In this Industry Update you will discover:

1. *"COVID Cases in Nursing Homes Down 96 Percent since Vaccine Rollout"*
   - PROVIDER MAGAZINE ONLINE, 3/30/2021; pg. 1
2. *"Updated Guidance Includes CDC Recommending 14-day Quarantine for Facility Residents who go Off-site for More than 24 Hours"*
   - McKNIGHT'S LONG TERM CARE NEWS, 4/5/2021; pg. 2
3. *"Biden's $400 Billion Proposal for HCBS Won't Address All Problems in LTC, Expert Warns"*
   - McKNIGHT'S LONG TERM CARE NEWS, 4/5/2021; pg. 3
4. *"Collaboration between Physicians, Nursing Home Staff Should Not End With the COVID-19 Emergency"*
   - SKILLED NURSING NEWS, 3/30/2021; pg. 4
5. *"Infection Control Immediate Jeopardy Citations Tripled in 2020 — and Nursing Homes Should Expect Even More"*
   - SKILLED NURSING NEWS, 4/4/2021; pg. 7

Provider
LONG TERM & POST-ACUTE CARE

COVID Cases in Nursing Homes Down 96 Percent since Vaccine Rollout

Written by: Patrick Connole

3/30/2021

A new report released on March 30 shows a dramatic decline in COVID-19 cases in U.S. nursing homes, thanks to initial vaccine allocations prioritized for the nation's elders and people with disabilities in such facilities, advocates said.

The American Health Care Association/National Center for Assisted Living (AHCA/NCAL), which issued the report, said the COVID numbers are "incredibly encouraging" and called on Congress to consider the industry's Care For Our Seniors Act to address systemic issues facing the nursing home sector and prevent another COVID-type crisis.

In detail, the report said recent data from the Centers for Medicare and Medicaid Services (CMS) show nursing homes have seen a 96 percent decline in new COVID cases among residents since the peak during the week of Dec. 20, 2020, when there were more than 30,000 new resident cases. Along with the lowest number of new COVID cases, AHCA/NCAL's new report shows COVID-related deaths in nursing homes declined by 91 percent since that December peak.

"We are not out of the woods yet, but these numbers are incredibly encouraging and a major morale booster for frontline caregivers who have been working tirelessly for more than a year to protect our residents," said Mark Parkinson, president and chief executive officer of AHCA/NCAL.

"This trend shows that when long term care is prioritized, as with the national vaccine rollout, we can protect our vulnerable elderly population. Now we need Congress to prioritize our nursing homes for the long-term by considering the initiatives in the Care For Our Seniors Act to improve the quality of care for our residents."

AHCA and LeadingAge recently released the reform agenda, the Care For Our Seniors Act, to address

long-standing challenges affecting the quality of care provided in America's nursing homes. The organizations say the COVID-19 pandemic has exposed and exacerbated systemic issues impacting the nursing home sector, such as workforce shortages, aging physical plants, and underfunded government reimbursement for care.

The act focuses on four keys for improvement, which include enhancing the quality of care with enhanced standards for infection preventionists, requiring that each nursing home have a registered nurse on staff, 24-hours-per-day, and requiring a minimum 30-day supply of personal protective equipment in all nursing centers.

The initiative also calls for a multi-phase, tiered approach to attract, retain, and develop more long term care professionals leveraging federal, state, and academic institutions, AHCA/NCAL said.

While recommending several new ways to improve oversight and processes to support better care and protect residents, the proposal also aims to modernize nursing homes by looking at how the industry could shift to more private rooms, promoting resident privacy and supporting infection control best practices.

AHCA and LeadingAge said such reforms will be costly but are long overdue. "The nursing home sector has been facing a financial crisis for years even before COVID due to low Medicaid reimbursement, the primary coverage for nursing home residents," AHCA said.

"The Care For Our Seniors Act calls for an increase in federal Medicaid funds provided to states and bringing the Medicaid rate up to equal the cost of care. Currently, Medicaid only covers 70 to 80 percent of the costs to care for a nursing home resident."

Parkinson added that with a growing elderly population soon needing long term care services, the moment for Congress to act is now.

"We must pay tribute to all those who lost their lives to this vicious virus and resolve to bring forth a brighter future," he said. "We have already seen what progress can be made when policymakers come together to make long term care residents a priority, and through these reforms, we can significantly improve the quality of care for our current residents and generations to come."

McKnight's LONG-TERM CARE NEWS

Updated Guidance Includes CDC Recommending 14-day Quarantine for Facility Residents who go Off-site for More than 24 Hours

Written by: Danielle Brown

4/5/2021

Nursing homes are being encouraged to quarantine residents who leave the facility for more than 24 hours under updated guidance released by the Centers for Disease Control and Prevention.

Circumstances that call for residents to be quarantined were among the changes addressed in the latest revision. The agency released it late last week as part of new infection control and prevention recommendations.

The CDC recommended that providers should create a plan for residents who leave the facility.

Residents, along with accompanying individuals, should be reminded and educated about infection control and prevention practices, which include social distancing and hand hygiene.

The agency noted that in most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours and don't come into close contact with someone with COVID-19.

"Quarantining residents who regularly leave the facility for medical appointments would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine," the guidance states.

Those who are away from the facility for 24 hours or longer should be treated the same as new admissions and readmissions. Those residents should be placed in a 14-day quarantine, "even if they have a negative test upon admission," according to the CDC.

"Exceptions include residents within [three] months of a [COVID-19] infection and fully vaccinated residents," the guidance states.

Facilities in areas with minimal to no community transmission can choose to use a risk-based approach for determining which residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with COVID-19 while outside the facility, and whether there was consistent adherence to infection control and prevention best practices "in healthcare settings, during transportation, or in the community prior to admission," it adds.

On Thursday, Minnesota announced updated guidance inline with the latest CDC recommendations. It allows residents who leave the facility for less than 24 hours to return without quarantining, just as long as they don't come into close contact with someone who has COVID-19.

The complete updated guidance can be found here.

McKnight's LONG-TERM CARE NEWS

Biden's $400 Billion Proposal for HCBS Won't Address All Problems in LTC, Expert Warns

Written by: Danielle Brown

4/5/2021

The Biden administration's $400 billion effort to boost home- and community-based services is "ambitious," but still missing critical pieces towards fully reforming Medicaid's long-term care coverage, a leading expert is warning.

President Joe Biden unveiled his $2 trillion American Jobs Plan last week, which calls for the boost to HCBS as a critical investment in the nation's aging infrastructure. Long-term care providers followed the move with an outline of their own on how federal lawmakers can support the building of a better aging infrastructure.

Finance expert and Forbes columnist Howard Gleckman noted that although the proposal aims to tackle worthy causes, such as Medicaid HCBS waiting lists, and expand access to those services while also creating better jobs for caregivers, these goals conflict with one another.

“The problem, of course, is that given a finite amount of money, all these laudable goals conflict with one another. The more direct care workers are paid, the fewer hours of care they can deliver. The more services Medicaid provides to currently eligible beneficiaries, the fewer resources it has to expand the program to more people,” Gleckman wrote in a Thursday column.

He also noted there are still several missing pieces not proposed in the plan. Those issues include more support for the Money Follows The Person initiative, affordable housing and installing a fully-funded public long-term care insurance program.

“These objections aside, Biden has taken a giant step towards reforming Medicaid’s dysfunctional system of long-term care — failures that were laid bare by the COVID-19 pandemic,” Gleckman wrote.

“It will be an enormous step forward for those with long-term care needs and their families if, at the end of the day, Biden’s new funding for Medicaid HCBS is part of the final plan,” he concluded.

Skilled Nursing News

Collaboration between Physicians, Nursing Home Staff Should Not End With the COVID-19 Emergency

Written by: Maggie Flynn

3/30/2021

The COVID-19 emergency overturned nursing home operations overnight in almost every respect, notably with regard to the provision of clinical care.

And according to a panel of physicians who work in the nursing home setting, some of those changes should stick around, even after the public health emergency finally comes to a close. Namely, they want to see collaboration between physicians and frontline staff continue, as well as for skilled nursing facility physicians to keep serving as a resource to hospital partners.

Dr. Arif Nazir, chief medical officer of the Louisville, Ky.-based Signature HealthCARE, is one such physician. He’s been pushing for better collaboration between doctors and nursing homes for years, he said during a March 26 webinar hosted by Skilled Nursing News and sponsored by MatrixCare.

“We never saw the kind of teamwork [before] that we had in nursing homes, finally,” Nazir said in a March 26 webinar hosted by Skilled Nursing News and sponsored by MatrixCare. “We would have drooled over this kind of teamwork for the past 40 years, …and I challenge doctors to really continue the behavior doctors have shown in nursing homes, which has made me so proud, finally.”also unchanged at 9-11%.”

Keeping up the pace

While SNFs are required to have a medical director – a physician responsible for coordinating care at the facility – by law, the pandemic highlighted the shortcomings of that role as it presently exists. But it also shows how it could improve.

Even before COVID-19, cracks in the model were showing.

Dr. Justin DiRezze, CEO at Theoria Medical x 5-Star Telemed, pointed some of those out to Skilled Nursing News back in 2020.

"I always had the notion that the second I discharge this patient to post-acute, the physician's there immediately, and they're seeing the patient, and they're doing an evaluation," DiRezze said, speaking of his time as a hospitalist at a major acute care provider. "I had this false sense of sense of security when I was sending patients to post-acute care facilities. I never fully understood why they would come back, because how does the patient come back if there's a physician there all the time? Well, we both know that's not how it is in post-acute."

The ravages of COVID-19 could be the catalyst for significant change in the role of medical director, and one CEO of a company providing medical directorships to SNFs predicted just that at the start of the year.

"For decades, physicians and SNFs have not been aligned to provide the best clinical outcomes for residents," Dr. Jerry Wilborn, CEO of the Dallas-based GAPS Health, told SNN in a 2021 executive outlook. "SNFs have been considered an afterthought by many physicians, as it is often not their primary clinical focus. As a result of a paucity of effective physician presence across the industry, SNFs have developed their own clinical protocols without the input of physician guidance. We need to redefine this relationship."

Some of the aspects of care provision in the pandemic provide a blueprint for how that relationship could be redefined. Dr. David Clayton, national medical director at GAPS Health, pointed out on the March 26 webinar that the partnership between nursing staff and medical directors improved drastically over the course of COVID-19.

"When we look at how much education and how much co-management took place this year, I don't think I've ever seen medical directors and nursing staff work more closely and more hand-in-hand as part of an interdisciplinary team," Clayton said during the webinar. "Quality went up, outcomes improved, and there was a lot more collegiality and teamwork happening that I saw across all of our corporate partners."

The use of telehealth facilitated this optimism for Clayton; he witnessed how technology in the pandemic allowed for a more widespread deployment of physician resources and care, in a more efficient way. GAPS' STATt ["surveillance, tracking, assessment, teaching and treatment"] rounds for COVID-19 patients make use of telehealth, and allowed for a 99.9% ability to treat in place, Clayton said, which he argued would have been impossible going bedside to bedside in person.

However, some wariness is needed when assessing the benefits of telehealth and technology in health care, Nazir cautioned. The collaboration between nurses and physicians that occurred during the pandemic – the cooperation he had strong praise for – could be a "confounder" in assessing how much benefit technology brings.

"There is a very good place for telehealth, but being in a room with the patient is so valuable, seeing their environment and seeing exactly what their body language is," Nazir said. "So to me, telehealth is great; it helped Signature patients immensely. But I heard a lot from many, many physicians about how it had an aspect that was not fulfilling."

He called for “tons of research, very, very quickly” to be able to examine the outcomes and benefits of telehealth.

Dr. Rayvelle Stallings, corporate medical officer at the Norcross, Ga.-based operator PruittHealth, also emphasized the importance of having a good grasp of metrics, noting that over the course of the pandemic, “data became huge.”

“Whether it was actually monitoring temperatures and O2 stats, we could pull up a dashboard everyday on our COVID patients,” Stallings said.

This allowed Pruitt to see opportunities to use new therapies, for example, and to see the statistics and findings across the company, and it’s something that will have benefits well beyond the pandemic, she explained.

“We were forced to use it because it really made a huge difference, and I really think continuing that type of utilization of data – and we at Pruitt utilized data from a transparency standpoint,” she noted. “We did not have patients and families coming in, and we have a dashboard so they could look at that data themselves.”

Physicians as storytellers

The need for clinical transparency also includes communications with staff, a point that Stallings emphasized with regard to vaccination efforts among front-line staff who have been hesitant about taking a COVID-19 vaccine. SNFs have not been immune from the challenges of an era of distrust of leadership and institutions, and this cannot be undone overnight, as Nazir pointed out in the webinar.

The collaborative mentality that emerged over the course of the pandemic goes outside the walls of the nursing home. When the COVID-19 emergency finally ends, one of the most critical roles for doctors who work in nursing homes will be to educate the public on the care provided in the setting. Doing so is especially important after the slew of bad press the sector has received, all the speakers on the webinar agreed.

But that education can’t stop at the general public; it has to extend to other parts of the health care continuum, Stallings pointed out.

“I would say during this pandemic, I’ve spoken to more [emergency room] physicians and hospitalists than I’ve ever spoken to in the past,” she said. “All of a sudden we became a resource, and it was a necessity to speak to us. I would like that to continue.”

Stallings also emphasized how, in an era of social media, physicians have not responded as quickly as they need to – not only to address the concerns that spring up like wildfire on those sites about the COVID-19 vaccines, but to meet people where they are for information.

For Pruitt, this meant overhauling how it communicates on those platforms and elsewhere, for everyone from certified nursing assistants (CNAs) to registered nurses (RNs)

“The health care industry, we have not been that savvy with social media,” Stalling said. “Every one of our employees, every one of our partners has a smart device. So whether it’s Twitter or Facebook or Instagram or any of those types of things that they can immediately get information, we really changed our communications platform to get everyone at every different level.”

This meant using social media and putting information on devices, but also designating “champions” for CNA education on topics ranging from vaccines to infection control processes such as donning and doffing personal protective equipment (PPE).

But Stallings also emphasized the need for physicians in long-term care to provide education not just to CNAs but to their fellow physicians and the general public about what long-term care does and provides. The need to do this is only going to grow as the population lives longer and becomes more medically complex, she explained.

“There were a lot of things that didn’t happen before, when we talk about communication and collaboration,” she said “I think there’s a huge amount of education [needed], not only among my other colleagues … that have such a skewed view of long-term care in nursing homes. I think we have a huge responsibility to be that education, not just to patients’ families, but to other colleagues.”

Skilled Nursing News

Infection Control Immediate Jeopardy Citations Tripled in 2020 — and Nursing Homes Should Expect Even More

Written by: Maggie Flynn

4/4/2021

In the days before the full onset of the COVID-19 pandemic in the U.S. in 2020, the federal government announced that it was reorienting all nursing home inspections to focus on infection control.

The announcement on March 4 directed all inspections of skilled nursing facilities to focus on compliance with the Centers for Medicare & Medicaid Services’ (CMS) infection control policies and to suspend all non-emergency survey work, with a focus on areas of concern about the spread of COVID-19.

In the wake of that announcement, infection control came under the regulatory microscope, and it showed in the citations of non-compliance with federal regulations, or F-tags, that nursing homes received in 2020. The F-tag F880, for the presence of an infection prevention and control program in the facility, was cited more than 11,500 times in 2020, according to Todd Selby, an attorney with the law firm Hall, Render, Killian, Heath & Lyman, P.C.

This tag was part of that focus on infection control in surveys, as were others, Selby told Skilled Nursing News. Overall, there were about 61,000 focused infection control surveys in 2020 — primarily conducted over the phone — and Selby stressed that that those 11,500 citations were for one F-tag alone.

“There were 7% more immediate jeopardies [for F-880] in 2020 than there were in the prior two years,” he told SNN. “There has been an uptick in infection control citations, primarily due to the infection control surveys. There’s been an uptick in immediate jeopardies due to the infection control surveys.”

On a webinar held March 15 by Post-Acute Advisor, Selby noted that there were more than 180 IJ-level findings for infection control in 2020, which was triple the rate of those citations in 2019, according to an August 14, 2020 press release from CMS.

“That number will quadruple, or quintuple, in my opinion,” he said on the webinar.

(Article continued on next page)

Infection control focus will remain

Though he stressed in conversation with SNN that this remains an opinion, Selby believes there will be a continued focus on infection control in administrative litigation — filed by the state, CMS, or both — when a facility has a bad survey to collect civil money penalties (CMP). This is because states are starting to do survey in buildings again, which is likely, in his view, to lead to more infection control citations.

And this type of litigation does not apply to the often-controversial immunity laws that some states passed for health care providers in the early months of the pandemic, Selby observed on the March 15 webinar.

There already has been an increase in CMPs due to infection control surveys, which he believes would have happened regardless of presidential administration, given that the Trump administration issued more than $15 million in such penalties during the COVID-19 emergency.

And Sean Fahey, an attorney at the same law firm, told SNN in a joint interview with Selby that the focus on infection control is going to continue.

“The states’ survey agencies are still directed to survey 20% of their nursing homes as infection control-focused surveys in this fiscal year,” he noted. “The emphasis is not going away. The only thing that might reduce the numbers down a bit is that they did change the criteria for the focused infection control survey measurements that they use to subject your facility to one of those surveys.”

Both Fahey and Selby serve as legal counsel to post-acute providers across the health care spectrum, and work actively with the nursing home trade groups American Health Care Association (AHCA) and LeadingAge on their legal and regulatory committees.

That change from CMS, made January 4 of this year, means that factors that jeopardize resident health and safety other than COVID-19 outbreaks can trigger a survey, and the focused infection control (FIC) surveys have to be “stand-alone surveys not associated with a recertification survey” to count toward that 20% required threshold, according to the document.

What surveyors will find when they go into SNFs with in-person inspections is likely to also be a factor in administrative litigation; one restructuring expert in California told SNN at the start of the year that he expected “we’re going to have a shock when we start to see regular surveying of these facilities.”

“We can say from consulting we’ve done … I’ve seen failures to perform life safety functions, failures to perform dietary rules, failures to perform PT [physical therapy], and other sorts of conditions that just six months ago or a year ago would have been flagged immediately, because we have pretty good surveyors across California,” Jerry Seelig, the CEO of the health care turnaround-focused partnership Seelig + Cussigh, told SNN.

Another factor is the $397 million in federal cash that states received to conduct these kinds of surveys in nursing homes — and it’s money they could lose through a CARES Act reduction if they do not conduct them, Selby said in the March 15 webinar.

“What are they going to do? They’re going to aggressively come after facilities, in my opinion,” he said on the webinar.

With surveyors now conducting traditional survey activities, infection control will remain the focus, but other areas of focus could be tied to it, Selby said. This is likely to lead to greater CMPs and more adverse survey actions, he prognosticated.

Documenting all efforts

Whether dealing with administrative litigation or lawsuits filed by residents, families, or current, or former employees, SNFs need to make sure they are documenting all of their efforts to follow infection control protocols, both Fahey and Selby emphasized.

For the infection control surveys, SNFs should conduct and document a self-assessment on infection control, revise any policies and procedures as necessary, and make all efforts to secure personal protective equipment (PPE), including reaching out to CMS — while documenting all those efforts, they said on the March 15 webinar.

Fahey noted in the March 15 webinar that the Occupational Safety and Health Administration (OSHA) is focusing on SNFs for violations, which means SNFs need to be ready for an OSHA on-site inspection. This means having a respiratory protection documentation; a pandemic plan for the workplace; documentation of all efforts to obtain, secure, and use PPE; as well as employee training records related to COVID-19 exposure prevention, Fahey explained on the webinar.

OSHA released a directive for COVID-19 on March 12 — which details procedures for implementing a National Emphasis Program for protecting employees in "high-hazard industries" — which Fahey recommended as a resource for facilities.

Fahey told SNN that SNFs should also start to gather all information they can about the pandemic's chaotic early months now, particularly as it pertains to supplies and PPE procurement. In addition, he recommended gathering the dates of the supplies sent by the federal government, as well as any pictures, given the reports of the overall poor caliber of the PPE.

"This is the time to be going back to look at old emails or faxes, or invoices," Fahey told SNN. "To gather those requests that they were marking, and the inquiries or the the price quotes that they were getting … as well as any correspondence they had with contractors or state agencies, local health departments, about obtaining PPE or what they received."