Perspectives on Long-Term Care
The age-old dilemma about old age

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A recent survey showed that, as a result of the COVID-19 pandemic, 44% of Canadians say they now “dread” the thought of having to move into a LTC home or to have to place a loved one there.

Source: Korzinski D. Long-Term Care in Canada: Three-quarters say significant change is needed; only one-in-five believe it will happen [Internet]. Angus Reid Institute; 2021 [cited 2022 Mar 30]. Available from: https://angusreid.org/canada-long-term-care-policy/
Health Care Transitions Among People with Dementia in the Last Year of Life

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Level of Need, Divertibility, and Outcomes of Newly Admitted Nursing Home Residents

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Functional Capacity

- Activities of Daily Living (ADLs)
  - No Difficulty: 92.1%
  - Some Difficulty: 6.9%
  - Great Difficulty: 0.7%

- Instrumental ADLs (IADLs)
  - No Difficulty: 65.3%
  - Some Difficulty: 27.8%
  - Great Difficulty: 6.9%

Cognitive Capacity

- Cognitive Performance Scale (CPS)
  - Intact: 33.9%
  - Not Intact: 66.1%

No Difficulty

- Intact
- Not Intact
Level of Need at the time of admission to LTC

- High Care Needs: 34%
- Intermediate Care Needs: 61%
- Low Care Needs (Supportive Living): 1%
- Low Care Needs (Home Care): 4%

Increasing Complexity of New Nursing Home Residents in Ontario, Canada: A Serial Cross-Sectional Study

Ryan Ng, PhD, Natasha Lane, PhD, Peter Tanuseputro, MD, Nassim Mojaverian, MSc, Robert Talarico, MSc, Walter P. Wodchis, PhD, Susan E. Bronskill, PhD, and Amy T. Hsu, PhD

![Graph showing the proportion of newly admitted nursing home residents (%) across years from 2000 to 2015. The conditions include Congestive heart failure, Chronic coronary syndrome, Dementia, Diabetes, Hypertension, and Osteoarthritis.]

![Graph showing the number of chronic conditions over the years from 2000 to 2015. The conditions range from 0-1 chronic conditions to 7+ chronic conditions. The median is also indicated.]
Increasing functional dependence among newly-admitted residents to LTC

For-profit nursing homes have four times as many COVID-19 deaths as city-run homes, Star analysis finds

In homes with an outbreak, residents in for-profit facilities are about twice as likely to catch COVID-19 and die than residents in non-profits, and about four times as likely to become infected and die from the virus as those in a municipal home.

By Marco Chown Oved, Brendan Kennedy, Kenyon Wallace, Ed Tubb and Andrew Bailey

Fri., May 8, 2020  12 min. read
The concern that we have about LTC is not solely low-quality care, but inconsistent care quality and outcomes.

*Adjusting for residents' demographic (age, sex, language, immigrant status), function, cognition, and health, as well as facility-level characteristics. Reference group is non-Chinese-speaking residents in all other LTC homes.

Jane

- 63-year-old female
- Immigrated to Canada 20 years ago
- College-level education and trained as a nurse
- She has some functional limitations, but generally independent
- No major chronic health conditions but has familial history of cancer
- No cognitive impairment
Dementia is Preventable

The top 12 modifiable risk factors account for around 40% of incident dementias globally, which consequently could theoretically be prevented or delayed.

Since the Kirby and Romanow Reports, there have been strong support for increased provision of community-based service for seniors and their caregivers, with the hopes that more in-home support could potentially delay or altogether avoid the need for residential LTC.
Figure 1. Costs of medical care, nursing and social care and total care over the last 6 months of life (or an equivalent period for survivors) by cohort and age group for subjects who survived (C) and subjects who died (■).
Location of Death among Decedents in Ontario

Received end-of-life home care: 33.2%  66.8%
Did not receive home care: 74.8%  25.2%
Received non-end-of-life home care: 78.7%  21.3%
99% of the time the ICER is <\$2,711 (i.e., cost difference of \$<1,130)

Estimated ICER was \$995 (95% CI \$-547–\$2,392) per death in the community.

The Cost Effectiveness of a Nursing Home-Based Transitional Care Program for Increasing the Potential for Independent Living in the Community Among Hospitalized Older Adults

Maya Murmanna, MSc, Danielle Sindenb, MA, Kednapa Thavornde, PhD, Anan Bader Eddeenf, MSc, Benoît Robertg, MD, Amy T. Hsua, PhD

Cost-effectiveness of a transitional care program (SAFE) in preventing post-discharge institutional care

<table>
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<th>Matched Cohort</th>
<th>Diff</th>
<th>(95% CI)</th>
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<tbody>
<tr>
<td></td>
<td>SAFE Patients</td>
<td>Usual Care Patients</td>
<td>Difference</td>
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<td>N=154 (95% CI)</td>
<td>N=154 (95% CI)</td>
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<tr>
<td>Mean Institution-free days*, Days</td>
<td>161.97 (156.34–167.61)</td>
<td>140.55 (132.34–148.77)</td>
<td>21.42</td>
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<td>Mean Total Cost of Care†, CAD$</td>
<td>23,187.70 (20,894.67–25,480.82)</td>
<td>24,293.60 (16,207.77–32,379.38)</td>
<td>-1,105.80</td>
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<td>Mean Total Cost of Index Hospitalization</td>
<td>13,603.90 (11,558.98–15,648.92)</td>
<td>24,293.60 (16,207.77–32,379.38)</td>
<td>-10,689.60</td>
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<td>Mean Total Cost of SAFE Unit</td>
<td>9,583.80 (8,741.30–10,426.30)</td>
<td>N/A</td>
<td>SAFEd Unit is dominant</td>
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<td>ICER</td>
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* This was calculated as 180 minus days spent in hospital (acute care and mental health hospital), rehabilitation facility or long-term care.
† Total cost of care is calculated as the sum of the total cost incurred during index hospitalization and total cost of SAFE Unit.
‡ Lower costs and more institution-free days.
Our ageist and death-dying culture has thwarted progress for the care of elders in our society. Such mentality and culture, which devalues the old, also places little value on those who work with and care for them.

Gladys Burrill holds the Guinness World Record for being the oldest woman to complete a marathon.
Currently there are no national standards or guidelines for how long-term care is delivered across the country. To what degree do you support long term care facilities to be brought into the Canada Health Act, meaning they would be governed like hospitals, with greater standards and accountability?
In Summary

- “The definition of what is considered medically necessary and covered under the Act needs to be updated to reflect the realities of our contemporary health care system.” – The Romanow Report
- Amendment of the *Health Care Act* (or the establishment of new legislation tied to service standards) is important for accountability and standardization.
- Making smart investment in home and community-based services.
- There is a need for more research to explore the inequities in experience and drivers of inequity in LTC, and care for our diverse population of older Canadians.