COVID-19 AND LONG-TERM CARE
OVERVIEW OF THE ITALIAN EXPERIENCE

International workshop on COVID-19 and Long-Term Care systems: What have we learnt and what policies do we need to strengthen LTC systems?

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Agenda

— The impact of the pandemic on the Italian LTC system
— The Covid-19 legacy for the LTC system
— What's next: Commissions and PNRR
The impact of the pandemic on the Italian LTC system

1st wave (March – May, 2020)

— No official administrative data on the impact of the pandemic on the LTC system. Only a survey from MoH

— Absence of coordination with other care setting, no prioritization in the PPE supply

— 3.1% mortality rate due to Covid-19 in nursing homes for older adults (data refer to a sample)

— Large share of nurses and doctors left LTC settings to enter the NHS, which was recruiting professionals to cope with the outbreak in hospitals
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June, 2020 – present
(2nd; 3rd; 4rd waves)

— Still no comprehensive national administrative data on the impact of the pandemic

— Guidelines for the integration of LTC settings with specialized Covid-care centers

— Prioritization in the PPE supply for LTC settings

— Nursing homes residents and personnel were among the first groups to receive the vaccine in January, 2021.

— No plan to increase LTC workforce, the shortage of personnel keeps growing
New cases by weeks

October 2020 – September 2021

Figure 1. Weekly incidence of SARS-CoV-2 positive cases among LTCFs residents and in the general population of the Regions under surveillance in the period October 5th 2020 – September 19th 2021. (labels on the horizontal axis report the first day of each monitored week.)

Source: Istituto Superiore di Sanità, 2021, Surveillance of COVID-19 at Long-Term Care Facilities

Data refer to a sample of LTC facilities
Distribution of deaths in nursing homes for older adults
October 2020 – September 2021

Figure 4. With reference to the period October 5th 2020 – September 19th 2021, and to monitored nursing homes for older adults, the figure shows the percentages of: weekly deaths for all causes among residents, occurred in LTCFs; weekly deaths for all causes among residents, occurred at the hospital; weekly deaths among SARS-CoV-2 positive residents, occurred in LTCFs; weekly hospitalized SARS-CoV-2 positive residents; residents with SARS-CoV-2 full vaccination course (data available from April 26th 2021). (labels on the horizontal axis report the first day of each monitored week).

Source: Istituto Superiore di Sanità, 2021, Surveillance of COVID-19 at Long-Term Care Facilities
Data refer to a sample of LTC facilities
The Covid-19 legacy for the LTC system

1. LTC services need to be better coordinated with other care settings. Regions are working to promote more protocols to discipline the topic.
2. The shortage of workforce is now chronical, and it needs to be tackled at the national level.
3. Service providers are facing major economic sustainability issues, which require both public intervention and business model innovation.
4. Home care is advocated as the solution to LTC shortages, but the system is lacking extensive and comprehensive proposals on how to deliver it.
5. LTC sector requires proper administrative data at the national level, which should guide policy makers, allow for policy evaluation and ensure accountability to citizens.
What’s next: PNRR

— Italy benefits from the “Next Generation EU”, a temporary instrument designed to boost the recovery of the European economy after the pandemic. The Government launched the National Recovery Plan for Resilience (PNRR), which merges multiple sources of funding for a total of €248 billion.

— The Plan mentions investments in home care, community care but does not refer specifically to ageing and LTC.

— Great expectations from all actors involved (providers, Regions, experts, etc.).

— No mention of key actors to be involved.

— No mention of implementation plans, which should arrive in early 2022.

— BUT: resources have already been allocated to National Fund for LTC (Fondo Nazionale Non Autosufficienza); Dementia interventions; social care and not for profit sector for innovative initiatives.
THANKS FOR YOUR ATTENTION!