

Why do Many Long-Term Care Homes have so few Physicians?



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Date Published: May 11, 2023

DOI: <https://doi.org/10.18192/UOJM.V13iS1.6573>

Keywords: *Long-term care, elderly, COVID-19*

It was a spring evening, and I was on a walk to distract myself from the stress of my medical school exams. I called Ms. G, like I did every other week; she is my senior buddy through a volunteer program aiming to prevent senior social isolation. Her voice sounded weak; she was not feeling well. Had she seen a physician, I asked? She told me that she had seen the nurse, but the physician visited only twice a month in a residence of over 100 people. She did not feel connected to her physician as a result.

I left that call frustrated and motivated; we need to do better at caring for our elderly. As a medical learner, I began to wonder about the role of physicians in long-term care (LTC). Why does the presence of physicians appear to be so limited? Is it simply due to a lack of physicians working in the sector? What resources would be required to improve care for those living in LTC? I don't have all the

answers but I am beginning to piece together a picture of the problem.

I see the physician's role as a medical expert who should address the health needs of residents in LTC. However, like in Ms. G's case, LTC residents are faced with challenges in accessing timely care from physicians. Currently, a small number of family physicians provide care in LTC.¹ Most physicians who work in LTC do so on a part-time basis. A 2005 analysis of LTC in Ontario found that one physician may only visit an LTC site 2.6 times in a month with an average of 42.5 residents under their care.¹ The on-site presence of physicians in LTC may also vary based on geographical setting, whereby family physicians in rural settings are overstretched. More recently, an analysis of the COVID-19 response by the Canadian Institute for Health Information highlighted that LTC residents received fewer

physician visits during the pandemic than prior years.²

Fundamentally, there is a need to ask, is the part-time presence of physicians sufficient? From the perspective of LTC medical directors, one 2006 survey showed that 82.7% of directors agreed that there was a significant shortage of physicians working in LTC, and 42% had considered leaving the sector due to burnout amongst other reasons.³ This information suggests the need for increased physician presence in LTC, and that the strategy for this should include a focus on satisfaction and retention. Proposed interventions from this survey included increased remuneration, support for administrative burden, and more exposure to LTC work during residency.³

From another perspective, caregivers of LTC residents also expect physicians to be more present. A qualitative study from the US found that caregivers felt that physicians were “missing in action”.⁴ Specifically, there were incidents of caregivers never meeting the assigned physician, miscommunication among staff and physicians, and the impression that physicians did not know the patient resulting in poor quality care.⁴ Similar complaints have been made in the Canadian context.

The need for change is clear. Evidence suggests that increased physician participation improves outcomes. In a retrospective cohort study of 161 LTC in Ontario, they found that same-day physician access lowered hospitalization and emergency department visit rates compared to LTC with longer wait times.⁵

The COVID-19 pandemic presented additional challenges in LTC, though at the same time, the pandemic has sparked an important conversation around what needs to change. In fact, healthcare leaders have responded with innovative models of care. For instance, one hospital-LTC partnership in Toronto provided mobile teams with family physicians, nurses, and LTC staff to help address staff shortages.⁶ Initiatives like this can continue post-pandemic to provide quality care to residents.

Physicians are also talking about how to improve physician presence in LTC. A recent article in the Journal of the College of Family Physicians in Canada has a series of recommendations on improving physician involvement

in LTC. For physicians to respond to the needs in LTC, a comprehensive approach is necessary. Recommendations include defining time commitment expectations, increasing exposure earlier in medical training for recruitment, appropriate remuneration, and other supports to prevent dissatisfaction and burnout.⁷

At a societal level, physicians can advocate to transform the delivery of care to the elderly. This movement includes the launch of new groups like Docs4LTCJustice demanding the need for national standards, transitioning away from for-profit care, and legislating minimum staffing ratios.⁸ The Ontario Medical Association has also become more outspoken on the issue. They made recommendations such as, to “appoint a chief medical officer for LTC for each Ontario Health region to ensure the best quality care is being provided” and to “shift social attitudes so that caring for frail older adults is considered to be one of the most important jobs in the world”.⁹ These examples highlight that physician advocacy is essential. It starts with improving the practice of individual physicians and creating a healthcare system that prioritizes the needs of an ageing population.

In my time as a medical learner, I have realized that for physicians to be leaders, they need to be present to lead the team. Physician presence in LTC is currently limited, and for those who engage, there is insufficient support to thrive in the role. Family physicians are overstretched, and their shortage has led to a system where our elderly are taken care of by doctors who can only visit them a few times a month. For physicians to fulfill the medical expert role of helping patients with complex comorbidities, they need to have a more dedicated presence. This approach could reduce hospital transfers, help them make better decisions for the patients while improving their inter-professional relationships. I am convinced that there is a need to rethink the role of physicians in LTC, and it starts with us, medical learners, being exposed to people like Ms. G, and being motivated to learn about elderly care.

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