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

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Moderadora: Fiorella Benedetti
Antes de comenzar...

40 minutos + 10 minutos

Preguntas por chat

Visitar Panorama
https://www.iadb.org/es/panorama/panorama-de-envejecimiento
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
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.
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
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)

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

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 (or 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 2021)

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

<table>
<thead>
<tr>
<th>Deaths per 100,000</th>
<th>All working age population</th>
<th>People working in social care</th>
<th>People working in health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>31.4</td>
<td>79.0</td>
<td>44.9</td>
</tr>
<tr>
<td>Female</td>
<td>16.8</td>
<td>35.9</td>
<td>17.3</td>
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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 1\textsuperscript{st} 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://bmjopen.bmj.com/content/11/1/e045889
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

### 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 **cohort**ed 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.
REFERENCES


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:
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

New COVID-19 Deaths Per Week

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 2/17/2021. US weekly deaths data is based on analysis of COVID Tracking Project data.

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)


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
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

### Emerging International Lessons:

<table>
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<tr>
<th>Country</th>
<th>Lessons</th>
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<tr>
<td>Australia</td>
<td>- Rapid response teams ready to support homes with outbreaks, to prevent staff shortages (in practice, though not sufficient support for affected care homes)</td>
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| 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 2\textsuperscript{nd} 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

ABOUT THE TOOL

The cost simulation tool for long-term care systems provides a way to estimate how much it would cost governments in Latin America and the Caribbean to implement this type of system. The simulation tool is meant to assist policymakers as they decide who will receive support from the system and what type of services they will receive. The ultimate and long-term goal of this tool is to create a space for informed discussion about the need to implement long-term care systems in the region, and about the possibility of starting off at a smaller scale to then expand the system according to the population’s growing needs.
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 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
CONTACT:

Email: a.comas@lse.ac.uk
Twitter: @adelinacohe
www.LTCcovid.org
Questions and Answers
Panorama de Envejecimiento

Gracias!

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