Intelligence MEMOS

From: Rosalie Wyonch

To: Senior Care Policymakers

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Re: **Prioritize Problems Before Politics to Modernize Seniors Care in Canada**

The COVID-19 pandemic has highlighted long-existing and well-known challenges in senior care.

Post-pandemic, more residential care (LTCs and retirement homes) and homecare will be needed to ensure Canadians can get care appropriate to their needs. But focusing that conversation on ownership models is unhelpful.

Reports have dwelt upon relative differences in COVID-19 cases and mortality for LTC residents between public, non-profit and for-profit homes. But it's a false narrative to say private ownership cannot include the broader goal of ensuring high quality, accessible and affordable healthcare for Canadian seniors. And it fails to recognize that publicly owned LTC was not immune from COVID-19 outbreaks, and, more instructively, that seniors living in the community were much less likely to be infected with COVID-19.

The issues that matter right now include: waitlists for long-term care, shortages and access gaps for home and community care, and addressing the critical health-sector labour crisis with recruitment and retention initiatives.

Prior to the pandemic, there were lengthy waitlists for LTC. Seniors in Ontario were likely to wait 5.2 months before a bed became available in 2019/20, an increase of more than 30 percent since 2014/15. For those waiting hospital beds, the wait times have increased by 50 percent, over the same timeframe.

Meanwhile, acute-care hospital beds across the country are occupied by patients unable to be placed in more appropriate settings. The most recent detailed survey, in 2016, counted 8,400 people in hospital whose care needs could be met elsewhere if services were available, and the problem has only worsened.

At the same time, COVID exposed the inadequacies of existing conditions in seniors care and emerging issues related to improving infection prevention and control. Among them: reducing occupancy per room; increasing staffing levels to provide surge capacity and care continuity during crisis situations; and ensuring staff are trained and prepared to rapidly implement infectious disease protocols.

Achieving these changes, however, will require significant infrastructure upgrade investments, constructing new facilities, as well as paying higher wages to more workers. One estimate factoring in the increased costs of upgrading and expanding infrastructure, increasing staffing levels and the aging population projects that spending on institutional care would have to increase from about $28 billion in 2018 (1.3 percent of GDP) to about $135 billion annually (4.2 percent of GDP) by 2041. This would be fiscally infeasible: if healthcare spending continues to grow relative to GDP similarly to the past 20 years, nearly every dollar of new spending would need to be directed to seniors' care. This rather dismal projection does not consider expansions to the care provided to seniors, considerations of ownership, nor the mix of public and private investment in the sector. It is simply the investment required to maintain the status quo and address existing well-known issues.

Innovation will be needed, from the provision of care to the funding and organization of the system. The economic effects of the pandemic and associated public spending mean that governments have limited resources for investment to address the many challenges in seniors' care. Policymakers should leverage any and all available resources to address these challenges instead of getting bogged down in debates about restricting private investment in seniors' care.

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