

Long Term Care Covid-19 Commission Mtg.

Financial Accountability Office of Ontario
on Friday, December 11, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom Videoconferencing, with all
participants attending remotely, on the 12th day of
December, 2020, 11:00 a.m. to 12:00 p.m.

1 BEFORE:

2

3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

6

7 PRESENTERS:

8

9 FINANCIAL ACCOUNTABILITY OFFICE OF ONTARIO:

10 Victoria Coste, Director of Operations

11 Matt Gurnham, Manager, Financial Analysis

12 Peter Weltman, Financial Accountability Officer

13 Jeff Novak, Chief Financial Analyst

14 Jessica Martin, Team Lead for Communications

15

16 PARTICIPANTS:

17

18 Alison Drummond, Assistant Deputy Minister,

19 Long-Term Care Commission Secretariat

20 Ida Bianchi, Counsel, Long-Term Care Commission

21 Secretariat

22 Kate McGrann, Counsel, Long-Term Care Commission

23 Secretariat

24 John Callaghan, Counsel, Long-Term Care Commission

25 Secretariat

1 Lynn Mahoney, Counsel, Long-Term Care Commission
2 Secretariat

3 Derek Lett, Policy Director, Long-Term Care
4 Commission Secretariat

5 Dawn Palin Rokosh, Director, Operations, Long-Term
6 Care Commission Secretariat

7 Adriana Diaz Choconta, Senior Policy Analyst,
8 Long-Term Care Commission Secretariat

9

10 ALSO PRESENT:

11 Deana Santedicola, Stenographer/Transcriptionist

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1 -- Upon commencing at 11:00 a.m.

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3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 Good morning. We are the Commission,
5 and I want to thank you for coming this morning.

6 We are interested in the financial side
7 of this. We are trying to understand, among other
8 things, the risk/reward. If you are a private
9 investor, we can see a lot of reward. We can't see
10 a lot of risk because it seems the government is
11 supplying most of the money.

12 So we haven't formed a firm conclusion
13 about that, but we are definitely very interested
14 in the financial side and understanding the
15 financial side of it. It is part of the context in
16 which we are functioning.

17 But we are here, and I think you
18 already met Deana because, Mr. Weltman, you were
19 explaining earlier about when you were checking in,
20 and I think I already alluded to that, so Deana is
21 the court reporter. There is a transcript, and we
22 will in due course put a transcript on the website
23 so that people who are interested in what we are
24 doing can follow along and hopefully see that we
25 are working away at this.

1 PETER WELTMAN: All right, so I do have
2 a short statement, mainly because you have the
3 transcript and it is important I think to get this
4 in.

5 So again, thank you very much. It is a
6 privilege to be invited to speak with the members
7 of the Commission.

8 And I will just take a moment now
9 before we get into the presentation to introduce
10 myself and the members of the FAO staff that are
11 present and provide a short overview of what the
12 FAO does.

13 So my name is Peter Weltman, and I am
14 the Financial Accountability Officer of Ontario.
15 And with me today are Jeff Novak, the FAO's Chief
16 Financial Analyst; Matt Gurnham, Manager on the
17 Financial Analysis Team, and he knows everything
18 and so he is the guy you'll be talking to the most;
19 Victoria Coste, our Director of Operations; and
20 Jessica Martin, our Team Lead For Communications.

21 So the FAO is an independent officer of
22 the Legislative assembly, and my role is to provide
23 members of Provincial Parliament with independent
24 and non-partisan analysis of the Province's
25 finances and trends in the provincial economy.

1 Our work is undertaken in response to
2 requests from MPPs and committees or on our own
3 initiative, and we focus on providing
4 authoritative, timely, forward-looking analysis on
5 the financial impact of government policies to
6 support MPPs as they review and approve government
7 spending, and so we work for MPPs and the
8 Legislature.

9 The analysis today that we have been
10 asked to present was completed in October of 2019,
11 so it is important to keep that in mind. It was
12 done in response to a research request from an MPP.
13 The report answers a series of research questions
14 that were agreed upon by us and the MPP.

15 And you'll notice that we don't offer
16 policy recommendations in the report. Our job is
17 merely to present the facts to help inform debate
18 in the Assembly.

19 Keep in mind that our report presents
20 what I like to say is the state of play of the
21 long-term care program as of October 2019, so I
22 think it is a useful baseline against which to
23 measure any potential future changes or changes
24 that have already come and those that are yet to
25 come.

1 So just getting back to your question,
2 we aren't going to provide you with a cost/benefit
3 analysis on the LTC business. What we are going to
4 do is provide you with what the state of play was
5 in the industry at that point.

6 Okay, so I am going to turn it over to
7 Matt. Feel free to ask any of us any questions at
8 any point in time.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 Okay, we will do that.

11 PETER WELTMAN: All right.

12 MATT GURNHAM: So I am just going to
13 get the screen-share going here.

14 All right, so can everybody see the
15 slide deck?

16 COMMISSIONER FRANK MARROCCO (CHAIR):
17 I can, and I think the other
18 Commissioners can; otherwise, you would hear from
19 them.

20 MATT GURNHAM: All right.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 I can't see it on my screen because, as
23 I say, I am working off my iPad instead of my
24 monitor, but I think we are good.

25 MATT GURNHAM: Okay, so I will get

1 started with our presentation on the Long-Term Care
2 Homes Program Report.

3 To echo what Peter said, if you have
4 any questions for me, please feel free to interrupt
5 at any point in time and I will do my best, along
6 with the other members of the FAO, to answer your
7 questions.

8 So just a bit of overview here. So
9 this report, as Peter mentioned, was released in
10 October of 2019, and it reviews the Province's
11 commitment to add 15,000 new long-term care beds,
12 which is referred to as the "Long-Term Care
13 Expansion".

14 And also, as Peter said, the
15 information in this report has not been updated
16 since October of 2019, so any program or policy
17 changes or sector changes that have occurred since
18 that date will not be reflected in the forecast
19 that I am presenting here.

20 So the report does four primary things:

21 First, it explains how long-term care
22 is funded by the Province.

23 Then it estimates the cost of the
24 expansion of long-term care.

25 Then it analyzes how the expansion will

1 affect the wait list for long-term care and wait
2 times.

3 And then it discusses how individuals
4 waiting for long-term care affect hospital capacity
5 and the concept of "hallway health care".

6 So first, I'll just go through a little
7 bit of background quickly.

8 So there are 626 long-term care homes
9 in Ontario and over 78,000 residents, and so most
10 residents are over the age of 75 and many live with
11 conditions that have compromised their health.

12 So long-term care homes must be
13 licensed by the Ministry of Long-Term Care, and the
14 Ministry determines both the number and location of
15 long-term care homes, and these organizations can
16 be for-profit, not-for-profit or municipal
17 organizations.

18 So in addition to the 78,000 residents,
19 there is also a growing wait list for long-term
20 care. So as of the 2018/19 fiscal year, there were
21 nearly 35,000 Ontarians on the wait list for
22 long-term care, and that wait list has increased by
23 78 percent from about 19,600 in 2011/12.

24 So we have been asked to provide
25 clarification on the source of these wait list

1 numbers, so this data in the chart you are seeing
2 here reflects information that the FAO received
3 from the Ministry of Long-Term Care. We requested
4 data on the number of individuals outside of
5 long-term care that are waiting for a long-term
6 care placement, and that is what the numbers
7 reflect.

8 We understand that the Commission was
9 interested in the quality of this data, so we at
10 the FAO have no reason to believe that these
11 numbers are not an accurate reflection of the
12 long-term care wait list.

13 That being said, the FAO depends on the
14 Province to provide us with accurate data so that
15 we can conduct our analysis, and any concerns about
16 the quality of this data should be directed towards
17 the Ministry of Long-Term Care.

18 So moving forward here, as you may
19 expect, with a growing wait list for long-term
20 care, we have also seen increasing wait times or
21 time to placement into a long-term care home. So
22 between 2011/12 and 2018/19, you see an increase in
23 wait times from 99 days to about 152 days.

24 So why have we observed this growth in
25 wait lists and wait times?

1 Well, as we mentioned previously, most
2 residents of long-term care or people who need
3 long-term care are aged 75 and over, and growth in
4 that demographic is the key driver for growth in
5 demand for long-term care. And so between 2011 and
6 2018, high growth in Ontarians aged 75 and over
7 combined with a lack of investment in new long-term
8 care beds have been the primary drivers in growth
9 of both the wait lists and wait times.

10 As you can see from the chart here,
11 between 2011 and 2018, the number of long-term care
12 beds in Ontario increased by only 0.8 percent,
13 while the population of Ontarians aged 75 and over
14 grew by 20 percent.

15 So now that we have gone through a bit
16 of background on the sector itself, I will go
17 through a bit of analysis about how the province
18 funds long-term care.

19 So long-term care is part of the health
20 sector, and in 2018/19 the province spent 4.3
21 billion dollars on long-term care and that
22 represented 7 percent of total health sector
23 spending in that fiscal year.

24 So what this slide and table does here,
25 it breaks down the 4.3 billion dollars of long-term

1 care expense. So long-term care home operators
2 receive payments from the province, and those
3 payments are based on the number of beds the home
4 has in operations and the type of services the home
5 provides. And long-term care home operators also
6 receive payments from residents. These are
7 co-payments which vary based on the type of
8 accommodation that the resident receives, and the
9 homes are required to remit the costs of basic
10 accommodation to the Province and that is used to
11 offset some of the program cost.

12 So as you can see in the table here,
13 the total cost of the program was 5.8 billion
14 dollars, and 5 billion of that is through four what
15 are called level of care per diems. And so these
16 are four categories and they are daily payments
17 based on each bed a home has in operation, so about
18 half of that is for nursing and personal care.
19 This represents wages and related equipment for
20 nurses and personal support workers. You have
21 program and support services, which are things like
22 recreation and recreation coordinators. You have
23 food, and then you have your accommodation.

24 And so in addition to those level of
25 care per diems, you have a series of supplementary

1 funding programs, and what these are is these are
2 funding streams that fund specific Ministry
3 objectives, so included in that are construction
4 funding subsidies for new long-term care beds. And
5 so that gets you to your 5.8 billion dollar program
6 cost, and that is offset by 1.5 billion of resident
7 co-payment revenue, to get your net program costs
8 of about 4.3 billion dollars.

9 And so next, this slide explains how
10 spending has changed over time. So from 2011/12 to
11 2018/19, long-term care homes program spending
12 increased by an annual average of 2.5 percent from
13 3.6 billion in 2011/'12 to 4.3 billion in 2018/19.

14 The level of care per diem spending
15 grew by an annual average of 2.1 percent, which is
16 slightly higher than the rate of inflation over
17 that time period at 1.7 percent.

18 And the supplementary funding streams
19 grew a bit faster at 4.2 percent, and that reflects
20 new funding streams introduced by the Province for
21 behavioural supports as well as physiotherapy.

22 So next I will get into our analysis of
23 the expansion of long-term care.

24 So in July of 2018, the province
25 announced its commitment to add 15,000 new

1 long-term care beds over the next five years, and
2 the province also committed to re-develop an
3 additional 15,000 beds to current modern design
4 standards.

5 So those 15,000 beds represent the
6 first meaningful increase to the supply of
7 long-term care beds in over 15 years. So for a
8 little perspective, in the 2005/06 fiscal year --
9 sorry, from the 2005/06 fiscal year to the 2018/19
10 fiscal year, the number of long-term care beds
11 increased by 3,500 or just under 5 percent in total
12 over a 15-year period.

13 So the process for building or
14 re-developing a long-term care bed in Ontario
15 begins when the home operator signs a development
16 agreement with the Ministry, and then once that
17 development agreement is executed, it takes
18 approximately three years from the execution of the
19 agreement to when the first resident occupies a new
20 bed. Obviously, there is some variance in that
21 depending on the project, but three years is kind
22 of the standard timeline.

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 Mr. Gurnham, did you look at what would
25 happen to the populations over the five years that

1 they are adding the beds?

2 MATT GURNHAM: What do you mean
3 specifically?

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 What the demand would --

6 MATT GURNHAM: Yes --

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 -- do over the five years?

9 MATT GURNHAM: Yes, yes, we did. We
10 have provided an analysis of that, and I am going
11 to get to that in a couple of slides here.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 Okay.

14 MATT GURNHAM: So first I just want to
15 go through the timing of the expansion.

16 So as of the time we released this
17 report, the Province had allocated about 7,900 of
18 the 15,000 new beds, and so most of those beds were
19 allocated in the 2018/19 fiscal year, so they
20 should be in service by the end of 2021/22.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 Does allocated mean that the agreements
23 have been signed?

24 MATT GURNHAM: Yes, so they have agreed
25 with the homes as to the number and location of the

1 beds.

2 And so for the remaining 7,100 beds,
3 the Ministry was not authorized to provide us with
4 their estimate of when those beds would be in
5 service, but based on the construction timelines,
6 we estimated that they need to allocate the rest of
7 these beds by March of 2021 so that all 15,000 beds
8 could be in service by the end of the 2023/24
9 fiscal year. And that was our interpretation of
10 when their five-year commitment ended, which is the
11 end of the 2023/24 fiscal year.

12 So what this chart here shows is our
13 estimation of when the beds will come into service,
14 and those estimations underlie our upcoming
15 forecasts of both the spending and the wait lists.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 So if they haven't allocated the
18 remaining beds by March, there is no reason to
19 think that they are going to hit the target?

20 MATT GURNHAM: So based on that
21 three-year estimate, that is when you need to get
22 them allocated to and in service.

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 Okay.

25 MATT GURNHAM: So how much will the

1 expansion cost?

2 So based on the funding model that I
3 explained earlier in that the Province funds these
4 beds based on mostly per diem payments when the
5 beds are in operation, for the most part the 15,000
6 new beds will not affect program spending until the
7 beds come into service and begin to receive their
8 level of care per diems and their supplementary
9 funding. And as I mentioned earlier, included in
10 the supplementary funding is a payment to subsidize
11 the construction of the bed over 25 years.

12 So as of when we released this report,
13 a newly constructed bed that is in operation is
14 eligible to receive a daily payment of between \$18
15 and \$23 over 25 years to cover the cost of
16 construction.

17 And so in total, we estimated that just
18 the construction portion of the cost of the beds
19 will cost the Province a total of 2 billion
20 dollars, and that is a 2019 dollar figure, or about
21 \$135,000 per bed.

22 COMMISSIONER FRANK MARROCCO (CHAIR):

23 And sorry, did I understand that that's
24 the construction subsidy?

25 MATT GURNHAM: Yes, that is just the

1 construction subsidy that the operator receives for
2 building the bed.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 So the operator, if we just
5 conceptualize it as one operator for purposes of
6 the discussion, is going to get 2 billion dollars
7 to build these beds, and then they get the funding,
8 the per diem funding that goes with the beds being
9 used or being --

10 MATT GURNHAM: Yes, that is correct.

11 So the onus is on the operator to finance and
12 construct the beds, but once the bed is in
13 operation, they do get the construction funding
14 subsidy over the 25-year amortization period of the
15 bed.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 Okay, so the operator let's just say
18 purchases the property, builds the building with
19 their own money, and then they get 2 billion
20 dollars back over 25 years?

21 MATT GURNHAM: Correct.

22 COMMISSIONER FRANK MARROCCO (CHAIR):

23 In addition to whatever other money
24 they get for having the bed in service?

25 MATT GURNHAM: Yes.

1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 All right. And do you have any sense
3 of what percentage of the total construction cost
4 the 2 billion dollars is?

5 MATT GURNHAM: So the Conference Board
6 did an analysis of this, and I don't know if I have
7 the exact figure, but the --

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 Well, approximately.

10 MATT GURNHAM: -- the funding subsidy I
11 don't believe covers the entire construction cost
12 of the bed. I think the Conference Board had it
13 somewhere between \$200,000 and \$250,000 per bed. I
14 can get you an exact figure once we are done here,
15 but I believe that was the range that they
16 estimated the capital costs.

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 So if it is \$135,000 that you are
19 getting, you are thinking it was \$200,000 or
20 \$250,000 that they were putting up to create the
21 bed?

22 MATT GURNHAM: Yes.

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 So you are getting \$135,000 back?

25 MATT GURNHAM: Yes.

1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 All right. Okay, thank you.

3 MATT GURNHAM: So now from a total
4 program spending point of view, this table here
5 shows our estimate of just the incremental costs of
6 the 15,000 new beds over the five-year time period,
7 so that includes both the operating costs, being
8 the level of care per diems, and the construction
9 subsidy.

10 So we estimate the total incremental
11 costs over the five-year period will be 1.7 billion
12 dollars, and once all 15,000 beds are in service,
13 the ongoing annual costs will be 970 million is our
14 estimate.

15 And so this chart here shows our
16 forecast of program spending over the five-year
17 period. As you may expect, spending is projected
18 to increase. We project it to average 5.4 percent
19 in growth increasing from 4.3 billion in 2018/19 to
20 5.6 billion in 2023/24, and the growth really
21 starts to accelerate in the 2021/22 fiscal year as
22 over 6,000 beds are projected to come into service
23 in that year, and the growth from 2020/21 to
24 2023/24 is expected to be about 7.9 percent.

25 JEFF NOVAK: Sorry, Matt, just to jump

1 back to the question about the costs to build the
2 long-term care beds, we did note in our report the
3 Conference Board of Canada estimates the costs to
4 bring a bed to service in 2017 dollars as \$320,000.

5 MATT GURNHAM: Yes.

6 COMMISSIONER FRANK MARROCCO (CHAIR):
7 \$320,000?

8 MATT GURNHAM: Yes, my apologies.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 So it is \$320,000, and you are getting
11 \$135,000 back?

12 JEFF NOVAK: Yes, I think that
13 that would be right, and then you get paid to
14 operate the bed. And so that is where that kind of
15 works out.

16 PETER WELTMAN: And the \$135,000 is
17 paid back over 25 years. It is not an up-front
18 payment.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Okay.

21 MATT GURNHAM: All right, so next what
22 we look at is how the expansion of long-term care
23 will affect the wait lists and wait times, and so
24 going back to your previous question, this will
25 answer your question about the demographic growth

1 and the demand growth.

2 So this chart here presents our
3 projection of how many long-term care beds will be
4 in service. It just shows the addition of the
5 15,000 beds and the total number of beds increasing
6 from about 79,000 to 94,000.

7 And now getting into the wait lists, so
8 we projected that despite the addition of the
9 15,000 new beds, we actually project the wait lists
10 for long-term care to increase over the five-year
11 period. The wait list is projected to peak in
12 2020/21 at over 40,000 Ontarians, and then decline
13 to about 36,900 Ontarians by 2023/24, which as
14 you'll notice is about 2,000 more than the 2018/19
15 fiscal year.

16 So now why are we projecting a wait
17 list to grow despite this expansion of the program?
18 Well, it is kind of a similar story is that we are
19 projecting high growth in the population of
20 Ontarians aged 75 and over, and we project that
21 that high growth will lead to long-term care demand
22 out-pacing the 15,000 new beds. We project demand
23 growth of 17,000, which is higher than the 15,000,
24 and that is due to even higher growth in the
25 demographic of Ontarians aged 75 and over.

1 So as you can see from the chart here,
2 we are projecting 4.3 percent growth in that
3 population, and that can be compared to just 2.8
4 percent growth over the period before 2019/19, and
5 the primary reason for that is due to the aging
6 baby-boomer cohort who begin to turn 75 over this
7 five-year time period, which we think is going to
8 be part of the reason why demand for long-term care
9 is going to accelerate over that time horizon.

10 Despite the growth in the long-term
11 care wait lists, we are actually projecting a
12 slight decline in wait times from 152 days in
13 2018/19 to about 140 days in 2023/24, and that is
14 because while the absolute number of the wait list
15 we think is going to increase, the ratio of the
16 size of the wait list to the number of beds in
17 service is going to be lower, which we think is
18 going to lead to slightly lower wait times.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Can you give us a sense of the impact
21 on the public finances of these numbers?

22 MATT GURNHAM: What do you mean
23 specifically?

24 COMMISSIONER FRANK MARROCCO (CHAIR):
25 Well, I guess I am trying to understand

1 in terms of the overall finances of the Province or
2 the overall budget what the effect of these
3 increases, what this means.

4 MATT GURNHAM: So we do a lot of
5 demographic analysis in our economics reports, so
6 population growth and population aging are key cost
7 drivers for government spending in a number of
8 programs, particularly in the health sector and
9 particularly in long-term care. And we produce
10 fairly regular economic and budget outlooks that
11 have fiscal forecasts in them for our fiscal
12 forecast for program spending, and one of the key
13 drivers of those forecasts are demographics and
14 growth, population growth and aging.

15 PETER WELTMAN: Sorry, are you asking
16 in terms of -- so you are asking what may sound
17 like a simple question, but remember, we are
18 analysts and so we look at things and we take them
19 apart and we get into some details.

20 So to give you some context, health
21 care spending is roughly 60 billion dollars, give
22 or take a couple of billion, on a budget of about
23 175 -- well, in a normal year 165 billion. So that
24 is the whole health sector.

25 The long-term care parts of that are

1 included, I think a tiny, tiny bit of it might not
2 be, so that is the sense.

3 So if you are talking about a --
4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Okay, that is fine then.

6 PETER WELTMAN: Does that help?

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 Yes, it does. I was trying to get a
9 sense of the impact on the provincial finances of
10 this 15,000 new bed expansion --

11 PETER WELTMAN: Right.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 -- and its effect on the wait lists,
14 and I think I have a sense of both.

15 MATT GURNHAM: Okay, so just continuing
16 on, so what we have done is presented a lot of like
17 absolute numbers for wait lists and wait times.
18 The kind of question is how do these compare to
19 other jurisdictions as well as program targets or
20 benchmarks?

21 Unfortunately, the Ministry of
22 Long-Term Care does not have a target or benchmark
23 for the long-term care wait list or wait times that
24 we can compare against. Health Quality Ontario
25 does publicly report on some long-term care

1 indicators that have targets or benchmarks, but
2 wait times, while they are reported by HQO, they
3 have not identified an appropriate target or
4 benchmark that we can compare against for the wait
5 list or wait times.

6 But one thing we can do is look at
7 other jurisdictions in Canada. So we have provided
8 a little bit of analysis on British Columbia and
9 Alberta, both of which have longer wait times for
10 long-term care than Ontario. So for context, in BC
11 there are 28,000 long-term care beds with a wait
12 list of about 1,400 people and a median time to
13 placement of 12 days. And keep in mind that is a
14 point in time from over a year ago.

15 And Alberta does have a target for
16 placing individuals into continuing care, and they
17 attempt to place 65 percent of patients into
18 continuing care within 30 days. Now, that is not
19 just long-term care, but long-term care is included
20 in that target.

21 But for context, less than 3 percent of
22 long-term care homes in Ontario were placing 50
23 percent of their clients within 30 days during our
24 time period analysis.

25 PETER WELTMAN: Yes, and so just to

1 clarify --

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Can we get a sense of -- sorry, just
4 let me ask this. Did you get a sense of how long a
5 person lives in a long-term care home before they
6 die?

7 MATT GURNHAM: I believe it was three
8 years is about what you expect.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 All right, and so then the length of
11 time it takes you to get in, assuming you are an
12 appropriate candidate for a long-term care home and
13 you require one, you need one, you have got a
14 maximum, on average, of three years, part of which
15 you are going to spend on a waiting list.

16 MATT GURNHAM: Potentially, yes.

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 Okay. And I interrupted somebody,
19 sorry.

20 PETER WELTMAN: No, that is fine. That
21 is fine. I think Matt started off saying that
22 Ontario had shorter wait times, but in fact,
23 Ontario has much longer wait times, as we see in
24 the chart here.

25 MATT GURNHAM: So next we provided a

1 little bit of context for the long term, so beyond
2 2023/24.

3 So in the ten-year period following
4 2023/24, high growth in the number of elderly
5 Ontarians is projected to continue and this is
6 particularly true for the aged 85 and over
7 population group.

8 And so for perspective, an Ontarian
9 aged 85 and over is over seven times more likely to
10 need long-term care than a 75-year-old, and high
11 growth in that demographic over the following ten
12 years we think is going to push demand for
13 long-term care even further.

14 And we estimated that just to maintain
15 your current wait list, the Province would need to
16 add -- or sorry, not the current wait list, the
17 wait lists in 2023/24, the Province would need to
18 add an additional 55,000 more long-term care beds
19 in a ten-year period following the 2023/24 fiscal
20 year.

21 PETER WELTMAN: And that is just to
22 maintain the wait list, not to improve it.

23 COMMISSIONER FRANK MARROCCO (CHAIR):
24 Okay.

25 MATT GURNHAM: So lastly, I'll just

1 take you through our discussion of the effect of
2 the expansion on hallway health care.

3 So a centerpiece of the Province's 2019
4 budget was the commitment to end hallway health
5 care, and what the Province refers to as hallway
6 health care is the estimated 1,000 patients
7 receiving care in unconventional hospital spaces in
8 Ontario on a given day.

9 And part of the reason patients are in
10 unconventional spaces is because hospital beds are
11 being occupied by patients waiting to go elsewhere,
12 and so these are known as patients with an ALC or
13 alternate level of care designation.

14 So in November of 2018, over 4,600 of
15 the Province's 34,000 hospital beds were occupied
16 by patients waiting to go elsewhere, so this could
17 be at any number of continuing care settings, such
18 as long-term care or rehabilitation.

19 So people waiting for long-term care,
20 they do not make up the majority of ALC patients,
21 but people waiting for long-term care wait in
22 hospitals much longer than other ALC patients.

23 So as you can see from the table here,
24 a patient waiting for a long-term care placement in
25 a hospital spends an average of 54 days with an ALC

1 designation waiting to leave the hospital, while
2 all other patients spend on average 15 days.

3 And so in the 2017/18 year, patients
4 waiting in hospitals for a long-term care placement
5 occupied 340,000 hospital bed days or about 5
6 percent of all hospital bed days in Ontario. And
7 based on the differences in per diems paid to
8 hospitals versus long-term care homes, that costs
9 the Province approximately 170 million dollars.

10 PETER WELTMAN: So that was extra,
11 Matt? The 170 would be incremental to what would
12 have been the case if they had been in LTC?

13 MATT GURNHAM: Yes, like theoretically,
14 yes.

15 PETER WELTMAN: Yes.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 So when you are trying to figure out
18 the total cost of the expansion, you have to
19 subtract the cost of those people who were in
20 hallways and in hospitals who really shouldn't be
21 there?

22 MATT GURNHAM: Yes, but that is only if
23 the expansion reduces the wait lists and wait
24 times.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 All right, and if it doesn't, then
2 nothing will change.

3 MATT GURNHAM: Exactly, yes.

4 COMMISSIONER FRANK MARROCCO (CHAIR):
5 Okay.

6 PETER WELTMAN: Well, things will
7 change. You will flatten the curve, right. You
8 won't drop it down. So you will keep the wait
9 lists the same instead of having it go up and up
10 and up.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Okay.

13 MATT GURNHAM: And so lastly here is
14 will the expansion help to end the hallway health
15 care issue?

16 So based on the regional analysis that
17 is in our report, the long-term care beds are being
18 placed in the areas of the province with the
19 longest wait lists and the most hospital capacity
20 occupied by patients waiting for a long-term care
21 placement. However, in the near term we projected
22 that the wait lists and wait times will increase,
23 peaking in the 2020/21 fiscal year, which implies
24 that in the absence of other changes, hallway
25 health care will get worse over the next two years.

1 However, beyond that we are projecting
2 wait times to drop below 2018/19 levels. And if
3 that reduction in wait times also leads to a
4 reduction in the number of hospital bed days
5 occupied by patients waiting for long-term care,
6 then there could be an improvement in the issue of
7 hallway health care from this commitment by
8 2023/24.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 Is there any reason to believe that the
11 capacity created by the fall will be filled by
12 patients in hospitals as opposed to other people
13 who are on that list?

14 MATT GURNHAM: Yes, I mean, it is
15 possible.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 No, but I guess what I am saying is, is
18 there some priority given -- in order for the
19 number of people in hallways and they are in
20 hospitals that don't belong there but belong in a
21 long-term care facility, in order for that number
22 to go down, you would have to be certain that those
23 people are going to get the benefit of any
24 reduction --

25 PETER WELTMAN: In wait times, yes. I

1 don't think there is a one-to-one ratio. I don't
2 know if Matt might know the number, but certainly
3 there are placements that come from the home
4 setting into long-term care that may come first,
5 right.

6 MATT GURNHAM: And there is a priority
7 for placement into long-term care, and people in
8 hospitals who don't need to be there are higher on
9 that priority list to get new placements.

10 JEFF NOVAK: I think also when we were
11 doing this part of the analysis, we didn't have
12 enough information to truly know, and so that is
13 why we kind of qualify it.

14 You know, we do think that by 2023/24
15 the time to placement will go down a little bit.
16 If that helps out the situation in hospitals, then
17 possibly hallway health care may get better, but we
18 can't speak decisively on that.

19 COMMISSIONER FRANK MARROCCO (CHAIR):

20 But isn't this really just a function
21 of the bulge in the population? As the
22 baby-boomers get closer to 85, then the demand
23 would go up more quickly or there would be more
24 pressure on demand than if the baby-boomers are 75,
25 which, you know, they would be next year, let's

1 say, if you were born in '46.

2 JEFF NOVAK: Sure.

3 COMMISSIONER FRANK MARROCCO (CHAIR):

4 So they are okay because at least
5 globally 75 seems to be all right, but by the time
6 you are 85, you may very well be a candidate for a
7 long-term --

8 JEFF NOVAK: So our --

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 So it will go up; it will go up more
11 dramatically later on when that bulge hits 85.

12 JEFF NOVAK: Right, and I think that so
13 our projections for the changing demographics in
14 Ontario over the next five years and then the
15 subsequent ten are baked into the numbers that you
16 see here, if you will.

17 So the 15,000 new beds leading to
18 slightly higher wait lists but slightly better wait
19 times by 2023/24 reflects that, and that
20 accelerating growth in the 85-year-olds is what is
21 causing us to say that the next ten years after
22 that you need another 55,000 beds just to maintain
23 where you are going to be at in 2023.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 All right, so it is already in there.

1 JEFF NOVAK: Yeah, it is all baked in
2 there.

3 PETER WELTMAN: Yes, and that is what
4 drives the level to 55,000 beds to keep the status
5 quo.

6 COMMISSIONER JACK KITTS: Can I ask a
7 question that may seem odd at this stage of the
8 presentation, but could you just clarify for me
9 what is it that you are using to hold someone
10 accountable, the government accountable for? What
11 are the outputs that you are looking at to
12 introduce the accountability?

13 PETER WELTMAN: Well, I think it is
14 important that despite the name Financial
15 Accountability Officer, we don't hold anybody
16 accountable. We provide analysis to MPPs.

17 So some of the questions, if you will,
18 would be, okay, is 15,000 enough beds? Can we
19 afford, you know, 2 billion and 980 million dollars
20 a year? Are we just postponing the problem by only
21 building 15,000 beds? Should we be building 70,000
22 beds because we know in ten years or five years we
23 are going to have this bulge?

24 So these are the questions that MPPs
25 and others can ask of the government, the Ministry

1 of Long-Term Care, to hold that group to account
2 because they are the ones that own and deliver the
3 program.

4 COMMISSIONER JACK KITTS: Okay, so the
5 accountability for the improvement in patient
6 experience or wait time would be through either
7 Health Quality Ontario or Ontario Health or
8 expected getting the hallway medicine down and that
9 would be in the Ministry, perhaps, Long-Term Care.

10 So you are really not holding anyone
11 accountable for the value for this investment
12 achieving the results that someone is trying to
13 achieve?

14 PETER WELTMAN: We aren't. However,
15 I'll just take that up a level.

16 So the reason we structured the report
17 as we did is because the government had a policy or
18 a platform policy to say we are going to end
19 hallway health care, so that is one.

20 Okay, how are you going to do that? We
21 are going to build 15,000 beds. Okay, that is how
22 you are going to do it. There may be a whole bunch
23 of other things, but that is going to frame our
24 report. That framed the question that came to us
25 from the MPP.

1 Will 15,000 beds eliminate hallway
2 health care? That was one of the questions we were
3 asked. So as part of the analysis, we answered it.
4 We also answered a bunch of other questions.

5 If it is value for money, that is a
6 different question. That is not something we are
7 built to do at the moment. The AG does the value
8 for money, but nobody has really gotten into the
9 area that you are talking about yet.

10 COMMISSIONER FRANK MARROCCO (CHAIR):
11 Somebody should go on mute.

12 COMMISSIONER JACK KITTS: Thank you,
13 Mr. Weltman. I appreciate that, thank you.

14 COMMISSIONER FRANK MARROCCO (CHAIR):
15 So is there an element of
16 accountability, though, in saying that 15,000 beds
17 will not significantly impact the wait list?

18 PETER WELTMAN: Well, I mean,
19 significant or not significant is a judgment call.
20 Well, actually, it is not. It is a statistical
21 measure. And yeah, that is the accountability
22 piece here. 15,000 beds is not going to end
23 hallway health care.

24 Now, we are not going to say that. I
25 am not going to go out there and say that publicly.

1 That is not my role. That is not part of the
2 mandate.

3 But anybody else certainly can use that
4 information, and that would be a fairly substantial
5 claim to make. I mean, you know, it is a
6 substantiated claim to make.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 Thank you.

9 MATT GURNHAM: So that was the end of
10 the presentation. If you have any other questions,
11 we would be happy to answer them.

12 COMMISSIONER FRANK MARROCCO (CHAIR):
13 That is quite an ending, actually.

14 I can't see everybody on the screen
15 today because -- well, I'll spare you all my
16 personal situation here with tradespeople.

17 But the Commissioners don't have any
18 questions, any further questions?

19 COMMISSIONER ANGELA COKE: No, that was
20 very clear, thank you.

21 COMMISSIONER FRANK MARROCCO (CHAIR):

22 Yes, thanks. Let me echo that. That
23 was a very clear presentation. And I am sure if
24 they do ask you or allow you to answer more
25 specific accountability questions, they will get

1 the same kind of direct information that we got
2 here, which we very much appreciate and it helps
3 clear up some aspects of this for us, not only in
4 terms of the number of beds but in terms of
5 understanding the construction subsidy a bit better
6 and that sort of thing.

7 So thank you very much for taking the
8 time to do this.

9 PETER WELTMAN: Thank you. And I am
10 going to leave you with a couple of things, if I
11 may.

12 So this is all government information
13 that we have used, along with our own research, and
14 we put the report together. And effectively there
15 is nothing that we have done that folks within the
16 Ministry can't -- well, I was just going to say
17 can't also do, but they do it in a different way.
18 And there are different institutional -- there is
19 different institutional inertia that may prevent
20 them from putting together something like this all
21 in one package, but the data is there, right.

22 So if somebody chooses, if you ask them
23 specifically what is the ROI or what is the
24 discount rate for a contractor to do a long-term
25 care bed, you know, and what is the risk/return

1 ratio, the data is there to do it. Whether they'll
2 do it or not is an entirely different question
3 because, of course, they have a Minister to support
4 and we don't. So that allows us to do more of this
5 sort of work without fearing about whose toes we
6 are treading on, if you will, and we are not
7 supporting a government policy or a message.

8 So sometimes it is useful to get -- you
9 know, just to keep that in the back of your mind as
10 you go forward.

11 COMMISSIONER FRANK MARROCCO (CHAIR):

12 Does your mandate cover assisting
13 Commissions of Inquiry?

14 PETER WELTMAN: We had that question,
15 funny you should ask. So the mandate unfortunately
16 does not. Certainly we could do it if we were
17 asked.

18 But I would also say that we are -- you
19 know, there is a reason why we haven't updated this
20 report. We are swamped and we just simply don't
21 have the bandwidth to do this.

22 As much as the work would be
23 fascinating to do and I think we would love to do
24 it, I don't have the resources right now to do it
25 with. Now, if you can figure something out...

1 COMMISSIONER FRANK MARROCCO (CHAIR):

2 Well, I am having enough trouble
3 getting documents, let alone getting into anything
4 else.

5 In any event, this has been very, very
6 helpful, and we really do appreciate the direct and
7 forthright nature of the presentation. It has been
8 informative for us, and notwithstanding your lack
9 of mandate, as far as we are concerned, we may come
10 back to you and if you can't help us, then we
11 certainly understand.

12 PETER WELTMAN: Well, happy to help.
13 Thanks for having us.

14 COMMISSIONER JACK KITTS: Thank you.

15 COMMISSIONER FRANK MARROCCO (CHAIR):
16 Thank you.

17 MATT GURNHAM: Thanks, everybody.

18 COMMISSIONER FRANK MARROCCO (CHAIR):
19 Thank you very much.

20

21 -- Adjourned at 11:43 a.m.

22

23

24

25

1 REPORTER'S CERTIFICATE

2
3 I, DEANA SANTEDICOLA, RPR, CRR,
4 CSR, Certified Shorthand Reporter, certify:

5 That the foregoing proceedings were
6 taken before me at the time and place therein set
7 forth;

8 That all remarks made at the time
9 were recorded stenographically by me and were
10 thereafter transcribed;

11 That the foregoing is a true and
12 correct transcript of my shorthand notes so taken.

13
14
15
16 Dated this 12th day of December, 2020.

17
18
19 

20
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22 NEESONS, A VERITEXT COMPANY

23 PER: DEANA SANTEDICOLA, RPR, CRR, CSR
24
25

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