

CARE DEFICIT ASSESSMENT SERIES

With the assistance of the Joint Physician the AMA is releasing a series of issue papers relating to different aspects of the COVID care deficit. These talking points are for you in case of conversations with patients or others.

ISSUE 3 CARE OF THE ELDERLY - PHYSICIAN TALKING POINTS

The physical, mental and emotional health of Canada’s elderly have all been significantly impacted by pandemic-related delays in care, in both community and long-term care settings. If you are asked about this topic or if you wish to discuss it with others, here are some talking points. There is more detail available if you need it in the Issue 3 Executive Summary or Issue 3 full-length paper.

In the Community	Facility-Based Continuing Care	Caregivers
<p>Significant disruptions in care, increase in social isolation</p> <p>Difficulties with transportation and thus missed appointments, increased waits for primary care and specialist appointments.</p> <p>Seniors without family caregivers relied on a home care system that was overwhelmed.</p> <p>Access to primary care was more difficult due to increasing physician supply issues.</p> <p>Virtual care was challenging for many elderly patients, especially with dementia, cognitive challenges.</p> <p>Harder to access services including geriatric assessment, dedicated rehabilitation in-patient units in health care facilities.</p>	<p>Extreme isolation led to increased depression, anxiety and loneliness.</p> <p>With dementia or cognitive decline, increased aggressive behavior sometimes necessitated physical or chemical restraints.</p> <p>Most bedside care was provided by Health Care Aids (HCA) who were overwhelmed by the numbers of ill patients and lack of staffing and capacity for clinical assessments.</p> <p>In Canada, LTC residents accounted for 3% of all COVID-19 cases and 43% of COVID-19 deaths, often passing without family or loved ones to comfort them.</p>	<p>Caregivers worked long hours, many suffering from anxiety, depression and compassion fatigue.</p> <p>Family caregivers stepping up where supports were not available often became overwhelmed and unhealthy</p> <p>Elderly family members and spouses struggled with their own complex health challenges and increasing frailty.</p> <p>One in four Canadians provide care to a family member, chosen family, friend or loved one.</p> <p>The unpaid labour associated with caregiving amounts to \$97.1 billion per year</p>

Solutions

- Strengthen efforts to keep seniors in their own homes by slowing progression to frailty.
- Infuse resources into primary care and home care.
- Improve the use of virtual care to better meet the needs of seniors.
- Increase supports for family caregivers to support their ability to sustain care and maintain their own health and well-being.
- Expand the scope of Alberta’s Home Care program – they have important skills, knowledge of community resources and are comfortable going into people's homes.
- Better align primary care, home care and community supports to ensure they work together to allow seniors to age-in-place longer. This must be done at a policy level.
- Make home care services more available in communities across the province.
- Attract and retain more family physicians to ensure seniors have access to primary care and a medical home.
- Increase funding for mental health supports for Supportive Living.
- Create equitable care and housing standards for all SL/ALC and Long-Term Care facilities (whether they are public or privately funded).

See [Full Length Issue Paper](#) for a list of patient resources