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CSLTCM

Canadian Society for
Long-Term Care Medicine

Joint Position Statement on the Role of Family Physicians in Long-Term Care Homes

March 2021



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Summary

Long-term care (LTC) homes are settings where the residents receive care directly from family physicians. The COVID-19 pandemic has exposed significant, long-standing challenges in the LTC system. Many innovative initiatives have been introduced to enhance the care delivered in this crucial environment,^{1,2} particularly in the context of the COVID-19 pandemic, but improved support is required for these efforts to be standardized. The College of Family Physicians of Canada (CFPC) and the Canadian Society for Long-Term Care Medicine (CSLTCM) jointly recommend the following urgent changes to improve the LTC system:

- National standards for LTC
- Enhanced funding for staffing
- Family physician leadership in the medical director role in each LTC home
- Effective and integrated communication for patient-centred care

Background

In Canada, LTC homes provide residential accommodation for people who can no longer live safely at home due to physical and/or cognitive impairment and who require on-site delivery of continuous personal care and professional health services such as medical and nursing care, meals, and housekeeping.^{3,4,5,6} In Canada, 7 per cent of people age 65 and older reside in LTC homes, while this number increases to 74 per cent for people older than 80.⁷ Within the LTC population, 87 per cent of residents have cognitive impairments due to dementia, stroke, or brain trauma.⁸ This leads to unique challenges in providing care for LTC residents as, in addition to having cognitive impairments, 50 per cent of residents have responsive behaviours associated with dementia and other illnesses, 31 per cent have signs of depression, and 82 per cent require extensive assistance with or are dependent on others for activities of daily living,⁸ indicating a severe degree of frailty among residents.

Family physicians provide comprehensive care in LTC as one of the core settings described in the *Family Medicine Professional Profile*.⁹ While family physicians are working hard in LTC homes to provide high-quality, patient-centred care to residents, there remain challenges at a systemic level to ensure that LTC homes have sufficient staffing with the appropriate level of expertise to provide the quality of care residents need.¹⁰ Research has shown that having coordinated, interdisciplinary, and interprofessional primary care teams with dedicated family physicians providing on-site and on-call coverage reduces emergency medical services calls, emergency department visits, and hospitalizations; it also improves access to care, continuity of care, and the therapeutic relationships between residents and their care providers.^{11,12}

Supporting access to high-quality care in LTC homes across Canada, in partnership with effective, well-organized community primary care support and home care for older adults (65 and older), will ease pressures on the acute care system by prioritizing patient safety and ensuring there is adequate support for patients wherever they receive care. To achieve this, the government must better fund LTC staffing, implement national standards for LTC, prioritize family physician leadership, and support the implementation of integrated communication systems.

The COVID-19 pandemic has exposed vulnerabilities in the LTC sector that must be addressed urgently at a systemic level. Older building designs, inadequate staffing, high levels of part-time staffing, insufficient supplies, a lack of pandemic preparedness, and inconsistent infection prevention and control policies, along with the specific vulnerabilities of older adults to COVID-19, have led to both higher rates of transmission of COVID-19 within and among LTC homes compared with the general population and significant outbreaks in LTC homes across the country.^{13,14,15} Despite these vulnerabilities, in LTC homes family physicians have been taking on new leadership roles, working extensively with their colleagues to treat and prevent infections, and building new partnerships to develop ways to keep their residents healthy and safe.^{16,17} This work is often done on a volunteer basis with no systemic support. While the efforts of family physicians and care teams in LTC have rightfully been praised, they require dedicated support and funding for these efforts to be advanced, replicated, and sustained.

Through this position statement, the CFPC and CSLTCM jointly intend to address issues in LTC that have been brought to light during the COVID-19 pandemic and highlight the important and ongoing efforts of family physicians in LTC. This work is guided by the CFPC's Patient's Medical Home vision for the future of family practice,¹⁸ which emphasizes patient-centredness, community adaptiveness, and interprofessional collaboration both within family practices and in the larger Patient's Medical Neighbourhood¹⁹ with other care providers and services involved in patient care (such as LTC homes).

Recommendations

1. National standards should be implemented to make up for the absence of LTC in the Canada Health Act.

When the Canada Health Act was created in 1984, it specifically focused on the provision of hospital and physician services and did not include universal coverage for LTC or pharmacare.^{20,5} As a result, the LTC sector is not fully funded by government and relies on a mix of private and public funding that varies in structure and organization across each province and territory.⁵ Provincial and territorial governments typically cover the cost of health and medical care provided in LTC, while in many jurisdictions residents and their families pay an accommodation fee to cover living expenses and some forms of non-medical care.²⁰ Across provinces and territories, however, there are significant differences in the funding, regulation, and models of care provided in LTC homes.

These inconsistencies have significant effects, which have been brought to light in the context of the COVID-19 pandemic. The Canadian Institute for Health Information found that countries with centralized regulations for and organization of the LTC sector had fewer COVID-19 cases

and deaths.⁷ Within Canada, studies have found that certain strengths within provincial LTC sectors have enhanced pandemic preparedness and have contributed to successes in addressing COVID-19. These strengths include better coordination between LTC homes, public health, and hospitals^{16,18}; greater funding of LTC; more care hours for residents; fewer shared rooms; more non-profit facility ownership; and more comprehensive inspections.²¹ **These and other evidence-based standards should be implemented nationwide to address and improve the systemic issues facing the LTC sector.**

2. Enhanced funding for staffing should be provided to improve access to high-quality care for residents.

Canada spends relatively less on the provision of publicly funded LTC compared with other high-income countries. Looking at the most recent numbers reported in 2019, Canada spends 1.3 per cent of its gross domestic product on publicly funded LTC, whereas the average among Organisation for Economic Co-operation and Development countries is 1.7 per cent.²² This has contributed to staffing levels that are inadequate to meet the totality of patient needs. Several studies have shown an inverse relationship between staffing levels/care hours and poor outcomes, including rates of infection and hospitalization among residents.²¹ Recently, studies have demonstrated an association between low staffing levels and COVID-19 infections within LTC homes.²¹

The quality of medical care in LTC homes reflects the work of all medical staff in the LTC home and the way the LTC home manages that care.²³ Increased funding and new policies to support LTC staff, including those who are currently underpaid and likely to work in a part-time capacity at multiple homes (such as care aides or personal support workers), can support the work of interprofessional care teams and reduce the risk of transmission across LTC homes.²¹ **By enhancing federal, provincial, and territorial funding for staffing, LTC residents will have improved access to timely, high-quality interprofessional care and staff will see improved working conditions.**^{10,20}

3. Each LTC home should have a family physician leader in the role of medical director.

Family physicians play crucial leadership roles in LTC homes. They direct care for increasingly frail residents in need of complex medical services and they are expected to be involved in ordering diagnostic tests; consulting with other specialists; ordering treatments; planning care; and making decisions regarding hospitalizations, end-of-life care, and psycho-social matters.²³ In addition to their role as care providers, family physicians should fill the position of medical director for LTC homes in jurisdictions where the position exists. This position was created in the 1970s to improve physician participation in, and enhancement of, the quality of medical care in LTC homes. However, there is no standard role description for this position in Canada.²⁴

In jurisdictions such as Ontario, where the medical director position is outlined in legislation, some of the key responsibilities include monitoring and evaluating medical services, advising on clinical policies and procedures, participating in interdisciplinary committees and quality improvement activities, and communicating the expectations of attending physicians.¹³ As LTC approaches are reassessed and adapted to the post-COVID-19 context, appropriate support for this kind of family physician leadership will be crucial to ensuring high-quality care for

Canada's older population. A family physician serving as medical director at an LTC home can help enable high-quality care by taking on functions including leadership, administration, quality improvement, medical staff management, resident services, and resident rights.²⁴

Governments can help support this role and ensure proper family physician leadership in LTC by setting standards, implementing effective remuneration policies, and ensuring leadership training programs are in place.

4. Effective and integrated communication for patient-centred care should be supported and funded.

LTC residents often have health conditions that require the support of family physicians in partnership with other medical specialists, interprofessional health care providers, and community resources. The challenges associated with transitions of care between settings, the capacity of other specialist staffing, the prevalence of chronic health conditions (especially dementia), and the lack of caregiver support can make accessing care from other specialist providers difficult. This becomes an even greater challenge when care is provided off site (e.g., transfer to hospital), which has become increasingly common during the COVID-19 pandemic.^{6,25} These factors may also limit residents' abilities to advocate for their own care, leaving them vulnerable to communication errors during transfers between care settings.⁶

To address these concerns, it is essential to ensure effective communication and continuity of care are in place so that care provided for LTC residents is patient-centred, focused on health promotion and quality of life, and aligned with the patients' individual values and goals of care established with their family physicians.¹³ To this end, virtual care should be supported by providing additional training and staffing, funding for information technology, and clearly defined expectations for patients and all care providers involved (including any legal obligations) to determine which services should be provided virtually or in person.

The accessibility of medical record data from multiple settings and efficient interactions with other care providers within a patient's circle of care are also essential and can be facilitated remotely through telemedicine (secure video and audio connections such as telephone/eConsult services and video visits),²⁶ which may also reduce the need to transfer patients for assessments outside the LTC home.^{25,27,28}

Communication must focus on patient-centred and intersectional approaches to care, which may include the involvement of family members and essential caregivers as part of the Patient's Medical Neighbourhood in roles that may include acting as a translator or liaison to staff, supplementing care, and helping the patient navigate the system.^{20,29} Each of these interventions is critically important to ensuring effective communication and continuity of care for LTC residents.

As part of a larger commitment to integrated, system-wide health care, government support and funding are necessary to ensure accessible and effective virtual care is in place for effective collaboration between providers and to ensure essential caregivers are supported.

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