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POSITION PAPER

Access to Timely and Appropriate Care for Community-Dwelling Older Adults in Ontario

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INTRODUCTION

The COVID-19 pandemic has shed light on several inequalities facing older adults in Ontario. Aside from the Long-Term Care (LTC) crisis, older adults in the community are also facing significant challenges. Namely, older adults living in the community are finding it challenging to access appropriate and timely care.[1] The Canadian Medical Association (CMA) has recognized these challenges and advised that "critical investments must be made now to deliver more effective, accessible care for seniors."[2] The need for accessible care in the community is especially pertinent given that an overwhelming majority of seniors in Ontario want to age at home or in the community, as opposed to in long- term care.[3] According to Home Care Ontario, "one of the most significant and least desirable outcomes for a community-dwelling senior is to be prematurely institutionalized because of the lack of home and community care-based health and social support options."[4] Given these factors, combined with the current LTC crisis and lengthy wait times for LTC admission, the dire need to improve supports for older adults aging in place is evident.

Given that the majority of older adults want to age at home for as long as possible,[3] more homecare and community support services will be required in the next five to ten years to help older adults gain access to services, transportation, housing, wellness, social connections, and active engagements to successfully age in place.[3,6] Prioritizing accessible, quality and sustainable homecare is not only in line with patient preference, it also proves to be cost-saving. Strengthening homecare would allow 37,000 Canadians to be transferred out of long-term care, resulting in healthcare savings of $794 million a year by 2031.[7] By investing more in homecare instead of long-term care, we can save $210 million dollars.[5,6,7] Denmark serves as a good example; several years ago, the Danish government made considerable investments in the home and community care sector. This reduced healthcare costs and mitigated long term care demands.[8]

Part of the solution to supporting aging in place also entails ensuring timely and appropriate access to virtual care. To combat the spread of the novel coronavirus, we have seen healthcare shift to a virtual platform wherever feasible, including phone calls, video chats, and secure messaging. Telemedicine has been available in Canada for decades but until recently, only comprised a small fraction of all care delivered. The Ontario Virtual Care Program has been working to implement changes to modernize the province's virtual care approach for several years, opting for the use of the Ontario Telemedicine Network (OTN) to pilot its virtual care projects. Prior to the COVID-19 pandemic, between January 2012 and December 2019, only 0.2 to 1.8% of visits were conducted virtually, whereas, after the onset of the pandemic, virtual visits comprised 70-75% of primary care visits.[9,10] This high uptake of virtual platforms

(such as telephone calls and videoconferencing) was largely due to the implementation of temporary billing codes created by the Government of Ontario. Even prior to the pandemic, the province has recognized the importance of incorporating virtual care in Ontario's healthcare system. The Premier's Council on Improving Healthcare and Ending Hallway Medicine has touted virtual care as "a key element of a modern, sustainable and integrated health care system that is centered on the patient."[11] Nevertheless, some aspects of virtual care in Ontario remain only temporary, suggesting there is a need for more permanent, long-term virtual care solutions. Moreover, these solutions need to include the alleviation of logistical barriers, continuous quality improvement, and pre-emptive training of medical learners.

Virtual care is especially useful for older adults, given that they are more susceptible to infection, have poorer mobility, may have challenges with transportation and are more likely to suffer from cognitive impairment, all of which are key barriers to accessing in-person healthcare. Evidence has shown that older adults with the highest levels of morbidity are able to access and benefit from virtual services while avoiding in-person visits.[10] Family meetings, a useful component of holistic geriatric care, may also be more feasible virtually because it facilitates conversations between family members who may be separated geographically. It is imperative that older adults have access to the proper equipment, Internet, and technology support to enable virtual care so that they can continue to age in place. In his 2012 report submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors, Dr. Samir Sinha, director of Geriatrics at Mount Sinai and the University Health Network Hospitals in Toronto, made the following recommendation: "Advance the use of technologies that permit care closer to, or even in the home, and that strengthen the development of integrated assessment, information and referral systems, should be prioritized."[6] Unfortunately, such a model does not universally exist for older adults in the community across Ontario.

Another key feature of virtual care is the promotion of multidisciplinary or integrated healthcare. That is, through virtual care, patients have improved access to physicians across different specialties, such as geriatric psychiatry, and other members of the allied health care team, such as geriatric pharmacists. Access to multidisciplinary care is especially important given that older adults have higher rates of comorbidities, as well as cognitive and functional impairments, often requiring multiple pharmaceutical agents and specialized care.[6] Evidence has shown that integrated healthcare models for older adults can lead to less health care expenditure, fewer hospital visits and improved health outcomes, including reduced mortality and functional decline.[12,13] Furthermore, teams consisting of nurse practitioners, pharmacists, and family doctors have been shown to improve the quality of care delivered to older complex patients and to provide better preventative care.[14] Multidisciplinary care is paramount for older adults in the community, not just seniors with critical illness or cognitive impairments. According to the past President of the Canadian Geriatrics Society, Frank Molnar, "specialists in seniors' care (Geriatric Medicine, Geriatric Psychiatry, Care of the Elderly and interprofessional geriatrics teams) are the key to improving seniors' care and to helping seniors' remain at home and out of hospital."[15]

As such, it is imperative that we, as medical students, take a stance on this important issue and advocate for this structurally vulnerable population. Canadians aged sixty-five and older make up roughly one-fifth of Canada's population yet account for nearly half of Canada's healthcare expenditure.[2] Older adults have higher rates of multiple comorbidities, as well cognitive and functional impairments when compared to the general population, often requiring multiple pharmaceutical agents and specialized care.[7] This furthers the need to deliver appropriate specialized care in a timely manner to address ongoing needs, as well as to prevent the contraction and spread of COVID-19 and other viruses.[16]

PRINCIPLES

The Ontario Medical Students Association makes its recommendations using the following guiding principles:

1. Older adults deserve access to adequate support and services to help them age successfully in place.
2. A multidisciplinary approach is critical to provide older adults with holistic and appropriate care.
3. Older adults in the community should have timely and appropriate access to virtual healthcare to promote successful aging in place.
4. As front-line providers of care, physicians should receive adequate support and training in the delivery of virtual care.

RECOMMENDATIONS

The Ontario Medical Students Association recommends the following:

1. **That the Ontario government should implement permanent virtual care solutions, including reducing logistical barriers (via permanent billing codes and insurance), continuous quality improvements to the virtual infrastructure (by accounting for patient and physician experience), and specialized training in the delivery of effective virtual care for physicians and medical trainees.**

1.1 Logistical Barriers

While temporary billing codes for virtual care was an important solution for addressing the delivery of care at the beginning of the pandemic, we must consider the longevity of virtual care services and the importance of addressing the gaps in the payment model. We must advocate for these billing codes to become permanent entities by January 2022 after accounting for physician experiences of delivering these services. For example, some primary care providers express that the time and effort required to organize and complete a virtual visit can often be longer than an in-person visit as it may depend on the frequency of messages received, the need to involve specialists or other providers, and technical issues that may arise.[17] Some physicians also believe that the added liability and logistics of delivering virtual care compared to in-person care should be considered.[17] These may include obtaining insurance for protection against cyberattacks, lengthy registration and licensure processes and the required awareness of changing standards and guidelines concerning telemedicine, including privacy and security, consent, documentation, and online prescribing.[18] Thus, the overall compensation should account for these lived experiences as to encourage more physicians to partake in delivering virtual services. Additionally, there are currently no billing codes for emails and text messaging and these fragmented, often time-consuming, forms of communication should be considered in the development of future permanent solutions as well.[10,19]

1.2 Continuous quality improvement

To ensure the ongoing improvement of patient-centered virtual care and ensure the accessibility of healthcare for older adults, the Ontario government should partner with relevant stakeholders to address the needs of older adults and invest in partnerships that enable the continuity of care nation-wide.

This task may be initiated by widely adopting successful virtual program models such as the "Telemedicine Program for Homebound Elders" offered by Sinai Health Systems, encompassing the provision of over 17 fields of specialized care to patients.[20] The National Institute on Aging has also highlighted virtual care as a potential solution to the Long- Term Care (LTC) crisis, proposing a new cost-effective alternative model of LTC in Ontario termed "Virtual Long Term Care @ Home Program". This program would enable a multidisciplinary team to use virtual care for patients on LTC waitlists with specialized and comprehensive needs as well as save Ontario's Ministry of Long Term Care between $212,259 and $268,369 per bed.[5]

Considering that the healthcare systems in provinces and territories operate independently, the lack of continuity of care even between regional portals is often cited as a drawback to "walk-in" virtual care, as primary care providers may not have access to all the patient data.[21] As such, the importance of interoperability of these virtual systems cannot be understated. While Ontario currently has "Connecting Ontario Clinical Viewer", a pan-Canadian strategy as well as an emphasis on connecting regional systems would help to further reduce redundancies in the system and ensure high quality care no matter where one is situated in the country.[18]

There is also an opportunity to collaborate with private sector platforms such as "Maple", a service that allows patients to connect with physicians 24/7 for a fee covered by some private insurances.[22] There are concerns, however, that platforms like these create two-tiered systems that contradict the accessibility and universality principles outlined in the Canada Health Act.[21] As a result, it is important for the government to not only effectively coordinate virtual care in a publicly-funded manner, but also to continue to invest in research initiatives to better understand the patient and provider experience while using and delivering this care.

1.3: Virtual Care Training in Undergraduate Medical Curriculum
While being supported by the Ministry of Health and OMA, medical faculties should incorporate specific virtual care training into the undergraduate medical curriculum.

As virtual care expands and becomes a larger part of the healthcare delivery model, medical students will need specialized training to adapt to rapidly changing technologies and consider the overarching clinical, medicolegal, pedagogical, and social implications.[18] By teaching these themes early on in medical education, medical students will be better suited to incorporating this care in their future practices.

Specific considerations may include asynchronous lectures covering telehealth history, discussions on applications, ethics, safety, etiquette, and patient considerations (e.g. mobility issues, language barriers, patient or caregiver distress, social isolation, etc.); faculty-supervised standardized patient telehealth encounters; and hands-on diagnostic or therapeutic procedures using telehealth equipment.[23,24,] Students should learn *how* to use virtual tools and adapt to various interfaces, which patients and concerns are suitable to be approached virtually, how to communicate in the setting of having a reduced ability to discern body language and non-verbal cues, and which virtual modality (e.g. video, telephone, hybrid) is best suited for the interaction.[10,24] The OMSA should advocate for virtual care training in the undergraduate medical curriculum in conversations with medical school faculty and through the development of policy statements by the start of the next academic year (September 2021 for most schools). In addition, the OMSA should partner with virtual care programs such as Ontario Telehealth Network (OTN) and medical school faculties to assist in the development and integration of virtual care training into medical undergraduate curriculums by September 2022.

2. That the Ontario government and Local Health Integration Networks provide older adults with the appropriate funding, assistance and technology to enable receipt of virtual care.

Older adults are less likely to use telemedicine or other virtual health-related applications compared to the general populations.[25] However, this cohort is also the highest user of any age category of Canadian healthcare, accounting for just under half of Canada's public healthcare expenditure.[26] As medical students, we should advocate for improved access to virtual care so older adults can receive the care that they need.

There are several barriers that may prevent an older adult from using virtual care. Lack of awareness of such technologies is an easily preventable barrier to accessing virtual health solutions, which may have numerous benefits as highlighted in this paper. This underscores the importance of spreading awareness and educating older patients regarding the use of telemedicine and virtual healthcare so that timely and efficient care can be provided to older adults living in the community. We recommend that OMSA collaborate with external partners, including the *Student-Senior Isolation Prevention Partnership (SSIPP)* and the National Geriatrics Interest Group, to develop accessible infographics for older adults on

telemedicine and virtual healthcare, and create social media campaigns targeting the general population to combat ageism and raise awareness about the unique needs of older adults. The OMSA should begin such collaborations immediately and aim to deliver advocacy initiatives by the first half of the preceding academic year.

Some older adults may be limited in the use of virtual care by functional and cognitive impairments. For instance, changes to vision, mobility, and cognition present barriers to using technology.[27,28] In addition, ageism may prevent some older adults from accessing technology, including technology required to access virtual care, despite having the physical means of doing so. An analysis by Lagacé et al found that ageist stereotypes can negatively affect older adults' perceptions of their capabilities, which can lead to hesitancy and anxiety when adopting new technologies.[29] Furthermore, costs of Internet and technologies may be a considerable barrier for older adults to access virtual care.[30]

Therefore, the Ontario government should create programs for older adults who may require assistance in accessing virtual care. This may include creating telephone lines that patients can call for technical support, or in-home visits from IT/support personnel to aid patients in setting up virtual care technology and teaching patients how to navigate their virtual appointment. The Ontario government should also ensure that adequate funding and subsidized support for Internet and/or supportive technology devices (tablets, computers, etc.) is available for older adults in need. Cost should not be a barrier to accessing healthcare; this is critical as virtual healthcare is gaining prevalence and is particularly useful for this population. Lastly, the Ontario government should consider implementing options within virtual care that address functional limitations, such as large fonts for persons with visual impairment or closed captioning for persons with hearing impairment. Cognitive impairments, such as decline in memory, could be addressed by implementing automatic notifications of healthcare appointments.[31,32] These changes may be implemented by modifying Ontario Telehealth Platforms, or mandating that virtual care delivered on other platforms have these options for improved accessibility.

This recommendation presents a meaningful area where Ontario medical students can provide support to older adults in accessing virtual care. Ontario medical students can provide assistance to older adults in navigating virtual care directly when participating in virtual care with older patients, or with the creation of an initiative designed to promote awareness of virtual care among older adults. The OMSA should work with other prominent advocacy groups, such as the National Institute on Aging, to spread awareness to older adults about virtual care. This may entail disseminating infographics to family physicians to give to older adult patients, or distributing informative flyers to communities and neighbourhoods with a high proportion of older adults. It may also entail social media campaigns targeting both older adults and their caregivers to raise awareness about access to virtual care. The OMSA could also partner with initiatives like *Seniors Can Connect!*, which provide older adults with devices like tablets and provide training on how to use these technologic devices. The OMSA should develop the appropriate internal committees by the start of the 2021/2022 academic year, who will form partnerships with the aforementioned organizations by the end of 2021. Such committees should work with these partners on these collaborative goals to at least have appropriate frameworks in place by the end of the academic year 2021/2022.

3. **That Multidisciplinary/integrated healthcare should be emphasized as a key component of accessible and appropriate care for older adults to improve healthcare outcomes, reduce overall healthcare expenditure and support successful aging in place.**

Continuing to create multidisciplinary teams is essential for the care and well-being of older adults in the community. The formulation of these groups can provide many benefits for older adults. Studies have shown that such teams can improve the quality of care delivered and can offer better preventative care for adults fifty years of age and older.[14] Furthermore, multidisciplinary care teams have been shown to provide more tailored treatment for older adult populations.[13] In order for multidisciplinary teams to work effectively, it is suggested that key team members' roles are refined on an ongoing basis so that responsibilities continue to be clear during care delivery. [13] This can allow for specialized services to maintain health in the long term. It has been reported that community care access centers (CCAC) and

support services, as well as primary care providers, need to improve communication when it comes to patient care.[6] As such, it is imperative to find ways that we can link primary care providers with community services in order for both parties to be able to work together to provide better care for older adults.[7]
In formulating multidisciplinary teams, it is important to have good quality improvement assessment, cost effective, stakeholder satisfaction in order to make sure that care is being delivered in a high standard manner.[14] With the older adult population rapidly increasing,[3] the formation of multidisciplinary teams should be implemented sooner rather than later. By creating better care in the form of multidisciplinary teams, older adults can receive high quality care while reducing hospitalizations and better catering to their needs.

Many Canadian older adults want to age in place. As such, creating a robust homecare system with appropriate funding is key. Aging in place is associated with less health care expenditure, fewer hospital visits and improved health outcomes.[12] However, Ontarians and their families report that they still have unmet homecare needs.[5] As such, it is crucial that the Ministry of Health and Long-Term Care increase home and community sector funding. They should also work closely with the Local Health Integration Networks to allow for funded personal support services for older adults.[6] It is also essential to provide adequate pay to skilled staff to ensure quality of life for those who provide care as well as those who require care.[33] By 2031, an estimated 1.8 million patients will require home care services. [7] Therefore, it is key that these funding measures be implemented now to ensure success in the future and to make sure that homecare meets the needs of older adults and their families. By funding homecare, older adults can age at home, have a better quality of life, and decrease overall healthcare expenditures.

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