



COVID-19 and Nursing Homes

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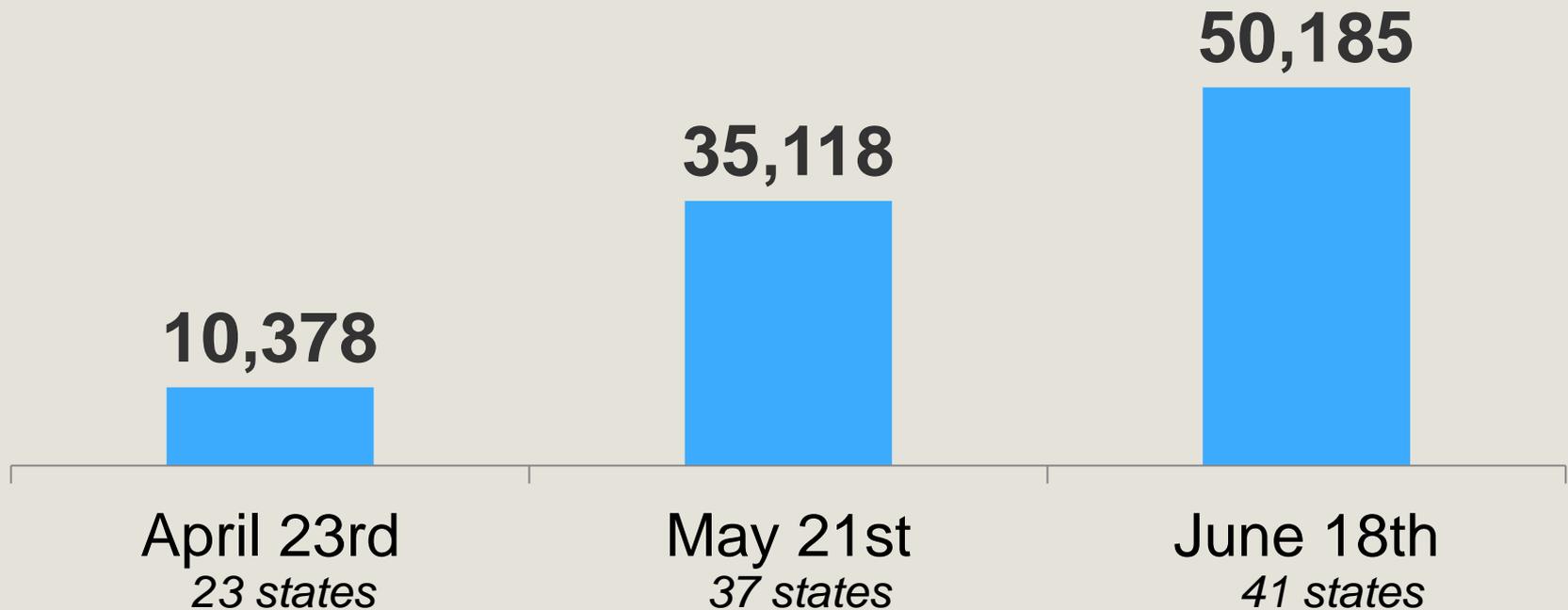
June 26, 2020



COVID and Nursing Homes



Number of state-reported COVID-19 deaths in long-term care facilities has nearly *quintupled* over a 2-month period

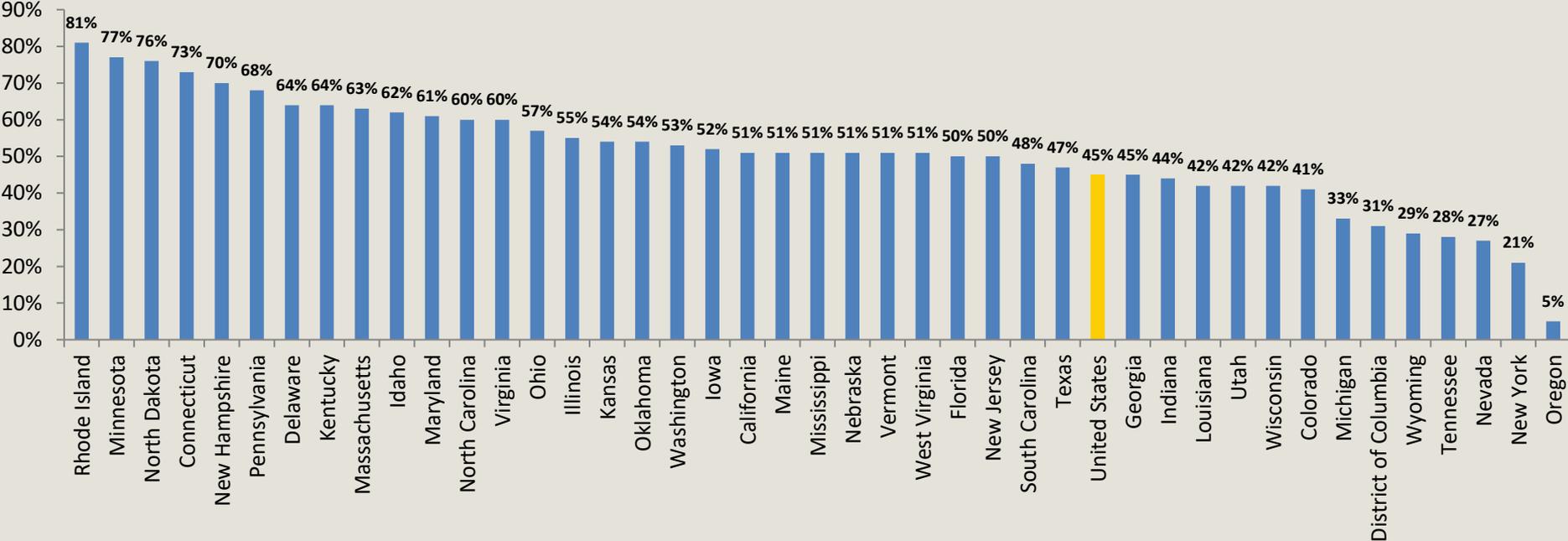


NOTE: States vary in types of facilities included, whether data are cumulative, and whether totals include staff and residents.

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.

Deaths in long-term care facilities account for a majority of COVID-19 deaths in most states

LTC facility deaths as share of total



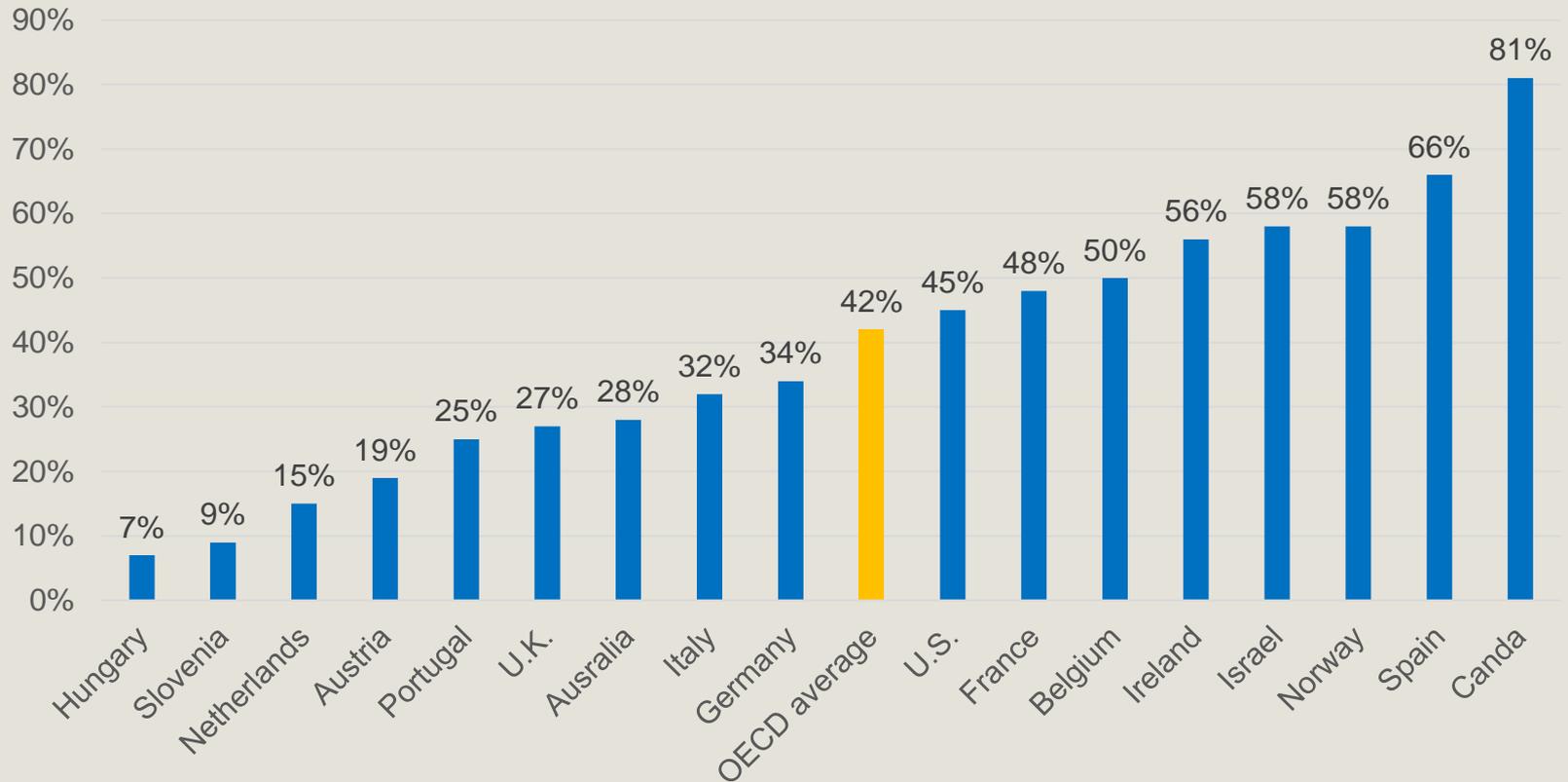
NOTE: COVID-19 deaths in LTCFs as share of total state deaths cannot be determined for the following nine states, either due to limitations in data reported or lack of any COVID-19 reporting for LTCFs: Alabama, Alaska, Arizona, Arkansas, Hawaii, Missouri, Montana, New Mexico, and South Dakota. States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



US Similar to OECD Average

Percentage of All COVID Deaths, LCFs

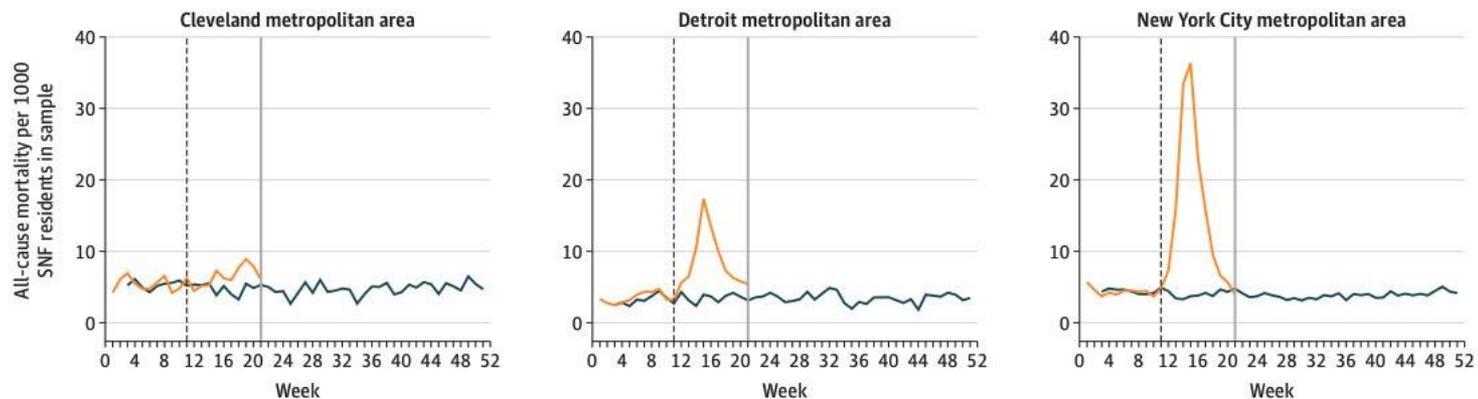




Excess Mortality?

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

B Trends in weekly rates of in-facility deaths per 1000 skilled nursing facility (SNF) residents





Federal data?

Missing
Data

Pre-May
8th?

5% not yet
reporting

Error

Entry
errors

Processing
errors

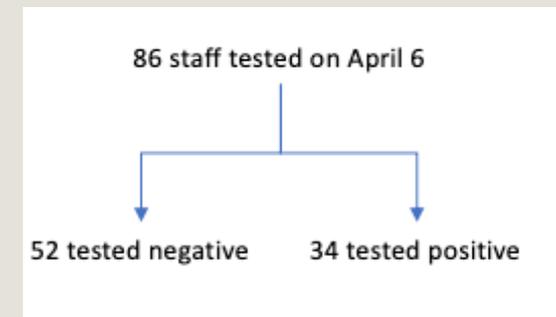
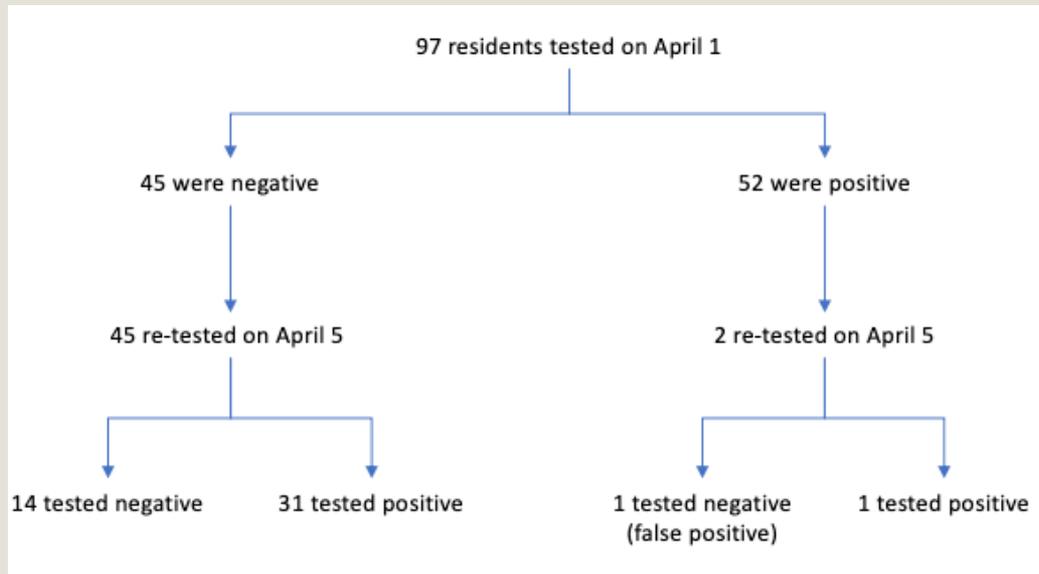


Efforts to Stem COVID

- Most nursing homes are in lockdown
- No visitors
- No communal dining/activities
- Taking staff temperatures at start of shift



Case Study of a Mass. SNF with No Symptomatic Cases on April 1st



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



Staff?

- Limited PPE & testing
- 66K confirmed cases & 64K suspected cases
- 500 staff deaths
- Limited hazard pay, benefits, sick leave, etc.



Most Dangerous Job in America?

- 1) Logging = 97.6 per 100,000 workers
- 2) Fishermen = 77.4 per 100,000 workers

200 deaths per 100,000 nursing home 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

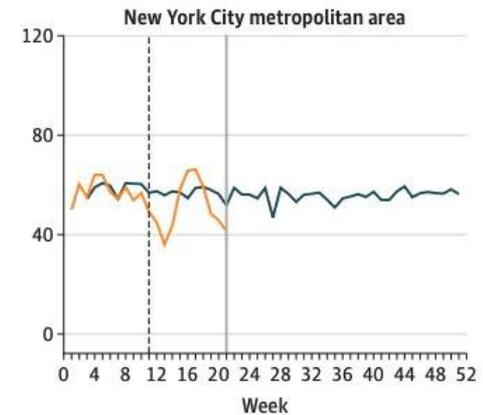
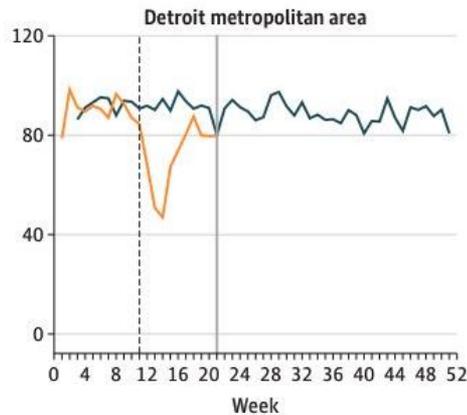
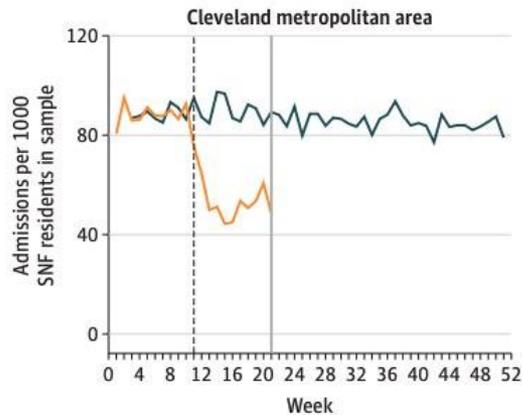
Risky business: These 25 occupations are among the most dangerous jobs in America

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

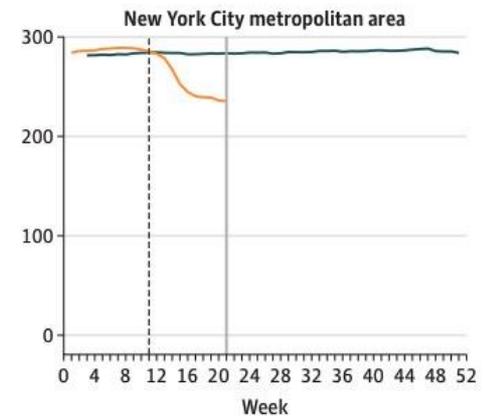
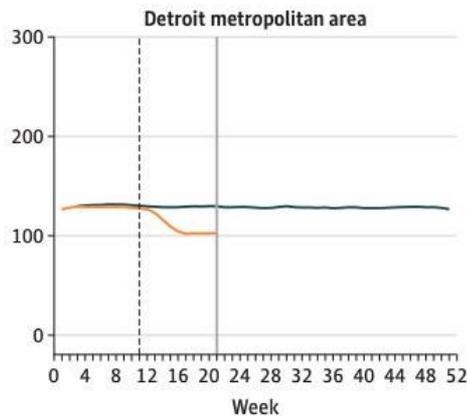
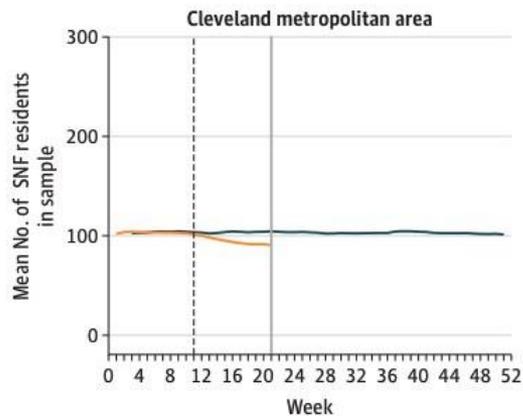


Tough on SNFs Financially

C The No. of weekly facility admissions per 1000 SNF residents



D The mean No. of SNF residents in the facility





“A Crisis on Top of a Crisis”

- Low Medicaid reimbursement
- Poor staffing, infection control, etc.
- Clinicians “missing in action”
- Ineffective regulatory model
- Lack of quality transparency
- Fragmented ownership structures

Who is to “blame” for nursing home outbreaks?

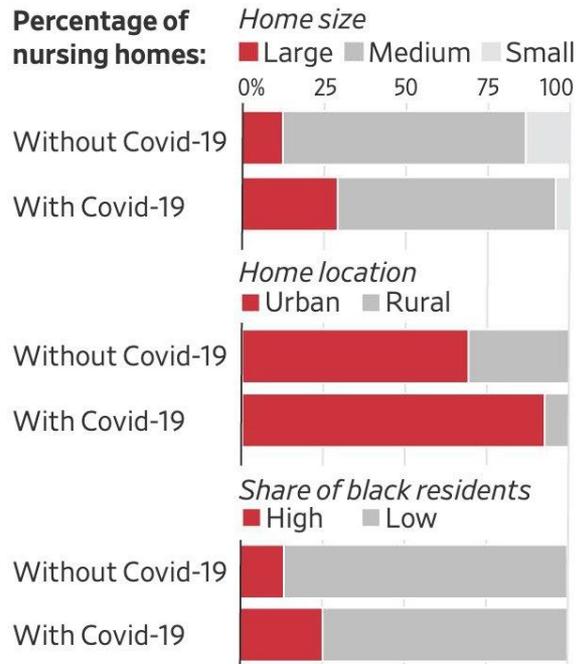
- Specific nursing homes
- State policies
- National (system-level) approach



Which Facilities Have COVID Cases?

Characteristics of nursing homes with Covid-19 cases

A recent study by researchers at Harvard University and elsewhere, using data from 30 states, found nursing homes with at least one reported case of Covid-19 tended to be bigger, more urban and have a higher share of African-American residents.



Source: [WSJ](#), 6/1/20

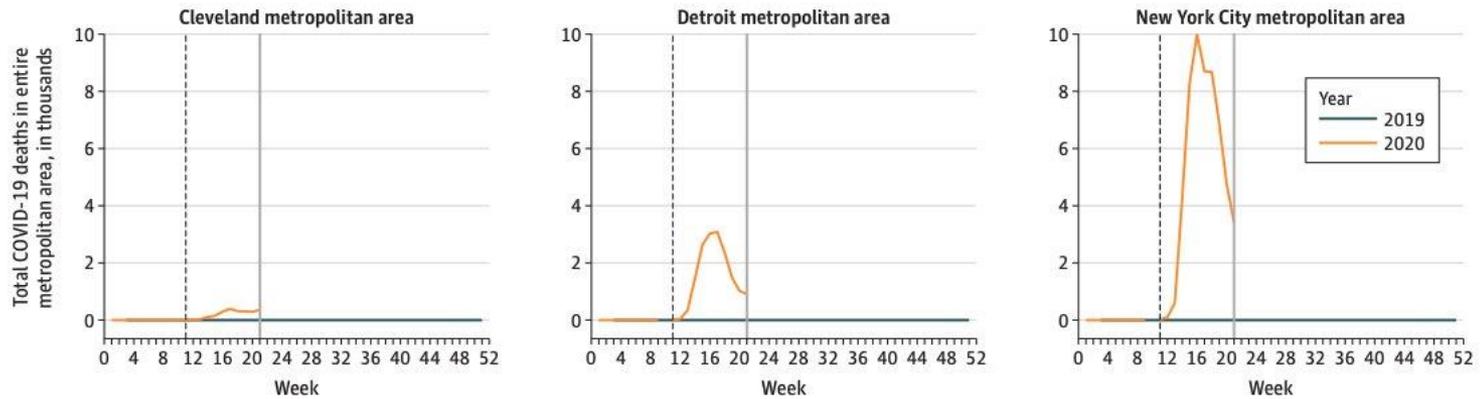
- Facilities with cases were not:
 - Higher rated on NH Compare five-star
 - More likely to have prior infection violation
 - For-profit
 - Chain
 - High Medicaid
- Where you are, not who you are...

Source: Abrams et al., 2020 [JAGS](#)

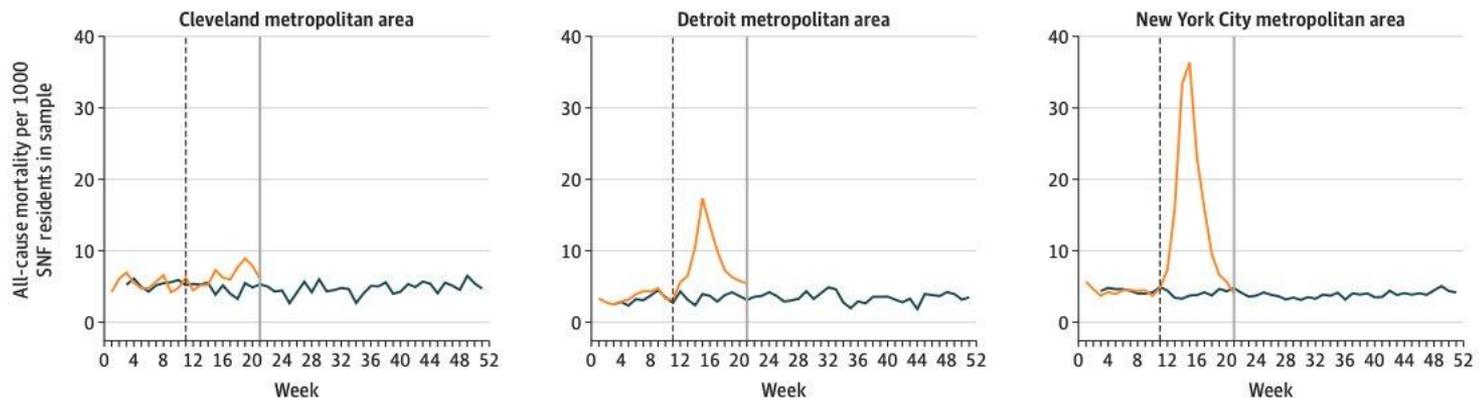


COVID Deaths in Community Mirror Deaths in SNF

A Total weekly deaths from COVID-19 in the metropolitan areas



B Trends in weekly rates of in-facility deaths per 1000 skilled nursing facility (SNF) residents



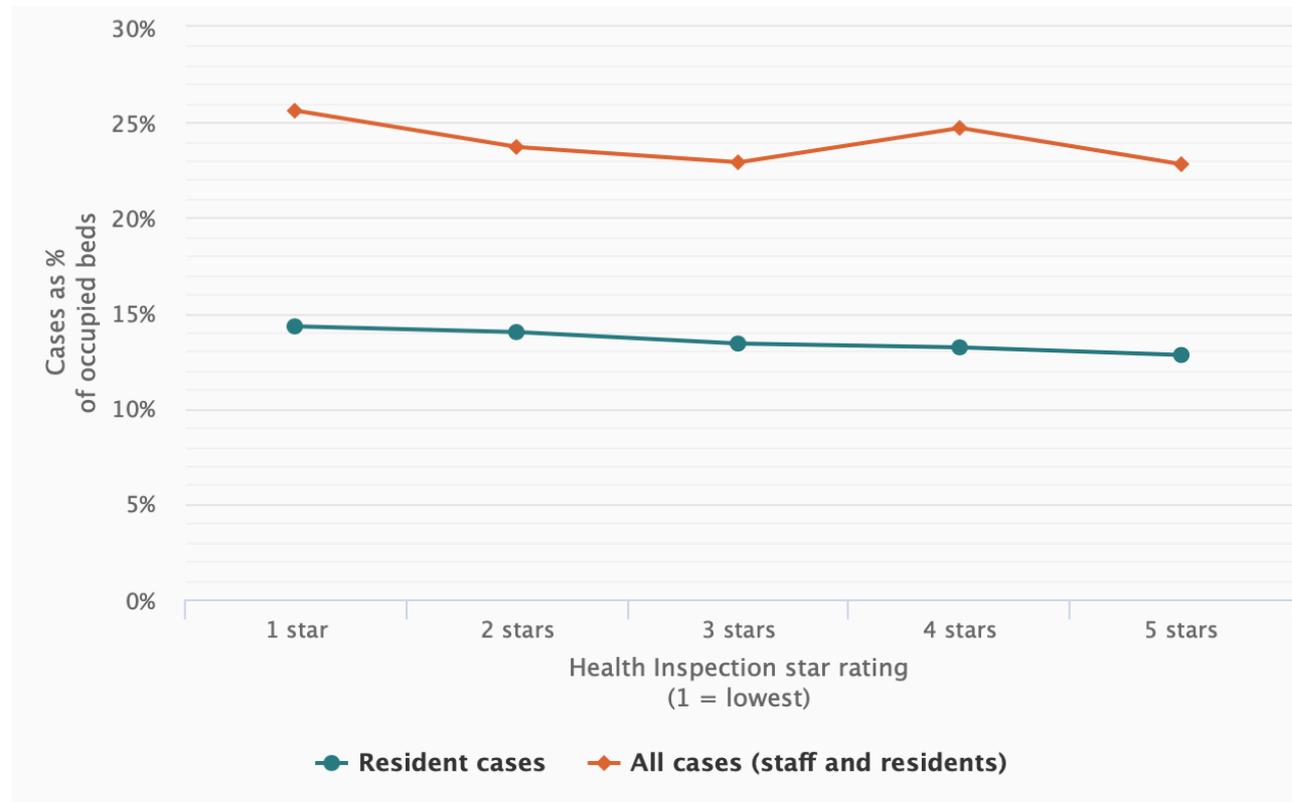


Federal Data Suggest Cases Are Largely Flat by Star Status

COVID-19 and star ratings

Confirmed or suspected COVID-19 cases for residents only and residents and staff, as a percentage of the number of occupied beds, by CMS star rating for health inspections

The chart below is interactive: **click** or **touch** to see more.



System-level problem in need of system-level solutions



- COVID Testing for staff & residents
 - Universal testing states: CT, MD, NY, TX, WV
 - Strike team states: AR, OK, RI, TN, UT
- PPE & infection control
- Workforce support
- Cohorting
- Invest in Medicaid HCBS
- Transparency for families & other stakeholders
- Post-acute preparedness



Post-Acute Preparedness

What we should do?

- Test everyone leaving hospital
- Create specialized covid-only settings
 - Existing facilities (all or units)
 - Retrofit closed facilities
 - Convention centers/arenas
- Invest in home-based care where possible
- Support the workforce
 - PPE, paid sick leave, etc.

VIEWPOINT

Postacute Care Preparedness for COVID-19 Thinking Ahead

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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

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....

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

Postacute care is also a "pop-off valve" for hospital capacity, in that moving patients to a such 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 Supple-

ment), and occupancy rates average 85%, 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 months?

As an important first principle, all patients needing 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.

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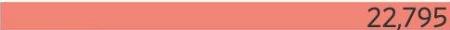
Reopening Nursing Homes?

MASSACHUSETTS

Effective June 3: Long-term-care facilities could host outdoor visits.

Restrictions include: Visitors limited to two at a time, are screened for symptoms, stay at least 6 feet from resident, and wear masks.

Covid-19 in long-term-care facilities:

Cases  22,795

Deaths  4,817

INDIANA

Effective June 4: Long-term-care facilities could allow outdoor visits if they and their communities met certain criteria.

Restrictions include: Visitors are screened and must wear face coverings. Visitation spaces must allow for at least 6 feet of social distancing.

Covid-19 in long-term-care facilities:

Cases  4,942

Deaths  1,082

OHIO

Effective June 8: Assisted living facilities and facilities for people with developmental disabilities could allow outdoor visits.

Restrictions include: Visitors are screened and must wear masks. Contact-free visits are encouraged. If contact occurs, resident should wash hands and if possible change clothes.

Covid-19 in long-term-care facilities:

Cases  9,533

Deaths  1,745

OKLAHOMA

Effective June 15: Long-term-care facilities begin phased reopening, meeting certain requirements to advance to the next phase.

Restrictions include: Limited regular visits allowed in phase three, outdoor preferred. Facilities screen visitors and have policies on issues including use of personal protective equipment.

Covid-19 in long-term-care facilities:

Cases  1,571

Deaths  194

Note: States do not have uniform methods for counting long-term-care facility deaths.

Source: State health departments



Future Research Opportunities

- Medicare claims/MDS will facilitate national analysis of mortality, spending, utilization, quality
- PBJ data will allow examination of staffing for Q2, 2020
- Focused studies of:
 - Visitation
 - Testing
 - PPE
 - Other policies, interventions



Thanks!

Questions?