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McKnight's

LONG-TERM CARE NEWS

CDC’s Social Media Toolkit Tackles COVID-19 Vaccination Education

Written by: Alicia Lasek

1/11/2021

The Centers for Disease Control and Prevention [has posted](#) a new set of pre-written social media messages that can be used by long-term care providers to educate staff members and residents about COVID-19 vaccine safety and benefits.

Information is available for use on Facebook, Instagram, and Twitter, and the messages answer questions in three categories: vaccine benefits, vaccine safety and what to expect after vaccination. The agency also offers digital graphic art that’s tailored to each platform.

Willingness to be vaccinated has varied in long-term care, especially among staffers, observers have reported. Now that many more onsite vaccine clinics are now scheduled, facility clinicians and administrators should turn their focus to the issue of vaccine hesitancy, according to the American Health Care Association / National Center for Assisted Living.

“Uptake among residents and staff is varying widely,” President and CEO Mark Parkinson said last week. “But in general, staff seem to be mirroring the general public’s reaction: excitement mixed with hesitation about the vaccines’ development and safety.”

Walgreens and CVS Health have said they expect to complete the first round of the two-dose Pfizer and Moderna vaccinations by Jan. 25, which means consent forms need to be explained to potential recipients and their questions answered. AHCA / NCAL has challenged the industry and vaccine providers to help get all long-term care vaccinations completed by March.

“The faster we get people vaccinated, the more lives we can save,” Parkinson said.

The new social media toolkit [can be found here](#).

In related vaccine news:

Governors urge feds to ship all Pfizer vaccine doses A group of Democratic governors want the federal government to release the second doses of Pfizer's COVID-19 vaccine now. The initial supply is limited, and doses have been held back temporarily with the intent to safeguard them while ensuring that there is enough for the second round of a Pfizer two-dose vaccination regimen in vulnerable phase 1a patients, according to Operation Warp Speed officials. But the governors are concerned that while doses wait to be shipped, the United States is losing more than 2,000 Americans each day, [according to](#) Inside Health Policy.

Approval of AstraZeneca vaccine looks likely for European Union A decision to authorize the AstraZeneca-Oxford coronavirus vaccine could be made by the European Union by the end of January, the bloc's medicines regulator said Friday, [according to](#) Agence France-Presse. The AstraZeneca vaccine is not yet approved for emergency use in the United States.

McKnight's

LONG-TERM CARE NEWS

CDC Study Confirms: Coronavirus Most Often Spread by Asymptomatic Carriers

Written by: Danielle Brown

1/11/2021

Researchers now believe that at least 50% of new coronavirus cases stem from asymptomatic carriers based on [study findings](#) by researchers with the Centers for Disease Control and Prevention.

An analysis published Thursday in *JAMA* found that 59% of all disease transmission came from asymptomatic individuals — with 35% of those being presymptomatic people and 24% people who never developed symptoms.

Researchers believe that it's a plausible scenario that at least 50% of disease spread can be linked to people who didn't have symptoms at all based on the analysis. The findings also suggest that simply finding and isolating symptomatic COVID-19 patients alone will not help control and stop the spread of the disease, noted researchers Michael A. Johansson, Ph.D., Talia M. Quandelacy, Ph.D., Sarah Kada, Ph.D., et al.

The findings bolster support for providers who may have unknowingly spread the virus among long-term care facilities, especially during the very first days of outbreaks in the U.S. Operators have been pilloried in some sectors of the public discourse because so many have workers who circulate among more than one building, unknowingly becoming powerful transmission vectors for COVID-19.

The research supports a November [study](#) that called on nursing homes to consider testing their workers more frequently than what federal standards dictate after the analysis revealed that method may not catch all asymptomatic workers.

The Centers for Medicare & Medicaid Services in September announced mandatory coronavirus testing of nursing home staff would be based on county-level data.

Counties with low or fairly low positivity rates are designated as green or yellow, while those with higher rates are red counties. Nursing homes in green counties have to test staff once per month; yellow counties must test staff once per week; and staff in red counties must be tested twice per week.

“This strategy may miss over half of the facilities with a SARS-CoV-2 infected staff member, particularly if asymptomatic,” they wrote at the time.

Skilled Nursing News

Skilled Nursing Provider Sava Sees Dialysis Expansion as Cornerstone of Post-COVID World

Written by: Maggie Flynn

1/7/2021

Early in December, Concerto Renal Services announced that it was expanding its partnership with the skilled nursing provider SavaSeniorCare, with the addition of on-site dialysis treatments to a facility in Georgia.

For Concerto, the partnership with Sava at the Dunwoody Health and Rehabilitation Center is the fourth such agreement between the two companies and marks the chance to bring the model to the south, Concerto CEO Shimmy Meystel noted in a press release announcing the transaction.

It also provides the chance to reduce chances of infection while providing the patients with services that they need, he told Skilled Nursing News in a December 15 interview.

“We have some other providers we work with who told us that they trace back something like 60% to 70% of their COVID outbreaks to patients who had who bought it back from dialysis,” he noted, pointing to a report by the Centers for Disease Control and Prevention (CDC) that found nursing home residents who receive dialysis have a significantly higher chance of contracting COVID-19.

Currently, the Lincolnwood, Ill.-based Concerto partners with Sava at three facilities in Maryland, and Sava plans to expand the partnership — though the timeline is uncertain due to the COVID-19 pandemic.

Concerto provides in-house dialysis services to SNFs in Illinois, Maryland, Kansas, Missouri, Wisconsin, Georgia, Michigan, and Ohio.

For Sava, the expansion is part of a wider plan to position itself for a SNF world being shaped and reshaped by the ravages of the pandemic. The three Maryland partnerships were part of a pre-existing arrangement with another vendor — programs that Concerto took over, SavaSeniorCare Consulting executive vice president and chief strategy officer Ray Thivierge told SNN in the same December 15 interview.

The partnership with Concerto, which began in June 2019, allowed Sava to align the program more with its own goals for an in-house renal program.

That is becoming especially critical given the events of 2020, which is forcing Sava and other SNFs to “rethink our business model,” as Thivierge said in a July webinar.

Developing an in-house renal program is one way to lay the groundwork for the future, he told SNN on December 15.

“Traditional models called for our frail elderly who require dialysis to be bundled up and packaged up and sent out through transportation to an off-site dialysis den where they were dialyzed for eight hours and then came back to the center three times a week,” Thivierge said. “That model is very difficult for anybody, but in particular difficult for a frail senior ... so the idea of bringing dialysis to our residents in our setting has always been something that’s an opportunity for the sector.”

The opportunity of bringing dialysis to a patient has been facilitated by advances in technology, he noted, and the pandemic has heightened the ways bringing the treatment in-house can benefit patients by both improving quality of life and lowering their risk of infection.

That said, it is not a straightforward silver bullet against COVID-19 for dialysis patients. For one thing, the layout of the dialysis dens themselves had to be considered, taking into account scheduling patients who might have been exposed to COVID-19 and patients who were not. But it did eliminate transportation companies and outside staff at the dialysis center as possible sources of contagion, which brought the challenge “within our control,” Thivierge said.

The COVID logistics included creating additional shifts and segregating the dens to create a separate area for patients who were not exposed to COVID-19. Different state rules also created different challenges when it came to coordinating patient shifts, Meystel noted; at one point Maryland required all new SNF admissions be considered “patients under investigation” for COVID.

Setting up in-house dialysis programs also requires retrofitting for space allocation, plumbing and electrical overhauls, Thivierge noted, and because of the pandemic, patient cohorting also became a consideration. With COVID, this poses a particular hurdle to expansion.

“When you’re trying to plan for the expansion of these programs, while at the same time being on lockdown in your buildings and controlling access to the facilities from the community, that is definitely a challenge,” he told SNN. “It actually has been the number-one challenge for us right now in terms of expansion of these programs. I think but for that, we would probably be underway with several more already.”

In addition, the cost can vary considerably depending on the scope of the project, size of the unit and even the size of the building — Meystel noted estimates for an entire project can range from \$50,000 to \$250,000.

Because of the pandemic, the strategy for future expansion is fairly “theoretical,” Thivierge noted. While Sava believes every market or service area could benefit from a program such as its dialysis offerings with Concerto, planning for 2021 is made difficult because of the effects of COVID-19 [on SNF census](#).

“We don’t really know what demand is going to look like going forward — not necessarily demand for renal care patients, but demand in general for skilled care,” Thivierge said.

Other factors include COVID-19 resurgences in communities, multiple lockdowns on construction and visitation in SNFs with no clear timeline, and questions about what reimbursement and the economics of SNF care will be going forward, he told SNN.

But even with the census uncertainty — Sava has seen “a significant decrease in our long-term care census as a result of COVID” — the need for dialysis care is allowing Sava to at least map out where the programs might be, and it is likely to be a critical part of the future for SNFs of any stripe, Thivierge argued: Census will likely take a while to recover in SNFs, except for patients who have no other choice, he pointed out.

“It’s clear there are certain populations of folks that are always going to require traditional nursing home care, and those populations are folks that cannot be met at home, or have got some level of comorbidity that makes for complex care,” he said. “What we know about dialysis and renal care patients is that’s exactly the situation that those patients find themselves in. We expect that no matter what the model is going forward, renal care will be a component to it.”

Skilled Nursing News

Executive Outlook 2021: Nursing Home Stigma Will Linger ‘for Some Time’ — for Both Residents and Staff

Written by: Alex Spanko

1/10/2021

If there’s been one recurring theme for SNN’s annual executive outlook, it’s the idea that putting 2020 to bed represents a chance to reset and move on past the worst year in the history of the post-acute and long-term space, both in the United States and around the world.

But that can only happen if the public and the frontline workers who serve our seniors believe that change is possible — and forthcoming.

The stories of admission declines and vaccine hesitancy among caregivers prove that trust in nursing homes has never been lower, and that coming back from a world-historic disaster won’t be a simple matter of flipping over a calendar page.

For the final installment of our 2021 crystal ball, three more leaders lay out a vision for evolution and revolution, one that crucially must start with convincing residents, families, and frontline caregivers that the space is serious about making sure that a year like 2020 never happens again.

Sidney Greenberger, CEO, AristaCare Health Services

Last year this time, experts throughout the post-acute and long-term care industry opined on what challenges and opportunities the year 2020 would bring. Little did they know. Little did any of us know.

At this time last year, the newest buzzwords our industry had just become acquainted with were things like PDPM, NTAs, ends splits, comorbidities, GG scores, IPA’s, BIMS, SOB, QRP, PHQ9, VDPs, and so on.

Who could have imagined then that as we transition into 2021, we’d be talking a new language consisting of words and terms such as positivity rates, transmission rates, PPP, PUI, virtual visits, hazard pay, cohorting, antigen vs. PCR testing, and PPE conventional, contingency, and crisis modes?

Our sector faces a colossal battle entering 2021 and beyond. Skilled nursing facilities have been bruised and battered in more ways than one. Our collective reputation as in industry has, for lack of a better description, been dragged through the mud. We’ve become the convenient scapegoat for actors in all level of government — local, state, and federal — in their quest to deflect blame for their own malfeasance and ineptitude.

Reported fatalities within the entire spectrum of “congregate living facilities” (adult homes, assisting living facilities, etc.) were all conveniently reported by government, media, and others as having occurred at “nursing homes.” As a result, consumers have lost confidence in nursing homes — or better said, they’ve become deathly afraid of entering one.

2021 will be a year in which the first order of business for “rehabilitation centers” (nursing homes) as a collective will be to rehabilitate the public’s perception of our industry as a whole. Vaccinations will go a long way if rolled out correctly, but the nursing home stigma will still remain for some time.

With national occupancy rates down 15%, according to a recent Wall Street Journal article, there’s a lot of ground to be made up. While the industry will need to work together on a national level to reestablish public confidence, we must also realize that, on a hyper-local level, competition among operators will be as fierce as ever.

Will it be possible to eke out any sort of profitability in 2021? One would have to be a prophet to be able answer that question.

Lori Porter, CEO, National Association of Health Care Assistants

I — along with many, many others — am happy to see the year 2021 and have 2020 in the rearview. The last year was incredibly difficult on everyone, especially those in our field. The pandemic has been on a rampage through America’s nursing homes, wreaking havoc on our elders.

However, the new year signifies a new beginning, a fresh start, and new opportunities. New opportunities often come with new challenges.

As co-founder and CEO of the association of and for certified nursing assistants (CNAs), my focus is lasered in on the front line. What was once a generally safe profession is now one of the most dangerous in America due to the pandemic.

In part, I believe long-term and post-acute care was ill-prepared for such an emergency. Our field was incredibly short-staffed even before COVID-19, increasing the costs significantly when providers had to look to agency to ensure our frail and elderly had enough people to care for them during this unprecedented time.

Somehow, our heroes on the frontline heeded the call and met the challenge. I call to solve this staffing crisis once and for all in the coming months. Our elderly deserve better and we can do better. Take care of the caregiver, and you will see better caregiving.

Hope is not only on the horizon; it is here. The vaccine created, manufactured, and approved in record time is being administered to residents and health care professionals across the country. Here is our chance to wreak havoc on the virus and strike back.

The challenge our association has found is great hesitancy among CNAs for the vaccine. Through our polling, we’ve found that nearly 72% don’t want it. There are two major themes as to why: the lack of education and information on the vaccine, and the lack of trust.

It is their lives and their health, and they deserve to get as much accurate information possible to make the proper decision. Moving headstrong in just administering the vaccine, without educating the front line on the vaccine, could cause a mass exodus from the profession. We must educate and inform so we don’t create yet another problem. This is vital if we plan on winning this war against our invisible enemy.

(Continued on next page)

2020 is a year I would much rather forget but cannot — we mustn't. It proved that the CNA profession isn't an entry-level position. The profession can be dangerous; it takes a level of expertise, and it takes a ton of dedication and commitment. I ask my contemporaries not to forget their sacrifice and reward them accordingly. They are heroes, the same as everyone else that answered the call.

Let us all meet every challenge and take advantage of every opportunity in 2021.

Owen Hammond, CEO, and Steve LaForte, Director of Corporate Affairs and General Counsel, Cascadia Healthcare

As we all know, it has been a crazy, challenging, tragic year for our industry in the face of the novel COVID-19 virus. Novel indeed.

However, interestingly, our challenges remain largely the same as they were a year ago — staffing shortages and wage pressure, reimbursement pressure, and a regulatory system that focuses on punishing operators rather than collaborating to promote better quality and outcomes. The one change to these challenges has been that COVID has exacerbated them in a myriad of ways.

Our staffs are tired and, frankly, burned out; there is trepidation that as the CARES Act money runs out, the additional costs for staff and infection control will further eat into our already limited margins. As states grapple with the global costs of the effects of COVID, there is a fear of cuts to Medicaid reimbursement. Finally, as we are already seeing with the increased pace of infection control surveys, the regulators are looking to point a finger of blame at operators.

In the midst of those gloomy challenges, we do have hope. As the vaccines dampen the effect and spread of COVID, there is opportunity.

Opportunity to change the perception of our industry in the public's eyes as regulatory changes get debated. Opportunity to advocate for higher reimbursement for staff, as the issues with staffing have become front and center in the examination of the post-acute industry and how it was affected by COVID. For operators committed to the industry and the long-term change and evolution of operations, there will also be growth opportunities as some leave our difficult industry.

Beyond all of that, for those of us committed to caring for our elderly and vulnerable adult populations, and serving our communities, all of the challenges of COVID — and heroic efforts of our staff in the face of it — serve to inspire us to be better and create positive change out of one of the worst years of our collective lives. So we look forward to the challenge and opportunity that 2021 brings.