HARVARD MEDICAL SCHOOL

COVID-19 and Nursing Homes

David C. Grabowski, PhD

@DavidCGrabowski

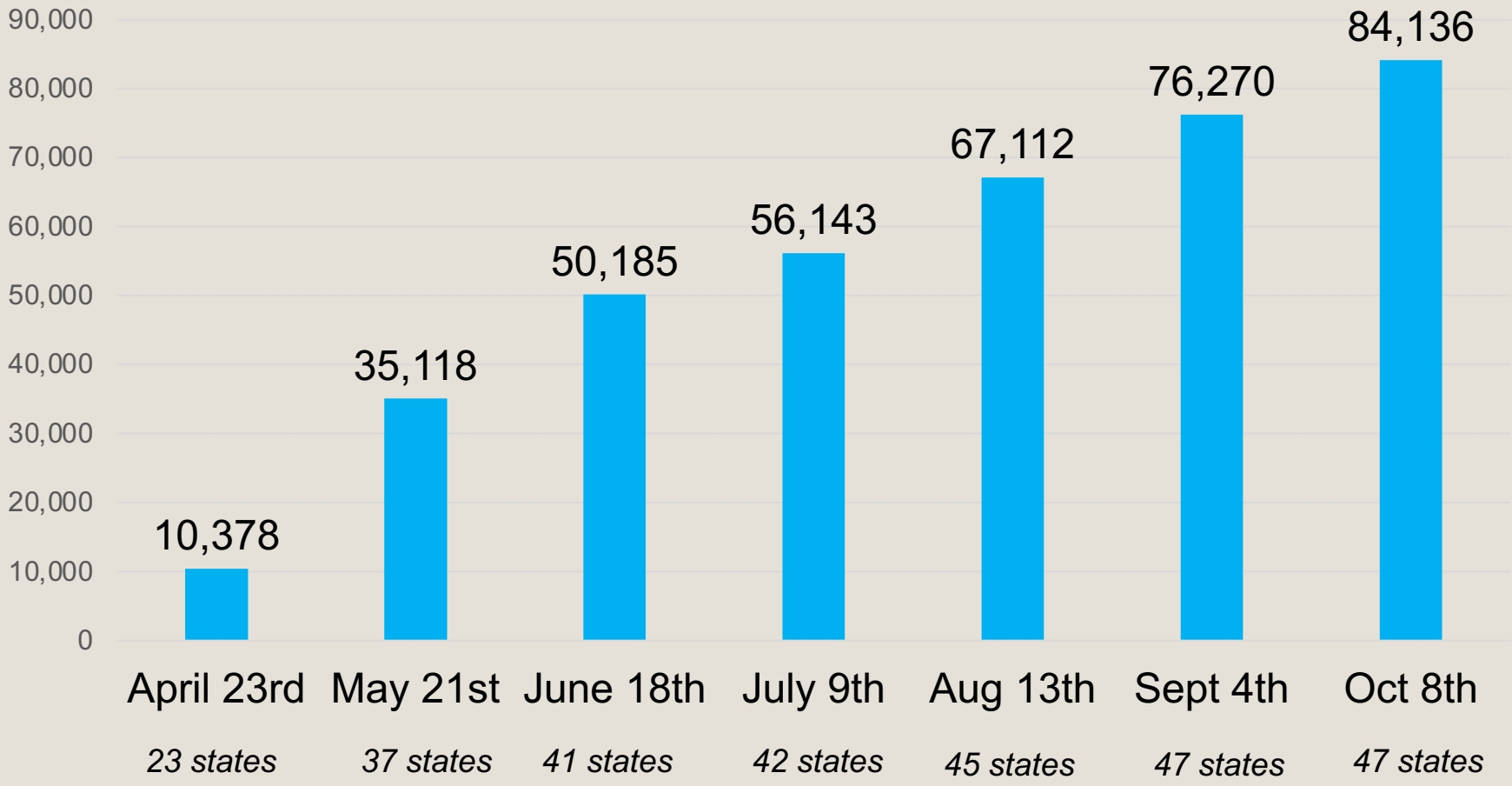
October 20, 2020

COVID and Long-term care facilities

537,446 Cases → 20,720 Facilities → 84,136 Deaths

Source: Kaiser Family Foundation, 10/8/20

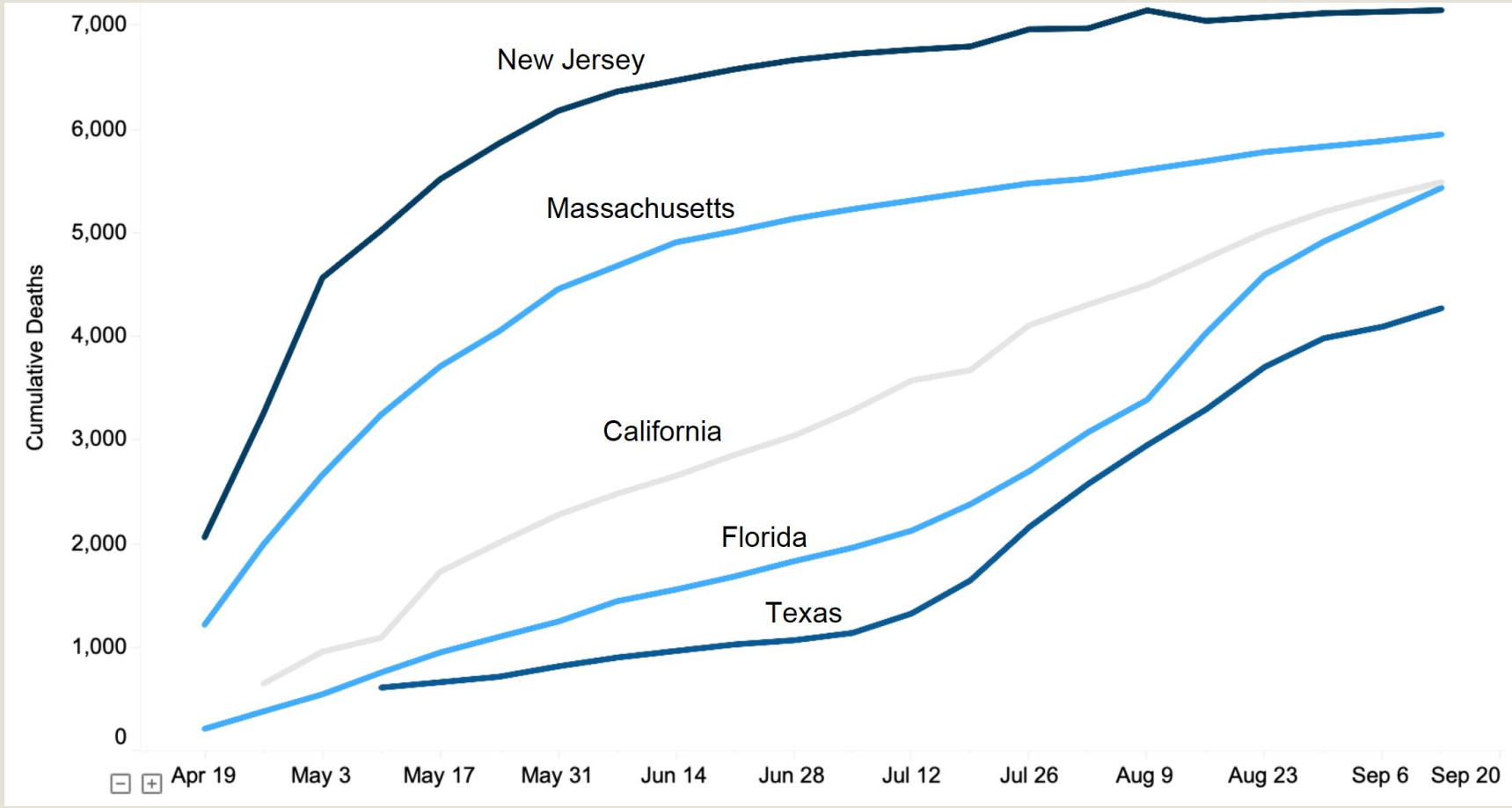
State-reported COVID-19 deaths in long-term care facilities have increased eightfold since April



NOTE: States vary in types of facilities included, whether data are cumulative, and whether totals include staff and residents.

SOURCE: KFF, "State Reporting of Cases and Deaths Due to COVID-19 in Long-Term Care Facilities", April 2020, and KFF analysis of state reporting of COVID-19 cases and deaths in LTC facilities available in "Additional State-level Data" section of KFF state COVID-19 data and policy actions tracker.

States on Different Trajectories



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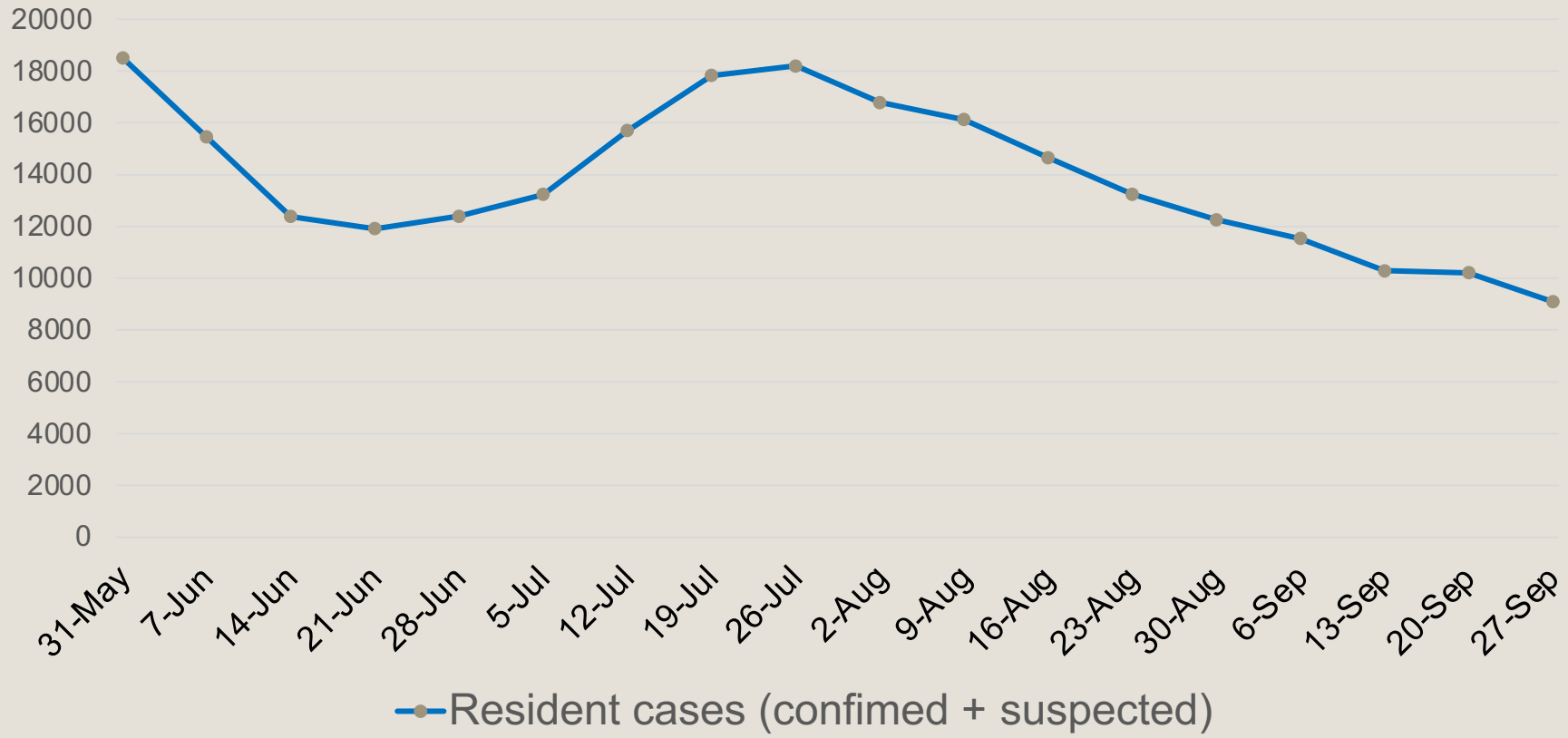
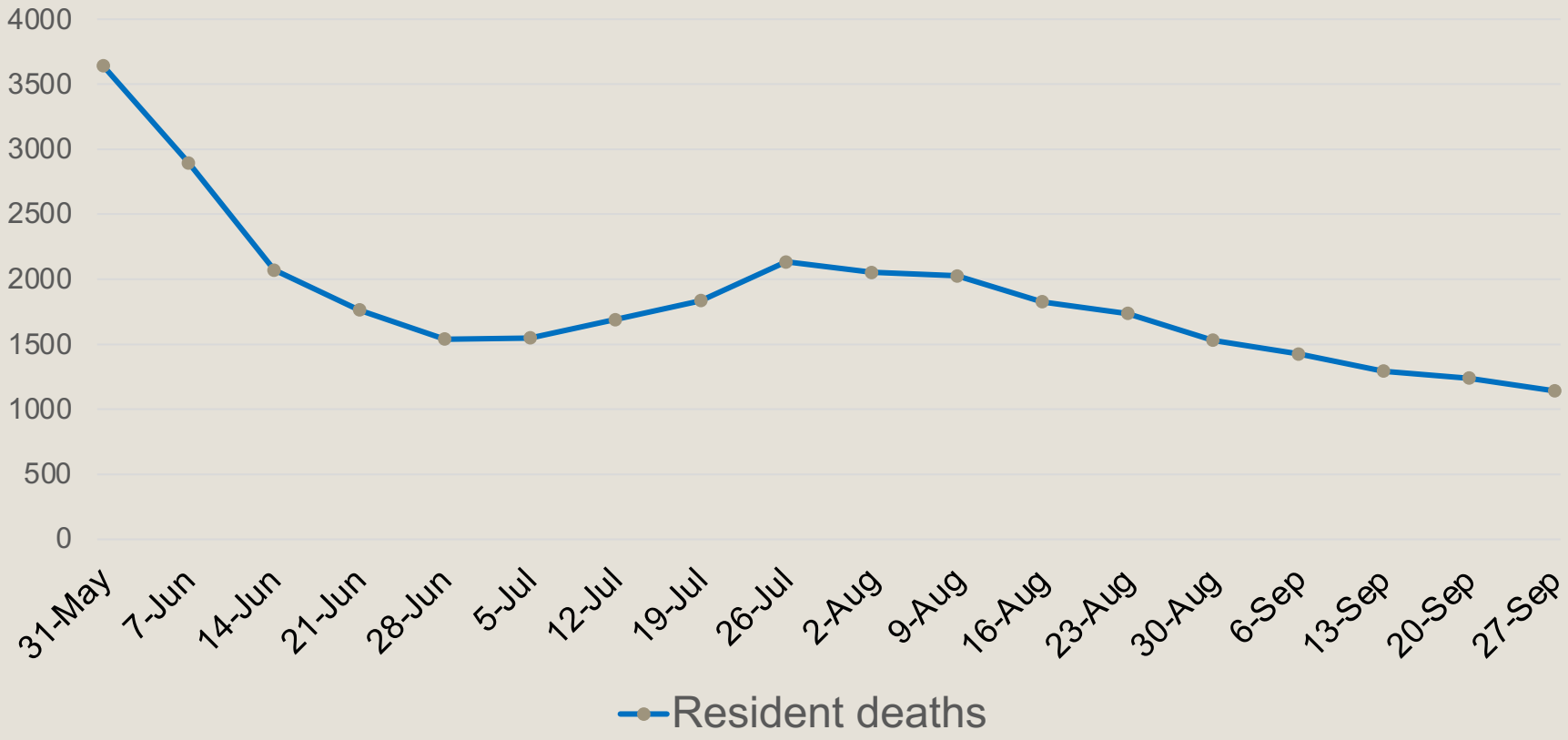
SOURCE: KFF, "State Reporting of Cases and Deaths Due to COVID-19 in Long-Term Care Facilities", April 2020, and KFF analysis of state reporting of COVID-19 cases and deaths in LTC facilities available in "Additional State-level Data" section of KFF state COVID-19 data and policy actions tracker.

First surge driven by northeast, second by sunbelt states



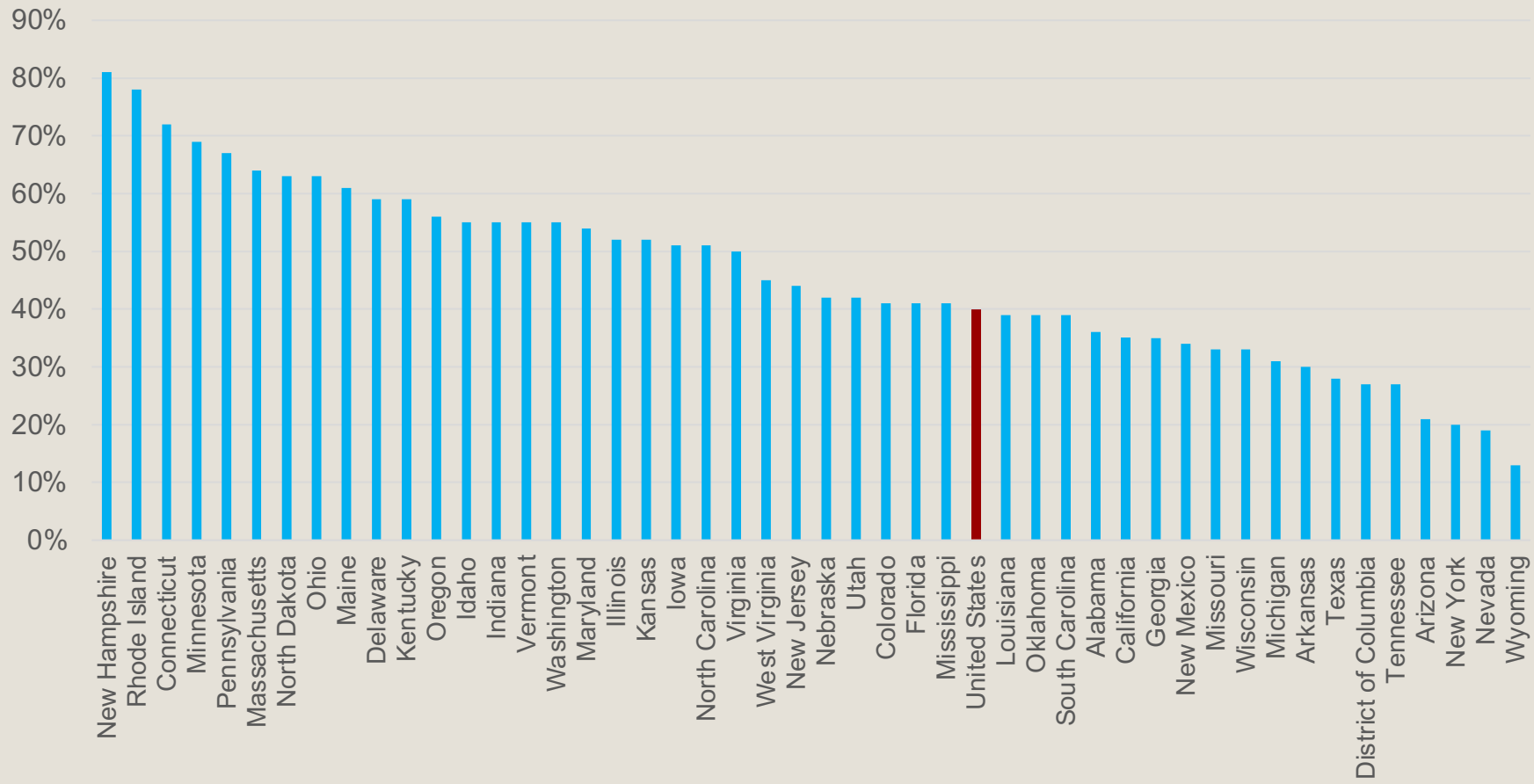
Source: Federal COVID Nursing Home Data, data.cms.gov

Resident deaths has similar trajectory…



Source: Federal COVID Nursing Home Data, data.cms.gov

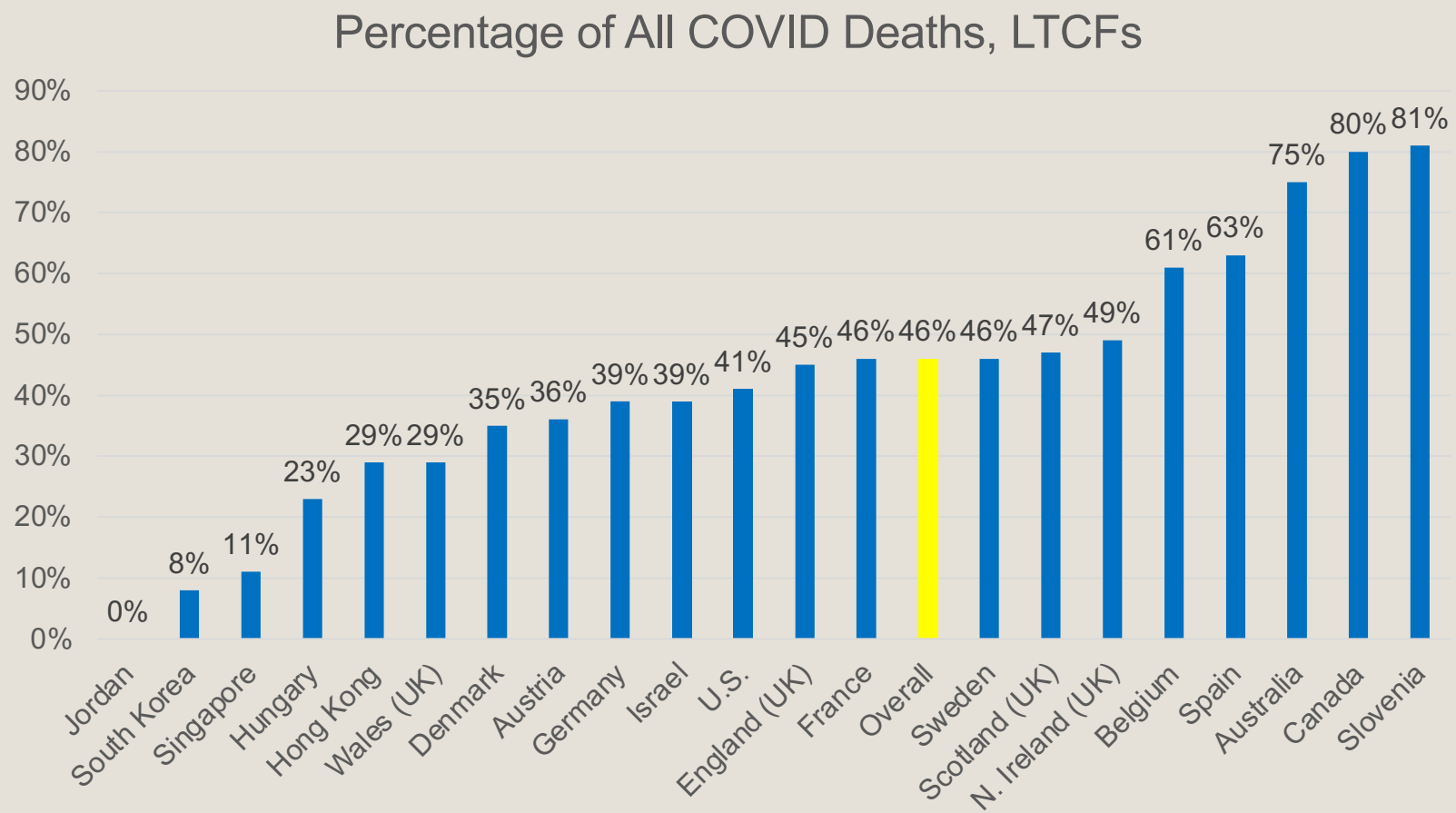
LTC facility deaths as share of total, huge variation across states



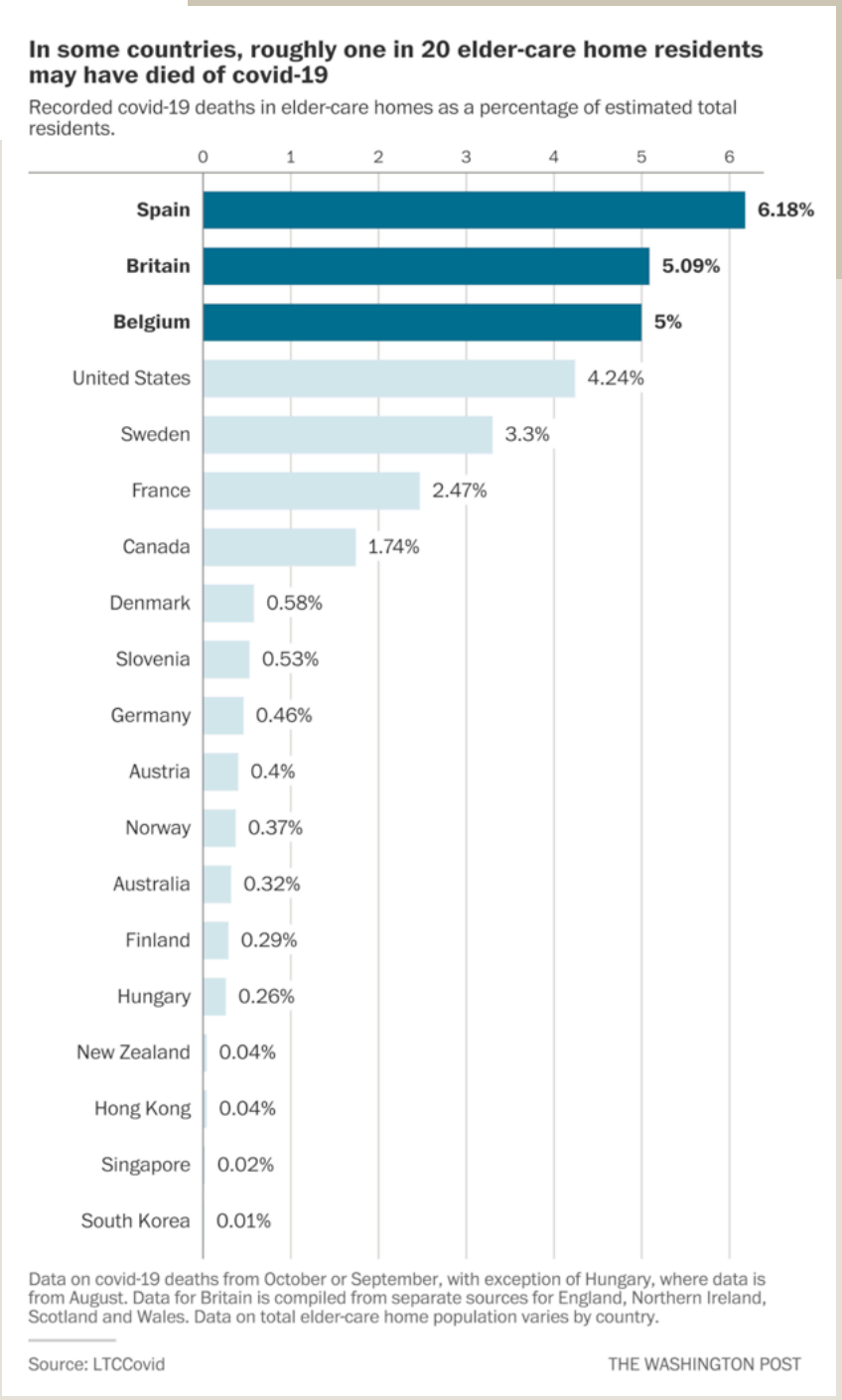
NOTE: COVID-19 deaths in LTCFs as share of total state deaths cannot be determined for the following nine states, either due to limitations in data reported or lack of any COVID-19 reporting for LTCFs: Alabama, Alaska, Arizona, Arkansas, Hawaii, Missouri, Montana, New Mexico, and South Dakota. States vary in types of facilities included, whether data are cumulative, and whether totals include staff and residents.

SOURCE: KFF analysis of state reporting of COVID-19 cases and deaths in long-term care facilities available in “Additional State-level Data” section of KFF state COVID-19 data and policy actions tracker. Data as of 10/8/20

US Similar to International Average



Source: LTCcovid.org



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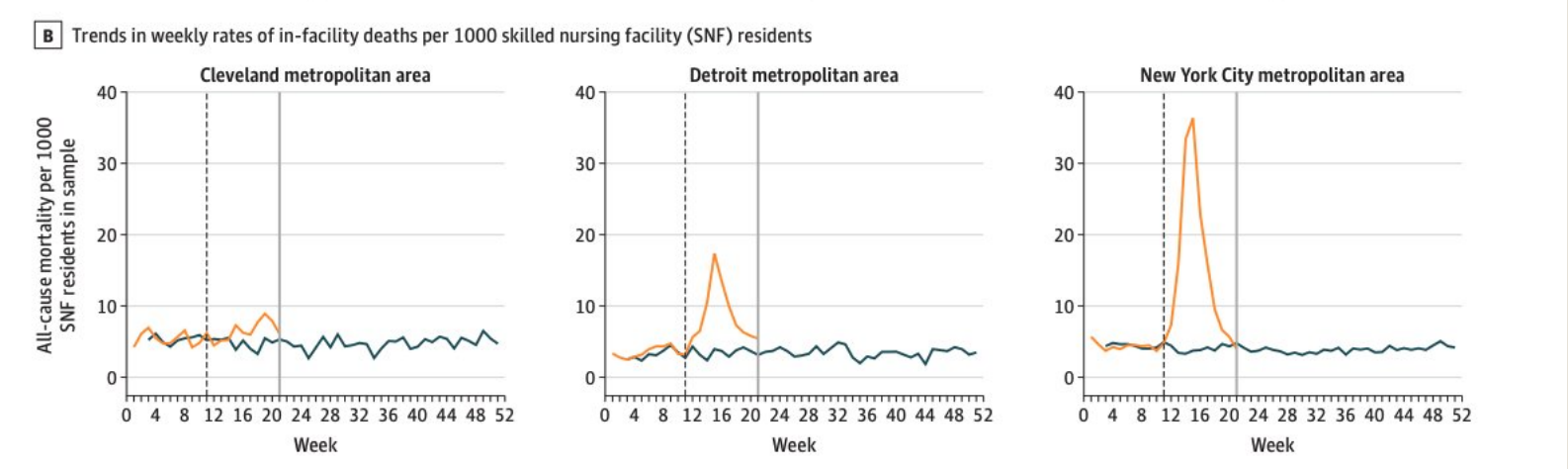
"The idea that you could somehow protect the people living in care homes from whatever is going on outside hasn't worked." Adelina Comas-Herrera, Washington Post, 10/16/20

Excess Mortality?

- NYC: 4.1x higher mortality from March-May 2020 vs. 2019
- Detroit: 2.2x higher in March-May 2020 vs. 2019



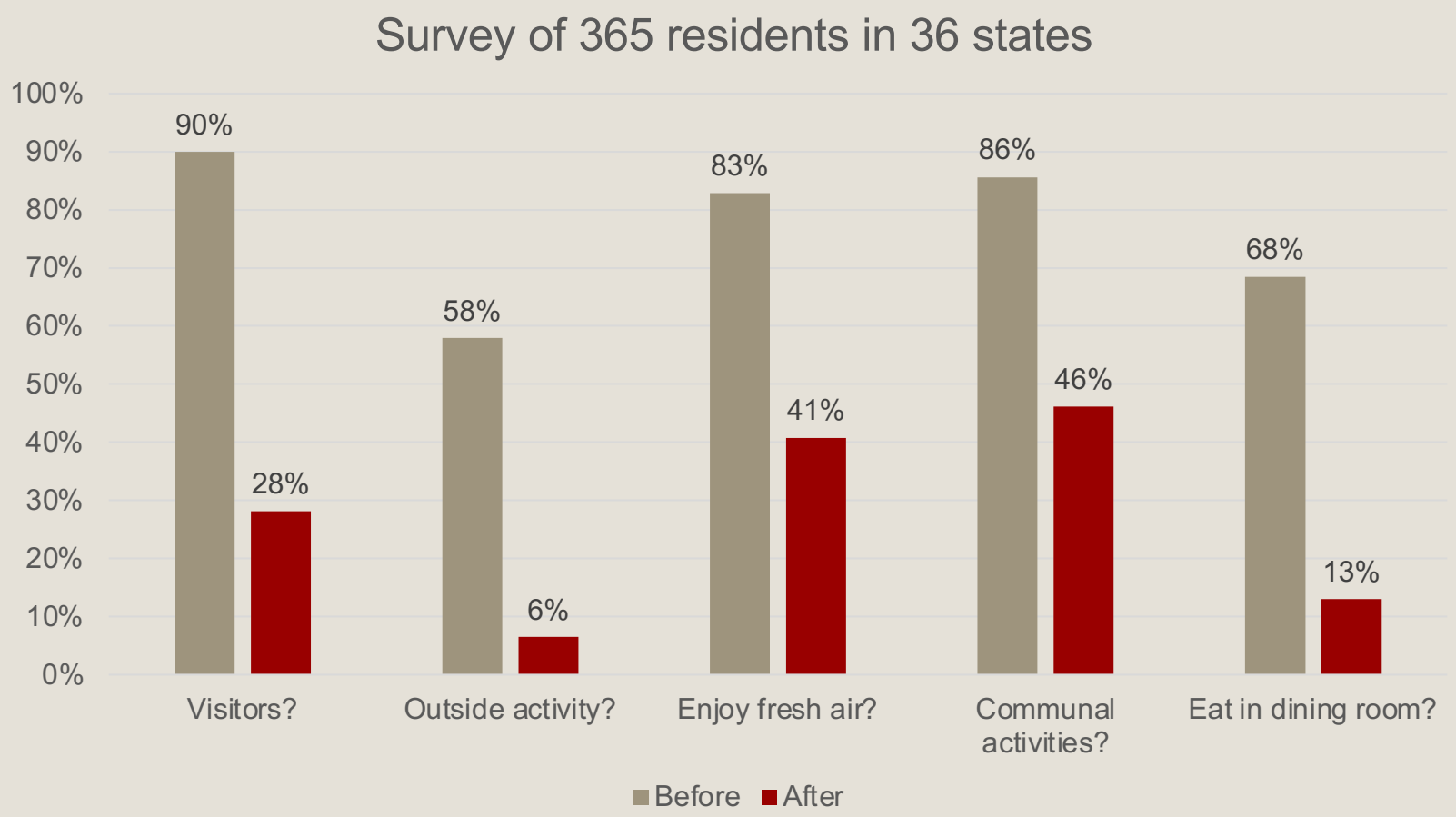
Source: Barnett et al., 2020 JAMA

Efforts to Stem COVID

Most nursing homes are in lockdown:

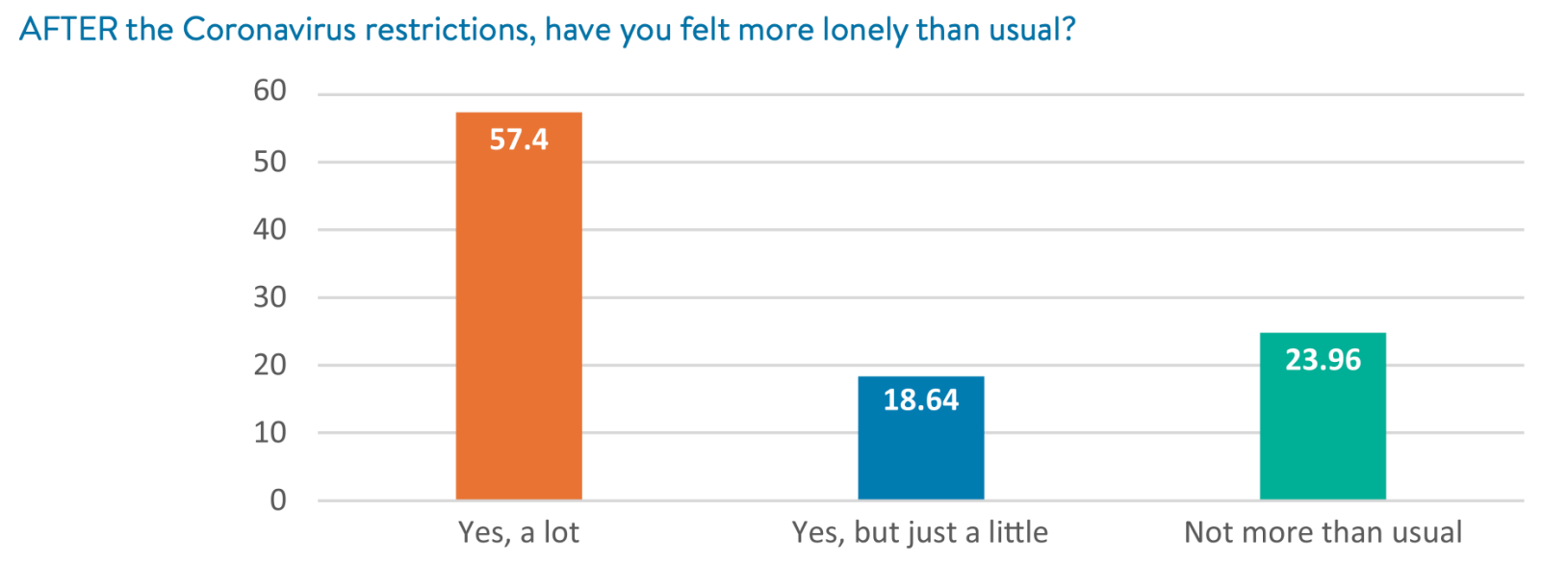
- No visitors
- No communal dining/activities

Impact of Pandemic on Residents?



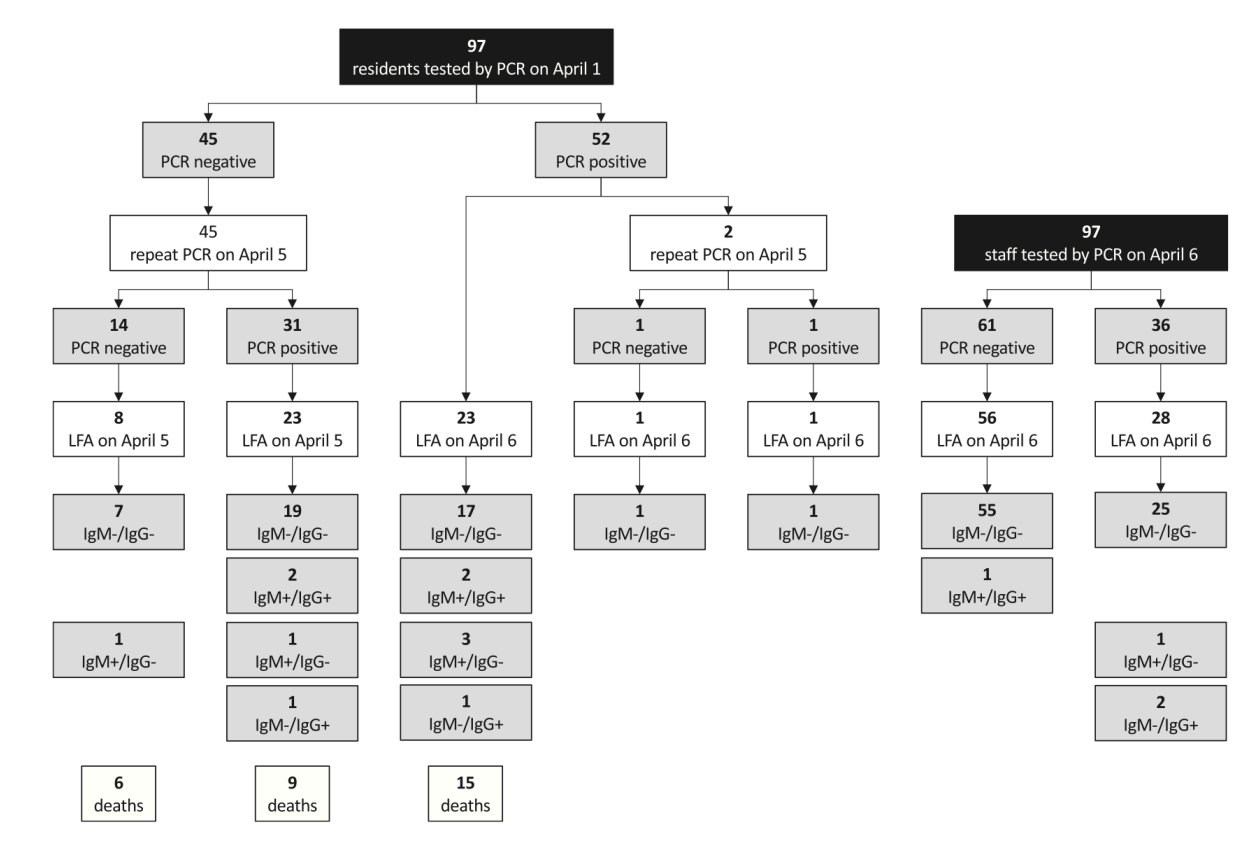
Source: Altarum Special Report, October 2020

Loneliness?



Source: Altarum Special Report, October 2020

Case study of a Mass. SNF with no symptomatic cases pre-April 1st



- 30 residents had died by April 15th
- Serology tests largely negative for residents (80%) and staff (95%)

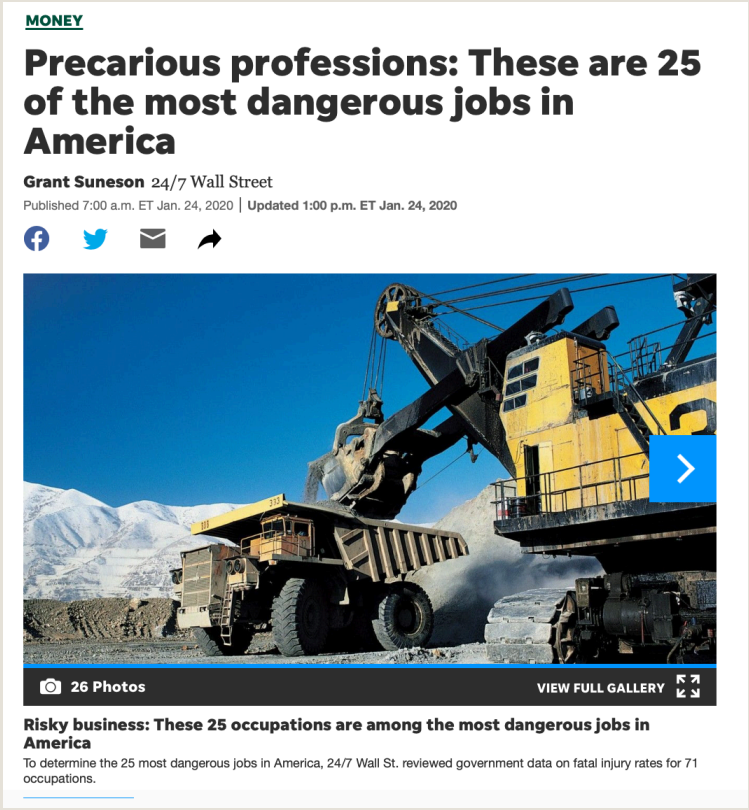
Sources: Goldberg et al., 2020 JAMDA; Goldberg et al., 2020 Clin Infect Dis

Impact on nursing home staff

- 198K confirmed cases & 131K suspected cases (as of 9/27/20)
- 900+ staff deaths (as of 9/27/20)
- Limited PPE & testing
- Limited hazard pay, benefits, sick leave, etc.

Most Dangerous Jobs in America?

1) Logging = 97.6 per 100,000 workers
2) Commercial fishermen = 77.4 per 100,000 workers



MONEY

Precarious professions: These are 25 of the most dangerous jobs in America

Grant Suneson 24/7 Wall Street

Published 7:00 a.m. ET Jan. 24, 2020 | **Updated 1:00 p.m. ET Jan. 24, 2020**

26 Photos VIEW FULL GALLERY

Risky business: These 25 occupations are among the most dangerous jobs in America

To determine the 25 most dangerous jobs in America, 24/7 Wall St. reviewed government data on fatal injury rates for 71 occupations.

The Washington Post
Democracy Dies in Darkness

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Opinions

Nursing home workers now have the most dangerous jobs in America. They deserve better.

A health worker arrives to take a nose swab sample as part of testing for the covid-19 at a nursing and rehabilitation facility in Seattle on April 17. (Ted S. Warren/AP)

Opinion by **Brian E. McGarry**, **Lori Porter** and **David C. Grabowski**

July 28, 2020 at 7:00 a.m. EDT

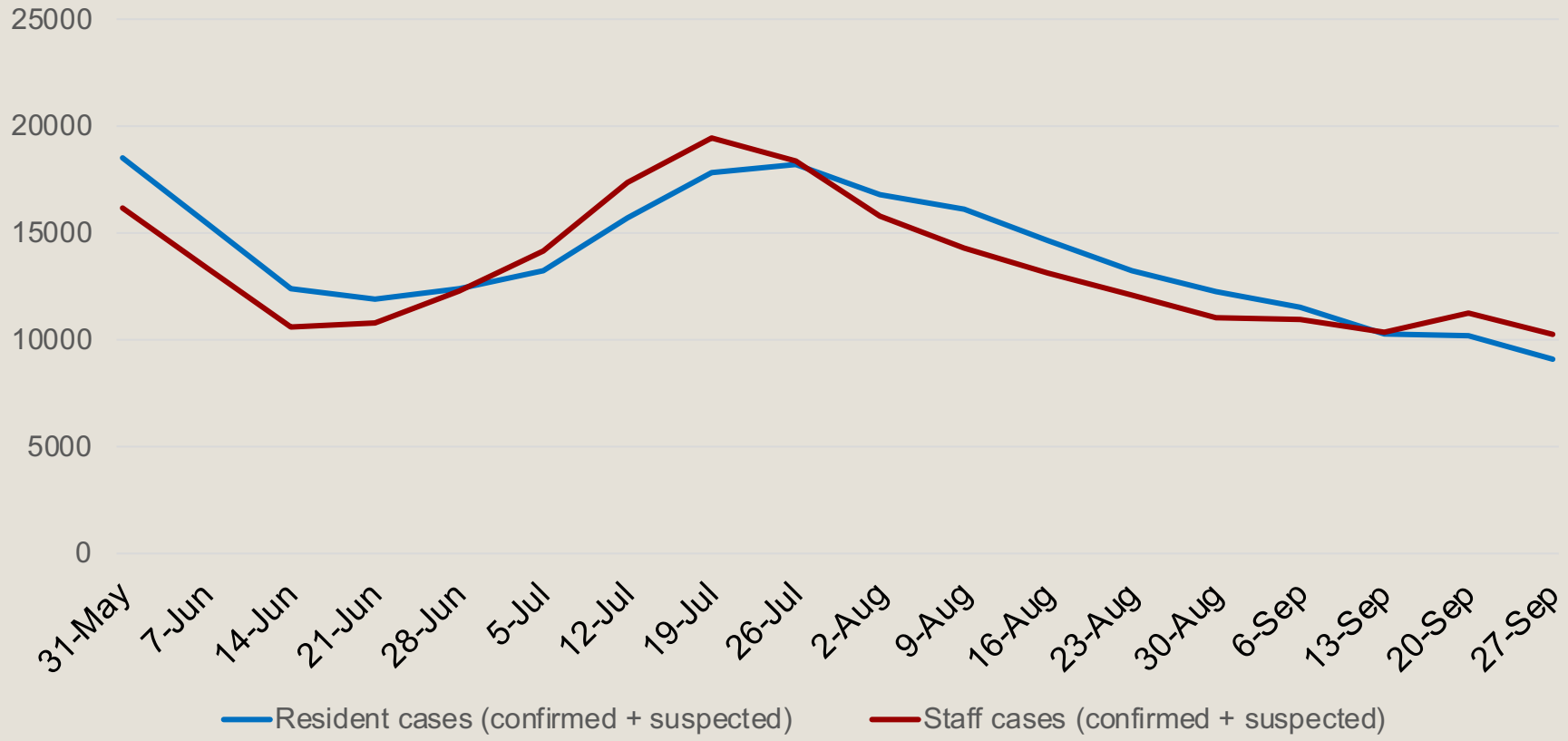
Brian E. McGarry is an assistant professor in the Department of Medicine at the University of Rochester. Lori Porter is the co-founder and chief executive officer of the National Association of Health Care Assistants. David C. Grabowski is a professor of health-care policy at Harvard Medical School.

As covid-19 has ravaged nursing homes, it has also made working in these facilities the most dangerous job in America. Since the start of the pandemic, facilities have reported 760 covid-19-related deaths among their staff.

If deaths continue at this pace over a full year, it will equate to more than 200 fatalities per 100,000 workers. This would more than double the rate of previous years' deadliest occupations, such as logging and commercial fishing.

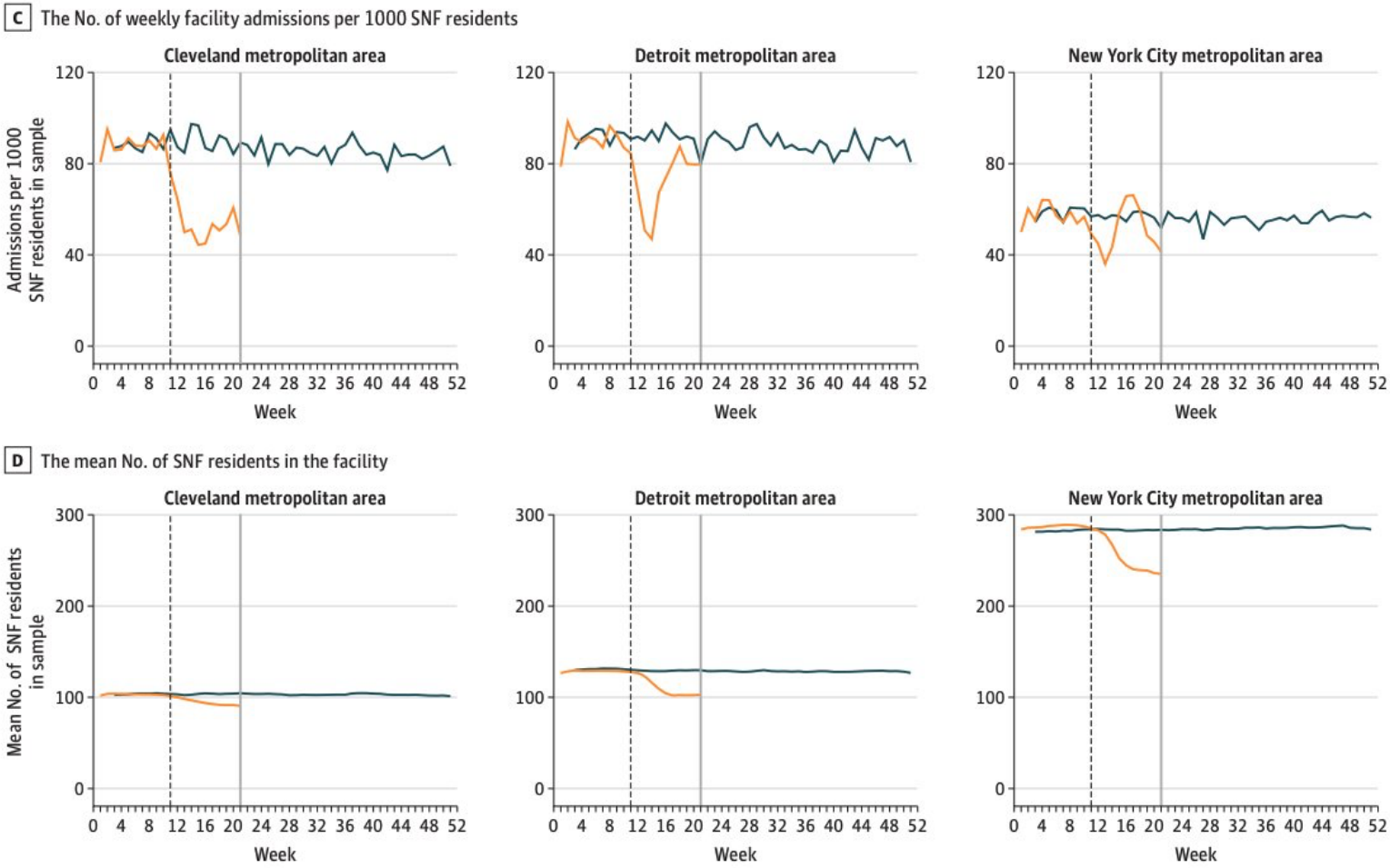
"If deaths continue at this pace over a full year, it will equate to more than 200 fatalities per 100,000 workers"

Federal data suggests trend in staff cases mirror trend in resident cases



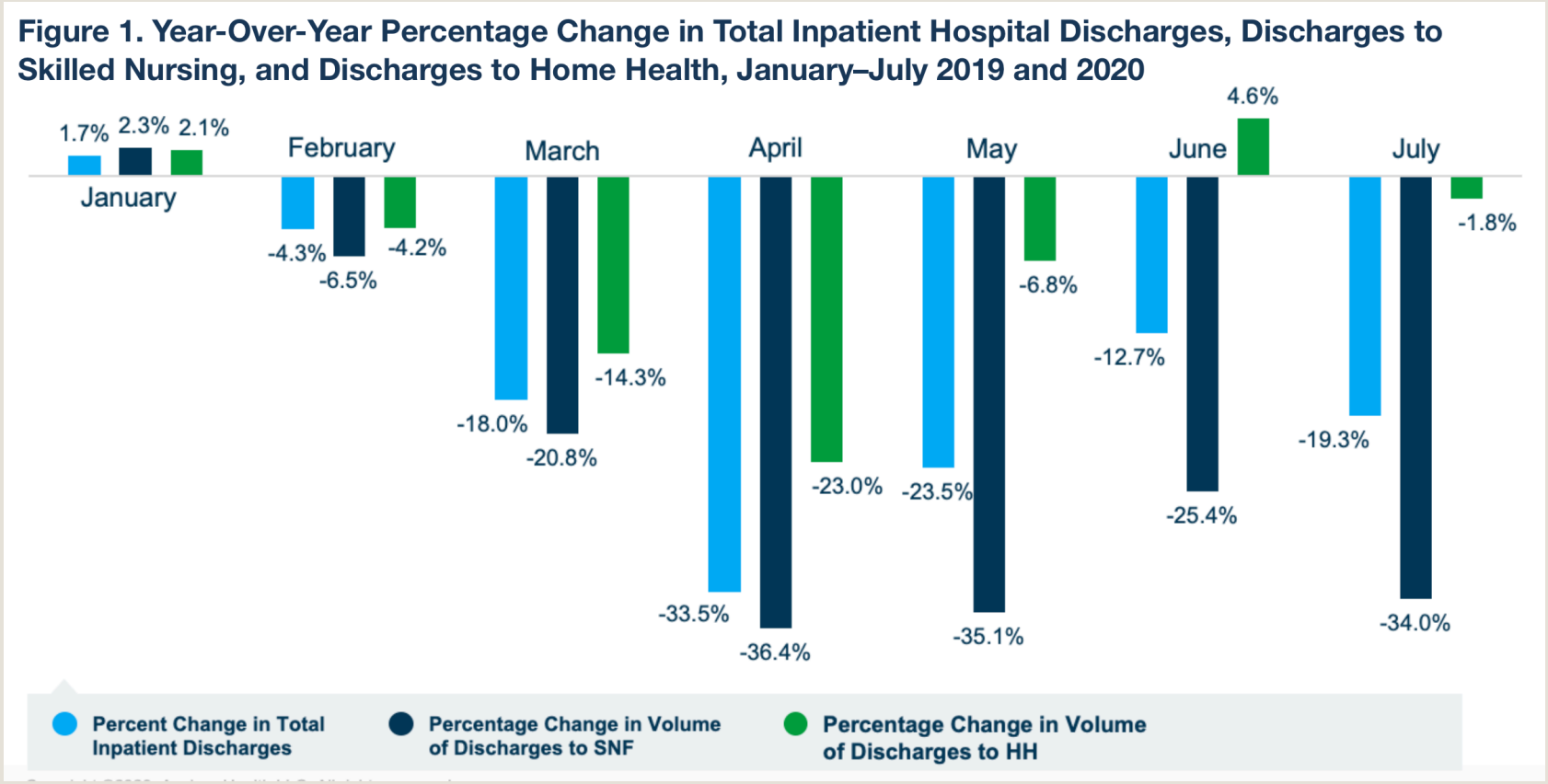
Source: Federal COVID Nursing Home Data, data.cms.gov

Tough on SNFs Financially



Source: Barnett et al., 2020 JAMA

SNF discharges have not rebounded



Source: Avalere, 2020

“Crisis on Top of a Crisis”

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COVID-19

- 500,000+ COVID cases resulting in 80,000+ deaths, concentrated among minorities
- Residents isolated, lonely
- Caregiver is the “most dangerous job in America”
- Declining admissions/occupancy, risk of facility closures

Nursing Home System

- Low Medicaid payment
- Poor quality, low staffing, low pay, disparities
- Clinicians “missing in action”
- Ineffective regulatory model
- Lack of quality transparency
- Fragmented ownership structures

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The Washington Post
Democracy Dies in Darkness

Opinions

Covid-19 is ravaging nursing homes. We're getting what we paid for.

EMTs move a stretcher outside a rehab center in California. (Ben Margot/AP)

Opinion by **Michael L. Barnett** and **David C. Grabowski**

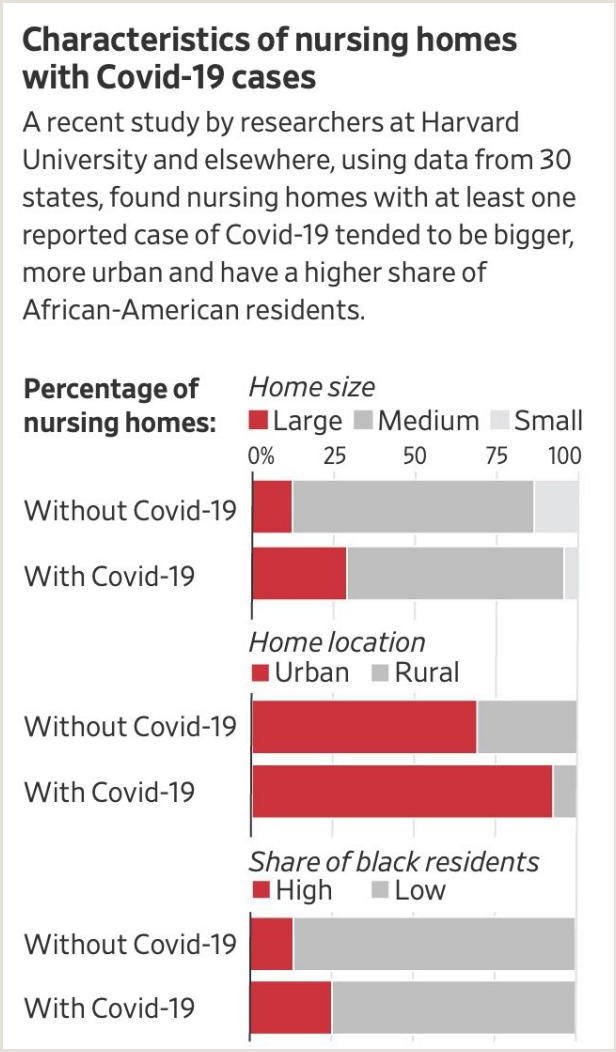
April 16, 2020 at 7:00 AM EDT

"COVID-19 has revealed the fragility of nursing homes' business model and our underinvestment in high-quality long-term care."

Who is to “blame” for nursing home outbreaks?

- Specific nursing homes
- State policies
- National (system-level) approach

Which Facilities Have COVID Cases?

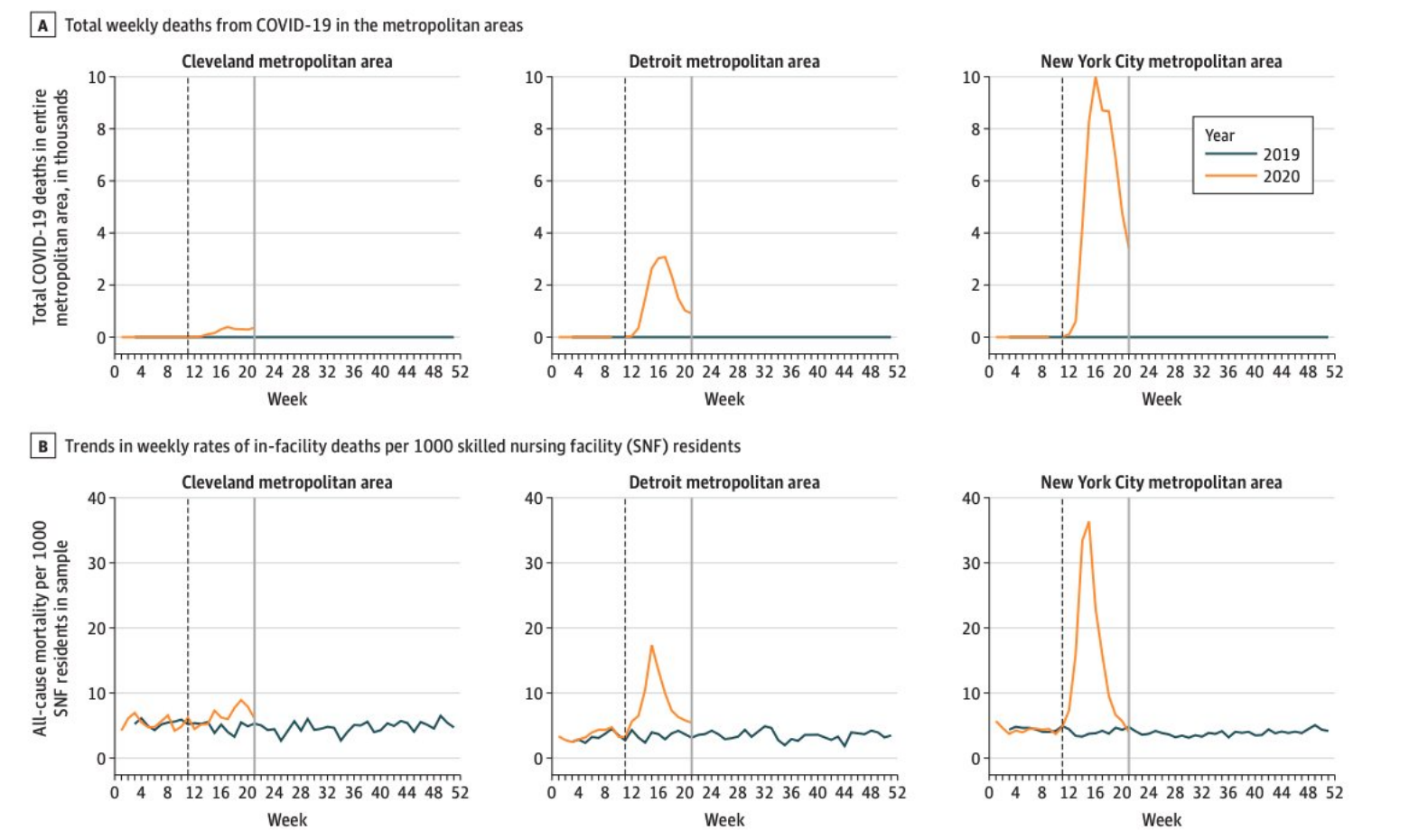


Source: WSJ, 6/1/20

- Facilities with cases were not:
  - Higher rated on NH Compare five-star
  - More likely to have prior infection violation
  - For-profit
  - Chain
  - High Medicaid
- Where you are, not who you are…

Source: Abrams et al., 2020 JAGS

COVID Deaths in Community Mirror Deaths in SNF



Source: Barnett et al., 2020 JAMA

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The Washington Post
Democracy Dies in Darkness

Opinions

We can't protect nursing homes from covid-19 without protecting everyone

A sign outside the Redwood Springs Health Center's nursing home, which was on lockdown because of an outbreak of novel coronavirus cases among residents and staff members, in Visalia, Calif., on May 3. (Melina Mara/The Washington Post)

Opinion by **David C. Grabowski**, **R. Tamara Konetzka** and **Vincent Mor**

June 25, 2020 at 12:42 p.m. EDT

"The expectation that good nursing homes can stop transmission while poorly rated nursing homes cannot is unwarranted. Many top-rated nursing homes have been overwhelmed, while a lot of poorly rated ones are free of covid-19 largely because their staff members live in areas with low rates of infection."

System-level problem in need of system-level solutions

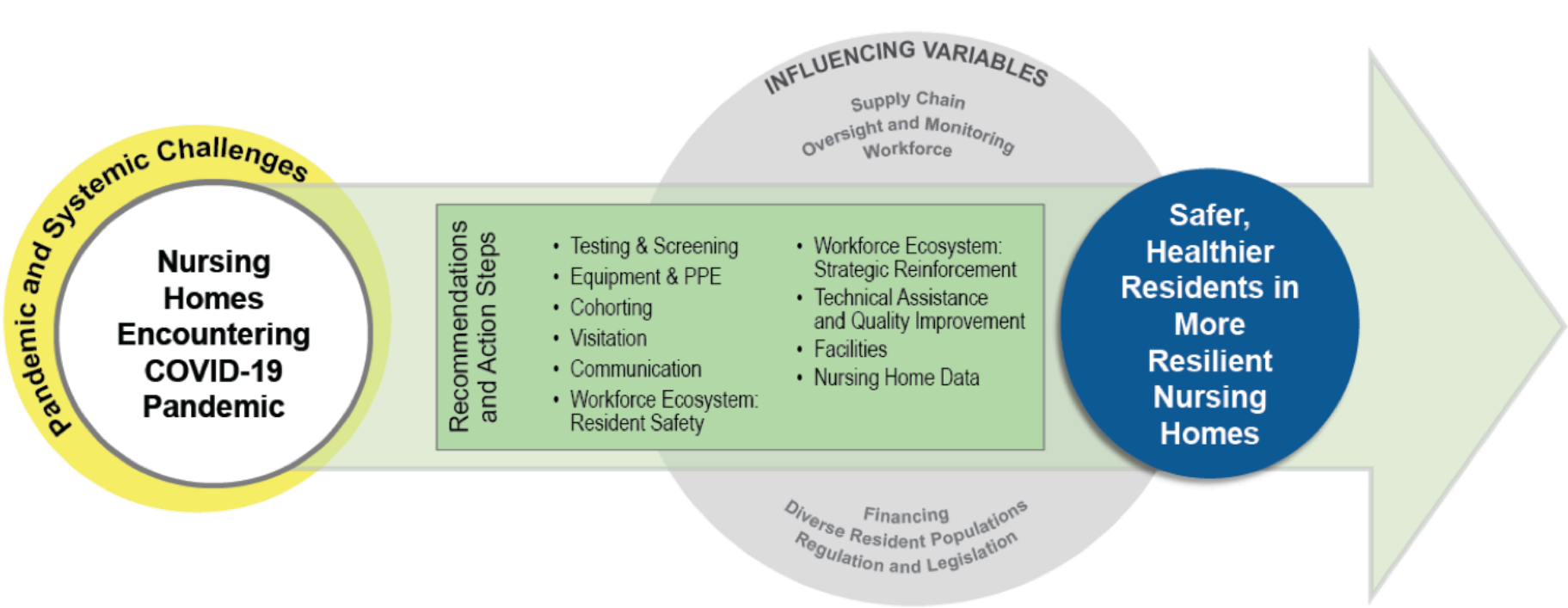

Figure 2. Commission Recommendation Framework

Source: Nursing Home Commission, 2020, Report to CMS

System-level problem in need of system-level solutions

- COVID Testing for staff & residents
  - Some states & facilities have done testing (universal/strike teams)
  - Federal govt provided rapid testing to facilities

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Los Angeles Times

OPINION

We allowed coronavirus to ravage nursing homes. But there's still time to save lives

Nursing facilities around the country, including in California, have had a disproportionate number of COVID-19 cases — and deaths. (Gina Ferazzi / Los Angeles Times)

By DAVID C. GRABOWSKI AND MICHAEL L. BARNETT

MAY 8, 2020 | 3 AM

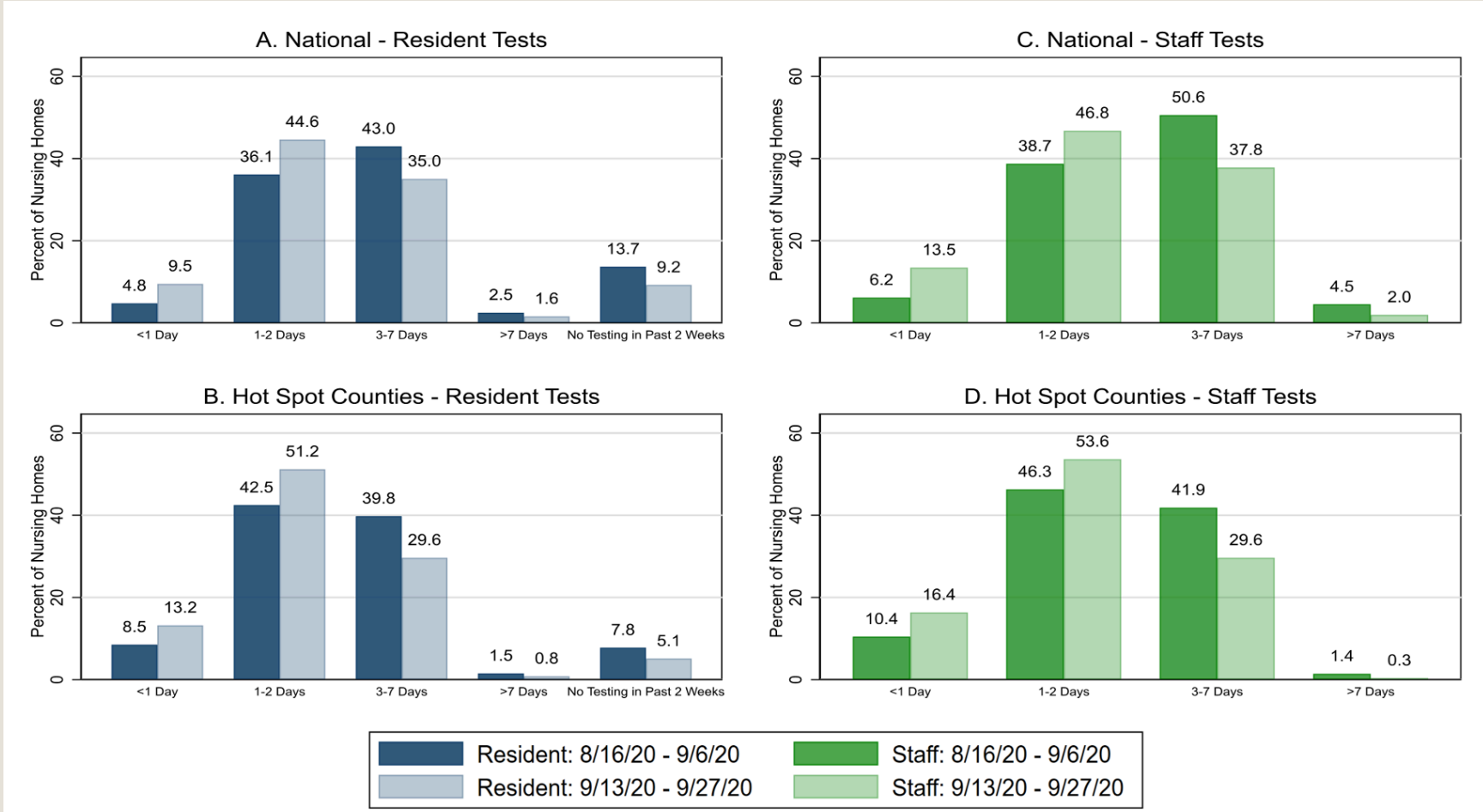
"Regular testing with rapid results is key because as soon as any staff member or resident contracts COVID-19, nursing homes have to know immediately. Otherwise, widespread transmission is nearly inevitable."

Federal Testing (announced 7/14)

- Goal of rapid, point of care covid antigen testing for residents, staff, visitors at all 15,400 NHs nationally
  - 20 tests per hour
  - 4 to 5 million per month nationally
- Began with 2,000 NHs most “at risk”
- More ”false negatives” than PCR testing
- Big development but questions remain about accuracy, training, supplies, etc.

Rapid Testing?

UNDER PEER REVIEW – PLEASE DON'T DISTRIBUTE



Source: Federal COVID Nursing Home Data, data.cms.gov

System-level problem in need of system-level solutions

- COVID Testing for staff & residents
- PPE, infection control, cohorting

Many Nursing Homes Lack PPE and Adequate Staffing

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EXHIBIT 1

National rates of personal protective equipment (PPE) and staff shortages in US nursing homes, May–July 2020

	Study period 1		Study period 2	
Shortage type	**Percent**	**95% CI**	**Percent**	**95% CI**
Any PPE shortage (n = 14,509[a] and 15,036[b])	20.7	(20.0, 21.4)	19.1	(18.4, 19.7)
N95 respirators	13.4	(12.9, 14.0)	14.4	(13.9, 15.0)
Surgical masks	6.1	(5.7, 6.5)	8.3	(7.9, 8.8)
Eye protection	5.8	(5.4, 6.2)	7.8	(7.4, 8.2)
Gowns	12.6	(12.1, 13.2)	10.9	(10.4, 11.4)
Gloves	3.7	(3.4, 4.0)	4.2	(3.9, 4.6)
Hand sanitizer	4.9	(4.6, 5.3)	4.3	(4.0, 4.7)
Any staff shortage (n = 14,519[a] and 15,042[b])	20.8	(20.1, 21.5)	21.9	(21.3, 22.6)
Nurses	15.1	(14.5, 15.7)	16.0	(15.4, 16.6)
Clinical staff	2.7	(2.5, 3.0)	2.6	(2.4, 2.9)
Nurse aides	17.2	(16.6, 17.9)	18.5	(17.9, 19.1)
Other	9.2	(8.8, 9.7)	9.3	(8.9, 9.8)

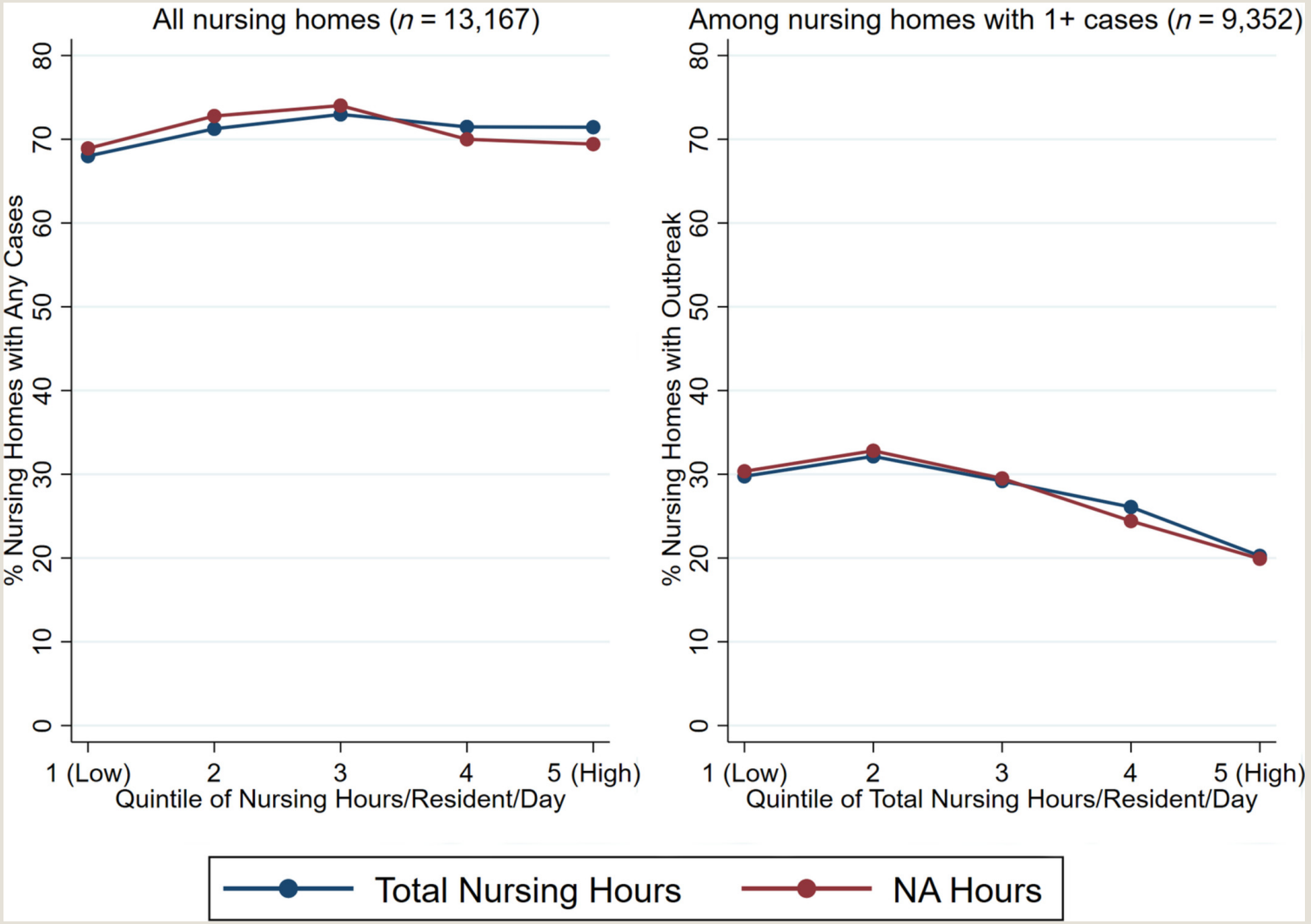
SOURCE Authors' calculations using Centers for Medicare and Medicaid Services COVID-19 Nursing Home Data database. **NOTE** CI is confidence interval. [a]For study period 1, May 18–June 14, 2020. [b]For study period 2, June 24–July 19, 2020.

Source: McGarry et al., 2020 Health Affairs

System-level problem in need of system-level solutions

- COVID Testing for staff & residents
- PPE, infection control, cohorting
- Workforce support
  - Hazard/hero pay
  - Nonpunitive sick leave
  - Health insurance and other benefits
  - Living wage going forward?

Staffing Levels and COVID-19 Cases and Outbreaks in U.S. Nursing Homes

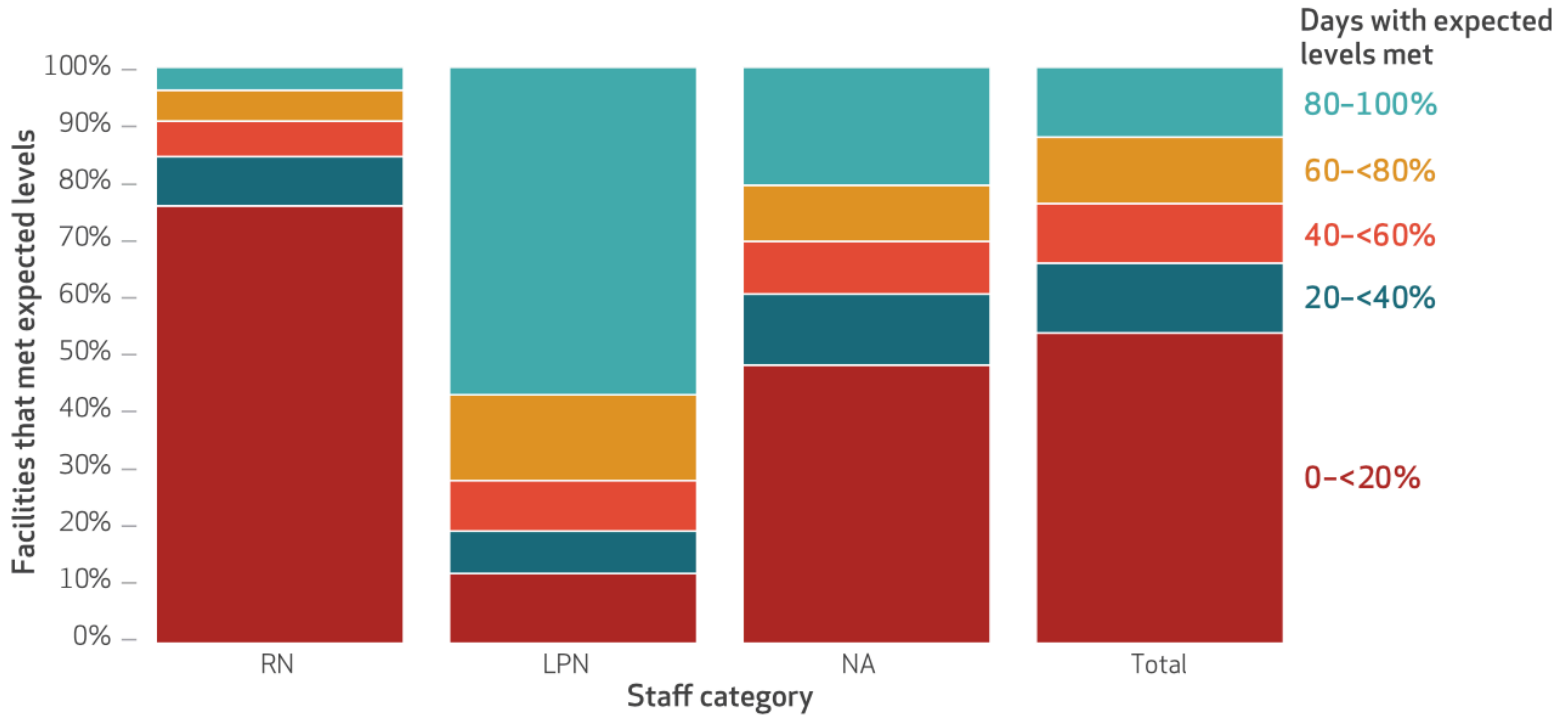


Source: Gorges and Konetzka, 2020, JAGS.

Low Staffing Has Long Plagued NHs

EXHIBIT 1

Percent of nursing homes that met the staffing levels expected by the Centers for Medicare and Medicaid Services (CMS) for all staff categories and total staffing time, by percent of days when expected levels were met, April 2017–March 2018



Source: Geng et al. 2019 Health Affairs

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THE HILL

OPINION | HEALTHCARE

May 22, 2020 - 10:30 AM EDT

Why do we only care about long-term care in a crisis?

GETTY IMAGES

BY RICHARD FRANK, BIANCA FROGNER, DAVID GRABOWSKI AND JONATHAN GRUBER, OPINION CONTRIBUTORS

"Suppose we were to raise the pay of all of the nation's CNAs by $10,000/year, or $5/hour for a full-time worker. This would have a total cost of $20 billion per year— which is less than one percent of the amount we have spent in six weeks to fight COVID."

System-level problem in need of system-level solutions

- COVID Testing for staff & residents
- PPE, infection control, cohorting
- Workforce support
- Invest in Medicaid HCBS, assisted living

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KFF Filling the need for trusted information on national health issues

Coronavirus (COVID-19)

Home // Coronavirus (COVID-19) // How Are States Supporting Medicaid Home and Community-Based Services During the COVID-19...

How Are States Supporting Medicaid Home and Community-Based Services During the COVID-19 Crisis?

MaryBeth Musumeci

Published: May 05, 2020

There has been a lot of focus on the impact of COVID-19 on people in nursing homes**, but less attention so far paid to seniors and people with disabilities receiving long-term home and community-based services (HCBS), who also face serious issues.** Some news reports recently have emerged about outbreaks in group homes for people with developmental disabilities and the impact on people who receive

STAT Topics Coronavirus Opinion Podcast Newsletters Reports Events

FIRST OPINION

Assisted living and Covid-19: the next Kirkland might not be a nursing home

By KALI S. THOMAS, PAULA CARDER, and DAVID C. GRABOWSKI / MARCH 25, 2020 Reprints

System-level problem in need of system-level solutions

- COVID Testing for staff & residents
- PPE, infection control, cohorting
- Workforce support
- Invest in Medicaid HCBS
- Post-acute preparedness

Post-Acute Preparedness

What we should do?

- Create specialized covid-only settings
  - Existing facilities (all or units)
  - Retrofit closed facilities
  - Convention centers/arenas
- Invest in home-based post-acute care where possible

Opinion

VIEWPOINT

Postacute Care Preparedness for COVID-19
Thinking Ahead

David C. Grabowski, PhD
Department of Health Care Policy, Harvard Medical School, Boston, Massachusetts.

Karen E. Joynt Maddox, MD, MPH
Cardiovascular Division, Department of Medicine, Washington University School of Medicine in St Louis, St Louis, Missouri; Center for Health Economics and Policy, Institute for Public Health, Washington University in St Louis, St Louis, Missouri; and Associate Editor, *JAMA*.

Audio and Supplemental content

National projections suggest that hospitals may be overwhelmed with patients with coronavirus disease 2019 (COVID-19) infection in the coming months. Appropriately, much attention has addressed the acute challenges in caring for this surge of critically ill patients. What has received less attention, however, is what happens as patients—most of whom will recover, even in the highest-risk groups—begin to do so. Many patients with COVID-19 will need postacute care to recuperate from their infection. However, postacute care facilities currently lack the capacity and capability to safely treat patients with COVID-19 as they transition from the hospital to other care settings or to their homes. In this Viewpoint, we present the scope of the problem and outline a series of steps that may be helpful as postacute care organizations prepare for the coming increase in patients with COVID-19.

Postacute care includes rehabilitation or palliative services that beneficiaries receive following a stay in an acute care hospital.[1] Depending on the patient's needs, treatment may include a stay in a facility, such as a skilled nursing facility, inpatient rehabilitation facility, or long-term care hospital, or care in the home via a home health agency. Although data are limited regarding the proportion of patients with COVID-19 in other countries who have needed some form of postacute care, historical data from Medicare suggest that more than 30% of patients hospitalized with sepsis, a condition with inpatient mortality similar to that associated with COVID-19,[2] require facility-based care and another 20% require home health care.[3]

> However, postacute care facilities currently lack the capacity and capability to safely treat patients with COVID-19 as they transition from the hospital to other care settings....

Postacute care is also a "pop-off valve" for hospital capacity, in that moving patients to a such a setting once they recover from the most acute phase of their illness could free up hospital beds. Medicare has already loosened restrictions on criteria for transfers by relaxing the 3-day rule,[4] which requires a Medicare beneficiary to spend 3 days in the hospital to qualify for the skilled nursing facility benefit. This will facilitate faster transfer for the least-sick patients.

Projections suggest a major surge in postacute care demand will occur following the hospital surge involving patients with COVID-19. Current skilled nursing facility supply varies nationwide (see the eFigure in the Supplement), and occupancy rates average 85%,[1] signaling that current capacity is inadequate for any surge. But the problems go beyond capacity alone. The discharge of patients with COVID-19 to skilled nursing facilities is complicated. The COVID-19 outbreak at Life Care Center in Kirkland, Washington, has already led to the death of 30 residents as of March 16, 2020, approximately one-quarter of its residents.[5] The Centers for Medicare & Medicaid Services has instituted a series of rules in an attempt to prevent further outbreaks from occurring in these facilities, including no-visitor policies and no group activities or communal dining. In this context, it is not safe in some cases for hospitals to transfer patients with COVID-19 into the mainstream skilled nursing facility population because some patients may still be able to transmit disease.

Where will patients who have begun to recover from COVID-19 receive postacute care? What steps can policy makers and health care organizations take to ensure safe and appropriate postacute care services in the coming weeks and month?

As an important first principle, all patients need to be tested for COVID-19 when they are being discharged to a postacute care setting regardless of whether they were being treated for COVID-19 at the hospital. No individual who has COVID-19 should be discharged to a mainstream postacute care setting except for those rare instances in which the facility can safely and effectively isolate the patient from other residents. There is still uncertainty around how long patients remain contagious after clinical recovery, so testing guidelines may need to be revised as additional information becomes available.

Consequently, specialized postacute care environments will need to be developed to treat patients who are recovering from COVID-19 and cannot receive care at existing facilities while still potentially contagious. These specialized environments could potentially take several forms. One approach would be to dedicate certain postacute care facilities in each market to be "centers of excellence" specializing in—and exclusively assuming—the care of patients recovering from COVID-19. Because these organizations would only care for these patients, the risk of infecting other patients could be minimized. Staff would need to receive appropriate safety equipment and training to provide this care safely. Certain types of facilities such as long-term care hospitals and hospital-based skilled nursing facilities may be well-suited to adopt this specialized role initially because of their existing infrastructure for infection control and their generally higher capacity to care for complex patients.

Corresponding Author: David C. Grabowski, PhD, Department of Health Care Policy, Harvard Medical School, 180 Longwood Ave, Boston, MA 02115-5899 (grabowski@hcp.med.harvard.edu).

Source: Grabowski & Joynt Maddox, 2020 JAMA

System-level problem in need of system-level solutions

- COVID Testing for staff & residents
- PPE, infection control, cohorting
- Workforce support
- Invest in Medicaid HCBS, assisted living
- Post-acute preparedness
- Transparency/engagement for families & other stakeholders

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The Washington Post
Democracy Dies in Darkness

Opinions

Continued bans on nursing home visitors are unhealthy and unethical

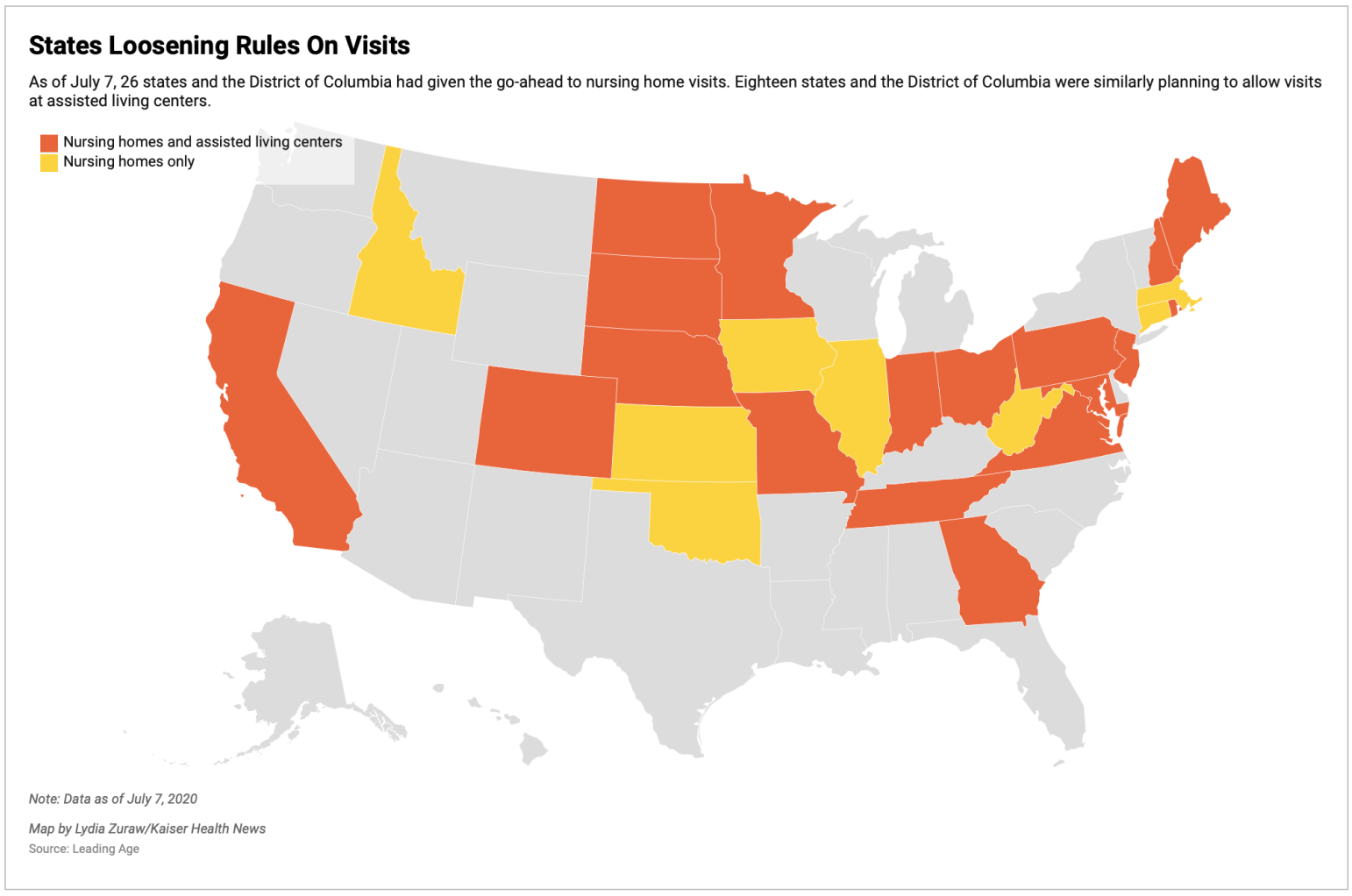
Agustina Cañamero, 81, and Pascual Pérez, 84, hug and kiss through a plastic sheet at a nursing home in Barcelona, Spain, on June 22. (Emilio Morenatti/AP)

Opinion by **Jason Karlawish**, **David C. Grabowski** and **Allison K. Hoffman**

July 13, 2020 at 8:00 AM EDT

"Blanket visitation bans fail to capture how some friends and family are critical to good care. These benefits are worth the low risk posed by well-monitored visits. In the long-run, keeping these essential care partners out will lead to more harm than good."

Reopening Nursing Homes?



Kaiser Health News, 7/13/2020

CMS Issued New Guidance (Sept 17th)

- Encourage outdoor visitation

- Indoor visitation…
  - No new COVID onset in past 14 days
  - Visitors need to adhere to infection control policies
  - NHs should limit # of visitors per resident/facility at any given time
  - Facilities should limit movement in facility

Final Thoughts

- Nursing homes need support right now in terms of testing, PPE, workforce
- Also need to maintain oversight, accountability and family engagement
- Will need to reimagine nursing homes going forward…

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Nursing homes post-covid?

VIEWPOINT

COVID-19: BEYOND TOMORROW

Nursing Home Care in Crisis in the Wake of COVID-19

David C. Grabowski, PhD
Department of Health Care Policy, Harvard Medical School, Boston, Massachusetts.

Vincent Mor, PhD
Department of Health Services, Policy, and Practice, Brown University School of Public Health, Providence, Rhode Island; and Providence Veterans Administration Medical Center, Providence, Rhode Island.

Viewpoint pages 21 and 25

The coronavirus disease 2019 (COVID-19) pandemic has devastated US nursing homes. Thousands of facilities nationwide have reported cases of COVID-19 among residents and staff.[1] Although less than 0.5% of the total US population (approximately 1.5 million people) live in nursing homes, nursing home residents have accounted for approximately 25% of the documented deaths due to COVID-19. Some states (such as Massachusetts and Pennsylvania) and some European countries (such as France and Ireland) have reported that residents of nursing homes account for 50% of the deaths.[1] Virtually all nursing homes are in full lockdown mode with residents unable to see their families or participate in communal meals or activities. Many staff are concerned they will contract the virus, and severe staff shortages exist because many workers are unable or unwilling to work in conditions characterized by insufficient testing and personal protective equipment (PPE).

COVID-19 has exposed long-standing issues in how nursing home services are structured and financed. Nursing homes predominantly care for 2 groups: short-term postacute care patients with Medicare coverage and long-term residents with Medicaid coverage. Medicare is a relatively generous payer, whereas Medicaid often pays below the cost of caring for these frail and medically complex individuals. Thus, the economics of nursing home care hinges on admitting enough short-term Medicare beneficiaries to cross-subsidize the care of long-term residents with Medicaid coverage. Nursing homes that are predominantly dependent on the lower Medicaid reimbursement are poorly resourced, have lower staffing levels, are located in poorer neighborhoods, have the most quality problems, and are most likely to close.[2]

Nursing homes are in crisis because of the COVID-19 pandemic. These facilities need immediate support from policy makers and clinicians including testing, PPE, and support for staff.

Currently, few nursing homes are admitting short-term Medicare beneficiaries. Hospitals are not performing elective procedures like joint replacements so patients who would ordinarily require postacute care are not being referred to nursing homes. An increasing number of hospitalized patients are recovering from COVID-19 and are medically stable enough for postacute rehabilitative care, but most nursing homes are not admitting these patients because of an inability to care for them safely. Some nursing homes are facing bankruptcy due to decreased Medicare revenue and the increased costs of managing patients with COVID-19.

The Days Ahead

Given this crisis, owners, payers, and clinicians need to come together to provide resources and support to nursing homes. To date, nursing homes have received some short-term stimulus funding but much more help is needed.

Staff who are infected but asymptomatic may bring COVID-19 into nursing homes that have been on lockdown for weeks. Nursing homes require rapid COVID-19 testing and continued surveillance of all staff and residents. The virus spreads from the community to nursing homes via staff without sufficient PPE. The federal government recently announced that all US nursing homes would receive 1 week of PPE. Although a good start, the sector will need additional PPE for many weeks because universal precautions must be in place to account for patients with COVID-19 and staff who are asymptomatic. Nursing home staff will need to be trained and supported in good infection control. Additional pay and support for staff, along with short-term programs to supplement this workforce, will be necessary.

For long-term residents, advance care planning and palliative care must be priorities. For patients needing postacute care, nursing homes should not be mandated or otherwise coerced to admit patients with COVID-19 who are discharged from the hospital. The majority of nursing homes do not have the staff, PPE, or a physical layout to safely care for recovering patients with COVID-19 after hospitalization. Specialized postacute care settings for COVID-19 care are needed around the country.[3] In some instances, this will be part of an existing facility, but in others, these are new temporary spaces built in convention centers, arenas, or closed facilities. Ideally, hospital staff will be involved in managing and delivering care in such specialized COVID-19 facilities. For example, a large hospital system in Boston, Massachusetts, is operating a 250-bed skilled nursing facility unit in the city's convention center.

Road to Tomorrow

The first question is when will nursing homes be able to open safely. Given the asymptomatic spread of COVID-19, nursing homes will not be able to reopen until they have access to accurate and rapid COVID-19 surveillance testing. Right now, nursing homes are working under the assumption that everyone has COVID-19. This makes the safe admission of new patients nearly impossible and the care of existing residents challenging. In addition to testing, staff will need adequate PPE and strong

Corresponding Author: David C. Grabowski, PhD, Department of Health Care Policy, Harvard Medical School, 180 Longwood Ave, Boston, MA 02115 (grabowski@hcp.med.harvard.edu).

ISSUE BRIEF
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Strengthening Nursing Home Policy for the Postpandemic World: How Can We Improve Residents' Health Outcomes and Experiences?

David C. Grabowski
Professor of Health Care Policy
Department of Health Care Policy
Harvard Medical School

ABSTRACT

ISSUE: Prior to the coronavirus pandemic, many nursing homes struggled to provide high-quality care and retain a sufficient workforce. The pandemic magnified their challenges, which are tied to how the U.S. pays for, regulates, and delivers nursing home services.

GOALS: To assess how nursing home policies might be strengthened to improve health outcomes and experiences for residents and improve the work environment for staff.

METHODS: Review of proposals related to nursing home payment, regulation, staffing, quality reporting, and delivery of care.

KEY FINDINGS: There are several options for strengthening nursing homes. Medicare payment rates could be brought in line with costs, and Medicaid could pay higher rates commensurate with the costs of delivering care to frail older adults. Additional dollars could be given to direct caregivers. The payment system could encourage more resident-centered models of care. Regulatory reform might encompass increased enforcement and standards consistent with what residents and their family members want from nursing homes. State Medicaid programs could further invest in home- and community-based programs that help keep individuals out of nursing homes.

CONCLUSION: A number of possible nursing home reform options exist to better protect nursing home residents and the individuals who care for them.

TOPLINES

- The consequences of our historical underinvestment in nursing homes have been laid bare during the COVID-19 pandemic, which has taken a deadly toll on residents and staff.
- There are a number of reform options to improve protections for nursing home residents and the people who care for them.

The Commonwealth Fund

SPECIAL ARTICLE

COVID-19 in Nursing Homes: Calming the Perfect Storm

Joseph G. Ouslander, MD and David C. Grabowski, PhD†*

The pandemic of viral infection with the severe acute respiratory syndrome coronavirus-2 that causes COVID-19 disease has put the nursing home industry in crisis. The combination of a vulnerable population that manifests nonspecific and atypical presentations of COVID-19, staffing shortages due to viral infection, inadequate resources for and availability of rapid, accurate testing and personal protective equipment, and lack of effective treatments for COVID-19 among nursing home residents have created a "perfect storm" in our country's nursing homes. This perfect storm will continue as society begins to reopen, resulting in more infections among nursing home staff and clinicians who acquire the virus outside of work, remain asymptomatic, and unknowingly perpetuate the spread of the virus in their workplaces. Because of the elements of the perfect storm, nursing homes are like a tinderbox, and it only takes one person to start a fire that could cause many deaths in a single facility. Several public health interventions and health policy strategies, adequate resources, and focused clinical quality improvement initiatives can help calm the storm. The saddest part of this perfect storm is that many years of inaction on the part of policy makers contributed to its impact. We now have an opportunity to improve nursing homes to protect residents and their caregivers ahead of the next storm. It is time to reimagine how we pay for and regulate nursing home care to achieve this goal. J Am Geriatr Soc 00:1-10, 2020.

Keywords: nursing homes; SARS-CoV-2; COVID-19

From the *Department of Integrated Medical Sciences, Charles E. Schmidt College of Medicine, Florida Atlantic University, Boca Raton, Florida; and the †Department of Health Care Policy, Harvard Medical School, Boston, Massachusetts.

Address correspondence to Joseph G. Ouslander, MD, Charles E. Schmidt College of Medicine, Florida Atlantic University, 777 Glades Rd, Boca Raton, FL 33431. E-mail: jouslan@health.fau.edu

Listen to the GeriPal Podcast with the author at https://www.geripal.org/2020/08/the-perfect-storm-of-covid19-in-nursing-homes.html

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THE PERFECT STORM

The pandemic of viral infection with the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) that causes COVID-19 disease has put the nursing home industry in crisis.[1] Viral infection and COVID-19 disease are prevalent among older nursing home residents. The U.S. federal government has begun to report the number of cases,[2] but these data underestimate the magnitude of the pandemic's impact in the nursing home setting. Twenty-one percent (21%) of 7,424 nursing homes had at least one COVID-19 case in one study published in the *Journal of the American Geriatrics Society* (*JAGS*).[3] In a second study published in *JAGS*, 35% of 341 nursing homes from a large chain and 21% of 3,016 facilities in 12 of the same states had at least one positive viral test. The median prevalence of viral positivity was 19.5% in 64 of this chain's nursing homes that underwent universal testing.[4] The Centers for Medicare & Medicaid Services (CMS) reported 142,231 confirmed and 90,600 suspected COVID-19 cases and 38,518 COVID-19 deaths as of July 12, 2020,[5] suggesting that only slightly over 10% of nursing home population has had either confirmed or suspected COVID-19. Among 26 states reporting data through the second week in May, 50% of COVID-19–related deaths occurred in long-term care facilities.[5] An average of 44% to 45% of COVID-19–related deaths nationwide occur in people cared for in nursing homes and assisted living facilities (ALFs), with substantial variability between the 26 states reporting data through the second week of May.[6,7] Although older people living in ALFs have not been a primary focus of federal efforts to date,[8-10] the Centers for Disease Control and Prevention (CDC) has issued basic guidance for this setting,[11] and a report prepared for Congress involving 11 of the largest ALF operators suggests that the infection rate among ALF residents is five times the national rate. Twenty-four percent (24%) of facilities had at least one virus-positive resident, and 8% had outbreaks of at least 10 cases. Among the viral-positive residents, 43% were hospitalized and 31% died.[12]

The national data on viral infection, COVID-19, and mortality in nursing homes are likely substantial underestimates for several reasons. Nursing homes were not required to report testing results or COVID-19 disease until recently, and an ongoing lack of viral testing capability has plagued most facilities, limiting the number diagnosed.[13] Many

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POTENTIAL STEPS TO STRENGTHEN U.S. NURSING HOMES IN THE POSTPANDEMIC WORLD

- Realign Medicare and Medicaid payments to approximate costs
- Encourage policies that increase the number of clinicians on site
- Ensure payments flow to direct caregivers via wage floors and wage pass-throughs
- Establish minimum nurse and nurse aide staffing standards
- Increase quality transparency
- Enable better enforcement and quality improvement through regulatory reform
- Encourage small-home models and other resident-centered models of care
- Invest in Medicaid home- and community-based services
- Establish a national long-term care benefit

Source: Grabowski, 2020, Commonwealth Fund Issue Brief

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Thanks!