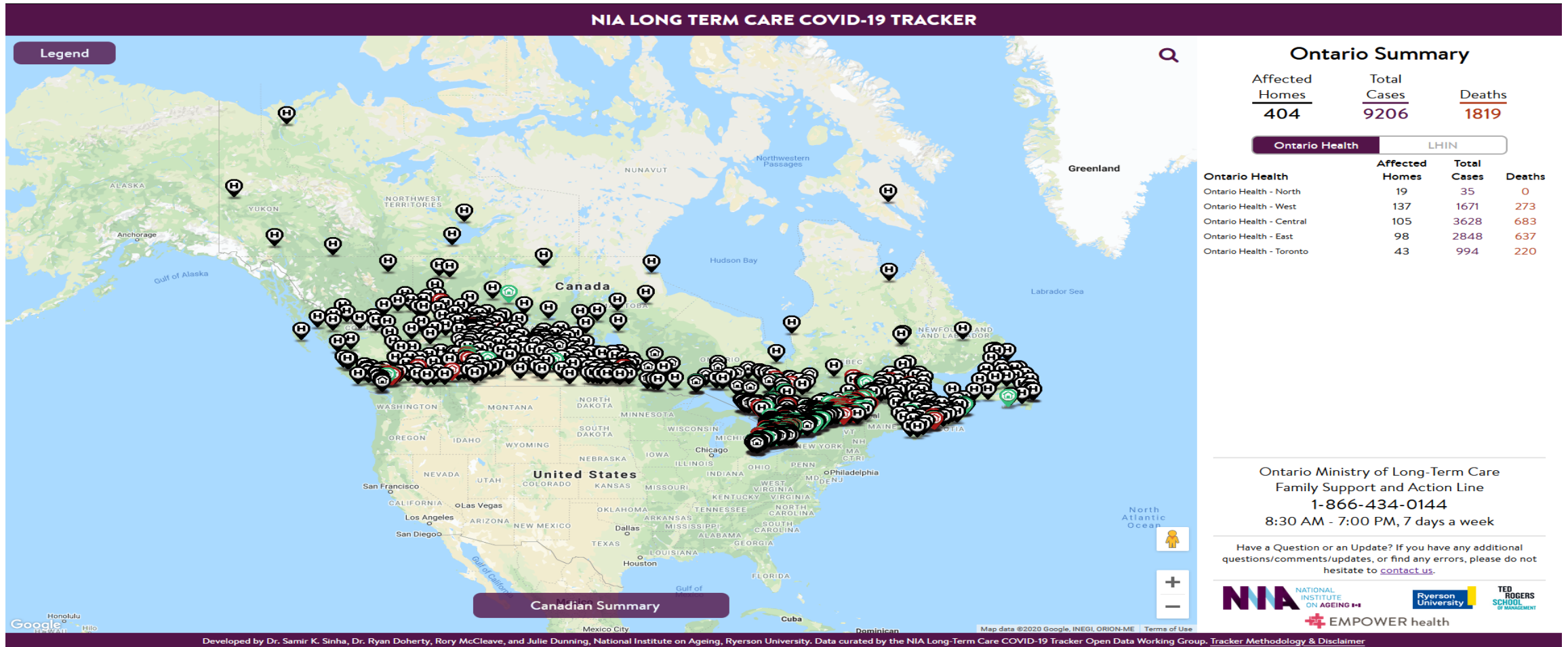
# The Need for Good Data on COVID-19 in LTC Settings

## ■ You Can't Fight a Fire Blindfolded and You Can't Monitor What You Don't Measure

- In Early April, the NIA established its LTC COVID-19 Tracker Open Data Working Group
- A team of staff and volunteers examines public health and ministry reports, media reports and information provided directly by homes to record reported cases and death amongst staff and residents of both nursing and retirement homes across Canada.
- 5,801 homes and their corresponding Hospitals been identified with 1098 homes having reported at least one or more outbreaks to date
- The goal of the tracker is to strengthen front-line activities that can benefit those living and working across these settings

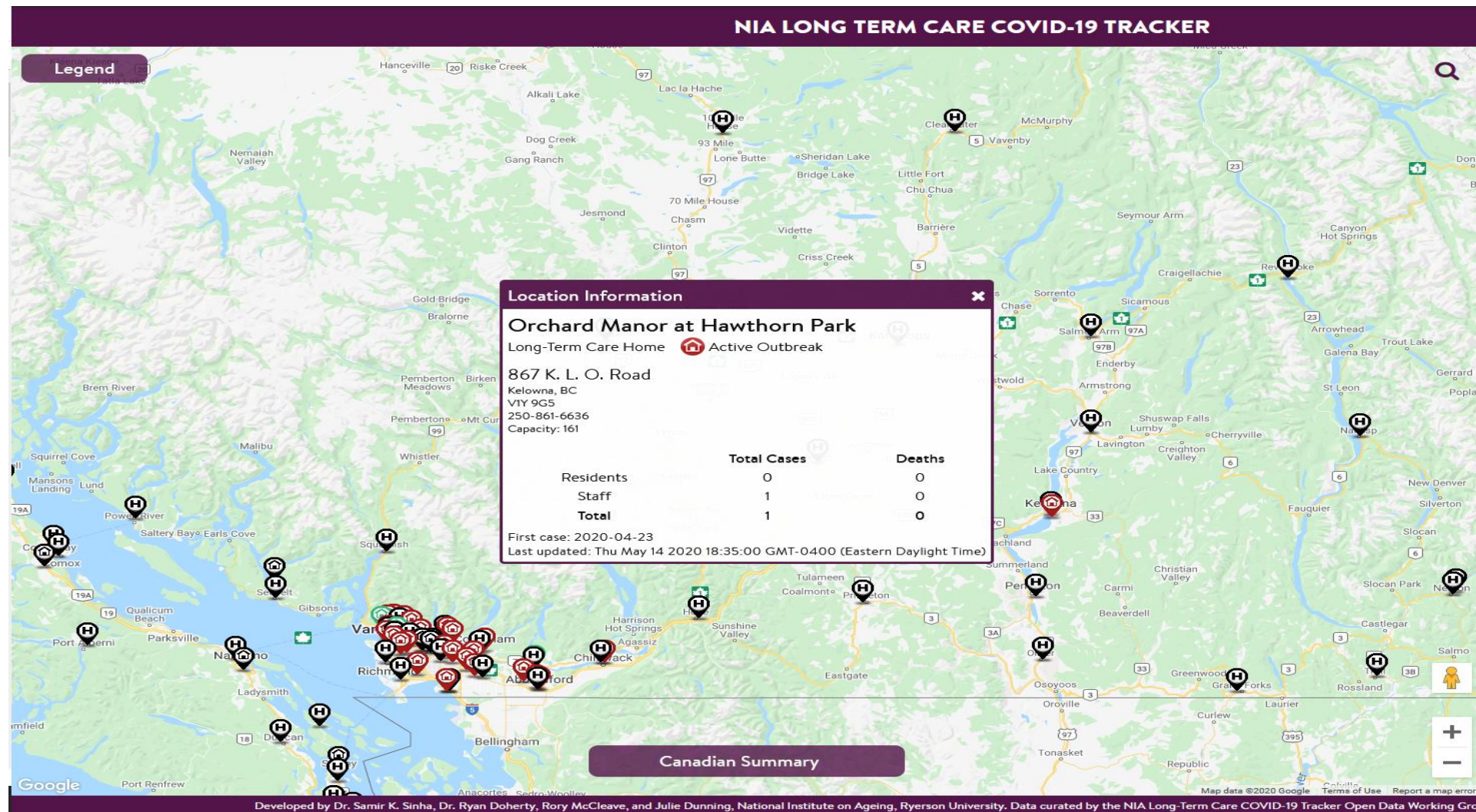
<https://ltc-covid19-tracker.ca/>

# NIA Long-Term Care COVID-19 Tracker





# NIA Long-Term Care COVID-19 Tracker





# Lessons To Date

- **COVID-19 is here to stay for at least 18 months.**
- We need to do better to protect staff and residents as too many are still facing unnecessary outbreaks, illness and death.
- Actions have been encouraging, but we still need to do more, including considering how a lack of space can facilitate the spread of and our ability to control infectious outbreaks in LTC Settings
- We need to ensure we use what we have learnt as an opportunity to change Canada's long-term care system for the better once and for all.

# COVID-19 Design Considerations...



- 1. Physical Distancing Considerations**
- 2. Easy to Clean Surfaces and Furniture**
- 3. Fewer 2, 3, and 4 Bedded Rooms and Better Multi-Room Layouts**
- 4. Smaller Footprints with Common Staff**
- 5. Remembering that these Are First and Foremost Homes**

# What's in Store for Long-Term Care?

- **We have yet to have a pandemic without a second wave.**
- As the first wave of LTC Outbreaks Resolve, do we have the right provincial regulations, policies and supports to limit future outbreaks from occurring
- We need to find a better way to re-integrate families, friends and caregivers back into LTC settings for the benefit of their loved ones
- Its Good to Ask Questions to Find Helpful Answers – is that through Inquiries, Commissions, or AG Investigations?
- A Conversation Needs to begin at the Provincial/Territorial Level to Determine how Should we approach the future provision of Long-Term Care in Canada

# Where to Find More Information

Please visit us at [www.ryerson.ca/nia](http://www.ryerson.ca/nia) and  
<https://www.nia-ryerson.ca/covid-19-long-term-care-resources>

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All NIA White Papers can be found at: <https://www.nia-ryerson.ca/reports>

# Healthy Older Adults with Minimal Issues and Needs

## (INDEPENDENT COMMUNITY LIVING)

1. Age-Friendly Communities
2. Property Tax Deferral Programs
3. Home Accessibility and Modification Programs
4. Home-Sharing / Co-Housing Models
5. Life Lease Housing Models
6. Enhanced Home Support Programs





# Older Adults with Moderately Complex Care Issues Living at Home in the Community

## (HOME AND COMMUNITY-BASED MODERATE INTENSIVE SERVICES)

1. Naturally Occurring Retirement Communities (NORCs)
2. Dementia Friendly Communities
3. Independent Transportation Network (ITN)
4. Community-Based Home Visiting Nursing Programs
5. Community Paramedicine Programs
6. ReAblement Programs



# Older Adults with Complex Care Issues and Needs Living in the Community with Intensive Supports (HOME AND COMMUNITY-BASED INTENSIVE SERVICES)

1. Innovative Models to Support Unpaid Caregivers
2. Supportive Care Program
3. Interprofessional and Home-Based Primary Care
4. Enhanced Adult Day Program (ADP) Models
5. Supportive Housing Models
6. Nursing Home Alternative Care Models



# Older Adults with Complex Care Issues and Needs Living in Designated Buildings

## (BUILDING-BASED INTENSIVE SERVICES)

1. Innovative Models of Care in Designated Buildings
  - Butterfly / Eden Alternative / Green Houses / INTERACT
2. Innovative Behavioural Support Approaches
  - Gentle Persuasive Approach / Montessori Methods for Dementia



# Thank You! Questions?

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