

# COVID-19 Weekly Industry Updates

## In this Industry Update you will discover:

- 1) “Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes”  
- **CMS, 4/19/2020**
- 2) “Multi-State Nursing Home Operators Navigate Conflicting COVID-19 Rules”  
- **SKILLED NURSING NEWS, 4/22/2020**
- 3) “Three Ways Senior Living Communities are Changing How They Hire in Response to COVID-19”  
- **SENIOR LIVING NEWS, 4/22/2020**
- 4) “Senior Living Needs COVID-19 Testing Kits for Asymptomatic Residents and Staff, CEOs Say”  
- **MCKNIGHT’S SENIOR LIVING, 4/23/20**
- 5) “\$484 Billion COVID-19 Relief Bill Contains \$75 Billion for PPE, but Will Senior Living See Any of It?”  
- **MCKNIGHT’S SENIOR LIVING, 4/22/20**
- 6) “Telehealth Providers Ramp Up Skilled Nursing Rollouts as COVID-19 Rages On”  
- **SKILLED NURSING NEWS, 4/21/20**



Centers for Medicare & Medicaid Services

## Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes

4/19/2020

- CMS is committed to taking critical steps to ensure America’s health care facilities are prepared to respond to the 2019 Novel Coronavirus (COVID-19) Public Health Emergency (PHE).
- Communicable Disease Reporting Requirements: To ensure appropriate tracking, response, and mitigation of COVID-19 in nursing homes, CMS is reinforcing an existing requirement that nursing homes must report communicable diseases, healthcare-associated infections, and potential outbreaks to State and Local health departments. In rulemaking that will follow, CMS is requiring facilities to report this data to the Centers for Disease Control and Prevention (CDC) in a standardized format and frequency defined by CMS and CDC. Failure to report cases of residents or staff who have confirmed COVID -19 and Persons under Investigation (PUI) could

# COVID-19 Weekly Industry Updates

result in an enforcement action. This memorandum summarizes new requirements which will be put in place very soon.

- Transparency: CMS will also be previewing a new requirement for facilities to notify residents' and their representatives to keep them up to date on the conditions inside the facility, such as when new cases of COVID-19 occur.

[Click here](#) to read the full memorandum, and highlights of the memorandum are attached to the email distributed today.



## Multi-State Nursing Home Operators Navigate Conflicting COVID-19 Rules

Written by: Maggie Flynn

4/22/2020

Skilled nursing operators across the U.S. are grappling with the challenge of caring for patients most vulnerable to COVID-19 while staying on top of a variety of state and federal guidelines. To do that without getting overwhelmed, it's critical to have all the various components of an operation working together — and for operators with a presence in multiple states, that cooperation is of paramount importance.

That's especially true when federal, state, and even intrastate authorities appear to be at odds with one another. For example, Indiana State Department of Health Commissioner Dr. Kristina Box had to issue [an order dated April 14](#) to override orders from county officials that would have prevented SNFs from transferring patients with COVID-19 between counties in the state, [The Indianapolis Star reported on the same day](#).

The order from Box cited waivers from the Centers for Medicare & Medicaid Services (CMS) designed to give extra flexibility to transfer long-term care patients. The agency indicated that the transfer waivers, which let operators shift patients within facilities or to other locations, [were designed to facilitate the cohorting of COVID-19 patients](#).

And soon after those waivers were announced, [CMS mandated](#) that SNFs separate staff and create dedicated wings and buildings for COVID-19 patients. The federal agency will also require SNFs to [report COVID-19 cases to the Centers for Disease Control and Prevention \(CDC\)](#) and family members in a timely fashion, or [face weekly fines](#).

But those changes highlight a small portion of the thicket of regulations that providers have to navigate, both on the federal and state levels — to say nothing of the guidance coming from their own associations, [such as the American Health Care Association](#), which represents thousands of SNFs and assisted living facilities, and [LeadingAge](#), which represents non-profit senior housing and care providers.

# COVID-19 Weekly Industry Updates

And as SNF providers try to cope with COVID-19, one of the biggest challenges is how disconnected other decision-makers are from the day-to-day reality of skilled nursing, according to Dr. Arif Nazir, the chief medical officer of Signature HealthCARE and the president of AMDA, the Society for Post-Acute and Long-Term Care Medicine.

“It’s been quite obvious that hospital systems really do not know that much about the nursing home environment,” he said.

## **COVID-19 transfers can vary**

The variation in regulations on transfers between county and state officials in Indiana was a challenge for the Communicare Family of Companies, which has more than 80 SNFs in Indiana, Ohio, Missouri, Maryland, Virginia, West Virginia, and Pennsylvania.

Indiana in particular wants cohorting for COVID-19 patients, Fred Stratmann, the general counsel at Communicare, told Skilled Nursing News in an interview on April 20. The goal is to reduce risk to other SNF residents who might not have COVID-19, and to maximize infection control measures and the use of personal protective equipment (PPE), he explained.

In fact, Indiana actually established some financial incentives for buildings dedicated specifically to COVID-19, but a free-standing SNF with a COVID-19 unit — such as one of Communicare’s buildings with 26 COVID-19 residents at the time of the interview — would not be eligible, he noted.

“That transfer rule reflected what Indiana prefers,” Stratmann said. “What we’ve seen out of Maryland and Virginia is the preference to treat in place and minimize the transfers.”

That appears to be the case in Pennsylvania as well, at least partially; as of an April 15 message, the Keystone State was not looking to use SNFs as COVID-19 facilities, though it is examining options for alternative care sites, a spokesperson for the Pennsylvania Department of Health noted. SNFs still have to take new admissions and receive readmissions of current residents from the hospital who are stable, which could include patients who have had COVID-19, according to [interim guidance dated March 18](#).

The federal government’s waivers and mandate to cohort patients do appear designed to make it as easy as possible to separate out COVID-19 patients, but that can be easier said than done, [given the challenges of testing](#).

Massachusetts’s move [to create COVID-19 SNFs](#), which was actually cited by CMS administrator Seema Verma as an example of the type of setup the federal government would like to see, had [to change its plans dramatically](#) when testing revealed that several residents of the facilities had the virus.

Generally, the consensus now appears to be that a SNF with no COVID-19 cases should not accept COVID-19 positive patients, Nazir said in an e-mail to SNN dated April 19. Signature has been focused on a collaborative approach in the 10 states in which it operates 111 facilities, he said.

# COVID-19 Weekly Industry Updates

About 30% of the Louisville, Ky.-based operator's facilities have reported COVID-19 cases, in the states of Kentucky, Indiana, Tennessee, Georgia, Florida, and North Carolina, according to Nazir.

Signature engaged with stakeholders and policymakers at the state level, with support from AHCA and others, he said — and it hasn't seen mandates like the directives that initially came out of [New York](#) and [California](#) requiring SNFs to take patients regardless of their COVID-19 status.

“Where hospitals kind of need to be educated and re-educated and seem to keep on forgetting is that nursing homes are not hospitals; they're not mini-hospitals,” he told SNN in the April 20 interview. “They're homes. Yes, there's a small proportion of beds, a certain case-mix area where people are there for rehab, and there may be some acute-setting patients ... but for the most part, nursing homes are homes for people.”

And while SNFs are working hard to provide care and bolster their infection control practices and policies, and making improvements, it's important for states and other stakeholders to remember that they are primarily homes, he said.

## **Disclosure rules around COVID-19 becoming more unified**

Pressure has been mounting for weeks for better public reporting of COVID-19 cases in nursing homes — even prior to CMS' announcement that the CDC reporting would be mandatory, with [NBC News](#), [The New York Times](#), and [USA Today](#) among the outlets pulling state data to try and get an estimate of the loss of life in the SNF setting.

But up until CMS's announcement, most states had been silent on SNFs reporting cases to either county health departments or families, Stratmann said, though he added Communicare was doing this reporting for families and their emergency contacts “from the get-go.”

The [memo from CMS, issued April 19](#), emphasized that it was reinforcing a requirement that nursing homes already have to follow: namely, the reporting of “communicable diseases, health care-associated infections, and potential outbreaks to state and local health departments.”

But those requirements can vary wildly from state to state, as Stratmann noted in a followup e-mail to SNN dated April 22. In Pennsylvania, for instance, the requirement is that “outbreaks, suspected health emergencies, Anthrax, measles, etc.” be reported to state within 24 hours, while other classes of diseases need to be reported within five days. In Indiana, the times are staggered between immediate reporting — for such issues as anthrax, hepatitis A, or measles — and 72 hours for others such as AIDS or listeria.

In Maryland, while reporting mandates vary between “immediately” and one working day, anything that constitutes a public health danger has to be immediately reported to the local health department, Stratmann noted.

## **How to stay up to date**

Signature has worked to stay on top of the different mandates and procedures coming from both CMS and the CDC through its director of infection control, which was a position it had established even before the pandemic.

# COVID-19 Weekly Industry Updates

This director has been responsible for ensuring that guidelines on infection control and management — as well as the use of PPE and precautions — are distributed to facilities, Nazir told SNN.

This person also ensures information reaches infection preventionists and medical directors at the facility level.

And when the COVID-19 crisis began, Signature established a sort of control center, which took in the information on patients reporting COVID-19-like symptoms; the team includes Nazir, the director of infection control, the chief nursing officer, and other nurse executives at the operator. In addition, an infectious disease specialist from a local hospital serves as backup.

The team reviews each case and directs resources such as PPE, which helped prevent unnecessary burn of the equipment, he said. The group also sends information from the CDC, reviewing the site every few hours for information on properly using and extending the use of PPE.

Signature's purchasing department has also done good work on this front, building fast connections with companies that could provide validated and credible PPE, a crucial resource [amid the Wild West of the current PPE market](#).

For Communicare, multiple daily calls across the legal, clinical, operational, and human resources teams have become the norm, with multidisciplinary calls happening twice a day in the morning and in the evening. That might mean some team members wearing multiple hats, with auditors perhaps doing analysis for facilities to help on the clinical sides, for example, Stratmann said.

That kind of role-shifting and collaboration requires near-constant updates.

"I think we are contributing to Zoom's record year," Stratmann told SNN.



## Three Ways Senior Living Communities are Changing How They Hire in Response to COVID-19

Written by: Desmond Lim

4/22/2020

It's no understatement to say that senior living communities are being ravaged by coronavirus. In New York, residents at 354 nursing homes have tested positive for COVID-19. In California, a nursing home was forced to evacuate residents because the majority of staff failed to show up to work for multiple days.

# COVID-19 Weekly Industry Updates

Many senior living facilities fear for the health of their residents and staff. Others are in preparation mode—they're ramping up hiring, streamlining processes, and adding training in line with recommendations from the CDC. The fact of the matter is senior living facilities are in crunch mode to find and vet qualified workers to help provide quality care during the COVID-19 pandemic. However, the methods that were used for hiring in a pre-coronavirus world simply won't cut it. This pandemic has forever changed how we hire qualified workers in the senior living space.

There are three emerging trends driving new practices that all hiring managers in the space should adopt. During this time these new tactics will shape how the industry hires for years to come.

## 1. Video Interviews

Zoom isn't just for meetings—it's an easy way to conduct interviews while reducing the spread of coronavirus. Usually when people apply for a job at a senior living facility, they're texted a link to schedule their in-person interviews. To help prevent any risk of spreading COVID-19, hiring managers are now adding a video intro stage and/or are switching to video conferences. This method has proven to not only adhere to social distancing guidelines, but hiring managers are finding that it expedites the interview process.

In order to automate hiring qualified workers, management should lean into video interviews. A few ways they can do this include:

- **Recording Intros:** Some ask applicants to record a 30-second video introducing themselves. Hiring managers then screen the videos and decide who to invite for follow up video or in-person interviews. This is especially prevalent when hiring care drivers.
- **Video Conferences:** Others are completely doing away with the in-person interview. The applicant still receives a link to schedule an interview, but their confirmation message is a link to a Zoom Conference rather than a physical address. Multiple hiring managers can join the same interview, rather than stacking interviews back-to-back. Efficiency is everything.

Including video intro submissions and/or adding video conferences enables management to fast track the interview and hiring process. It allows for hiring managers to vet cultural fits without having to meet in person.

## 2. Flexible Schedules & Benefits

There's a war for talent going on in the senior living space. To get ahead, many facilities are offering shorter, flexible shifts. Doing a close analysis of job descriptions, there is a rise in the number of job postings mentioning "flexible hours" directly in the headline. Many have found posts that clearly communicate flexibility within the job description receive up to twice as many applicants.

Not only are applicants craving a work schedule that adheres to their lifestyle, but they are closely looking at what benefits are being offered by the company. And many senior living facilities are pivoting their benefits to attract top talent and including this in their job postings. For example, Aegis Living is offering a 401K, educational assistance, and \$1 meals for all employees and family members. Additionally, they've added

# COVID-19 Weekly Industry Updates

nontraditional benefits, like company-wide lotteries for cash rewards and vacations to attract more qualified workers.

Another trend the industry is seeing in the benefits space is offering childcare. In fact, companies like Dominion Senior Living are providing workers a monthly stipend of \$500 to cover childcare in pandemic-stricken states.

In order to win over top talent, hiring managers need to assess if they are able to offer flexibility in their employees' work schedules, as well as see where they can provide rich benefits to attract more qualified job applicants. By including this information in a job posting or job description, senior hiring executives will increase their pool of applicants.

### 3. Mobile Training

Reducing the spread of coronavirus requires implementing new procedures fast. Senior living facilities are increasingly using various communications platforms to share guidelines linking to CDC resources on protective gear, limiting visitors, and cohorting ill residents.

Another increasing trend is having training videos sent via text message links that not only keep employees safe, but also improve efficiency around training. Some link to webinars, such as this presentation by Dr. Kara Jacobs Slifka describing actions that should be taken by residents and staff to slow the spread of COVID-19.

More recently there are a lot of fast, simple iPhone videos where an administrator is speaking directly to the screen. On top of virtual training tactics, this is helping teams stay connected and maintain morale during this unprecedented time.

The COVID-19 situation is evolving quickly, and senior living facilities are often the epicenters of local outbreaks. I have enormous respect for frontline workers and this is an important moment for all of us to work together.



## Visits to Nursing Homes Would be Barred Until Final Phase Under Trump's Reopen Plan

Written by: Lois A. Bowers

4/23/2020

Assisted living communities and skilled nursing facilities must be given immediate access to COVID-19 testing

# COVID-19 Weekly Industry Updates

kits to be able to identify asymptomatic residents and staff members and prevent the spread of the disease, Mark Parkinson, president and CEO of American Health Care Association / National Center for Assisted Living, said Wednesday.

His remarks came on the same day that the [Wall Street Journal](#) estimated the number of coronavirus-related deaths in long-term care, including in assisted living and nursing homes, at more than 10,000, although the media outlet acknowledged that reporting varies by state and that not all states have released data. Testing is limited, so some long-term care workers without COVID-19 symptoms likely have brought the infection into their workplaces, Patricia Stone, Ph.D., RN, on faculty at the Columbia School of Nursing, told the newspaper.

Parkinson said his comments were in response to remarks by Deborah Birx, M.D., coordinator of the White House Coronavirus Task Force, who during Tuesday's task force [press briefing](#) called for long-term care facilities to be among the areas prioritized by states for more COVID-19 testing.

"There's surveillance that we called for to find asymptomatic individuals before more people get sick," Birx said. "As an early warning signal, we asked for those to be in the federal clinics in our inner city, more vulnerable areas, among indigenous populations and, of course, in our long-term care facilities and prisons. We really want to support state and local governments to move forward on this critical monitoring to protect individuals that may be in the most critically vulnerable states."

Parkinson said that AHCA / NCAL has heard from members that have been able to undertake expanded testing, and "they are finding a high number of residents and staff who are positive, but without symptoms." A lack of testing, therefore, puts operators "at a severe disadvantage in identifying more of these asymptomatic residents and staff," he said, adding that personal protective equipment also continues to be needed so staff members can care for residents.

"Plain and simple, whether it's our federal, state or local health agencies, long-term care facilities need adequate testing kits and personal protective equipment. And we need them now," Parkinson said.

## **'Older adults will remain on tenterhooks'**

Aging services providers should be given the highest priority for immediate and ongoing testing for staff members and residents, Kendal Corp. President and CEO Sean Kelly said Wednesday in an [open letter](#) to government and health department officials.

"Without rapid, reliable testing, older adults will remain on tenterhooks until proven antibody testing and vaccinations are readily available," he added. Kennett Square, PA-based Kendal has 13 not-for-profit continuing care retirement / life plan communities across eight states.

## **In other coronavirus-related news:**

- The Oregon Health Authority on Monday issued [revised COVID-19 testing guidelines](#) that allow asymptomatic residents and staff members of long-term care facilities and other congregate settings to



# COVID-19 Weekly Industry Updates

be tested for COVID-19 if supplies allow. If capacity is limited, then providers will decide those to prioritize.

- State efforts in [California](#), [Illinois](#), [Massachusetts](#) and [Ohio](#) to relay the number of cases of COVID-19 in assisted living and nursing facilities to the public have been hampered, with operators expressing frustration over incomplete, inaccurate or vague data. In Massachusetts, the House of Representatives passed legislation on Tuesday that would require long-term care facilities to report, and the state to disclose, the number of resident and staff cases and deaths every day, according to the [Boston Globe](#).
- The latest state to [use the National Guard](#) to assist long-term care operators is Nevada, where members will help ensure that assisted living communities and nursing homes are clean, Maj. Gen. Ondra Berry, the guard's adjutant general, said Tuesday, when he appeared at a press conference with Gov. Steve Sisolak. Assisted living communities and skilled nursing facilities account for more than 16% of reported COVID-19 deaths in Nevada, according to state data cited by the [Las Vegas Review-Journal](#). Investigators have identified inadequate handwashing as the top factor in the spread of COVID-19 in facilities there, according to the media outlet.
- The United States could see an "even more difficult" "assault of the virus" in the winter compared with the current outbreak, Centers for Disease Control and Prevention Director [Robert Redfield](#) told The Washington Post. "We're going to have the flu epidemic and the coronavirus epidemic at the same time," he said.
- LeadingAge Florida President and CEO Steve Bahmer has been appointed by Gov. Ron DeSantis to serve on the Re-Open Task Force Industry Working Group on Agriculture, Finance, Government, Healthcare, Management and Professional Services. "I look forward to representing the perspectives of long-term care providers in working with the task force to help develop thoughtful recommendations to ensure the safe reopening of our state," Bahmer said.



## \$484 Billion COVID-19 Relief Bill Contains \$75 Billion for PPE, but Will Senior Living See Any of It?

Written by: Lois A. Bowers & Kimberly Bonvissuto

4/22/2020

# COVID-19 Weekly Industry Updates

The \$484 billion funding package passed by the Senate Tuesday afternoon to provide relief from the effects of COVID-19 contains \$75 billion for personal protective equipment and other resources for hospitals, health systems and healthcare and frontline workers. It remains to be seen exactly who will benefit from the funding, however.

“The good news is that the \$75B is not ‘hospitals,’ ” Farzad Mostashari, M.D., the former national coordinator for health information technology in the Department of Health and Human Services, tweeted Tuesday afternoon with an image of the [apparent bill language](#) that said that “eligible health care providers” included “public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities ... that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.” “Like CARES Act, it’s all providers, and we can hope that @SecAzar @SeemaCMS will continue to consider the needs of all providers who are on the frontlines,” Mostashari said, referring to HHS Sec. Alex Azar and Centers for Medicare & Medicaid Services Administrator Seema Verma.

Democrat and Republican leaders each took credit for the funding package’s components and pointed fingers at one another for the legislation’s perceived shortcomings and for the delay in passage.

The bill, on which the House of Representatives is expected to vote on Thursday and President Trump could sign before the end of the week, also contains:

- \$310 billion in additional funding for the Paycheck Protection Program loans for small businesses, \$50 billion for Small Business Administration emergency disaster loans and \$10 billion for SBA emergency disaster grants, and
- \$25 billion for COVID-19 testing.

“CARES 2,” a follow-up to the \$2.2 trillion Coronavirus Aid, Relief and Economic Security Act passed last month, reportedly will include more funding for state, local and tribal governments to pay essential workers in healthcare, police, fire, emergency medical services and transportation, as well as teachers and others.

Don’t overlook senior living in financial relief, bipartisan group asks

Senior living appears to have the support of a bipartisan group of 25 U.S. senators that last week asked that HHS guidelines for COVID-19 financial relief include those types of operators as well as nursing home providers.

The CARES Act provides more than \$127 billion to the Public Health and Social Services Emergency Fund to support hospitals and other healthcare providers on the front lines of the COVID-19 response. In a [letter to HHS Sec. Alex Azar](#), the lawmakers advised him not to overlook senior living — including independent living, assisted living, memory care and continuing care retirement communities — as well as nursing homes, skilled nursing facilities and operators who serve individuals with intellectual and developmental disabilities, as essential providers eligible for relief funds.

“Allocating a meaningful level of support from the PHSSEF to this industry is critical to the seniors who call these facilities home as we continue to take steps to reduce COVID-19 spread and support our healthcare providers on the front lines,” the letter read.

# COVID-19 Weekly Industry Updates

Senior living communities and nursing homes also are experiencing shortages in staffing and PPE, and a significant investment is needed to stave off these shortages, noted the letter, which was supported by the Argentum, the American Health Care Association / National Center for Assisted Living and the American Seniors Housing Association.

The average age of senior living community and nursing home residents, 85, puts residents in the group with the highest percentage of severe outcomes associated with COVID-19, according to the U.S. Centers for Disease Control and Prevention.

## **More testing needed before social distancing can be relaxed, governors say**

States will need to be able to “significantly expand” their diagnostic and antibody testing capacity before governors can consider relaxing social distancing measures, the National Governors Association told the leaders of Congress in [a letter](#) Tuesday.

That capacity, they said, includes “an essential public health infrastructure to support contact tracing, surveillance, epidemiology, laboratory capacity, workforce, and community partnership.”

The governors also called on the federal government to improve transparency and access to PPE and medical supplies such as test kits and ventilators.

“States and territories are still struggling with accessing the needed PPE and medical supplies, with no clear explanation as to how supplies are being distributed,” the letter said. “We urge Congress to immediately create a federal centralized structure to ensure the transparency, accountability, and coordinated means of allocating PPE and critical medical supplies, including increasing the Strategic National Stockpile needs.”



## Telehealth Providers Ramp Up Skilled Nursing Rollouts as COVID-19 Rages On

Written by: Alex Spanko

4/21/2020

Third Eye Health had a two-year plan to expand the network of skilled nursing facilities that use its telehealth technology from 400 to more than 1,000.

Amid a world-historic pandemic, the Chicago-based tech company reached that multi-year goal in a matter of a few weeks.

“We’ve had truly exponential growth,” Third Eye vice president and chief growth officer Ray George told SNN.

# COVID-19 Weekly Industry Updates

To fight the novel coronavirus, the Centers for Medicare & Medicaid Services (CMS) [took a chainsaw to regulations](#) surrounding telehealth coverage in the post-acute and long-term care setting, accomplishing in weeks what advocates and leaders in the space had spent years demanding of the government — unfettered Medicare coverage of remote care in nursing homes, regardless of the region where the residents live.

And as the COVID-19 crisis continues to put a premium on virtual interventions in nursing homes and other care sites, tech firms in the space have raced to adapt their rollout plans in a world where facilities are locked down and frontline caregivers are stretched to the breaking point.

In Third Eye's case, that meant rapidly changing a growth strategy that for years had been focused on establishing programs in limited numbers of buildings at national nursing home chains — with the goal of gradually proving the tech's worth and expanding the partnership company-wide.

But in less than a month, Third Eye's footprint has exploded from sub-sets of buildings operated by major players such as Genesis HealthCare (NYSE: GEN) and Consulate Health Care to encompass their entire portfolios, according to George.

"We've been honestly just shipping iPads and training everybody like crazy," George said.

## **Tech breaks through lockdowns**

Among the many key exemptions that CMS has provided, the federal government waived a rule that required practitioners to establish a face-to-face relationship before they could transition to virtual care.

Given the nationwide ban on non-essential visits to nursing homes that's been in place since March 14, as well as a general desire to limit outside contact with long-term care residents, the move was vital for facilitating telehealth in a pandemic.

But once a skilled nursing facility signs on with a telehealth partner, staffers must still set up the necessary equipment, typically with in-person training on how to use it — something that the emergency CMS rules would not allow.

"On the one hand, it opens a lot of doors," TapestryCare chief operating officer Mordy Eisenberg said of the federal waivers. "On the other hand, there's definitely a lot of challenges."

TapestryCare, a national telehealth and on-site medical provider that specializes in the skilled nursing space, shot instructional videos for its clients, and encouraged them to take advantage of any existing hardware they had on site when planning their telemedicine rollouts.

The latter point took on increased importance in the early days of the COVID-19 crisis, as TapestryCare's vendors for cameras and other electronics struggled to keep up with the widespread increases in demand for remote networking technology.

# COVID-19 Weekly Industry Updates

“If you have your own hardware, we have the staff,” Eisenberg said. “It may take a few weeks to get the full set of equipment out to you, but we can really use their own hardware to facilitate the model and get them started quickly.”

Similarly, Third Eye’s team spent February off the road and at the home office, “virtualizing” its onboarding process in anticipation of skyrocketing COVID-19 demand. The company sources iPads to its offices, then loads them with the appropriate software before sending them on to clients, who can typically learn how to work the system within only about 10 minutes, George said.

## **Removing barriers**

As part of the fight against COVID-19, telehealth providers — along with the health care industry as a whole — have increasingly worked to bring down barriers to sharing timely information and tools.

Swift Medical, a tech company with offices in Chicago and Toronto, worked to form a consortium of providers and tech companies focused on providing remote wound care services during the pandemic.

The Telewound Consortium touts operator heavyweights Genesis and ProMedica as members, along with IT and electronic health record (EHR) provider Netsmart, physician group AmeriWound, and medical equipment supplier American Health Technologies.

The goal, according to Swift Medical founder and CEO Carlo Perez, is to both maintain continuity of wound care services despite visitation bans and isolation protocols, and ease the strain on the acute-care system by curbing hospitalizations associated with improperly treated wounds.

“Infection will land you in the ER,” Perez said.

Through the consortium, Swift Medical has begun offering its software — which can detect changes in wounds based on images — for free to skilled nursing facilities. The company’s current footprint includes 3,500 SNFs, but based on the size and scope of the partnership thus far, Perez estimated that his company’s service will be available to about 80% of wound-care patients in the long-term and post-acute setting.

“Living a day with a hole in your body that doesn’t get treated properly is not an interesting proposition, whether you’re a senior or anyone else,” Perez said.

Similarly, both TapestryCare and Third Eye have opened their platforms to any local providers who want to use the service. While the companies maintain teams of doctors that can provide remote care 24/7, they emphasized the importance of allowing residents’ existing specialists and other doctors to check in on their patients remotely.

“That has been accepted nicely — a lot of physicians have taken us up on that,” Eisenberg said.

# COVID-19 Weekly Industry Updates

## Where do they go from here?

The COVID-19 crisis is far from over, but one question has increasingly come up in the wake of CMS's expansive waiver authority: How will things ever go back to the way things were for telehealth?

Of all the temporary suspensions of federal rules, CMS's decision to stop the enforcement of HIPAA violations for practitioners operating in good faith — opening the door for penalty-free consultations over Skype and FaceTime — was perhaps the most significant.

Perez acknowledged the usefulness of such leeway in an emergency.

"It's a waterfall effect of challenges, but between having a FaceTime video with your doc to understand your conditions, I'd take FaceTime any day," he said.

But he also raised concerns about the potential for privacy invasion during the crisis.

"The amount of health care data that I'm worried that folks are collecting and amassing on the dark web right now — I think that's crazy," Perez said.

Eisenberg, while praising the emergency efforts, said he hoped that permanent reforms will include a more comprehensive reimbursement structure for telehealth interventions — one that specifically acknowledges that many nursing homes don't have spare cash to invest in new tech.

Despite the challenges, he predicted that CMS will not be able to un-ring the telemedicine bell.

"It's really bringing this whole model to the fore," Eisenberg said. "It used to be a nice-to-have. The longer this goes on, the more people are going to say: This is a must-have."

Third Eye CEO Dan Herbstman agreed, noting that the company is already working to grow its base of in-house specialists.

"We are actively recruiting more physicians, and probably have to expand that group quite a bit over the next couple of years," Herbstman said.