WEBINAR

BID

Lecciones de la respuesta a la pandemia del **COVID-19** en los sistemas de **atención a la dependencia**

Mayo 19 - 2021 | 10:00 AM (EST)

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Presentado por:

Adelina Comas-Herrera

Profesora Asistente e Investigadora Asociada
Care Policy and Evaluation Centre de la London School of Economics and Political Science.
Investigadora principal del Proyecto “Social Care COVID Recovery and Resilience”.
Co-líder del proyecto STRiDE

Moderadora: Fiorella Benedetti

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40 minutos

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LESSONS FROM THE RESPONSES TO THE COVID-19 PANDEMIC WITHIN LONG-TERM CARE SYSTEMS

19th May 2021

Panorama of Aging and Long-Term Care webinar,
Inter-American Development Bank

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ACKNOWLEDGEMENTS:

This presentation draws on collaborative work with a large number of researchers who have contributed to analysis and reports through www.LTCcovid.org.

Any errors, omission and views expressed are my responsibility.

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OUTLINE

1. International evidence on impacts of the COVID-19 pandemic on population that uses and delivers care
2. Measures taken to mitigate these impacts
3. Lesson learning for recovery and resilience:
   - Addressing structural challenges
   - Re-thinking LTC

COVID AND LONG-TERM CARE: A PERFECT STORM

A slightly overused, but very apt expression

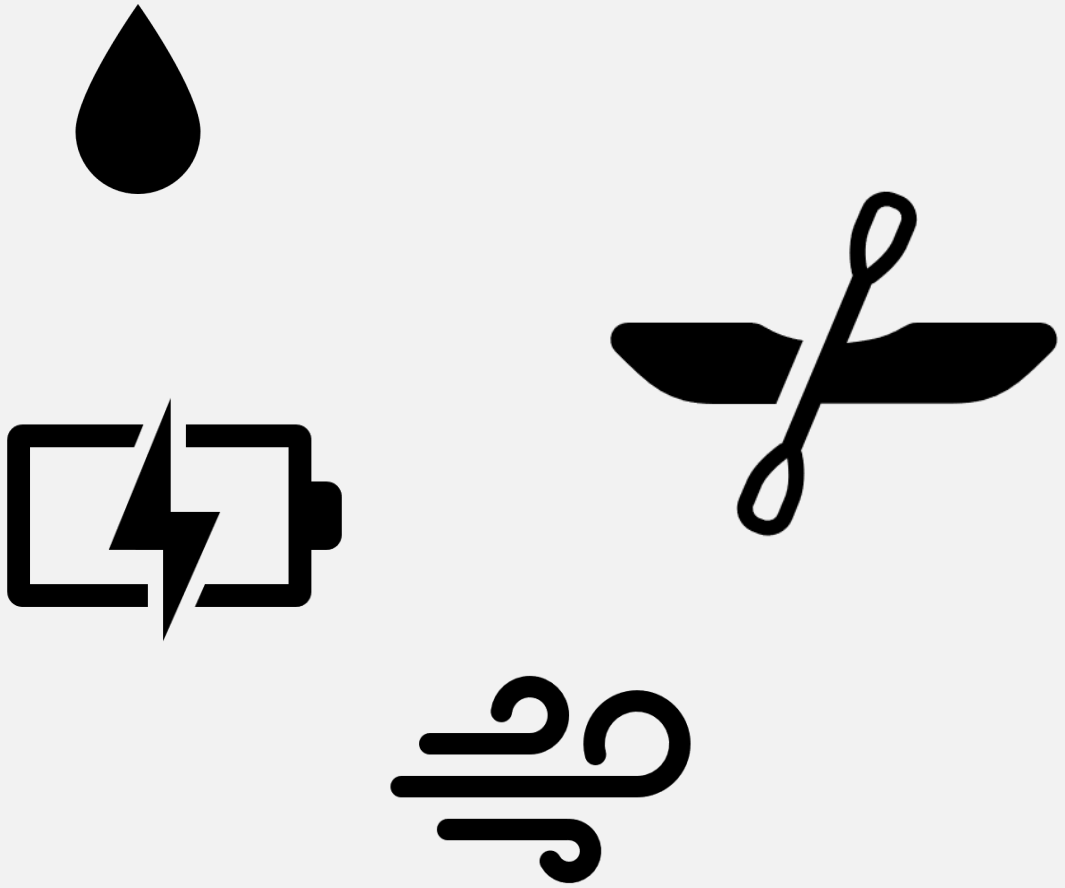
THE ELEMENTS THAT FORMED THE PERFECT STORM

Highest risk of adverse COVID-19 outcomes for older people and those with health conditions

Living in communal/crowded settings (like care homes) increases risk of infections

Care involves close proximity to others and some people who use LTC may struggle with adhering to public health measures

Underfunded, understaffed, fragmented and unprepared care systems



1. COVID-19 AND PEOPLE WHO USE AND PROVIDE LTC

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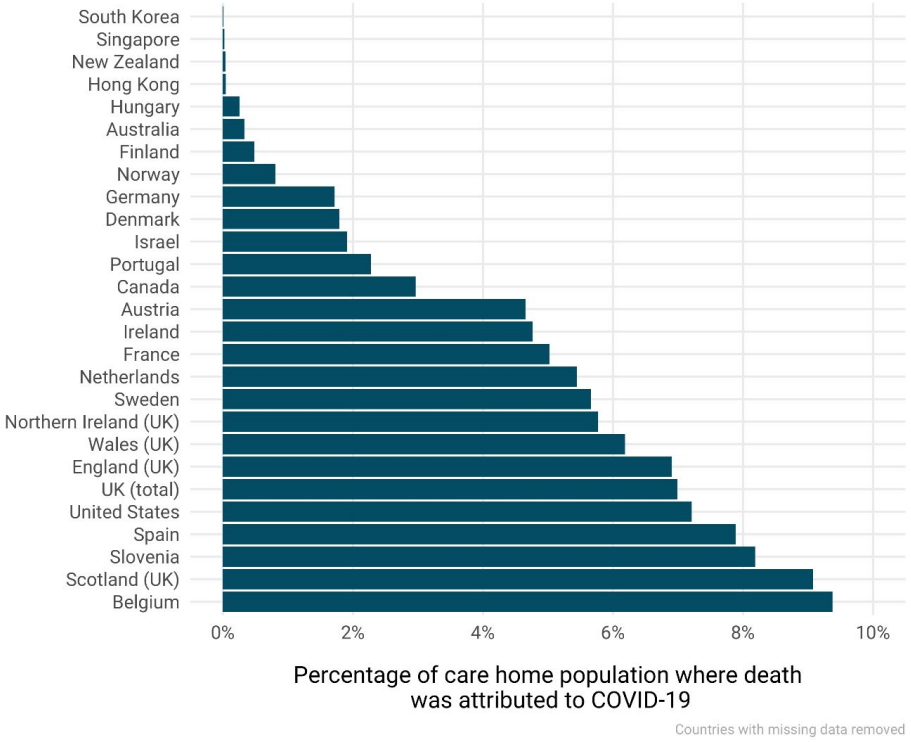
COVID-19 HAS HAD A DISPROPORTIONATE IMPACT ON PEOPLE LIVING IN CARE HOMES

- Share of care home residents whose deaths were linked to COVID-19, compared to the care home population (up to 21st January 2021)

Source: https://ltccovid.org/wp-content/uploads/2021/02/LTC_COVID_19_international_report_January-1-February-1-1.pdf

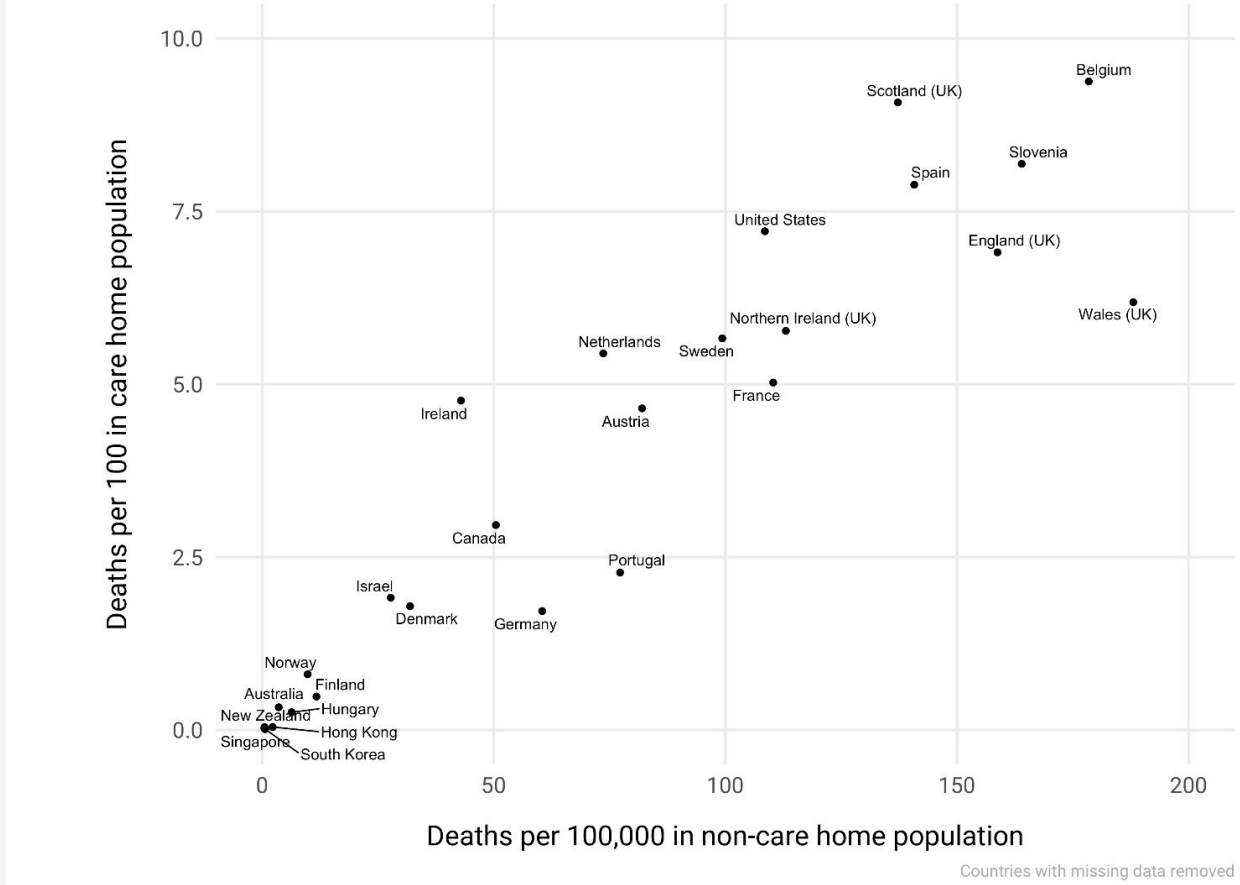


INTERNATIONAL DIFFERENCES IN COVID-19 MORTALITY AMONG CARE HOME RESIDENTS:

MOSTLY EXPLAINED BY COMMUNITY LEVELS OF INFECTION

- Total number of deaths linked to COVID-19 in the population living in the community, compared to the number of deaths among care home residents

Source: https://ltccovid.org/wp-content/uploads/2021/02/LTC_COVID_19_international_report_January-1-February-1-1.pdf



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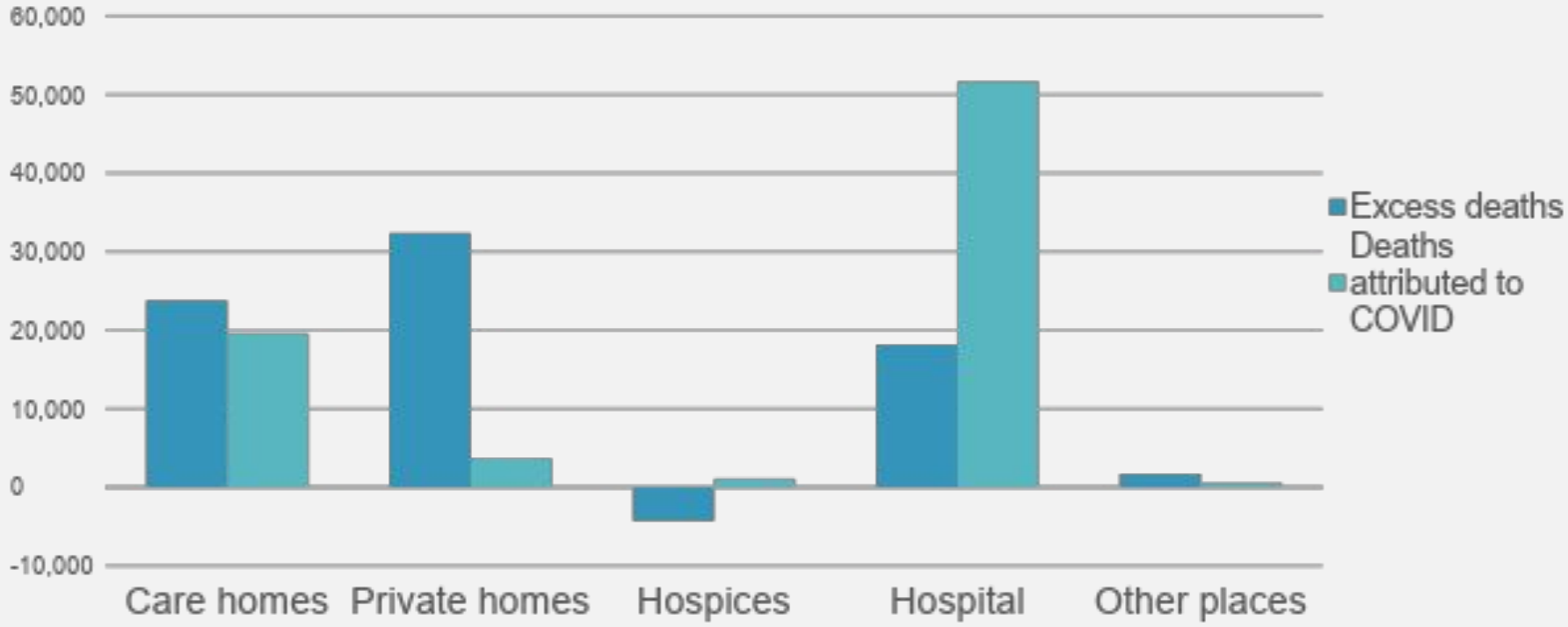
WHAT HAVE WE LEARNT ON COVID-19 RELATED MORTALITY AMONG PEOPLE WHO LIVE IN CARE HOMES?

- By end January 2021, data from 22 countries shows that 41% of COVID-19 deaths were among care home residents
- Population in care homes represents 0.75% of all population in those countries
- Age and underlying health conditions alone do not explain this magnitude of impact
- Some potential explanations:
  - Difficulty (o even impossibility?) of implementing physical distancing in care homes, ventilation?
  - Late / insufficient access to testing and PPE
  - Late adaptation of guidance to recognize "geriatric COVID symptoms" and asymptomatic transmission
  - Reduced access to healthcare

OUTSIDE CARE HOMES: EXCESS DEATHS VS DEATHS ATTRIBUTED TO COVID BY PLACE OF DEATH, ENGLAND (UP TO 1ST JANUARY 2001)



Source: *https://fingertips.phe.org.uk/static-reports/mortality-surveillance/excess-mortality-in-england-latest.html#place-of-death*

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COVID-19 AS AN OCCUPATIONAL RISK: DEATHS AMONG LTC STAFF (ENGLAND & WALES, 9TH MARCH TO 28TH DECEMBER, 2020)

Deaths per 100,000	All working age population	People working in social care	People working in health care
Male	31.4	79.0	44.9
Female	16.8	35.9	17.3

Source:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020#deaths-involving-covid-19-among-men-and-women-health-

OVERVIEW OF IMPACTS OF COVID-19 BEYOND DEATHS AMONG PEOPLE WHO USE AND PROVIDE LTC

- Care home population: evidence of negative impacts on wellbeing/mental health due to lack of family contact, potentially long COVID and lack of conditioning due to reduced activity
- People who use care in the community: early evidence suggests worst impact in 1st part of pandemic, with increased service use and wellbeing due to adaptation
- Unpaid carers: increased caregiving, negative impacts on wellbeing and mental health and financial impacts
- Social care staff: most affected professional group in terms of mortality. Also, enormous impacts in terms of mental health, wellbeing, financial (due to lack of sick pay when isolating)

Sources:
https://ltccovid.org/2021/01/19/safe-visiting-at-care-homes-during-covid-19-a-review-of-international-guidelines-and-emerging-practices-during-the-covid-19-pandemic/
https://bmjopen.bmj.com/content/11/1/e045889
https://ltccovid.org/2021/01/15/pre-print-the-impacts-of-covid-19-on-unpaid-carers-of-adults-with-long-term-care-needs-and-measures-to-address-these-impacts-a-rapid-review-of-the-available-evidence/
https://www.pssru.ac.uk/blog/the-impact-of-covid-19-on-social-care-workers-workload/?utm_source=rss&utm_medium=rss&utm_campaign=the-impact-of-covid-19-on-social-care-workers-workload



2. MEASURES TO MITIGATE THE IMPACTS OF COVID ON PEOPLE WHO USE AND PROVIDE LTC

MEASURES

Infection Prevention and Control guidelines	Training on IPC	Resources to support implementation: •PPE, testing, isolation facilities •Additional staff •Financial support
Access to timely data for service providers	Access to healthcare	Technology and other support to reduce harmful effects of social isolation
Support for people living in the community who lost access to usual carers	Support for unpaid carers whose care commitments increased and lost sources of support	VACCINATION

BUT VERY LITTLE EVIDENCE ON WHICH MEASURES WORK AND HOW

- Inevitably, most countries/providers had to act before robust evidence on how the virus operated and which measures worked was available:
  - Lack of data on numbers of people in care homes and their characteristics resulted in the sector not being included in initial models and responses, lack of data systems delayed awareness of scale of the problem.
  - In many countries there was a delay in issuing guidance to deal with ”asymptomatic transmission”
  - The implications of “airborne transmission” have not been considered in the guidance for care homes/home care in most countries
- The evidence base has been growing, but during 2020, very few studies of measures used robust methodologies to assess effectiveness

FINDINGS FROM A PRAGMATIC REVIEW TO MAP INTERVENTION STUDIES DURING THE COVID-19 PANDEMIC

- Pragmatic approach: aim was to **map the literature**, not systematically review it
- Building on searches carried out for identifying evidence on COVID-19 mortality and infections in LTC settings
  - Seven databases from April-July 2020 (MEDLINE; Embase; CINAHL Plus; Web of Science; Global Health; WHO COVID-19 Research Database; medRxiv); two databases from August-December 2020 (MEDLINE; Web of Science)
- **Broad inclusion criteria**: reports that provide original data about any intervention or measure that was implemented in response to the Covid-19 pandemic in a long-term care population
- Mapping based on LTCcovid.org typology

Source: Byrd W., Salcher-Konrad M., Smith S. and Comas-Herrera A. (2021) *What long-term care interventions and policy measures have been studied during the Covid-19 pandemic? Findings from a rapid mapping review of the scientific evidence published during 2020.* Preprint under review, available at https://ltccovid.org/2021/05/19/preprint-what-long-term-care-interventions-and-policy-measures-have-been-studied-during-the-covid-19-pandemic-findings-from-a-rapid-mapping-review-of-the-scientific-evidence-published-during-2020/

PREVENTING / CONTROLLING INFECTIONS

Adherence to IPC	• Among 360 facilities in Massachusetts (US), higher scores on weekly IPC audits were associated with lower infection rates (in particular: **cohorting and PPE**). • Among 24 facilities in Georgia (US), those adhering to IPC protocols had lowest prevalence (in particular: **social distancing measures and PPE**).
Preventing transmission from staff to residents	• France: better outcomes (cases & deaths) in 17 nursing homes where staff voluntarily **confined** themselves to the home for at least 7 days. • UK: better outcomes (cases & outbreaks) in care homes where staff were **cohorted** with infected or uninfected residents; higher risk of infection in those working across several homes.
Testing approaches	• Several studies report on large proportions of asymptomatic residents or staff. **Universal testing** may be associated with better outcomes. • Resource implications during periods of low community prevalence?
Outbreak responses	• **Multifaceted outbreak responses** typically included testing, cohorting and isolation, visitor policies, staff cohorting. Multidisciplinary strike teams were deployed to control outbreaks. • These are **case reports**: empirical evidence on these responses is difficult to gauge.

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FROM GUIDANCE TO IMPLEMENTATION

- Many barriers, including:
  - Widespread PPE and testing shortages
  - Inability to implement isolation measures due to lack of staff, space or difficulties caused by cognitive impairment
  - Late/frequently changing guidance meant providers and staff could not keep up
- The facilitators:
  - Trust in technical staff
  - Over time, increased knowledge, support and availability of testing and PPE

Examples from Chile and UK:

Browne, J., Palacios, J., Madero-Cabib, I., Dintrans, P.V., Quilodrán, R., Ceriani, A. and Meza, D., 2021. Enablers and Barriers to Implement COVID-19 Measures in Long-Term Care Facilities: A Mixed Methods Implementation Science Assessment in Chile. *Journal of Long-Term Care*, (2021), pp.114–123. DOI: http://doi.org/10.31389/jltc.72 and Rajan, S., Comas-Herrera, A. and Mckee, M., 2020. Did the UK Government Really Throw a Protective Ring Around Care Homes in the COVID-19 Pandemic?. *Journal of Long-Term Care*, (2020), pp.185–195. DOI: http://doi.org/10.31389/jltc.53

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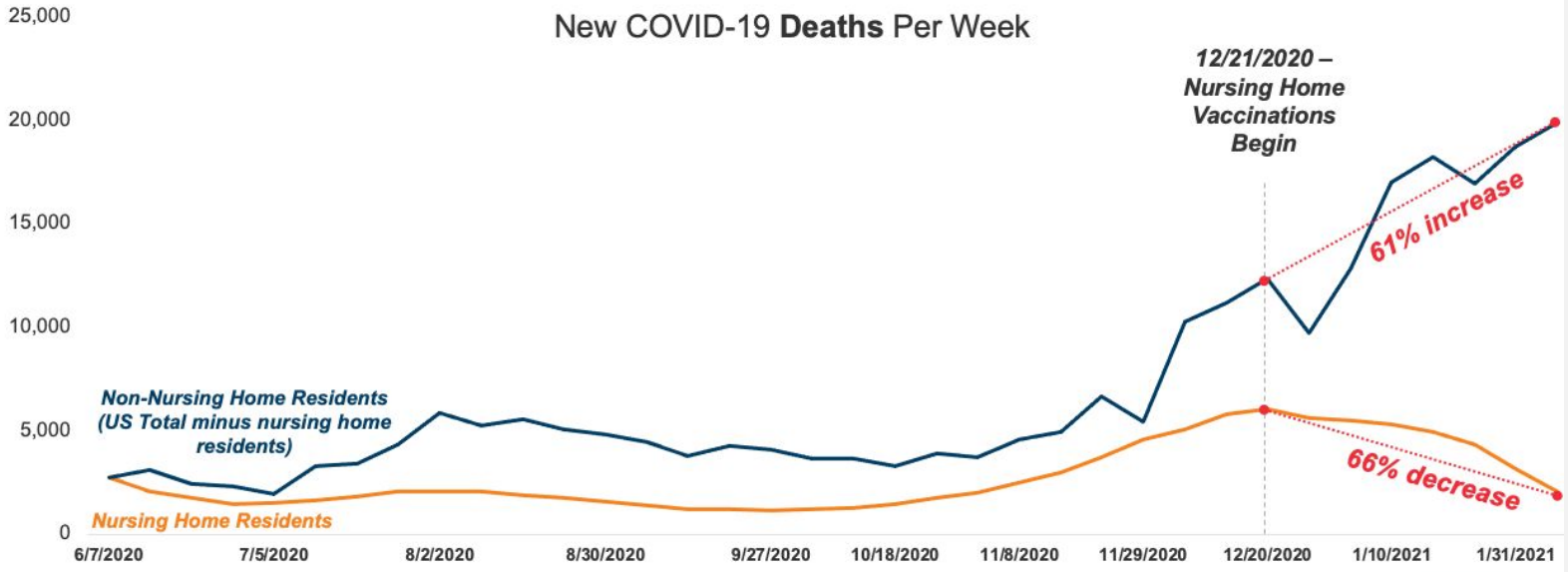
THE MEASURE THAT REALLY WORKS

Vaccinations and the LTC sector

VACCINATION: DE-COUPLING DEATHS IN CARE HOMES FROM COVID POPULATION SPREAD

Figure 1

Weekly COVID-19 Nursing Home Resident and Non-Nursing Home Resident Deaths in the US, June 2020 – February 2021



NOTES: Nursing home deaths include resident deaths only. Non-nursing home resident deaths calculated as total US deaths minus nursing home resident deaths. Nursing home staff deaths are included in "Non-nursing home resident" values.
SOURCES: Nursing home resident deaths are from CMS COVID-19 Nursing Home Data, as of the week ending on 2/7/2021. US weekly deaths data is based on analysis of COVID Tracking Project data.

KFF

Source: https://www.kff.org/policy-watch/is-the-end-of-the-long-term-care-crisis-within-sight-new-covid-19-cases-and-deaths-in-long-term-care-facilities-are-dropping/

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VACCINATIONS

No (or little) evidence from phase III trials on older people with co-morbidities

Evidence now emerging from large population-based cohort studies

- Scotland (not exclusive to LTC): 1st dose 80% effective against hospitalisations in older people. [11]
- Denmark (LTC only): no protective effect after 1st dose, but 64% effective against infection after 2nd dose. [12]
- England (LTC only): first dose 62% protective against infection after 5 weeks. [13]

Importance of maintaining protection after 1st dose

- Case study from Germany (outbreak shortly after all residents were vaccinated: within three weeks of the 1st dose, one third of residents were infected and one third of those died). [14]

Variation in vaccine effectiveness and immune response

- Denmark: protective effect lower in LTC residents compared to staff. [12]
- Smaller studies showing stronger immune response in LTC residents with prior infection, but no difference by frailty. [15, 16]

References (continued)

[11] Vasileiou, E. *et al.* (2021) 'Effectiveness of First Dose of COVID-19 Vaccines Against Hospital Admissions in Scotland: National Prospective Cohort Study of 5.4 Million People', *SSRN Electronic Journal*. doi: 10.2139/ssrn.3789264.

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Available Social Care R&R evidence summaries:

- Information and Communications Technology and Data Sharing during the pandemic
- Newly emerging evidence on vaccinations in long-term care settings
- COVID-19 outbreaks during or shortly after vaccination of care home residents

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STRUCTURAL CHALLENGES BEHIND INTERNATIONAL FAILURES IN THE LTC COVID-19 RESPONSES

Low political priority for LTC (compared to acute health care & other policy areas)

Fragmented systems, responsibilities split between different government departments and levels of government (local/regional/national): **no one was in charge**

Failures in health/LTC coordination resulting in limited access to health care

Weak regulatory oversight and **inexistent or underdeveloped information systems**

Lack of recognition of **human rights** of people living in care homes

Care homes viewed as "deadly prisons"?

Under-recognition of care staff: low pay/staff shortages/poor working conditions

LESSON LEARNING FOR RECOVERY AND RESILIENCE

Social Care COVID Recovery and Resilience project

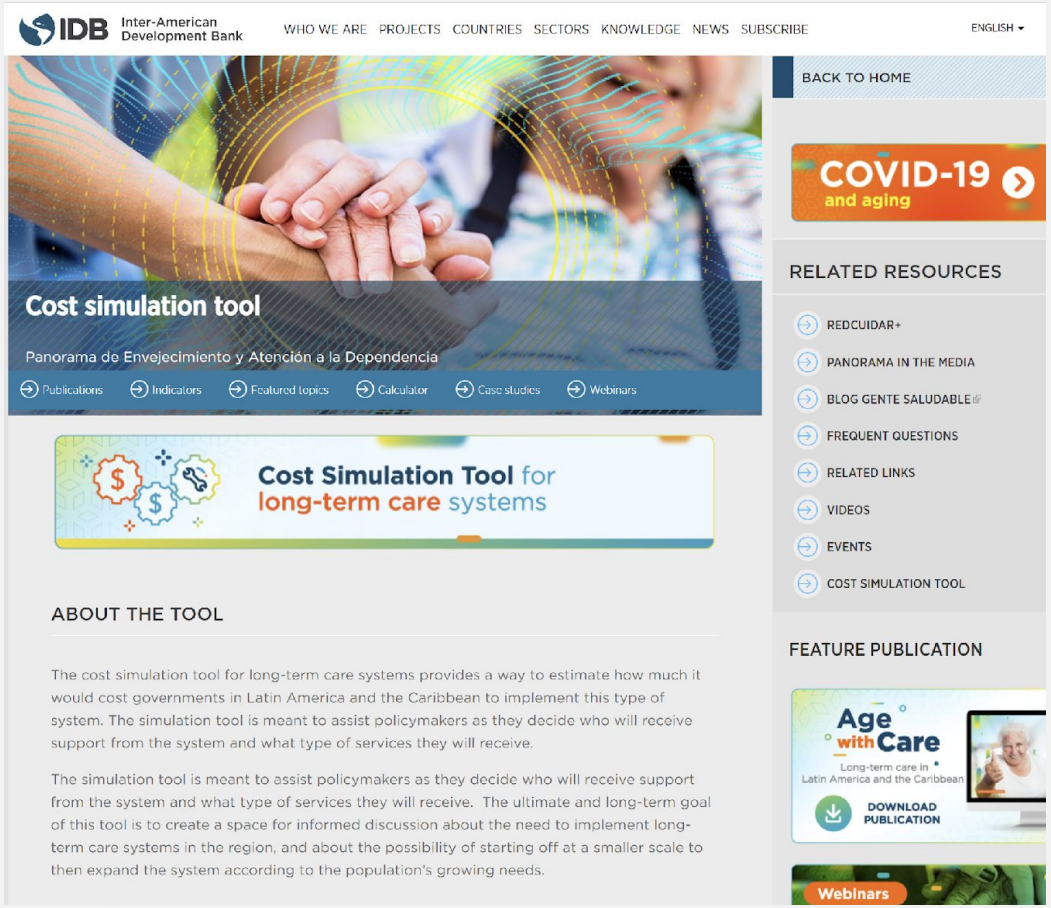
https://ltccovid.org/project/social-care-covid-recovery-resiliencelearning-lessons-from-international-responses-to-the-covid-19-pandemic-in-long-term-care-systems/

EMERGING INTERNATIONAL LESSONS:

Australia	• Rapid response teams ready to support homes with outbreaks, to prevent staff shortages (in practice, though not sufficient support for affected care homes)
Canada (British Columbia)	• Close contacts of care home residents allowed to visit throughout pandemic • Early adoption of single site work for staff, with wage compensation measures • Increased funding for NGOs providing support to family carers
Denmark	• All nursing homes have private rooms with own personal space incl. kitchenette (facilitated isolation). Couples are enabled to live together in care homes. • COVID-19 was regarded as work-related "injury", entitling workers to compensation
Israel	• Financial, civil and health support for people at increased risk living in the community • Very well coordinated & robust emergency response, also enabled high speed vaccination
Japan	• Very well established infection control protocols in care homes facilitated rapid response • Strict isolation of c.h. residents with infection, usually transferring to hospital
Netherlands	• Clients councils in all care homes, they have the right to make decisions about their daily lives, including visiting restrictions from 2nd wave onwards
South Korea	• Mass testing in care homes whenever there were local outbreaks • Moved most c.h. residents with COVID to hospital to avoid within home spread

HOW MUCH AND WHICH TYPE OF CARE WILL BE NEEDED IN THE FUTURE?

TOOLS FOR PLANNING: POPULATION AGEING AND INVESTMENT TO ESTABLISH AN LTC SYSTEM INFRASTRUCTURE



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BUT WE MAY WANT TO RE-THINK LTC AFTER COVID:

Opportunity to build on public/political attention to address long-standing structural problems (including, but not only, financing LTC)

But, at the same time, expected high public deficits are likely to reduce scope for increased public spending in LTC

Recognition that reducing reliance on care homes requires **increased capacity in community care** and **support for unpaid carers**

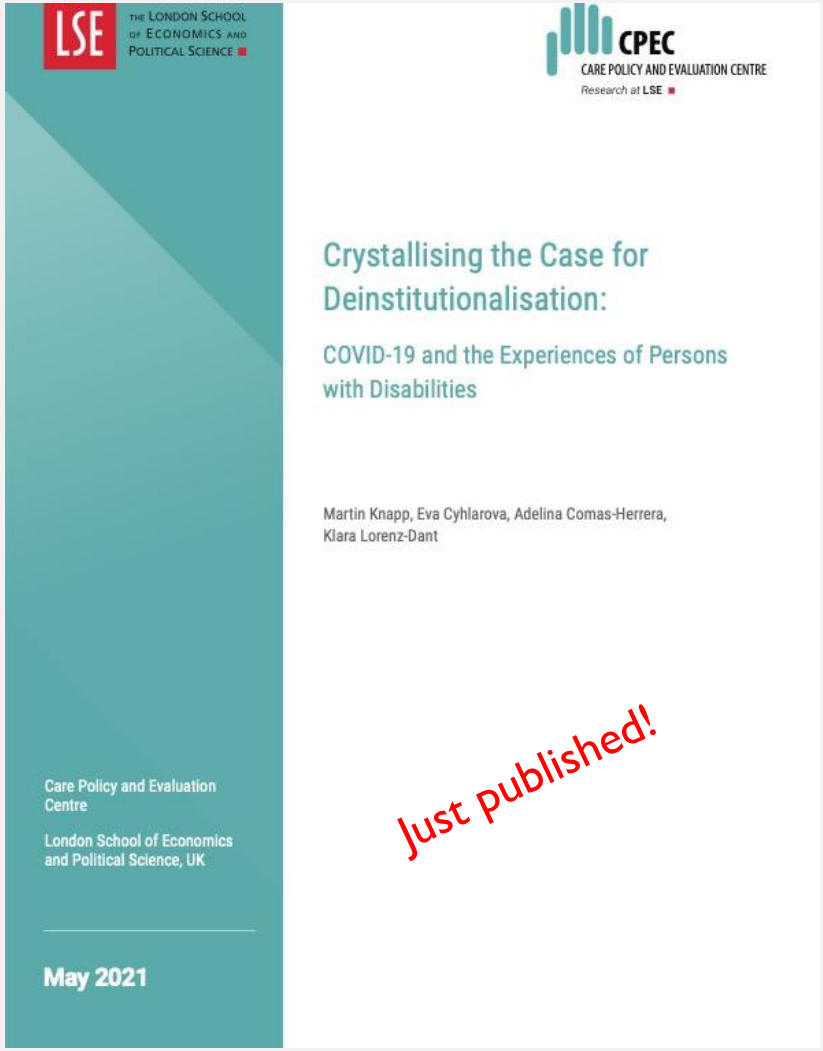
Opportunities for blurring the boundaries between types of care (health/social/community/care homes): *homes with care vs care homes*

Care homes to become more specialised?

COVID: CRYSTALLIZING THE CASE FOR DE-INSTITUTIONALIZATION?

INQUIRY FOR FORMER UNITED NATIONS RAPPORTEUR ON THE RIGHTS OF PERSONS WITH DISABILITIES

- Pandemic has exacerbated many of the ongoing failings of of institutional settings: restrictions on rights, damage to physical & mental health, shortened life-spans and constraints on social and economic activity
- Call for a national and global commitment to de-institutionalization: replacing institutions with community-based services to support individuals with disabilities and older persons to live independently in the community and to respect their choices



https://www.lse.ac.uk/cpec/research/COVID-Deinstitutionalisation

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CONTACT:

Email: a.comas@lse.ac.uk

Twitter: @adelinacohe

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Questions and Answers

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Gracias!

https://www.iadb.org/panorama-of-aging

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