



INTERNATIONAL
LONG TERM CARE
POLICY NETWORK

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COVID-19 and long-term care systems: Lessons learnt and new reforms

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LTC IN MEXICO AND THE COVID-19 PANDEMIC

- Total COVID-19 confirmed cases : 3.9 million. However, no strict epidemiologic seeking/testing at population level so likely underestimated.
- Only 15.1% treated in hospital and total deaths: 308,686 (also most likely underestimated)
- The absence of a compulsory national registry and a unique institution that regulates and evaluates LTC institutions (including establishing compulsory care standards), has translated into an absence of a clear surveillance system, causing a vacuum regarding their conditions during the COVID-19 pandemic.
- As a consequence, official information about rates of infection, total number of cases (residents and staff) or mortality due to COVID-19 in LTC facilities is not readily available.
- From data of a partial* Census of long-term residential settings for adults (including care homes) it is estimated that less than 1% of older adults live in LTC settings.
- While very small proportion compared to total number of older persons living in the community, most LTC settings were already facing non-optimal conditions such as lack of well trained human resources, income/financing problems, no care guidelines to follow, etc.
- With the exception of recommendations for keeping older adults safe as one of the most vulnerable population groups, no other guidance has been generated for other groups such as people with dementia, those with disabilities, etc.
- As a result, the National Institute of Geriatrics (decentralised from MoH) generated infographics and short guidelines using recommendations from international sources including WHO and since last year has published them in their webpage and social media.
- INGER is currently undertaking a research project together with INEGI and the Family Development System to follow up with institutions captured in the LTC census* and capture general data on infections, deaths and challenges generated by the COVID-19 pandemic.

LESSONS LEARNT

FOR LTC SETTINGS

- The absence of a formal publicly funded LTC system and of a national compulsory register/qualification system for all care homes not only generates an absence of timely information and procedures, it also prevents obtaining adequate information of the characteristics, cases and measures inside the institutions.
- LTC settings need care guidelines on how to better support and take care of their residents in general, and particularly in times of crisis (whether a pandemic or an earthquake, hurricane...)
- Adequate information systems that require care homes to gather and report specific information are urgently needed.

IN GENERAL

- There is a great need to recognise and implement support strategies for particularly vulnerable groups in this crisis situations, such as for unpaid family carers, persons living with dementia and persons living with disabilities.
- The evident pressure on the health care system in times of crisis highlights the urgent need for a universal health care system that is adequately funded and equipped, both in terms of infrastructure and human resources.
- Inequalities in access to timely care: from the moment a person suspects being infected to the point of acute care in an intensive care unit, inequalities have been more present than ever and this too calls for an urgent need of equal access to care for all citizens irrespective of their employment status or socioeconomic condition.

HOW SHOULD THINGS MOVE FORWARD?

Short-term

- The extension of health information systems so they include long-term care institutions and increase population level self-report of cases (most cases treated at home within the private sector mostly not reported).
- The generation of a national registry of all public, private and non-profit institutions that cater to older adults and people with disabilities. This would allow the implementation of the norms and standards of care and evaluation at a national level.
- The generation of compulsory norms for care quality and safety standards as well as an evaluation system.

Longer term

- The monitoring and evaluation of long-term care settings in line with the generation of national compulsory standards of care and regulations.
- The lockdown has exacerbated the already difficult conditions of unpaid family carers who care without much knowledge and support for their family members with care needs. Publicly funded support strategies for people with care needs that include support from their primary carers are urgently needed.
- A national community based long-term care system that includes all existing institutions and all those created in the future as well as support strategies for people cared for at home (for people receiving and providing care) need to be established. This could be part of a broader plan to develop a social care (personal care) system.