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McKnight's

LONG-TERM CARE NEWS

Biden Wants More Infection-control Regulations, COVID Relief Funding for Long-term Care

Written by: Danielle Brown

1/25/2021

Stricter infection-control regulations, as well as more generous COVID-19 relief funding for long-term care providers could be coming, if President Joe Biden has his way. Biden unveiled his pandemic response plan and an unprecedented national strategy late last week.

The expansive plan comes after Biden revealed his coronavirus [rescue plan](#) about a week earlier. The new [200-page document](#) calls on the Centers for Medicare & Medicaid Services and Department of Health and Human Services to “strengthen long-term care facility guidance, funding and requirements around infection-control policies.”

The agencies also will “support long-term care staffing levels sufficient to ensure patient safety, and support the accelerated distribution of vaccines to residential care settings.”

Biden’s plan also calls on the heads of multiple agencies, in coordination with the president’s office, to provide targeted surge assistance to long-term care facilities and implement an effective vaccination campaign. It would ensure that seniors in congregate settings are among the administration’s immediate actions.

“To increase incentives to vaccinate Medicare beneficiaries, CMS will evaluate how to incorporate quality measures for COVID-19 immunizations into its value-based purchasing programs, including Medicare Advantage Star-Ratings, the physician quality payment program, and accountable care programs,” the plan states.

“CMS will also use Medicare data to identify beneficiaries at the highest-risk and work with states and localities to operationalize vaccination plans. The Administration will also build on the CDC Pharmacy Partnership for Long-Term Care Program to ensure that long-term care residents and staff can receive vaccinations in as streamlined and effective manner as possible,” it adds.

McKnight's

LONG-TERM CARE NEWS

After the Great Vaccine Rally, LTC has Another Big Concerted Effort to Look Forward to

Written by: James M. Berklan

1/22/2021

The world's collective race to develop and distribute COVID-19 vaccines has been valuable in many ways.

While frustrating that it's not progressing quicker (and who couldn't see impatience coming once the juice started flowing into arms?) the process can be a model in another vital area of healthcare, and long-term care in particular.

We're talking about unifying digital patient records, which will be imperative to streamlining and making care more efficient. The hope is that in a few short years, we will be taking the seamless flow of integrated patient medical information for granted, just as we hope within a matter of months to not have to worry about our every movement and breath due to COVID-19 fears.

Why shouldn't a person's medical record and history flow seamlessly from hospital to nursing home, to emergency department No. 1, to emergency department No. 2, to specialists 1, 2, 3 and 4, and more?

Care, communication and the bottom line all stand to improve once a "miracle cure" for siloed information is developed and widely adopted. Patients will arrive at the doorstep with care history and plans already in place.

Luckily, there's an intriguing campaign underway to do just that. The effort is noteworthy because it's being attempted on a very large scale.

PointClickCare Technologies, which estimates its cloud-based services touch about 70% of the long-term care market, recently acquired Collective Medical in a deal estimated at between \$500 million and \$1 billion. The latter enables real-time, cross-continuum care coordination in thousands of settings and with every major national health plan in the country.

Among other things, Collective's network touches about 45 million hospital emergency room and inpatient visits a year. Before the PCC deal, however, its post-acute reach was fairly limited.

The partnership is going to identify high-risk patients who might "fall between the cracks," as Chris Klomp, Collective's CEO turned PointClickCare executive VP, described it to me. The combined effort will stitch together information that will reveal, for example, if skilled nursing discharges don't follow up properly with their primary care provider or exhibit troubling characteristics.

Effort goes deep and wide

Collective has the breadth and PCC has "the depth," said Dave Wessinger, the latter's president. Providers already in PCC's network won't have to do much to take part in the unification effort, Wessinger said. They just have to consent to share their information in a new way, that will get 2.5 million annual discharges into the mix.

Keep in mind this is a pipeline heading both into and out of long-term care. “Inevitably, post-acute and acute have to come together,” Wessinger emphasized, calling today’s administration of information between the two “disastrous.”

Rare is the patient who hasn’t been frustrated by unlinked or non-digital providers, we can probably all attest.

Klomp emphasizes that the goal line is clinical interoperability. Records should be available in one place, not spread across five or more different siloes. The patient doesn’t care if multiple systems are in play. He or she just wants to be treated properly.

There’s no disagreement that it’s time to move beyond talking about high-minded interoperability ideals. The fax machine should be retired. There’s this thing called the internet that comes in mighty handy.

The PCC-Collective juggernaut is poised to create new standards and expectations regarding registering and storing information. That’s good for everyone and should pave the way to better relationships with operators’ business partners, especially those bearing risk.

“Not in any other market, in any other way, could anybody do what we’re about to go do,” Wessinger said. “Anybody else trying this is maybe five to 10 years out from solving this problem. We’re going to do it in 24 months, if not sooner.”

Industry’s benefit

Best of all, the two execs say, their efforts are meant for the good of all. Isn’t that a lot like collective progress that will eventually be made with COVID-19 vaccines?

“We’re not exclusive. It’s absolutely inclusive. We’re just going to get there faster and safer, so others can follow,” Wessinger explained. “Our bias is to action. The same way we moved to the cloud to be a SAAS vendor back in 2000. Nobody else was going there, we did it and the next thing you know, the whole world pivoted and that’s the new model.”

That same spirit is present here. The idea is to show a pertinent model and demonstrate it on a large scale.

“We’re perfectly positioned to do that, and that’s what’s going to drive all others to do it,” Wessinger said. “This is a solution that [eventually] will be available to all. We just happen to be able to kick start it in a totally meaningful way. If somebody else had done it already, we’d be glad to take part in it.”

So, status quo, consider yourself under attack. That’s a good thing.

“We’re prepared to [move forward] and force others to come along and do great things,” Wessinger said. “It’s not a matter of ‘if.’ It’s ‘when.’ The plumbing’s in place; it’s ready to flow.”

Wessinger and Klomp indirectly insinuated even stronger parallels to COVID vaccination efforts.

“We’re going to impact millions of lives in the post-acute space,” the former said, “And Chris and our model will continue to impact tens of millions of lives, and hopefully more, as we continue to support the vulnerable population.”

We can all certainly hope so.

McKnight's

LONG-TERM CARE NEWS

Antibody Drug Cut COVID-19 Risk by up to 80% in Residents, Study Finds

Written by: Danielle Brown

1/22/2021

A COVID-19 antibody therapy was able to drastically reduce the risk of nursing home residents contracting COVID-19, according to new [study results](#) released Thursday by drugmaker Eli Lilly.

The findings showed that residents given bamlanivimab saw their risk of getting the disease drop by up to 80% compared to those who received a placebo. The investigation included more than 1,000 residents and staff at long-term care facilities, including nursing homes. All participants received either 4,200 mg of bamlanivimab or the placebo drug.

Researchers said the results support using the antibody therapy treatment at nursing homes, which have accounted for nearly 40% of all COVID-related deaths in the United States.

"These data provide important additional clinical evidence regarding the use of bamlanivimab to fight COVID-19 and strengthen our conviction that monoclonal antibodies such as bamlanivimab can play a critical role in turning the tide of this pandemic," Daniel Skovronsky, M.D., Ph.D., Lilly's chief scientific officer and president of Lilly Research Laboratories, said in a statement.

The Food and Drug Administration in mid-November [approved](#) an Emergency Use Authorization for bamlanivimab, or BAM, to treat mild to moderate COVID-19 in adults and pediatric patients who are at high risk of the severe COVID-19 and/or hospitalization.

The Centers for Medicare & Medicaid Services soon after announced that Medicare [would cover](#) monoclonal antibody therapy for COVID-19 treatments, and that coverage would extend to beneficiaries in nursing homes at no cost during the public health emergency.

"The antiviral activity seen with bamlanivimab treatment emphasizes the importance of early intervention to help counter the devastating impact the virus has had in this vulnerable population and other high-risk patients," added Myron S. Cohen, M.D., co-principal investigator.

The Department of Health and Human Services recently [started promoting bamlanivimab](#) for COVID patients in non-hospital settings with priority populations, including nursing homes and assisted living facilities served by long-term care pharmacies.

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Skilled Nursing News

SNN Poll: Nursing Home Providers Split on Post-Vaccine Visitation Plans

Written by: Alex Spanko

1/24/2021

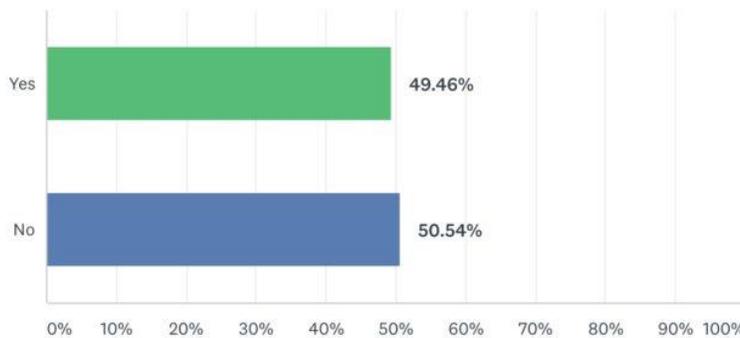
After the physical health and safety of residents and workers, the prospect of normal visitation looms as the top promise of a smooth rollout of COVID-19 vaccines to the nation’s nursing homes.

But operators will likely not make any moves until they’re given the all-clear by state and federal regulators, with a significant percentage planning to require vaccinations for all visitors before reopening their doors to family and friends.

Just about half of respondents to a recent online Skilled Nursing News poll said they would mandate proof of vaccination for potential visitors, while a nearly equal number said they would not.

Once the general public has access to the vaccine, will you require proof of vaccination before allowing visitors into your building?

Answered: 93 Skipped: 55



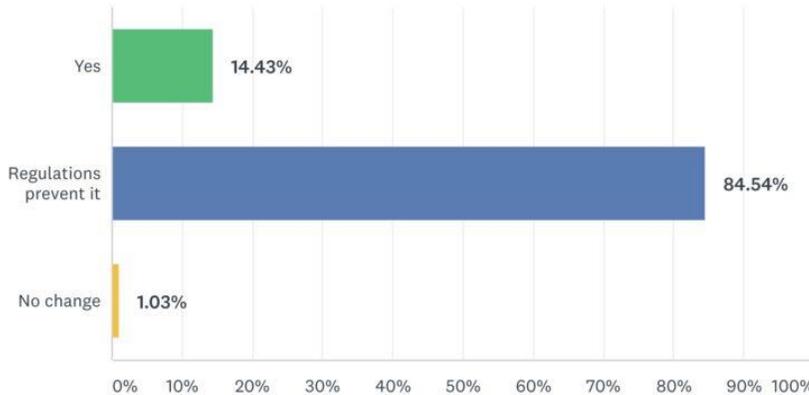
The pulse around a formal reopening plan, however, was far more unified: The vast majority of respondents indicated that their organizations were unable to immediately reopen their doors due to state and local regulations.

Just 14% answered that restrictions would be lifted after the completion of the two-stage vaccination clinic process with an unequivocal “yes.”

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Once the vaccination clinics are complete at your facilities, will your organization loosen restrictions around visitation?

Answered: 97 Skipped: 51



Multiple news outlets and advocates have criticized the slow speed of the vaccine process thus far, though pharmacy giants CVS and Walgreens — which the federal government has placed in charge of distributing and administering shots at the vast majority of facilities across the country — have emphasized that the process remains on schedule; both companies tabbed January 25 as the deadline for completing the first of two required on-site vaccination clinics.

SNN conducted this non-scientific online survey to provide a fast snapshot of nursing home provider attitudes around the increasingly controversial vaccine rollout. While it may not necessarily consist of a representative cross-section of facilities and operators around the country, the poll does offer candid insights into the attitudes of leaders and workers at the nation’s long-term care facilities.

In all, 148 people answered at least one question in the online survey, which was sent to SNN readers several times in our daily and weekly e-mail newsletters between January 12 and January 21. Of those, 123 self-identified as employees of post-acute and long-term care facilities; these respondents were allowed to continue through to the actual questions.

The answers around visitation track with more in-depth interviews conducted by SNN over the course of the vaccine administration process. While operators have expressed optimism about the potential for a return to normalcy for nursing home residents and their families, they have also asserted that they must wait for formal approval from the appropriate authorities.

“In terms of visitation, the Department of Health in New York State determines visitation,” Gurwin Jewish Health and Rehabilitation CEO Stuart Almer [told SNN earlier this month](#). “The way in which the formula exists now — and has been for many months — as long as we have just one case, whether it be staff or resident, just one, the clock gets reset in terms of visitation. For a large facility like Gurwin, it’s mathematically very, very challenging to ever get to the goal that we can have someone visit.”

David Mills, CEO of the Midwest-based nursing home and assisted living chain North Shore Healthcare, [agreed with the need](#) to take cues from the authorities.

“The most important thing is we’re going to follow the guidance of local and state public health [officials], and they will decide — with our feedback, of course — what and when that’s going to occur,” Mills said, adding that he

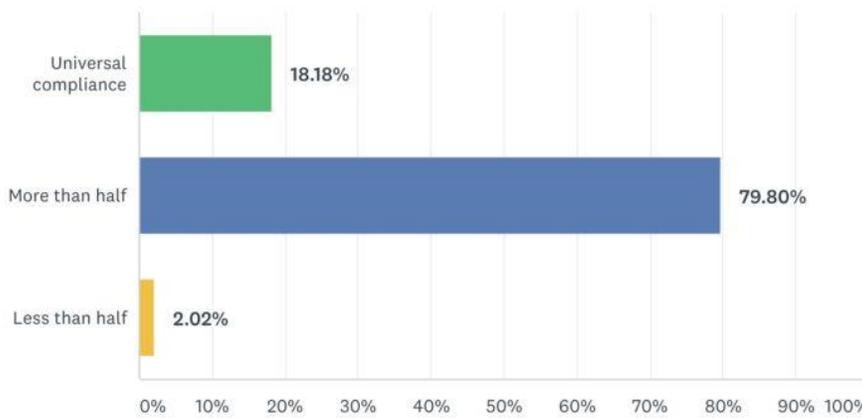
expected the second quarter of 2021 to bring the end of lockdowns.

The breakdown of workforce-versus-resident willingness to take the vaccine also tracked with anecdotal reports from conversations that SNN has had with operators over the past month: Residents are far more excited to roll up their sleeves than staff.

Nearly 80% reported majority compliance, with 18% seeing universal uptake of the vaccine — and just 2% saw only a minority of residents take the shots.

What percentage of your residents is willing to receive the vaccine, in your estimate?

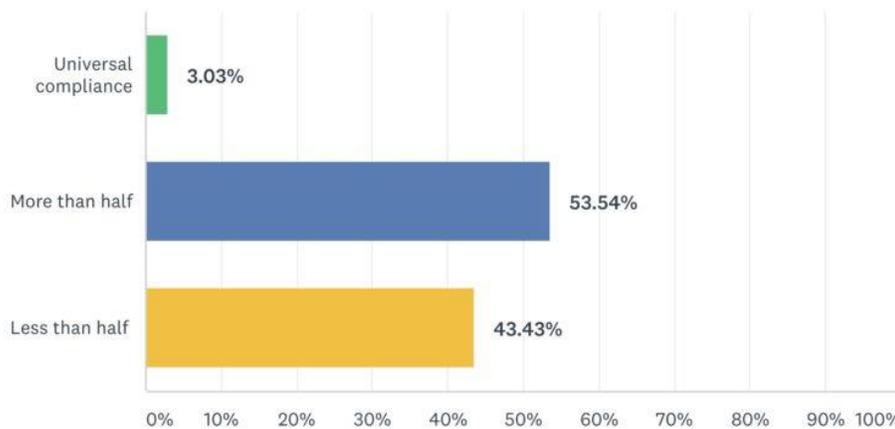
Answered: 99 Skipped: 49



For workers, the numbers were starkly worse. Only about 54% of operators reported that a majority of staff had opted into the program, with 43% logging less than half and only 3% indicating universal vaccination.

What percentage of your staff is willing to receive the vaccine, in your estimate?

Answered: 99 Skipped: 49



The relative lack of enthusiasm among frontline caregivers to receive the vaccine has been the primary story of the mass inoculation effort so far. Even before the Food and Drug Administration (FDA) granted emergency authorization to the Pfizer and Moderna shots in December, leaders sounded the alarm about the deep skepticism they were hearing among rank-and-file nursing home employees.

Lori Porter, CEO and co-founder of the National Association of Health Care Assistants (NAHCA), [framed it as a matter of trust](#) in a December interview with SNN: After having watched their residents and coworkers die over the past year, while also struggling with shortages of personal protective equipment (PPE) and constant worries about their own physical and mental health, many nursing home workers have lost faith in the institutions now telling them that the vaccines are safe and necessary.

“My concern is not necessarily the vaccine, if it’s proven safe,” Porter told SNN. “My fear is that if we don’t educate them, if we allow the facilities to provide the education on the vaccine, there is a trust issue. CNAs do not trust their leaders.”

To that end, operators have embarked on a full-court press to combat misinformation and highlight the benefits of the vaccine for employees, including their own health and the safety of their communities. Providers have also brought in experts to tackle common concerns, such as worries about the vaccines’ impact on fertility, though a truly comprehensive program may require one-on-one interventions with each hesitant employee.

Chirumbolo reported that vaccine uptake at his company’s facilities did increase among staff during the second visit, indicating that many staffers may just be uneasy about being the first person they know to receive a new treatment.

“Independently, we’ve got to educate, [by] I think arming people with the facts but then sitting down with them one-on-one,” Carespring Health Care Management CEO Chris Chirumbolo [told SNN earlier this month](#). “It is extremely time-consuming, but it’s very much worth it. I think going forward, we’re going to find more nursing homes’ acceptance rates will continue to go up for future clinics, for future people, because they’re going to see more people in the community getting it. It will become the new norm.”

But residents, locked away from family for nearly a year now, have been far more excited about taking the shots — a trend that Chirumbolo also attributed to generational differences in attitudes about vaccination as a concept.

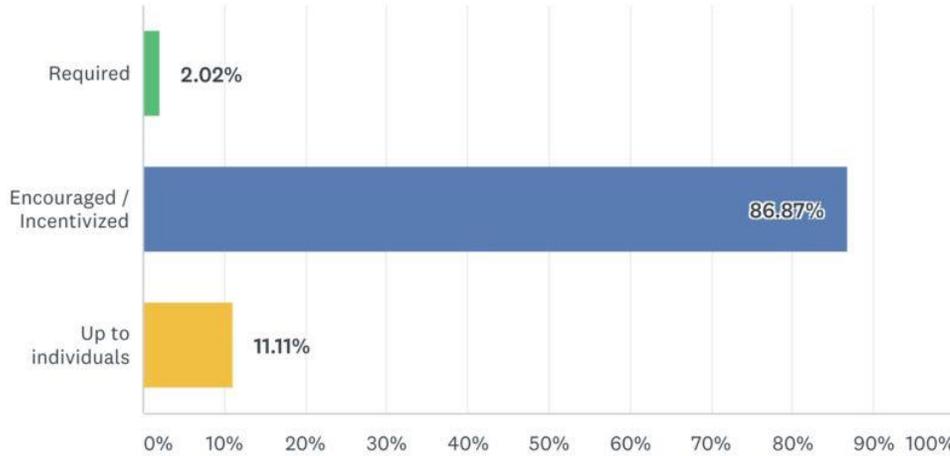
“I think what’s really being forgotten is that in the American public, people 65 and older, I imagine — as residents, 90% or more are receiving the vaccine — you’ve got a generation or a couple generations of people that have seen polio, who’ve seen really big things from their loved ones years ago, and they’re used to understanding what life is like when vaccines aren’t there,” he said.

Still, very few operators are requiring vaccines for workers: Just 2% of respondents indicated a mandatory program, with 87% saying they were encouraging employees or providing incentives. About 11% said there was no policy either way, with individuals left to make the decision on their own.

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What is your vaccine policy for staff?

Answered: 99 Skipped: 49



When asked for their overall perception of the rollout so far, a majority reported being either extremely satisfied or satisfied, with a total of about 23% indicating some level of dissatisfaction; around 23% had a neutral view of the process.

How would you describe your organization's experience with the vaccine rollout?

Answered: 99 Skipped: 49

