

## **Experts agree ownership did not drive outcomes in COVID-19 long term care home outbreaks**

*Science, not ideology, must drive our thinking on sector reform*

**Mississauga, Ontario. March 22, 2021.** We all want answers for why, during the worst pandemic in living memory, Canada's long term care homes experienced large outbreaks with devastating outcomes.

The pandemic impacted the entire long term care sector—non-profit and publicly-owned homes as well as privately-owned ones experienced severe outbreaks. Understanding the factors that contributed to the likelihood of these outbreaks requires rigorous analysis by experts with relevant academic training in statistical analysis who have professional credentials in the medical and public health fields. Fortunately, this kind of analysis has now been conducted and we have a growing body of work that can inform the discussion on how to bring about meaningful and necessary improvements to the sector.

It is tempting to look for simple solutions. Some observers and advocates have taken ideological positions or conducted rudimentary analysis with the view to link the ownership model of long term care homes to outcomes. Over the last year, expert analysis has concluded repeatedly that the extent of community spread is the key factor in assessing the cause of an outbreak, and that the age and design of a building is the most statistically significant factor in determining the severity of an outbreak. Ownership model was not a significant factor. Let's review some of these studies.

On February 19, the [Ontario LTC] Commission heard from Michael Hillmer, Assistant Deputy Minister, Capacity Planning and Analytics, Ministry of Health. You can read the full transcript of Mr. Hillmer's [testimony](#) on the Commission's website. He and his team have closely examined data from both Wave 1 and Wave 2 of the pandemic in long term care homes in Ontario, and have also looked at the data from the lens of ownership model – privately-owned homes, not-for-profit homes and municipally-owned homes. He indicates that his analysis found no association

between ownership and outcomes. Specifically, in terms of for-profit versus not-for-profit status and the impact overall through Wave 1 and 2, Mr. Hillmer concluded that ownership model was not a factor “in outbreak, speed or mortality.”

Rather, Hillmer’s data review shows that community spread is “the single biggest determinant of whether you have an outbreak.” The review also indicates that homes with an older design standard were more likely to experience a larger outbreak, but design was not a significant factor in whether the home went into outbreak to begin with.

The Canadian Institute for Health Information (CIHI) completed an analysis, using complex models and looking at data on a large number of variables, at the request of the Ontario Long-Term Care COVID-19 Commission. At the LTC Commission hearing on March 3, in response to questioning about the causes of outbreaks, Dr. John Hirdes, on behalf of CIHI, explained that “the distinction between the for-profit and not-for-profit homes was not significant.” (See p.63, [Canadian Institute for Health Information transcript at LTC Commission, March 3, 2021](#))

On March 15, an [opinion piece published in the Toronto Star](#) by Dr. Bob Bell and Dr. Walter Wodchis spoke about what Ontario has learned from the COVID-19 pandemic. Both men have extensive expertise. Dr. Bell is a former Deputy Minister of Health for Ontario, as well as a retired surgeon and hospital CEO, and the chair of the expert advisory panel for Revera’s report [The Perfect Storm: The COVID-19 Experience for Revera and the Long Term Care Sector](#). Dr. Walter Wodchis is a professor of public health at the University of Toronto’s Dalla Lana School of Public Health. These two experts conducted simple statistical analysis which determines that ward rooms where there are 3 or 4 people to a room and a shared bathroom - not ownership model - is associated with mortality in long term care homes with COVID-19 outbreaks. Here is an excerpt from the op ed, which is accessible to subscribers of the *Toronto Star*:

*To evaluate what factor is primarily associated with COVID-19 mortality, we determined whether each For Profit and Not for Profit home in the province housed three or more residents in a room. Complete information was available for 510 homes. We excluded municipally owned homes which (unlike FP and NFP homes) receive extra funding from municipal taxes.*

*We documented how many residents died due to COVID-19 in each home to March 1, 2021. Thankfully, vaccination has dramatically reduced COVID deaths following this date. The number of COVID deaths was divided by the number of residents to determine a mortality ratio for each home.*



*A standard statistical test called “multiple regression” was done to figure out whether the ownership model (FP versus NFP) or the presence of three or more people in a room was associated with a higher mortality ratio.*

*The answer is clear. FP ownership was not linked to higher mortality (for statisticians, this factor had a p-value of 0.43). However, the presence of three or four people in a room was strongly associated with higher mortality (p=0.002). This routine statistical analysis showed that the Star conclusion about for-profit care increasing mortality was wrong.*

We are pleased to see the *Toronto Star* published this op ed which demonstrates that the narrative their editorial team, along with others in the news and social media, has been espousing since early in the pandemic is factually incorrect.

Revera is grateful for the excellent work of these academics and sector experts. We appreciate their commitment to helping Canadians understand how we must move forward to improve the sector. We also give credit to journalists who are committed to sharing this important information and fostering an important public discussion on how we can collectively focus on improving the long term care sector.

We strongly believe that private sector players have a role to play in the delivery of healthcare. Private companies operate the labs where COVID-19 tests are completed. Private companies operate the pharmacies that are administering COVID-19 vaccines in many provinces. And for over 10 years the private sector has been on the forefront of advocacy for the renewal of older long term care infrastructure. Revera, and companies like ours, are committed to being part of the solution for today’s seniors and future generations of Canadians.

We believe that the long term care sector needs increased funding for resident care hours, a real commitment to the recruitment, education and training of healthcare workers, and a program to redevelop aging infrastructure. To our view, any other focus in the debate around the future of the sector is a distraction from the real improvements the long term care sector needs in order to make real change for long term care residents and the heroic staff working in the sector.



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