

Welcome to Illuminate, our next-gen, interactive educational platform designed to inform professionals and key decision makers about the most important issues facing the industry today by shedding light on an ever-growing body of knowledge.

In brief:

COVID: Out of calamity comes clarity, and stronger LTC sector

Whether euphemistically describing it as “transformative” or calling it “devastating,” COVID-19’s impact is the same.

Every day, frontline healthcare workers bravely confront this deadly contagion with more questions than answers. Treatments are heralded as promising one day and discredited the next. The rollercoaster-like “curve” flattening has left everyone dizzy and disoriented.

Here’s a look at the fallout:

Housing and occupancy. In January, leading healthcare officials downplayed the severity of COVID-19. Even when the World Health Organization declared a global pandemic on March 11, the usual shifts in skilled and non-skilled occupancy rates were unremarkable. By the middle of June, however, the damage was unmistakable: SNF occupancies had plunged a respective 7% and 3.2% for skilled and non-skilled sectors, both record lows. To make matters worse, many skilled facilities were forced to freeze move-ins out of an abundance of caution

Finances. SNFs were hammered by precipitous drops in per diem payments. Worse, not a single facility expected to dig deep to pay thousands of dollars a week for PPE, or dole out huge sums to cover staff overtime and expensive agency temporary help. Net operating income plummeted.

Workforce issues. Long-term caregivers were hit on both fronts – work and home. Many dual-income families became single-income overnight after furloughs and lockdowns. The stress from financial and health worries became indistinguishable. Direct correlations between workforce failures and higher COVID-19 caseloads quickly became clear. Most facilities terminated cafeteria dining and imposed quasi-lockdowns among residents. The impact on food and environmental services has also been significant, as both sectors posted declining numbers of applicants. Laundry and housekeeping staffs also felt the stress of suddenly having to meet more stringent-than-normal infection control roles and rules.

Medication management. Many facilities reportedly struggled with hoarding issues around medications like IV fluids and end-of-life drugs while facing shortages and doubts about treatments like hydroxychloroquine, azithromycin, and some antiviral medications.

Resident security. The chaos of COVID exposed many vulnerabilities that continue to haunt nursing facilities – from cross-contamination to identity theft. The fears led to tougher restrictions on visitation and struggles to monitor and control the usual daily streams of outside vendors.

A silver lining

Most expert observers see a host of positives when COVID-19 has been neutralized, including:

- Vastly improved infection control protocols, and even stronger safety cultures. Because of the global pandemic, and drawing upon the successes of antimicrobial stewardship, long-standing rules and guidelines around infection control are being updated and rewritten.
- More enhanced roles for skilled nursing facilities. Care models that could transform SNFs into facilities that include elements of primary and acute care.
- A rapid and growing acceptance of the use of telehealth and telemedicine. The use of this technology is sweeping across all sectors of healthcare – from acute and primary to long-term care and behavioral health.
- Long-overdue reforms in workforce conditions. This includes a host of new kinds of certification and training programs that could lead to better compensation, childcare assistance and more attractive career ladders.
- Stronger, more nimble supply chains for sourcing lifesaving products and medications. Some experts see new or enhanced sourcing, compliance and supply management roles for procurement staff.

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