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CDC Advisory Group: Older Adults, Frontline Essential Workers Next for COVID-19 Vaccines

The Pfizer and Moderna vaccines are being distributed across the country to those that are at the top of the priority list, including seniors and frontline essential workers. The CDC Advisory Group has a guiding role in how the phases are planned out and executed.

Written by: Kimberly Bonvissuto

12/21/2020

Older adults 75 and older, as well as frontline essential workers, are the next priority for COVID-19 vaccination, according to recommendations from a Centers for Disease Control and Prevention advisory committee.

The group voted 13-1 Sunday on interim guidance on priority groups 1b and 1c to be next in line for COVID-19 vaccines. Committee members said their recommendations reflect careful examination of the data and address the current lack of vaccine supply as well as individuals at highest risk for severe disease.

The vote comes after long-term care residents and staff, and healthcare personnel, [began receiving the first vaccines last week](#). It also comes one day after the Food and Drug Administration granted [emergency use authorization](#) for Moderna's coronavirus vaccine, following the advisory committee's [endorsement](#) of the vaccine in adults aged 18 or more years.

Phase 1b includes 19 million people aged 75 and older and about 30 million frontline essential workers such as first responders (firefighters, police officers) and workers in education (teachers, support staff, daycare staff), food and agriculture, manufacturing, corrections, the postal service, public transit and grocery stores.

Adults 75 and older account for 25% of coronavirus-associated hospitalizations, even though they represent only 8% of the population, according to Kathleen Dooling, M.D., MPH, a chief medical officer at the CDC.

Phase 1c includes about 28 million individuals aged 65 to 74, about 81 million people aged 16 to 64 with high-risk medical conditions, and approximately 20 million other essential workers.

Conditions associated with severe COVID-19 disease include obesity, type 2 diabetes, cardiopulmonary disease, cardiovascular disease, chronic kidney disease, cancer, immunosuppression and sickle cell disease. Pregnancy and smoking also increase complication risks.

Essential workers not included in Phase 1b include those working in the areas of transportation and logistics, food service, shelter and housing (construction), finance, IT and communication, energy, media, legal, public safety engineering, water and wastewater.

Several committee members expressed concerns about whether states were adequately funded to ensure equitable vaccine distribution to groups most at risk.

“Fund the vaccine infrastructure to get this vaccine out,” said Helen Keipp Talbot, M.D., of Vanderbilt University. “It needs to be done rapidly and it needs to take precedence.”

Although the advisory panel makes recommendations to the CDC, states ultimately determine and execute supply distribution.



Costs, COVID and Slow Service Cause Many Older People to Postpone Emergency Care: Survey

The pandemic has taken a toll on many different populations for varying reasons over the course of nine months or so. While seniors wait out the danger of increased exposure to the coronavirus, they also avoid emergency care that they would otherwise be seen for, which may increase other health problems.

Written by: Kimberly Bonvissuto

12/21/2020

Costs, COVID-19 risk and wait times top older adults' concerns about seeking emergency care, according to a [University of Michigan National Poll on Healthy Aging](#).

Even before the pandemic, older adults had concerns about seeking emergency care due to costs, wait times and fears of ending up hospitalized. The risk of contracting the novel coronavirus in a hospital emergency department added to those worries, according to a national poll of adults aged 50 to 80 years.

Each year, older adults make more than 40 million visits to emergency departments and often have complex needs that require greater care coordination and more follow-up services.

Fully 86% of the respondents cited the risk of COVID-19 as a consideration when deciding whether to seek emergency care, compared with 91% who mentioned wait times, 79% worried about out-of-pocket costs and 77% concerned about hospitalization.

Experiences with emergency department care

AMONG ADULTS AGE 50-80



Strongly agree

59% The hospital staff took my preferences and those of my family into account.

68% My condition was explained in a way I could understand.

69% My care during the visit was explained to me.

71% The discharge plan of care was explained to me.

The poll found one in three adults aged 60 to 80 have visited an emergency department in the past two years. When considering where to go for emergency care, 86% of older adults cited insurance coverage as an important factor, followed by the reputation of the emergency department (69%), location (68%) and recommendation by a healthcare provider (61%).

“Health insurers and policymakers are increasingly shifting costs to patients to deter overuse of care, including the emergency department; but these policies may be putting our most vulnerable patients at risk of avoiding care even when they have urgent concerns,” said Rachel Solnic, M.D., a University of Michigan Institute for Healthcare Policy and Innovation national clinical scholar who worked on the poll.

More than 70% of the older adults who had an emergency department visit in the past two years went home rather than being admitted to the hospital, according to the poll. The majority said they were able to follow up to see their primary care physician (88%), fill prescriptions (97%), complete laboratory (70%) or radiology (66%) tests, or see a specialist (67%). Only 23% reported receiving the home care services recommended.

The majority of older adults who visited an emergency department in the past two years “strongly agreed” that the healthcare provider explained their condition (68%) and care (69%) in a way they could understand. A majority (71%) also said they strongly agreed that the discharge plan of care was explained.

“These findings highlight important opportunities and a clear need for healthcare providers, insurers and health systems to better support older adults during and after medical emergencies to achieve higher-value, patient-centered acute care,” said Christina Cutter, M.D., a national clinician scholar at the University of Michigan’s Institute for Healthcare Policy and Innovation.

The poll, which drew from a national online sample of more than 2,000 adults aged 50 to 80, was supported by the AARP and Michigan Medicine, University of Michigan’s academic medical center.

(New article on next page)



Coming Soon: 30 Million More COVID Tests

According to the Department of Health and Human Services has confirmed that 30 million additional rapid antigen tests will be sent to assisted living properties through the first few months of 2021. The senior living industry is expressing excitement over this recent news as more help is on the way.

Written by: Kimberly Bonvissuto

12/18/2020

The federal government is allocating an additional 30 million Abbott BinaxNOW rapid antigen tests to assisted living communities and other vulnerable groups through at least March.

Assistant Secretary for Health Admiral Brett Giroir, M.D., said Thursday that the government's current contract for 150 million total BinaxNOW rapid antigen tests, which was set to end in early January, will be extended. That extension will allow the Department of Health and Human Services to ship 10 million tests each month over the next three months to assisted living communities, nursing homes, home health and hospice organizations, the Indian Health Service, and historically black colleges and universities.

American Seniors Housing Association President David Schless welcomed the announcement.

"It's a positive development," Schless said. "We keep seeing the surge in the virus, so it is a big plus to be able to access those testing kits."

A LeadingAge spokesperson also said the help is welcome.

"The virus is raging around the country; older adults have been and continue to be disproportionately harmed by the pandemic," the spokesperson said. "Help is needed to keep older adults, and the people who care for them, safe from the coronavirus wherever they live and receive care — from nursing homes to assisted and independent living, as well as affordable housing."

In an earlier [letter](#) to President-elect Joseph Biden and his transition team, LeadingAge stated that in the first 30 days of the administration's term, the Health Resources and Services Administration should require health centers to bring testing resources to senior housing, adult day, Programs of All-Inclusive Care for the Elderly, senior centers and other settings where older people live and/or use support services.

Giroir said the shipments will continue to be based on the [degree of positivity](#) within counties. Assisted living communities in areas with greater than 10% positivity (red counties) and those in areas with 5% to 10% positivity (yellow counties) are prioritized.

"We want to continue to support the most vulnerable until they are immunized and we see a clear signal there is not a problem in that population," Giroir said. "There will be as-needed outbreak situations we need to surge test into, but we definitely want to continue supporting the vulnerable the very best we can."

The federal government also is allowing a portion of the BinaxNOW tests to enter the commercial market so businesses, healthcare systems and individuals can use them. The FDA authorized the BinaxNOW antigen card for prescription home use via a telehealth consult.

HHS originally allocated [50 million tests](#) to assisted living communities, nursing homes, home health and hospice organizations, the Indian Health Service, and historically black colleges and universities. As of this week, the government had shipped 102 million BinaxNOW tests, including 66.6 million to states and 35.9 million to vulnerable populations.

Maggie Elehwany, Argentum's senior vice president of public affairs, said any additional testing capacity is welcomed.

"Our concerns remain related to consistency and reliability — communities need to receive the appropriate amount of tests, consistently, in order to use them effectively," Elehwany said. "Some communities are trying to meet specific state guidelines on testing and are only able to do so by procuring tests on their own through their own relationships. And, of course, this means more out-of-pocket expenses."

Senior living providers have questioned the accuracy of the rapid antigen tests, preferring the polymerase chain reaction molecular tests, which often are mandated locally and by states. A previous [LeadingAge survey](#) revealed that 37% of their members were not using the rapid-results antigen tests from the federal government.

Giroir said that definitive evidence from multiple academic sources shows that the BinaxNOW tests are highly sensitive and specific for symptomatic and asymptomatic testing in adults and children. He added that he is "extremely comfortable and confident" in the use of BinaxNOW in testing both symptomatic and asymptomatic individuals.

To date, a total of more than 218 million coronavirus tests have been completed in the country. As part of the federal distribution plan for COVID-19 testing, HHS provided \$20 billion to support testing and other needs in assisted living communities, nursing homes and home health agencies.

SENIOR HOUSING NEWS

Tips from Brookdale, CVS, Walgreens on a Successful Covid-19 Vaccine Rollout

Administering the COVID-19 vaccine has become the top priority of officials across the country with committed teams from national pharmacies using their experience to lead the efforts. For a successful plan to be executed, these pharmacy and senior living leaders have given their valuable insights.

With the first doses in the U.S. [administered Monday](#), the senior living industry is close to distributing the Covid-19 vaccine among residents and staff.

In fact, senior living residents and staff could start seeing the vaccine delivered to their communities as early as about a week from now, according to Dr. Ruth Link-Gelles, who is leading the Covid-19 vaccine rollout among long-term care providers for the Centers for Disease Control & Prevention (CDC).

But before the first doses arrive, providers will need to focus on who is slated to receive the vaccine and when, how best to vaccinate new residents or employees who came to the community after the process began, and

how to ensure that most people take it. Doing so is not a light undertaking, and underpinning a successful vaccine rollout are many smaller moving parts to manage.

Under the Pharmacy Partnership for Long-Term Care Program [announced in October](#), pharmacy giants CVS Health (NYSE: CVS) and Walgreens Boots Alliance (Nasdaq: WBA) will provide and administer Covid-19 vaccines to residents and staff of long-term care facilities, including assisted living communities. While they are set to handle most of the logistics regarding distribution and administration, senior living providers [are still planning](#) ways to make the process as efficient and effective as possible.

That includes the nation’s largest senior living operator, Brookdale Senior Living (NYSE: BKD), which is preparing to “create a culture of vaccine acceptance,” according to Senior Vice President of Clinical Services Kim Elliott.

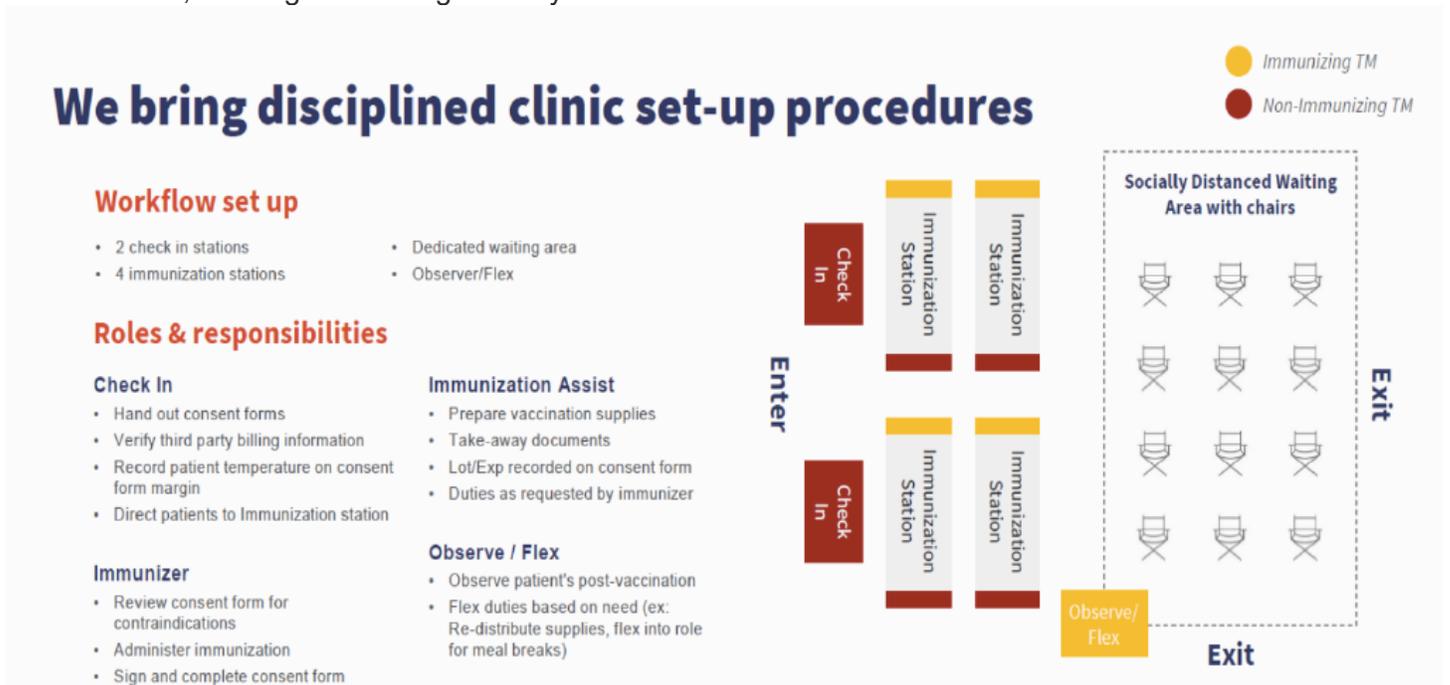
“The thing that we want to do now is educate,” Elliott said Monday during an Argentum webinar on vaccine preparedness. “It’s very important that those leaders in the communities are comfortable having the vaccine discussions.”

Collaboration is key

For providers working with CVS and its long-term care pharmacy company, Omnicare, the process will follow 10 main steps, the first of which is likely already completed for senior living operators who signed up. Before the first dose is administered, CVS plans to set up vaccine clinic dates and times for each facility or community its staff visits, distribute consent forms to each location and register patients for vaccination.

CVS asks that providers stay in frequent contact and provide current primary, secondary and tertiary contact information for their communities, according to Derek Darling, vice president of strategy, marketing and internal operations at Omnicare.

“This is certainly a massive program, but it requires all affected parties to be working in collaboration in order to be successful,” Darling said during Monday’s webinar.



Walgreens also encourages close collaboration for providers working with the national pharmacy retailer. The pharmacy will provide operators with the materials they need to prepare residents, their families and staff for vaccination, according to Tasha Polster, vice president of pharmacy quality, compliance and patient safety at Walgreens.

While both pharmacy providers will bring their own staff, supplies and personal protective equipment (PPE), operators should designate some space they can use for a vaccine clinic. Polster recommended a well-ventilated area with enough room to check in residents and staff, get them vaccinated and allow them to briefly rest afterward.

As far as the logistics of vaccination itself, CVS/Omnicare and Walgreens can inoculate residents and staff in a central location, room-to-room or in a combination of the two approaches.

Although all of the Covid-19 vaccines currently hitting the market require two doses for protection against the virus, senior living operators will likely need to schedule three or more vaccine clinics to ensure everyone who wants a vaccine has gotten one, CDC's Link-Gelles said.

"Smaller facilities may only need two clinics, larger facilities can request additional clinics," Link-Gelles said. "We know, of course, that there are always new admissions and new staff coming on board, so that's why the third clinic is in place."

Getting buy-in

Although senior living operators can breathe easy knowing they aren't in charge of shipping or storing Covid-19 vaccines, they still must compel residents and staff to take it — and that is not always easy.

Operators in the industry have tried a variety of methods to get staff more motivated to take the vaccine. Both Bloomfield, New Jersey-based Juniper Communities and Hickory, North Carolina-based ALG Senior, for example, are planning to have community leaders roll up their sleeves first to show staff and residents that it's safe and easy to do. Others, like Birmingham, Alabama-based Atlas Senior Living, are incentivizing workers; Atlas is awarding them up to five paid days off for getting vaccinated.

Already, some large providers are optimistic that their residents are ready to get the Covid-19 vaccine. For instance, a recent survey from Sunrise Senior Living showed that 92% of the McLean, Virginia-based operator's responding residents and their families would "definitely or probably request the vaccine for themselves, or their loved ones."

In striving to create a culture of vaccine acceptance, Brookdale believes that education and communication are key. Elliott recommends that operators provide vaccine learning opportunities for their staff and residents — and to keep it factual.

"We're serving that high risk population, so personal opinions or beliefs of the vaccine cannot come into play," Elliott said. "We have to consider the CDC recommendations."

Brookdale is also encouraging residents and their families to have discussions now with their primary care physicians to help assuage uncertainty or doubt.

And when preparing for the actual day of the clinic, Elliott recommends "digging into the details" by developing a detailed plan of attack well before the first clinic day occurs. That process should include keeping close communication with pharmacy partners, verifying and double-checking vaccine supplies against the number of

residents and staff at a community, and designating roles and responsibilities for staff. Operators should also ensure the physical space is safe, efficient and clean, with vaccine clinic drills conducted in advance.

On the day of the clinic, operators should watch closely for adverse side effects in order to track and report them. Elliott also recommends that senior living companies find lessons to be learned in their first clinic in preparation of a second one.

“You have 21 days to make changes and to make the second clinic go even better,” Elliott said.

Senior living operators should also prepare to check up on residents after their first dose, even if they’ve been discharged from the community.

“If you had residents that have been discharged, what’s the follow-up?” Elliott said. “How are you going to make sure that they get fully immunized and get that second dose?”