

In this Industry Update you will discover:

- 1) *“To Stay Ahead of Shifting Science and Regulations, Signature’s COVID-19 Testing Strategy Goes Digital”*
- **SKILLED NURSING NEWS, 6/24/2020; pg. 1**
- 2) *“Inadequate Referral Processing for COVID-19 Patients May Hinder Proper Transitions of Care”*
- **MCKNIGHT’S LONG-TERM CARE NEWS; 6/28/2020 pg. 3**

 **Skilled Nursing News**To Stay Ahead of Shifting Science and Regulations, Signature’s COVID-19 Testing Strategy Goes Digital

Signature HealthCARE’s goal is to be well ahead of the curve when it comes to technology that will benefit the nursing staff in their care for patient needs. Through the combined efforts of their staff and a partnership with BASE10 Genetics, Signature is confident in their approach to keeping more patients alive and healthy.

Written by: Alex Spanko

6/24/2020

In the absence of a vaccine or proven treatment for COVID-19, testing will serve as the nursing home operator’s primary weapon against the spread of the virus for an indefinite period.

Widespread baseline testing of nursing facilities was painfully slow to materialize, particularly during the early days of the crisis. But now that operators — bolstered by eventual support from states — have taken great steps forward in that domain, the strategy in nursing homes must shift along with the overall coronavirus response.

For Signature HealthCARE, a major operator with 110 nursing facilities, that shift means a combination of viral and blood tests, tracked digitally under a new partnership with health management firm BASE10 Genetics.

By compiling information about resident and staff testing into a single database that medical leaders can analyze — and using BASE10 as its testing vendor — the operator can adapt to changing testing mandates as state governments issue new guidance over the coming months, Signature chief medical officer Dr. Arif Nazir told SNN.

“The whole science of testing is not going to be a one-and-done thing — that we make up a strategy, and then we move forward with it,” Nazir said.

While the federal government has made a one-time, baseline test of all nursing home residents and staff a prerequisite under guidelines for reopening facilities to outside visitors, the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control & Prevention (CDC) have not issued direct testing mandates, largely leaving the matter up to states to decide.

Individual states, in turn, have come up with varying levels of required testing, typically a combination of a one-time program for residents and repeated testing for staffers, who enter the wider community each day and thus

have a much greater chance of exposure; early analyses of outbreaks have also revealed that asymptomatic staff contribute heavily to infections of nursing home residents.

Those edicts also are not set in stone: New York, for instance, [recently pulled back](#) on its aggressive twice-per-week testing order for nursing home workers, citing falling overall case counts and progression through the state's wider phased reopening plan.

For larger companies like Signature — which primarily operates in Kentucky, but has locations spread across the South and Midwest — keeping track of the changing mandates across state lines has been just one of the many recurring challenges during the COVID-19 pandemic.

“They’re using multiple labs. Most of the time, they’re using paper,” Nazir said. “It becomes almost an impossible task for somebody to keep track of all those things.”

Further complicating matters: There are multiple types of tests for COVID-19 at present, which work most effectively when used together.

The “gold-standard” polymerase chain reaction (PCR) test provides the most reliable results, but requires an uncomfortable nasopharyngeal swab that’s [unpleasant even for the doctors](#) who must take them regularly in order to keep working — and potentially traumatic for nursing home residents with profound cognitive and physical issues. It also presents a single snapshot in time, with multiple tests potentially required to confirm a diagnosis.

Blood-based antibody testing, while much less invasive, generally cannot be used on its own to rule out a positive COVID-19 case, and the science around exactly what antibodies tell clinicians about a resident's condition continues to evolve.

That's why, once Signature was able to overcome initial testing hurdles, Nazir started talking to BASE10 CEO Dr. Michael Fang, whom Nazir knew through his work with AMDA — The Society for Post-Acute and Long-Term Care Medicine, a professional organization for geriatricians and other elder-care specialists.

“His company started pursuing an idea: What if they created a digital platform to create science out of this chaos, so that we can create algorithms and evidence on what tests should be used, and how they should be used, and how the two testing strategies go together to give better results?” Nazir said.

With the support of Signature CEO Joseph Steier, the two companies announced their partnership earlier this month. As the COVID-19 pandemic drags through the summer and into the fall, Signature hopes the BASE10 technology will allow it to develop testing plans tailored to individual resident and building needs, while also tracking infections to prevent future outbreaks.

Over time, as government and clinician guidance evolves, the BASE10 system will be able to suggest proper testing frequencies based on emerging science, according to Nazir.

“When the science tells us: Oh, you need to test twice a week, we'll be able to fix that in the algorithm, so that automation will automatically start creating those cadences,” he said. “It's not about Signature [coming] up with one strategy and one frequency, I totally believe — and that's how it should be, that with more evolution of the science, we will be looking at different frequencies.”

The Louisville, Ky.-based Signature this week announced early testing success, celebrating more than 1,100

successful COVID-19 recoveries among its residents — or about 77.7% of its confirmed cases. The shifting tide also prompted Signature to close its flagship coronavirus specialty unit after declaring it COVID-free.

“Much of the media focuses on the negatives of this pandemic that has changed our world. But there are positives, too,” Steier said in a statement. “We must celebrate the victories and let our communities know, this pandemic can be defeated, one person, one resident, one staff member at a time. We’ve got one-thousand plus victories to prove it.”

That success hasn’t come without significant strain: Signature earlier this month laid off 100 corporate workers, citing skyrocketing expenses and a lack of government support. Speaking to a local business publication this week, Steier [called the upcoming year to 18 months](#) the “toughest period in our company history.”

And leaders at the company, along with nursing home operators across the country, emphasized that the battle is far from over.

“We have celebrated in our victories and deeply mourn our six beloved residents who have passed during this pandemic,” Lee Rooney, CEO and administrator of Signature’s dedicated COVID-19 facility in Putnam County, Tenn., said in a statement. “We continue to fight in their memory and won’t back down.”

Not backing down, at least for Nazir, means acknowledging that science around testing won’t remain static. “We knew from the beginning that we will never be in a situation where it’s going to be as simple as a pregnancy test, where you just do one test and then, rest assured, you’ve got the scenario figured out,” he said.

McKnight's

LONG-TERM CARE NEWS

Inadequate Referral Processing for COVID-19 Patients May Hinder Proper Transitions of Care

Addressing the flaws in the healthcare system may be the most important step to ensuring the long-term success of the fight against COVID-19. Upgrades in technology and streamlined processes will take the burden off of many workers in the field and allow for an improved road to recovery.

Written by: John Harrison

6/28/2020

As COVID-19 has stretched many acute care hospitals to the breaking point, skilled nursing facilities and long-term care providers are being looked upon to free up hospital capacity. This is a tremendous responsibility for the facilities that have already been hit hard – [COVID-19 infection](#) has killed more than 28,000 residents and workers, accounting for more than a third of the pandemic deaths.

Long-term care and post-acute care (LTPAC) facilities have been trying to determine the best way to rapidly adapt their operations to a crisis. Even as states lift restrictions and the Centers for Medicare and Medicaid Services issued a three-phase reopening guidance for nursing homes, the number of [coronavirus cases](#)

continues to grow along with the number of people returning to public life. From a strategy perspective, LTPAC organizations need to consider how they can adapt to evolving conditions over the coming months to reduce the burden of paperwork on staff, free up more time for patients, ensure safe care transitions from acute care facilities as well as protect their existing residents, staff, and surrounding communities.

Timely, accurate communication is more important than ever

The crisis has exposed many of the healthcare industry's flaws. A particularly poignant one is the inability to share patient data, across all care settings, EHR vendors and geographies to gain a full clinical understanding of COVID-19 patients. The same is true of executing proper transitions of care, where key information, such as whether a patient has at-risk co-morbidities and specific follow-up care instructions, often fails to make it from the acute to the LTPAC provider quickly. In fact, in the post-acute care (PAC) environment, one in three PACs [report](#) they do not receive any documents from a referring hospital, and fewer than one-third of patient discharge summaries ever reach the PAC care team.

Manual, error-prone and time consuming document exchange workflows remain prevalent in healthcare, with [some studies](#) estimating that nearly 90% of all healthcare data exchanges still occur via on-premise fax machines. According to a survey of 400 healthcare professionals commissioned by Concord Technologies in December 2019, most inbound clinical documents are filed to patient charts in the EHR manually. This workflow involves staff scanning documents, uploading them into the EHR and then rekeying relevant patient information from the scanned images into the system.

For LTPACs, the lack of technology-enabled connectedness for efficient and accurate exchange of patient information during care transitions has been compounded by the following:

- Lack of incentives to keep up with acute care providers in terms of EHR adoption;
- Razor-thin operating margins to invest in healthcare technology;
- Deploying EHRs tailored for LTPAC-specific regulatory and reimbursement requirements but which do not communicate with acute care systems;
- Lack of budget and skilled IT resources needed for advanced digital interoperability solutions; and
- High-staff turnover coupled with limited IT resources make systems training problematic.

Now, the COVID-19 pandemic has brought these issues into a sharper focus, with additional challenges. LTPAC facilities need to quickly set up remote office operations for administrative and business staff without interrupting patient care. They need to enable administrative and clinical teams to coordinate care from anywhere, at any time, particularly around which hospital referrals they can safely accept. Moreover, decision-makers are looking for ways to adapt operations to specialize in care for COVID-19 patients or to expand into new service areas.

How small changes in technology can yield big benefits

Making full use of digital technology has become critical for enabling healthcare providers to weather this crisis. LTPAC organizations can use technology to build a solid foundation enabling them to act quickly as the coronavirus situation evolves and new regulations emerge. One approach is by digitizing and streamlining paper-based workflows without the need to update the existing health IT infrastructure.

By swapping their existing fax numbers to a cloud-based digital fax platform, LTPAC providers can get rid of their dinosaur fax machines, and all the manual work, costs and reliability problems that go with them. The switch will enable providers to move from paper to HIPAA-compliant, secure, point-to-point paths for exchanging data, streamline processes and save time. An added benefit crucial in the post COVID-19 world is that the approach

allows administrative staff to process documents remotely.

LTPAC operators with a high volume of documents and interested in further increasing staff efficiency can consider leveraging artificial intelligence (AI) in conjunction with digital fax. Intelligent document automation is a new and innovative application of this technology. AI can automatically classify inbound documents, such as referrals, discharge summaries, physician orders, medical record requests or prior authorizations. After AI “understands” the document type, it routes the digitized document to the appropriate department or person.

Additional time savings are achieved when AI capabilities identify and extract crucial information within the document required to, for instance, make decisions on which referrals to accept. This data includes patient name, medical record number, date of birth, as well as physician name, national provider identifier, and date of service.

Currently, a person is required to manually search through a transmitted document to locate the relevant patient information. Extracting this data automatically decreases the amount of manual document indexing necessary to link the documents to the appropriate patient record.

These small changes can yield big benefits for LTPAC providers. By mostly automating the process of receiving, reading, classifying and triaging patient records, providers will save time and ensure information is not lost or misfiled but is processed faster by the correct person. This helps transition the patient to the LTPAC facility faster and provides quicker access to documents needed for ongoing resident care.

As the industry continues to cope with caring for COVID-19 patients and prepares for developments that might come ahead, automating all possible manual work to facilitate fast and accurate decision-making will allow LTPAC organizations to focus on taking care of patients, residents and staff.