

# A Whole New World...Healthcare Transformation in a Time of Uncertainty: What COVID-19 Now Means for Us

**Dr. Samir Sinha MD, DPhil, FRCPC, AGSF**

Director of Geriatrics,  
Sinai Health System and  
University Health Network

Director of Health Policy Research  
National Institute on Ageing



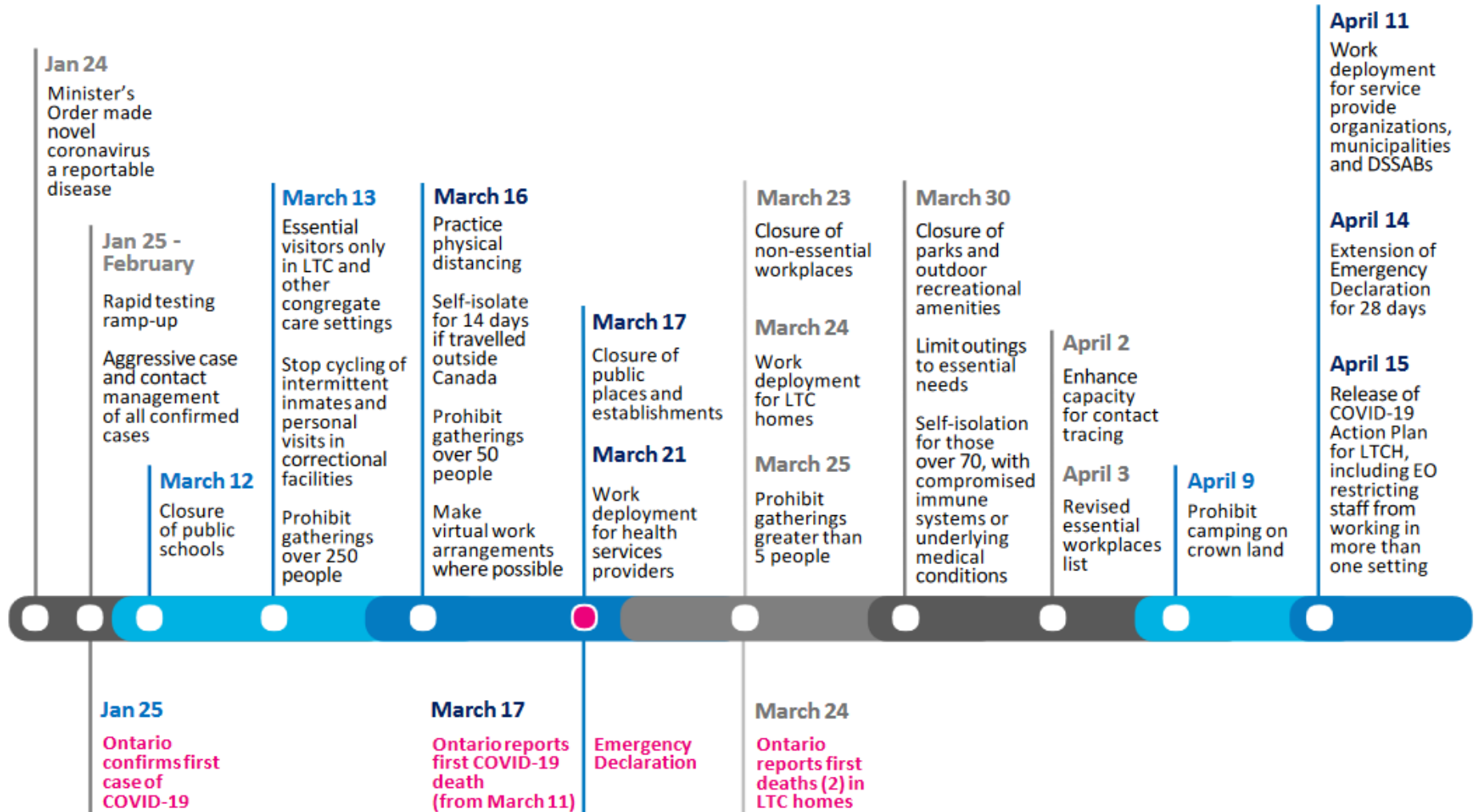
# Learning Objectives

- Understand the epidemiology of COVID-19 in older adults in community and residential care settings, and what we have experienced so far.
- Understand why Canada has experienced the highest global rates of COVID-19 deaths in its residential care settings compared to any other jurisdiction and why some jurisdictions did better than others.
- How should our COVID-19 experiences help accelerate how we consider the future delivery of long-term care in Canada and the way we currently care for our older patients?

# COVID-19 Has a Predilection for the Old

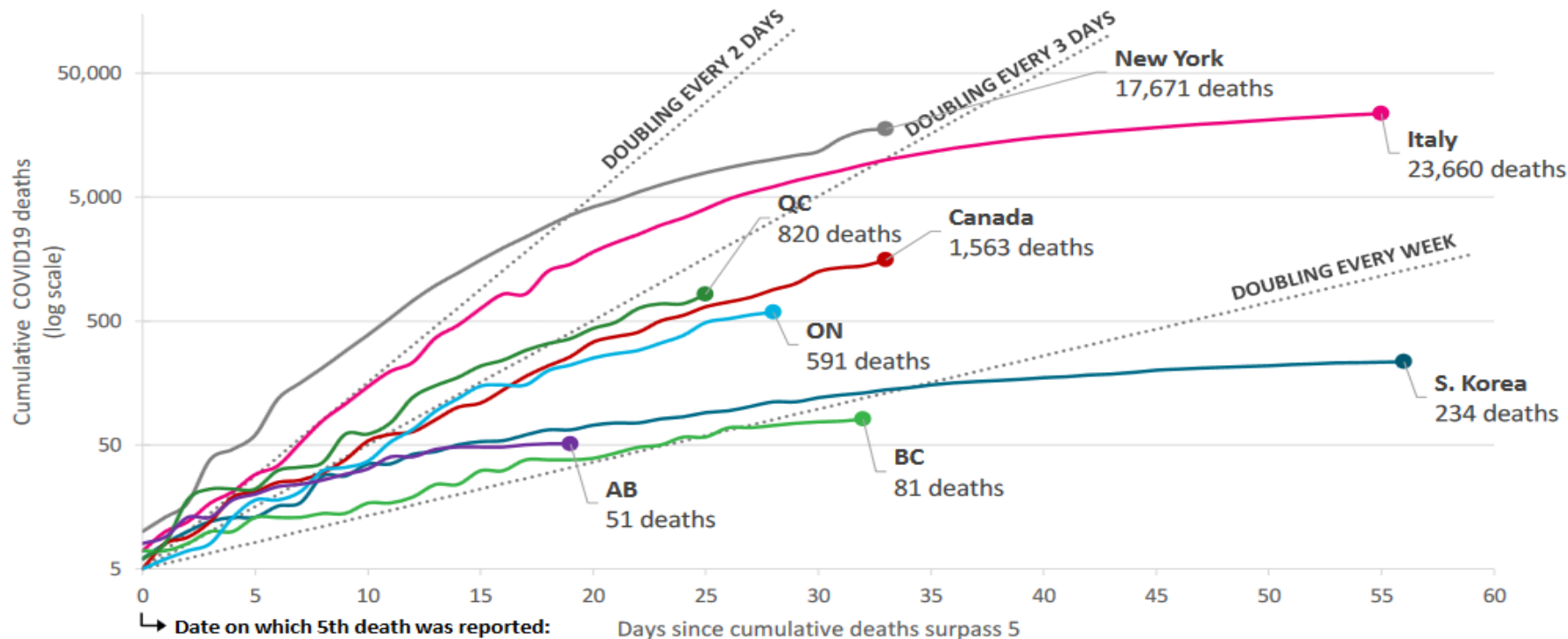
- Most Novel Viruses Affect those with Less Developed and Weakened Immune Systems: Young, Old and Chronically Ill
- CASE FATALITY RATES:
  - <18 = <1%
  - 18-59 = 1-2%
  - 60-69 = 3%
  - 70-79 = 8%
  - 80-89 = 15%
  - 90+ = 25%
  - LTC – 30-34%

# 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

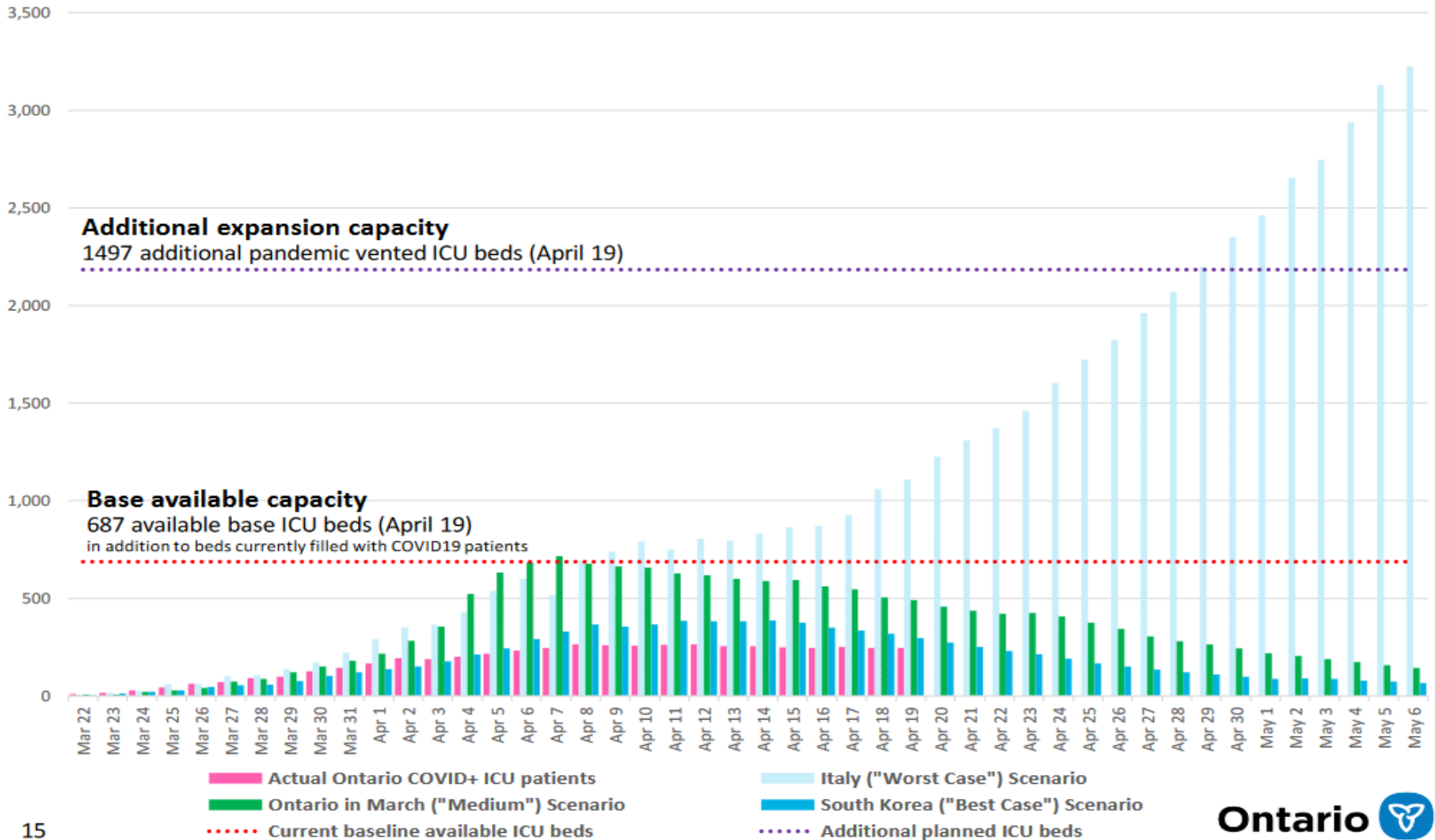


Data from: Dong, E., Du, H., & Gardner, L. (2020). An interactive web-based dashboard to track COVID-19 in real time. *The Lancet Infectious Diseases*, as of April 19, 2020.

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

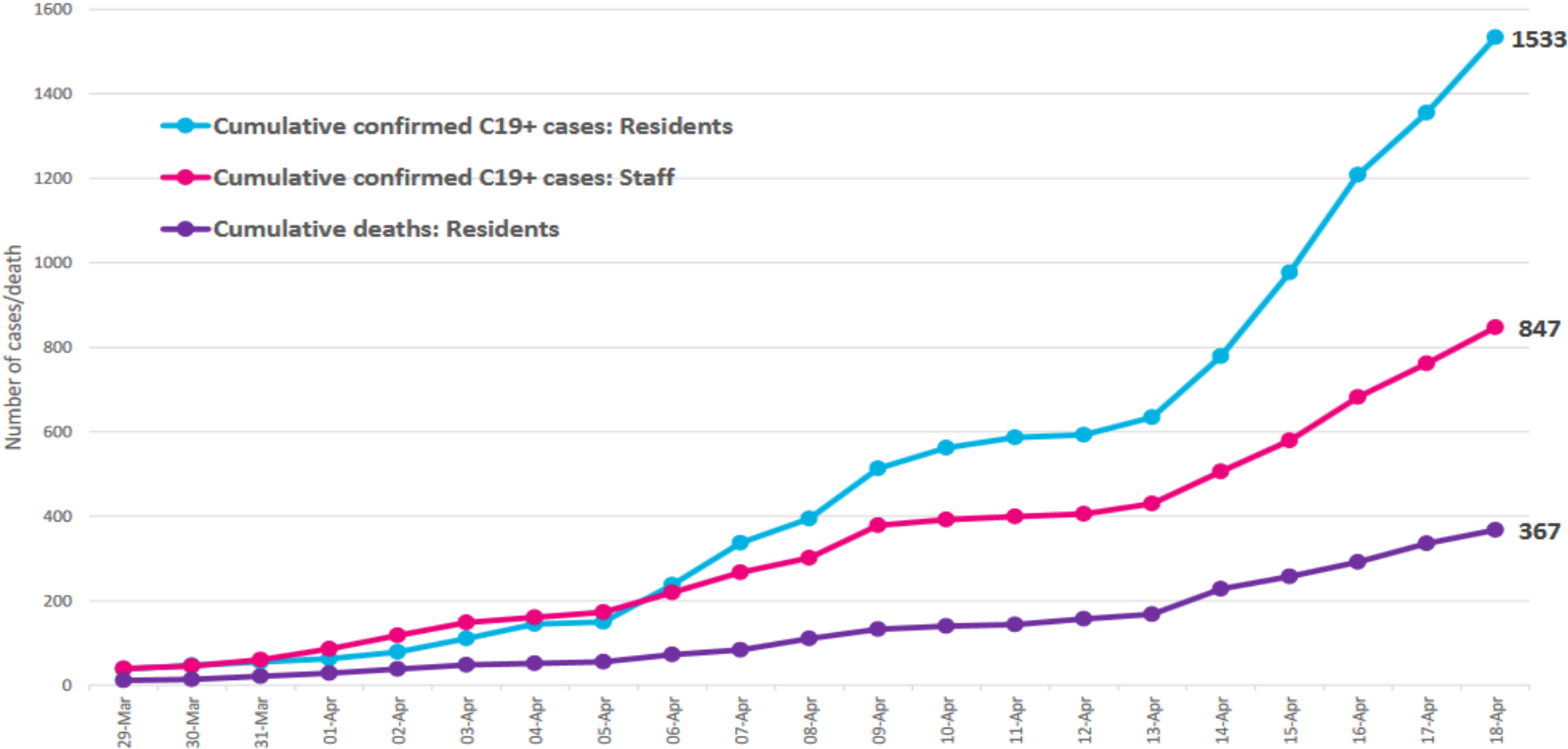


15



# LTC Snapshot:

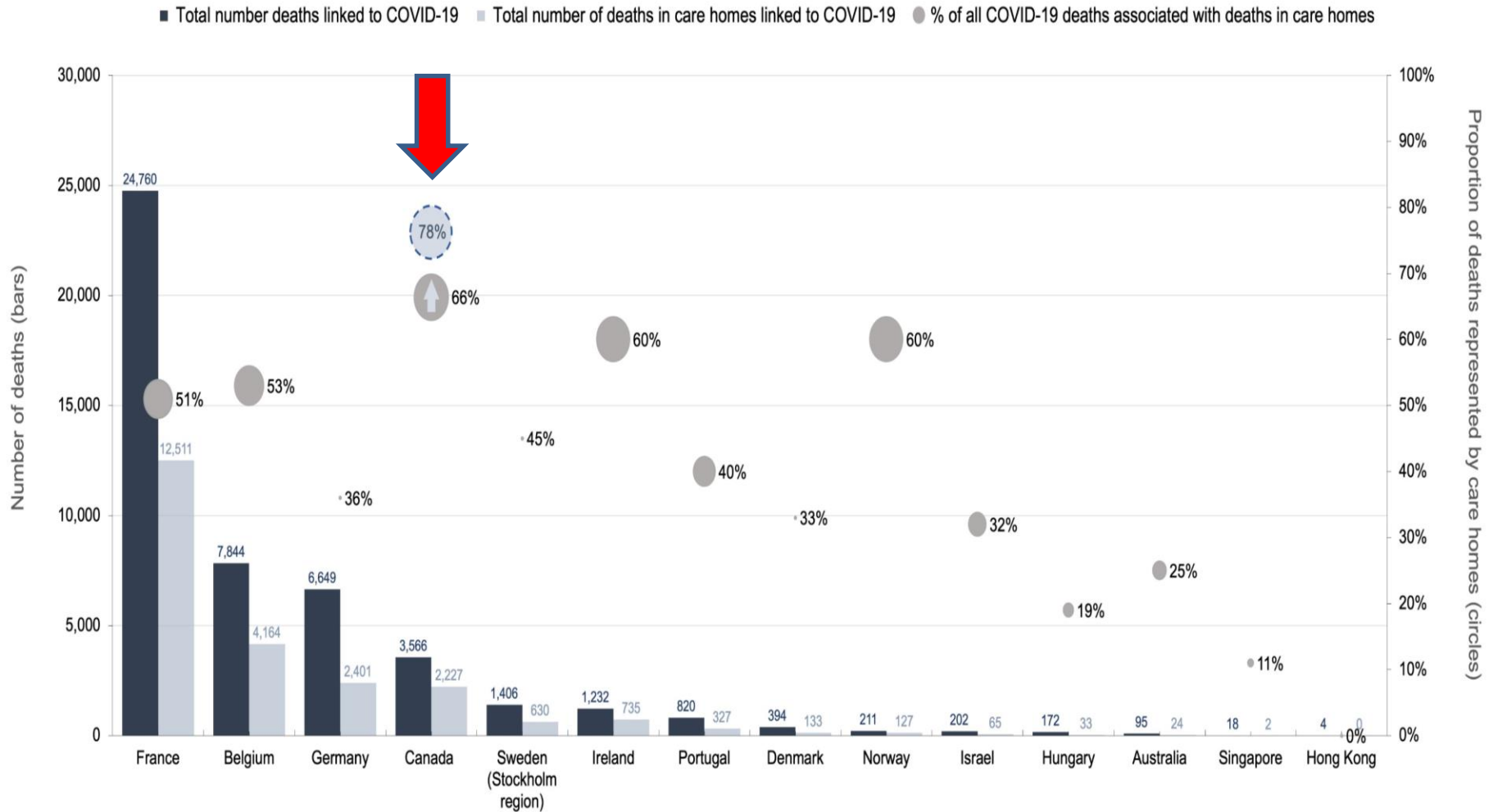
## Cumulative resident COVID-19 cases, staff COVID-19 cases and resident deaths



10 Data source: LTC COVID-19 daily report via COVID-19 dashboard. All data current as of April 19.



# A National Tragedy, 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.

Respiratory outbreaks by institution, Sept. 2014 – Aug. 2019

Long-Term Care Home   Hospital   Retirement Home   Unknown   Other (Correctional)

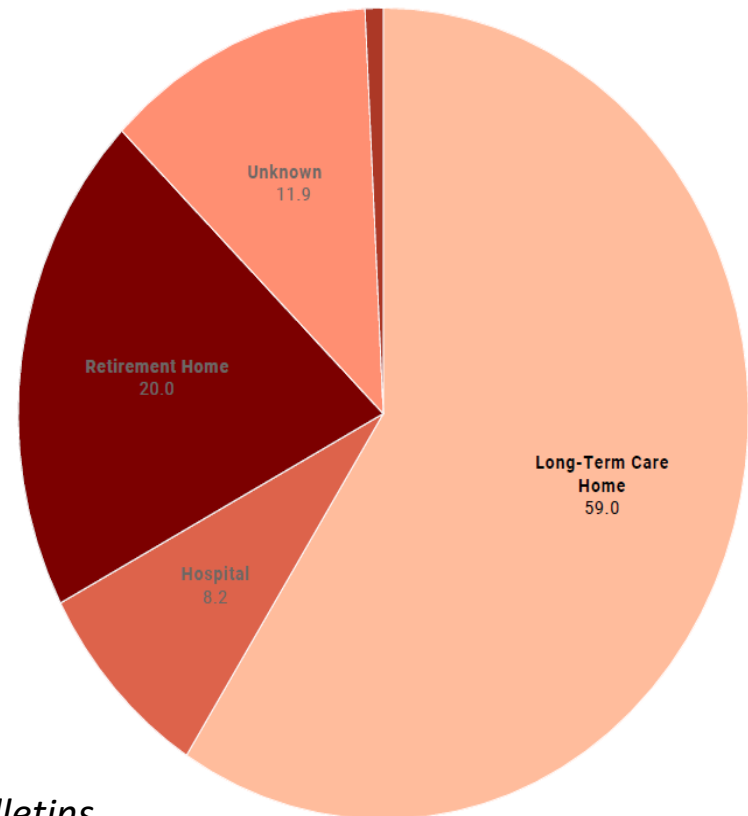
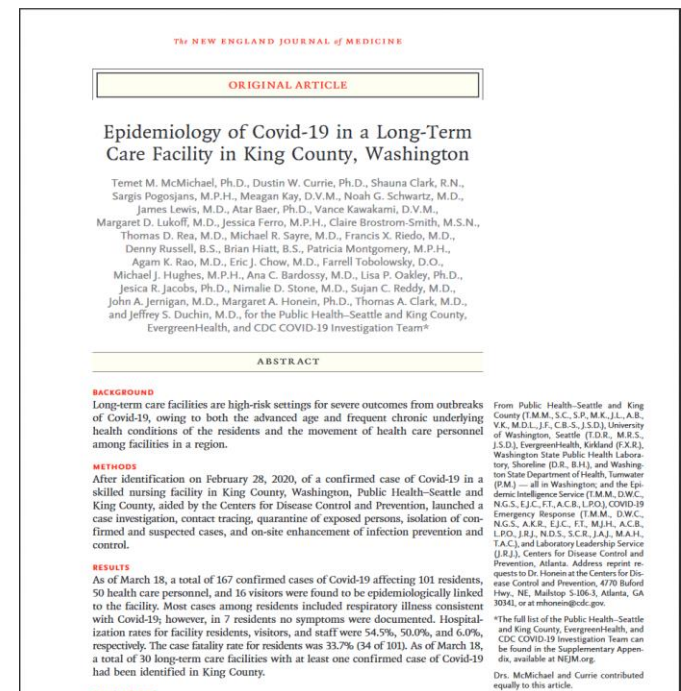


Chart: Victoria Gibson/iPolitics

Source: Public Health Ontario respiratory virus bulletins

# COVID-19 is Anything but a Typical Virus

- CDC Reports noted its Ability to Present Atypically, Including Asymptotically with up to 50-75% of Cases on Broad LTC Testing being in either Asymptomatic or Pre-Symptomatic Individuals.
- COVID-19 ≠ INFLUENZA with a VACCINE and Effective Treatments
- LTC Visitors and Staff Could Introduce and Spread COVID-19 Beyond the Home.
- Not Masking of Staff/Visitors or Testing and Isolating Any + Contact Could Further Spread
- A Lack of Knowledge Exists in HOW to Properly Use PPE along with Resources to Provide Excellent Supportive Care



# Canada's Responses Have Been Variable

- Every province/territory has acted differently at different time points
  - Limiting 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 16-06-24

Canadian Jurisdiction	Total Number of Cases	Total Number of Deaths	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	54835	5417	2215	566	25.24	10271	6079	29.8	4443	8	82.2	43.3
Ontario	35302	2654	1396	435	30.16	6545	3248	27.7	2043	8	77.3	31.2
Alberta	7736	153	350	58	15.14	546	304	11.0	117	0	76.5	21.4
British Columbia	2822	169	392	39	9.44	313	183	17.6	93	0	55.0	29.7
Nova Scotia	1061	63	134	13	9.70	265	123	36.6	57	0	90.5	21.5
Saskatchewan	751	13	402	3	0.50	4	4	1.1	2	0	15.4	50.0
Manitoba	314	7	261	5	1.92	4	2	1.9	2	0	28.6	50.0
NL	261	3	125	1	0.80	1	0	0.4	0	0	0.0	N/A
New Brunswick	164	2	468	2	0.43	16	10	15.9	2	0	100.0	N/A
Prince Edward Island	27	0	39	0	0.00	0	0	0	0	0	0	N/A
Yukon	11	0	5	0	0.00	0	0	0	0	0	0	N/A
Northwest Territories	5	0	9	0	0.00	0	0	0	0	0	0	N/A
Nunavut	0	0	5	0	0.00	0	0	0	0	0	0	N/A
<b>CANADA</b>	<b>103302</b>	<b>8481</b>	<b>5801</b>	<b>1122</b>	<b>18.84</b>	<b>17965</b>	<b>9953</b>	<b>27.03</b>	<b>6759</b>	<b>16</b>	<b>79.88</b>	<b>37.62</b>

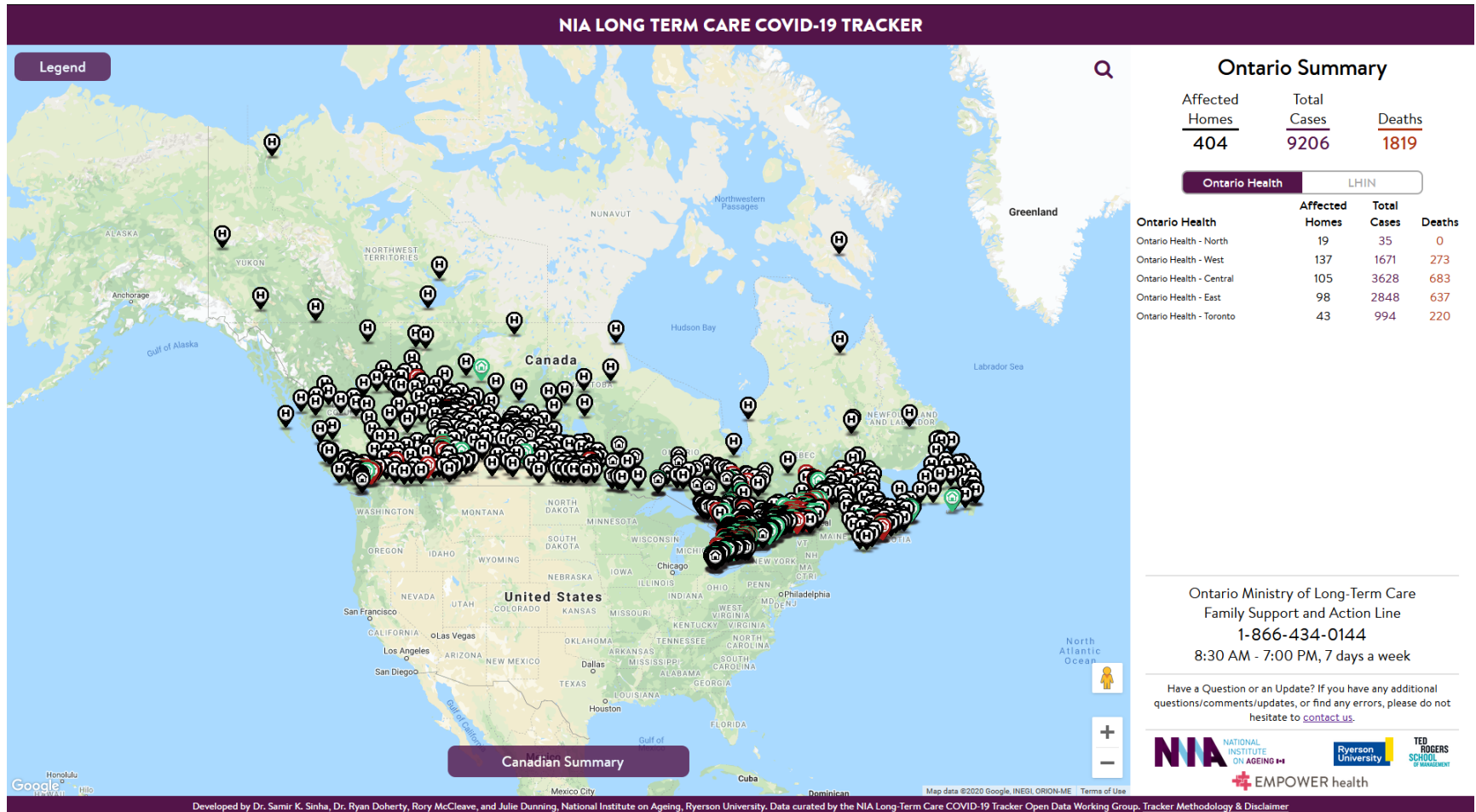
Source: NIA LTC COVID-19 Tracker Open Data Working Group

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

# 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 1122 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

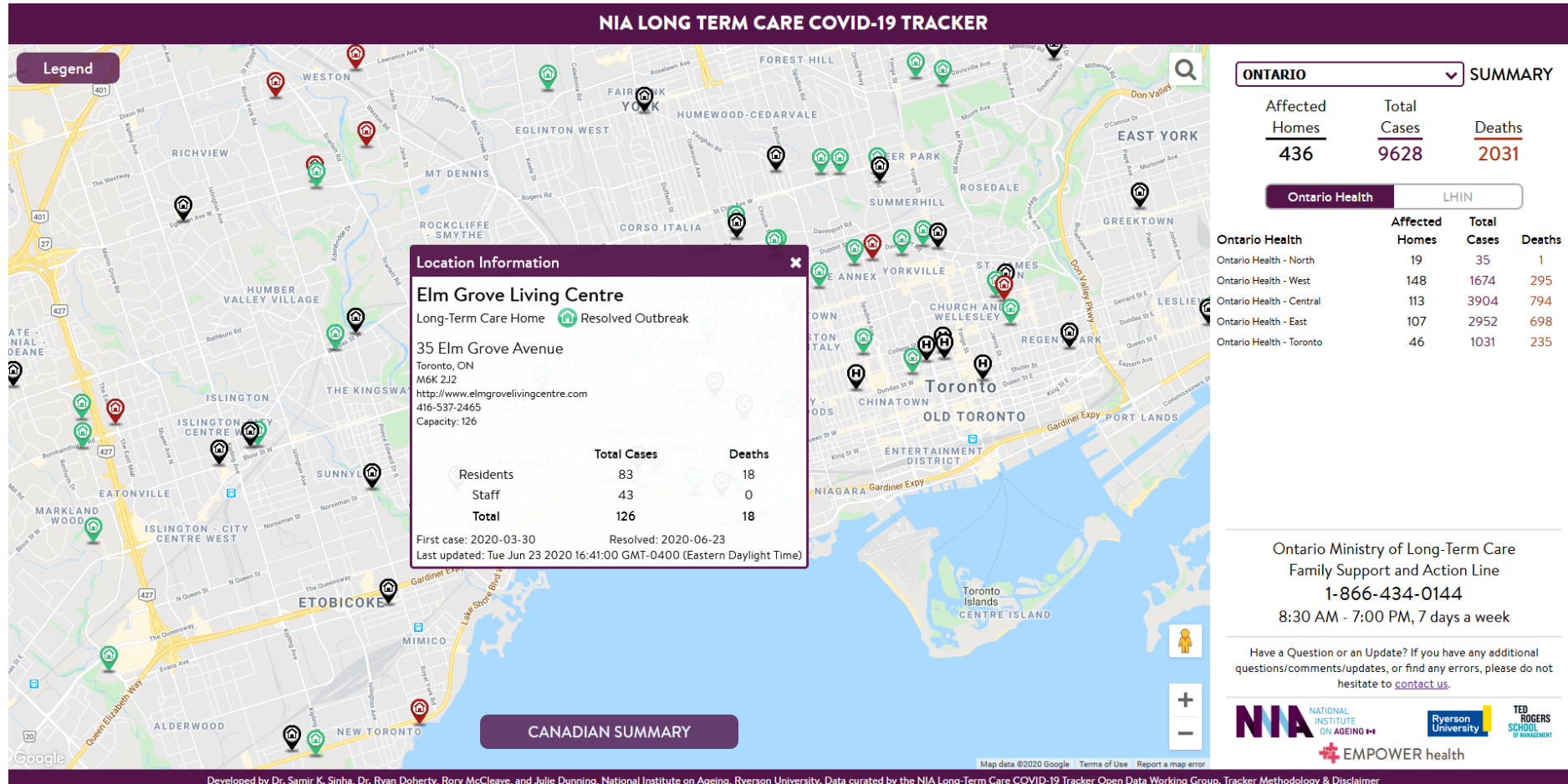
# NIA Long-Term Care COVID-19 Tracker



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



# NIA Long-Term Care COVID-19 Tracker



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

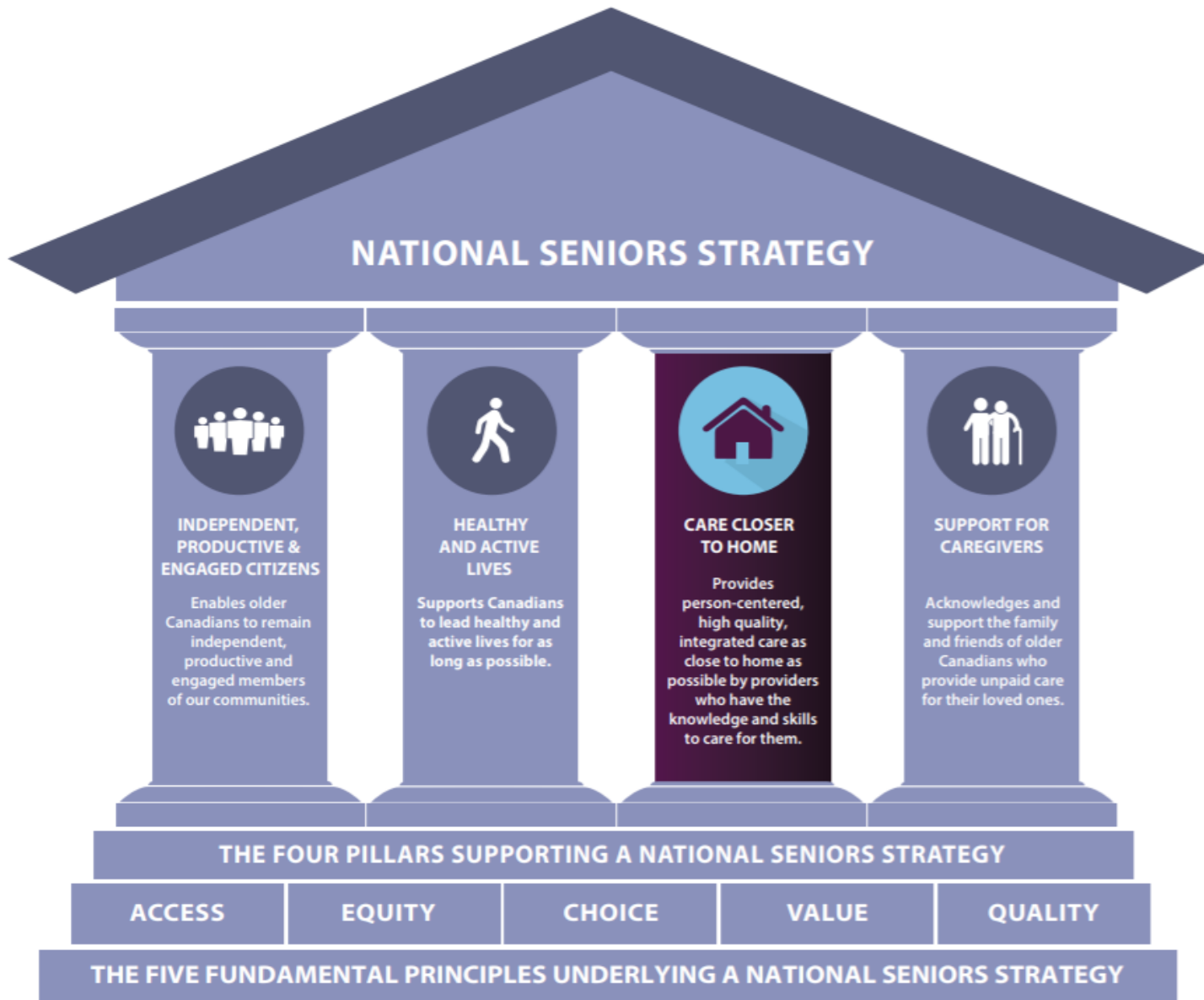


# My Lessons To Date

- **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.

# Enabling the Future 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 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
2. Highlight Canada's current and future challenges Canada will face over the next three decades in providing long-term care – including costs and implications for family caregivers
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>

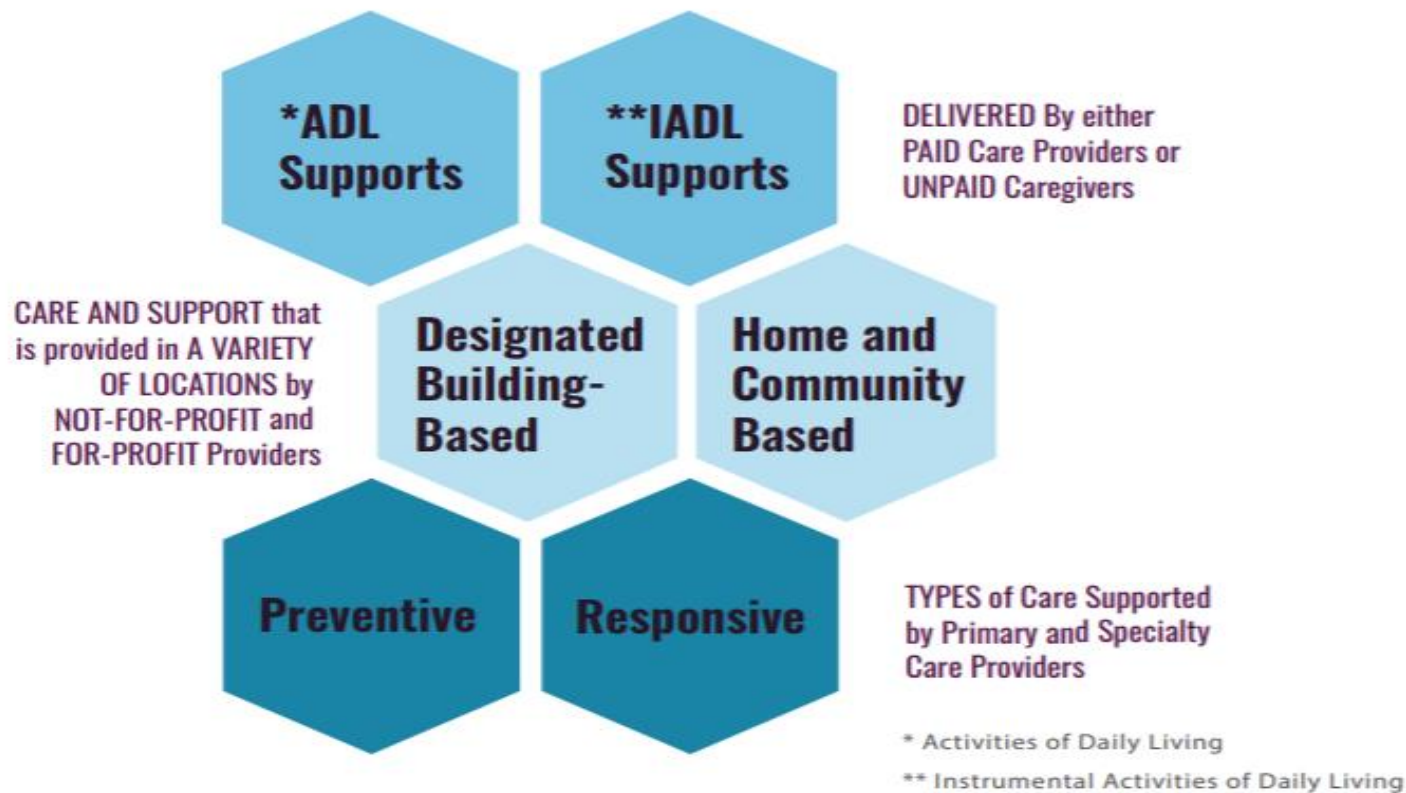


# Why Long-Term Care Matters

- 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 challenged 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.



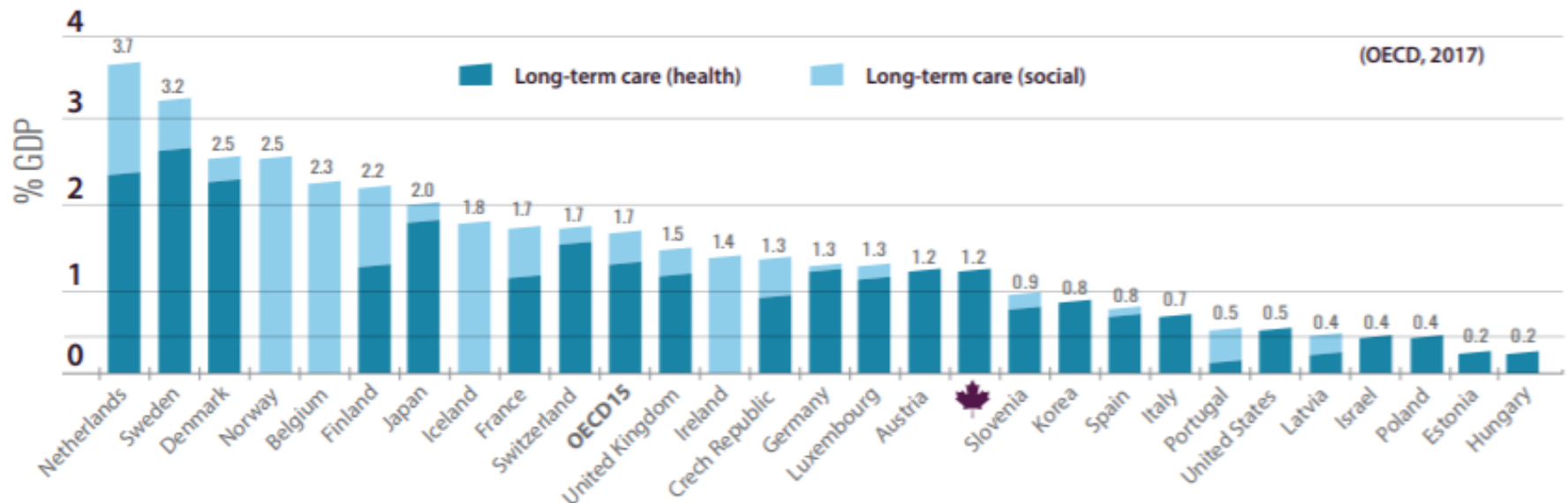
(Gilmour, 2018b)





# 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

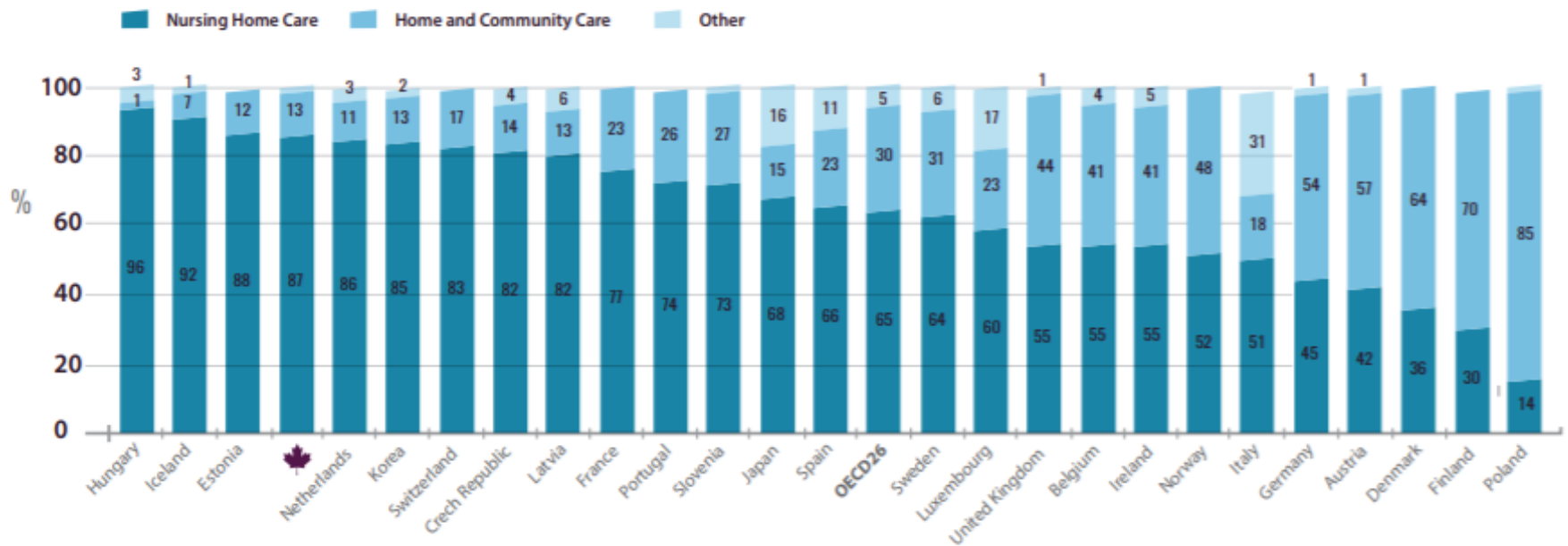


Note: The OECD average only includes the 15 countries that report health and social LTC. Source: OECD Health Statistics 2017.



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

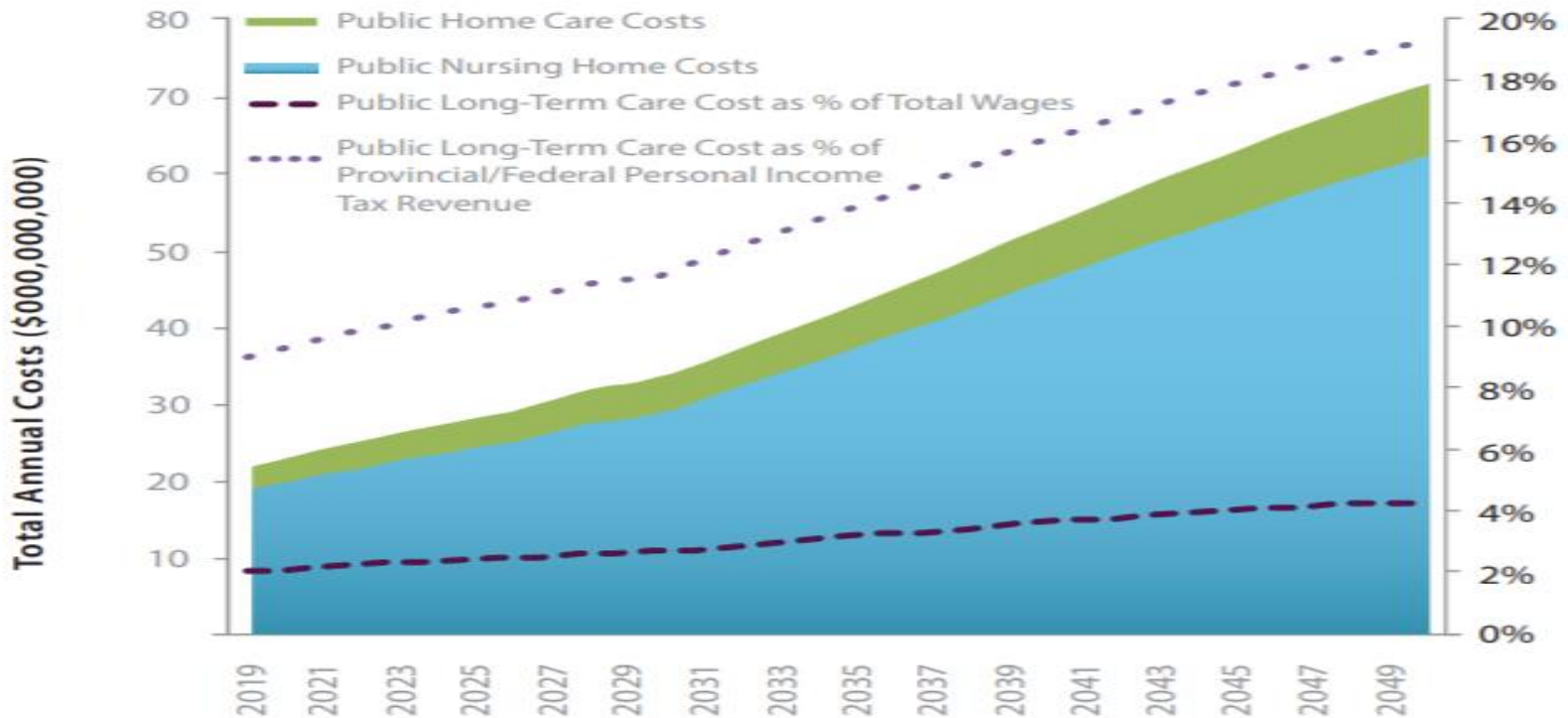
Figure 3: Government and Compulsory Insurance Spending on LTC (health) by Mode of Provision, 2015 (or nearest year) Across OECD Nations



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



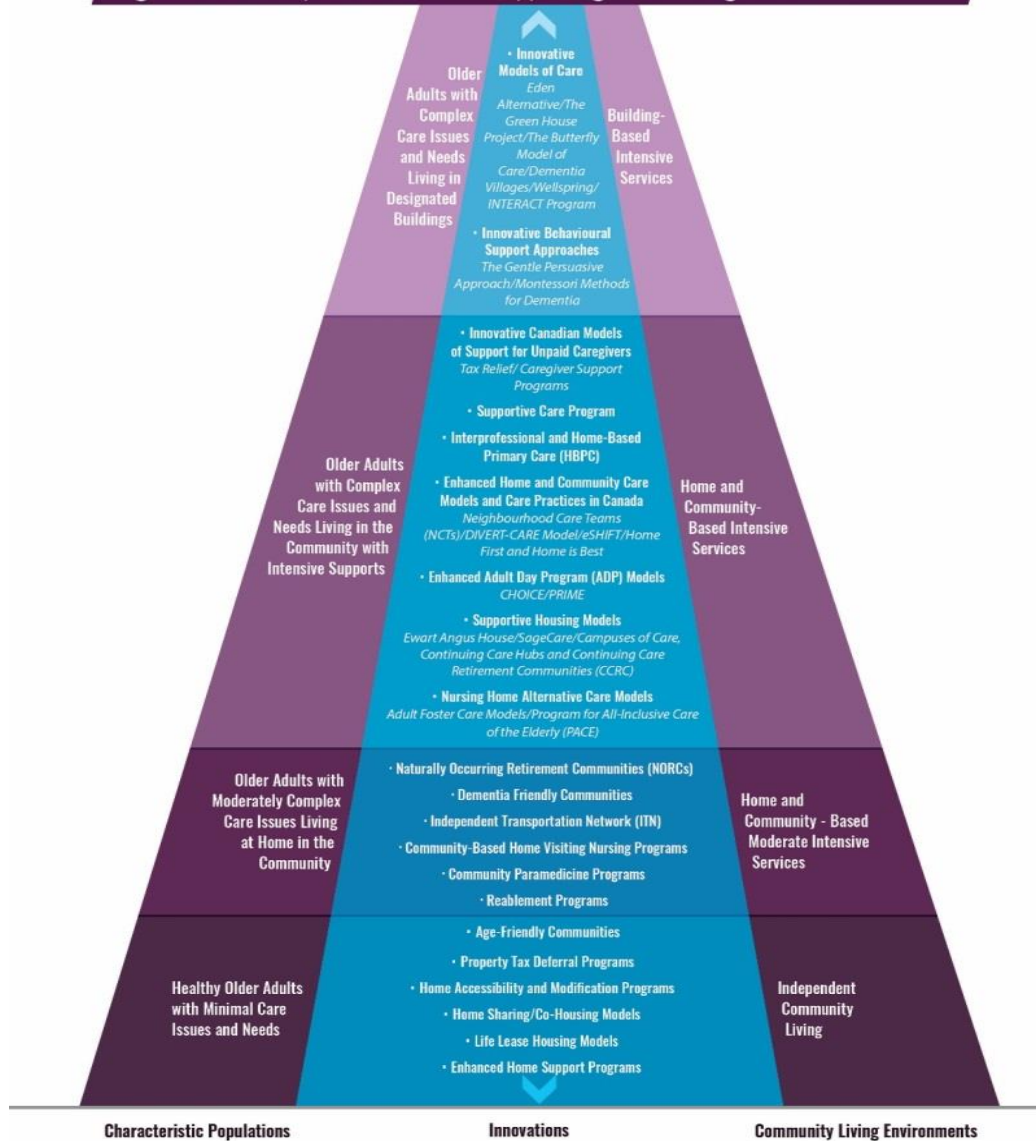
Notes: Publicly-funded long-term care cost to maintain current coverage (nursing home/home care aggregate by the blue/green and left axis) and publicly-funded long-term care cost as percentage of (1) total personal income tax revenue (provincial and federal; dotted purple line and right axis) and (2)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

Source: Authors' LifePaths projections

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



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



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



# 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




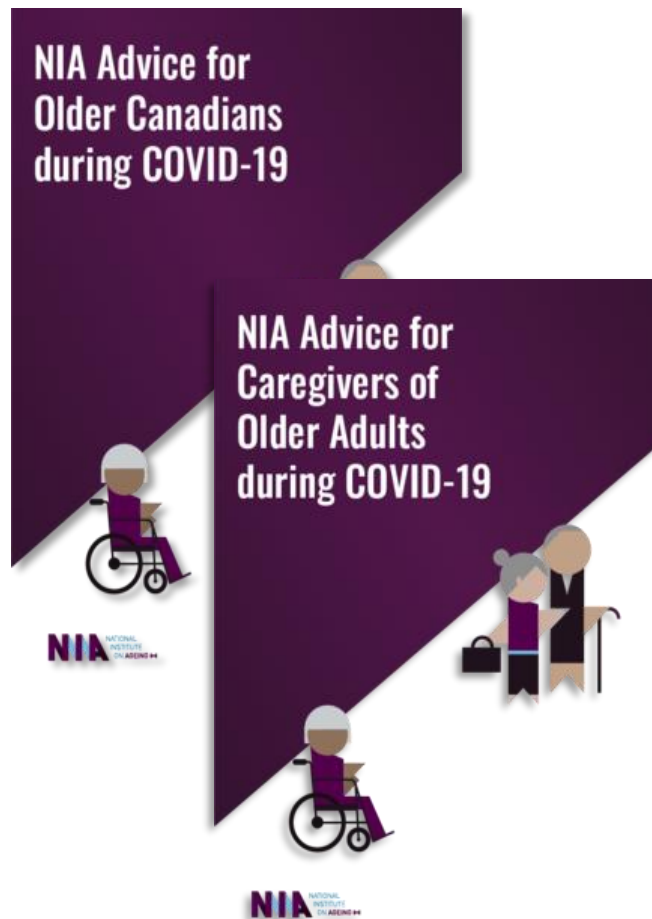
# What Should We Demand for Long-Term Care?

- We need to stop underfunding our LTC Systems. This means higher wages and better resources and facilities
- We need to prioritize the care of Canadians in their homes first and foremost with more flexible ways of organizing services and supports for caregivers that will be cheaper for many than existing institutional care models.
- We need to ensure that whatever we do is client/resident centered and acknowledges and supports the needs of unpaid caregivers and paid care providers
- It needs to be accountable and one that uses high quality data to support quality improvement and better resource allocation to support care.
- It needs to be sustainable to meet our needs as we age.

# What Can We Do NOW to Support Older Patients and Caregivers?

- Continue to Provide Excellent Geriatric Care...
  - In A More Proactive and Virtual Way – ie Telephone or Video, Home BP Monitoring etc...
  - Be Mindful of How Fearful Older People Are – Too Scared to Exercise, Grocery Shop...
  - Ask About Social Isolation, Loneliness and Depression – Link to Available Services
  - Help Them Problem Solve Navigating What Matters Most to Them
  - Help Them Decide What is OK to Delay and What Needs to Be Done? ie Glaucoma or Osteoporosis Injections
- The Principles of Shared Decision Making that takes into account needs and preferences and risk tolerance is essential

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







**This is Our Time to Lead**

# Thank You! Questions?

**Samir K. Sinha MD, DPhil, FRCPC, AGSF**


Director of Geriatrics,  
Sinai Health System and the University Health Network, Toronto

Director of Health Policy Research, National Institute on Ageing

Associate Professor of Medicine, Family and Community Medicine  
Health Policy, Management and Evaluation, University of Toronto

 samir.sinha@sinaihealth.ca

 @DrSamirSinha

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

