



Long-Term Care in Post-Pandemic World

David C. Grabowski, PhD

 @DavidCGrabowski

September 10, 2021



Almost 18 months ago (3/24/20)



Insights | COVID-19



Nursing Homes Are Ground Zero for COVID-19 Pandemic

[Michael L. Barnett, MD, MS^{1,2}](#); [David C. Grabowski, PhD³](#)

[Author Affiliations](#) | [Article Information](#)

“It is likely that other nursing homes around the country will also become hubs in their communities for the worst clinical manifestations of COVID-19...In an epidemic like the COVID-19 outbreak, our response will only be as strong as the weakest, most vulnerable link.”

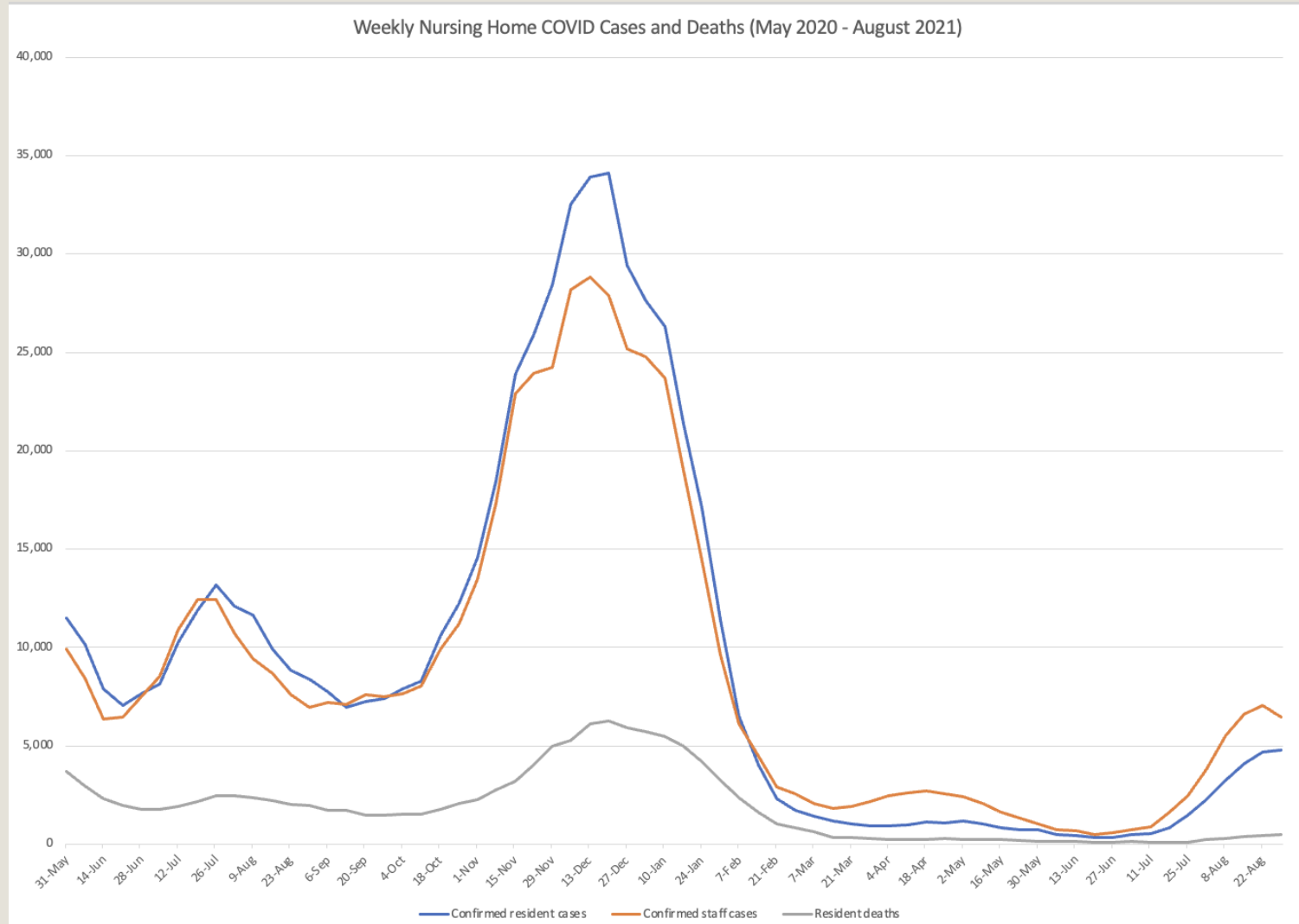


COVID and Long-term care facilities



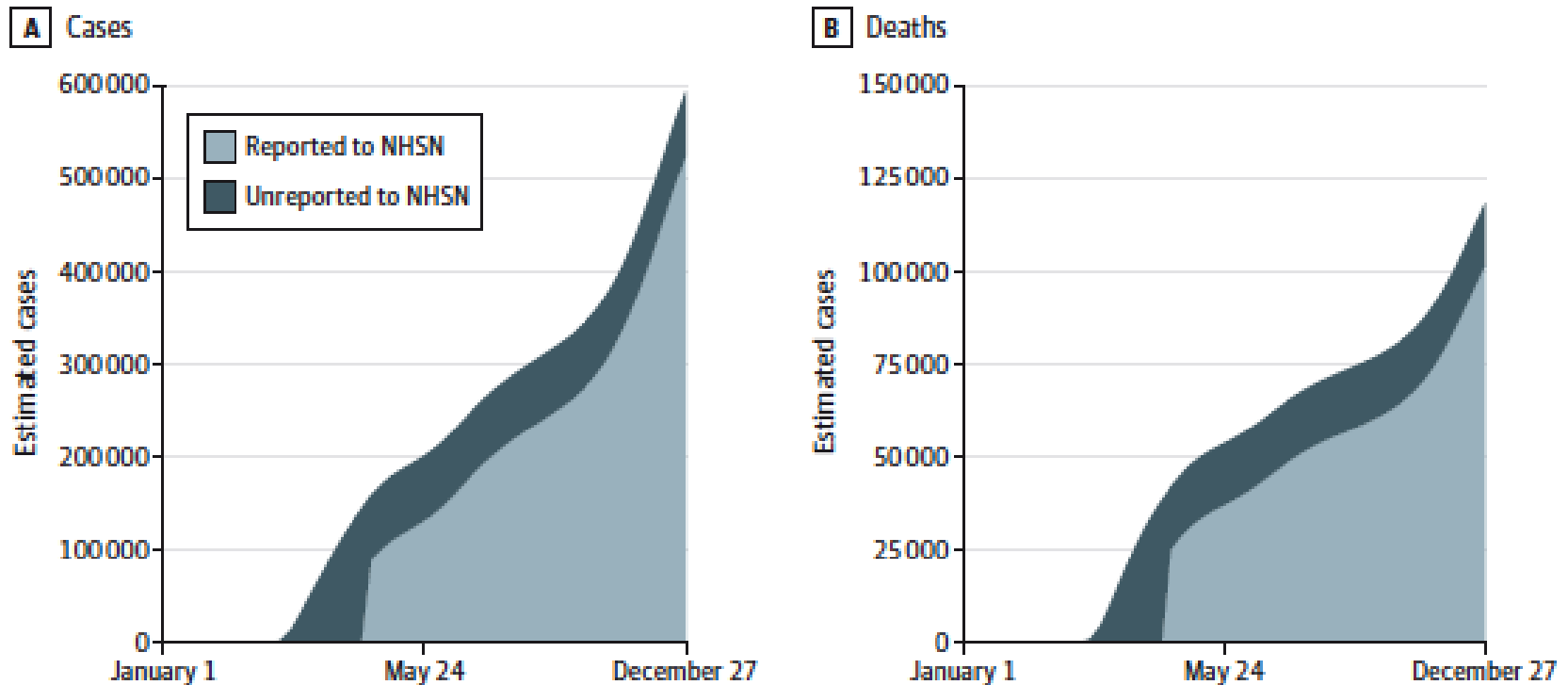


Nursing Homes Cases & Deaths



After accounting for early underreporting, we estimated 592,629 nursing home covid cases & 118,335 covid deaths in 2020

Figure 4. Estimated and Reported National Cumulative Cases and Deaths In Nursing Homes

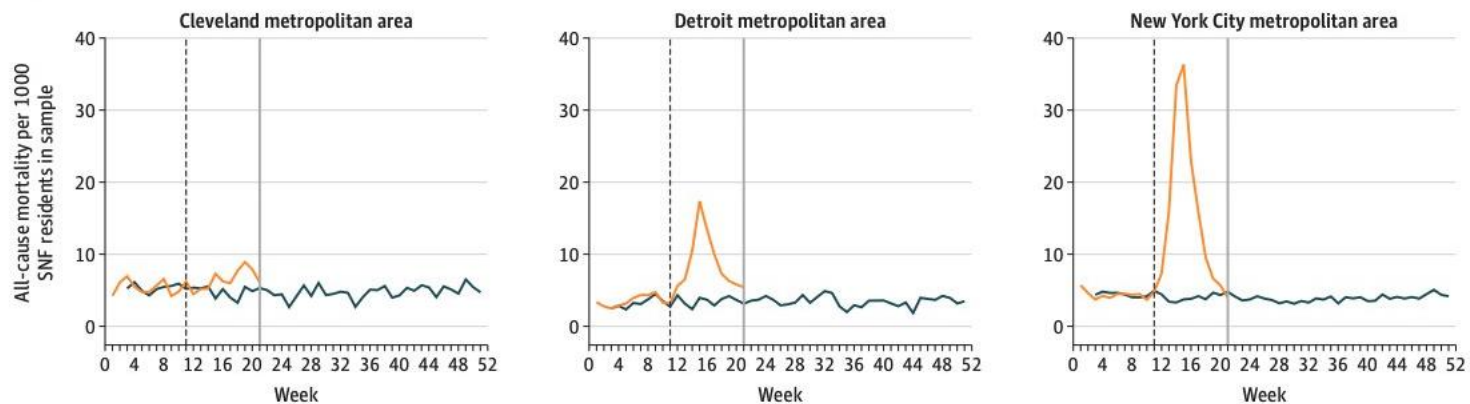




Excess Mortality?

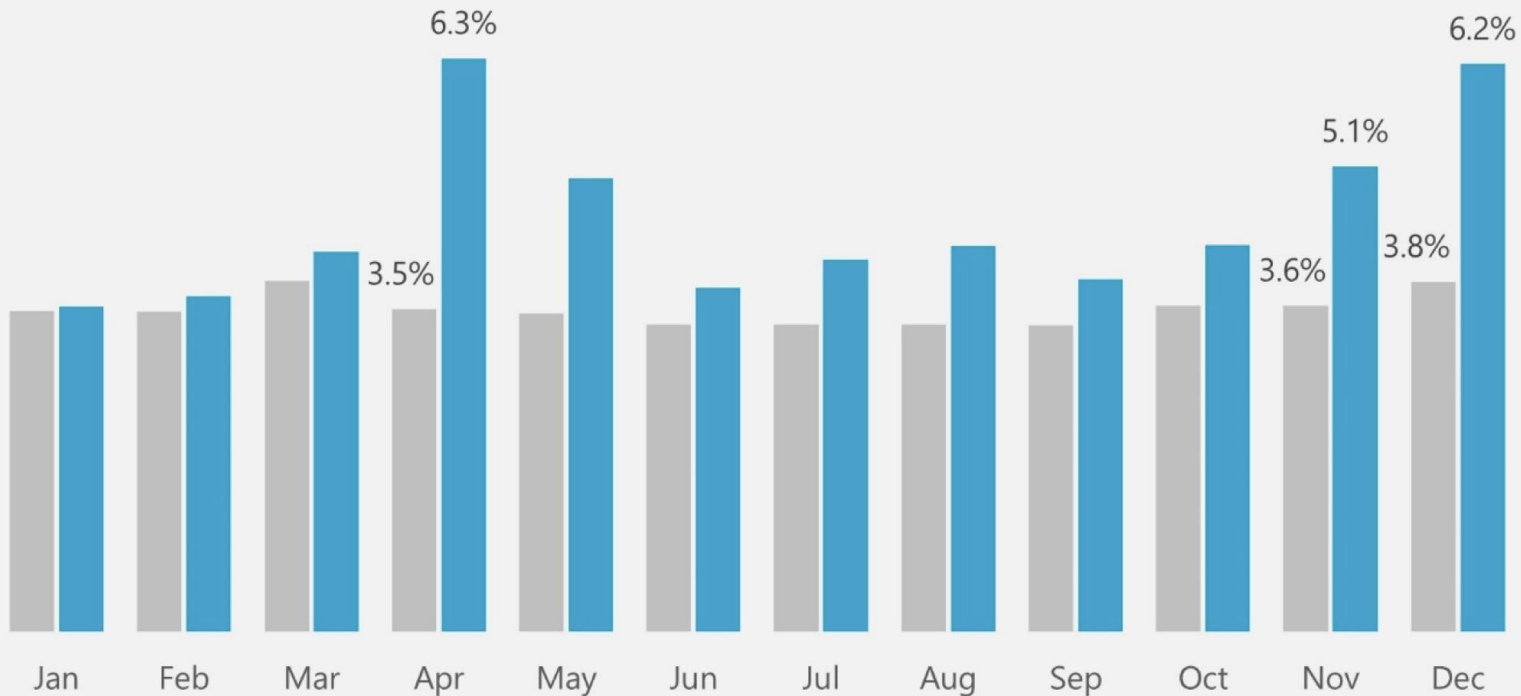
- NYC: 4.1x higher mortality from March-May 2020 vs. 2019
- Detroit: 2.2x higher in March-May 2020 vs. 2019

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



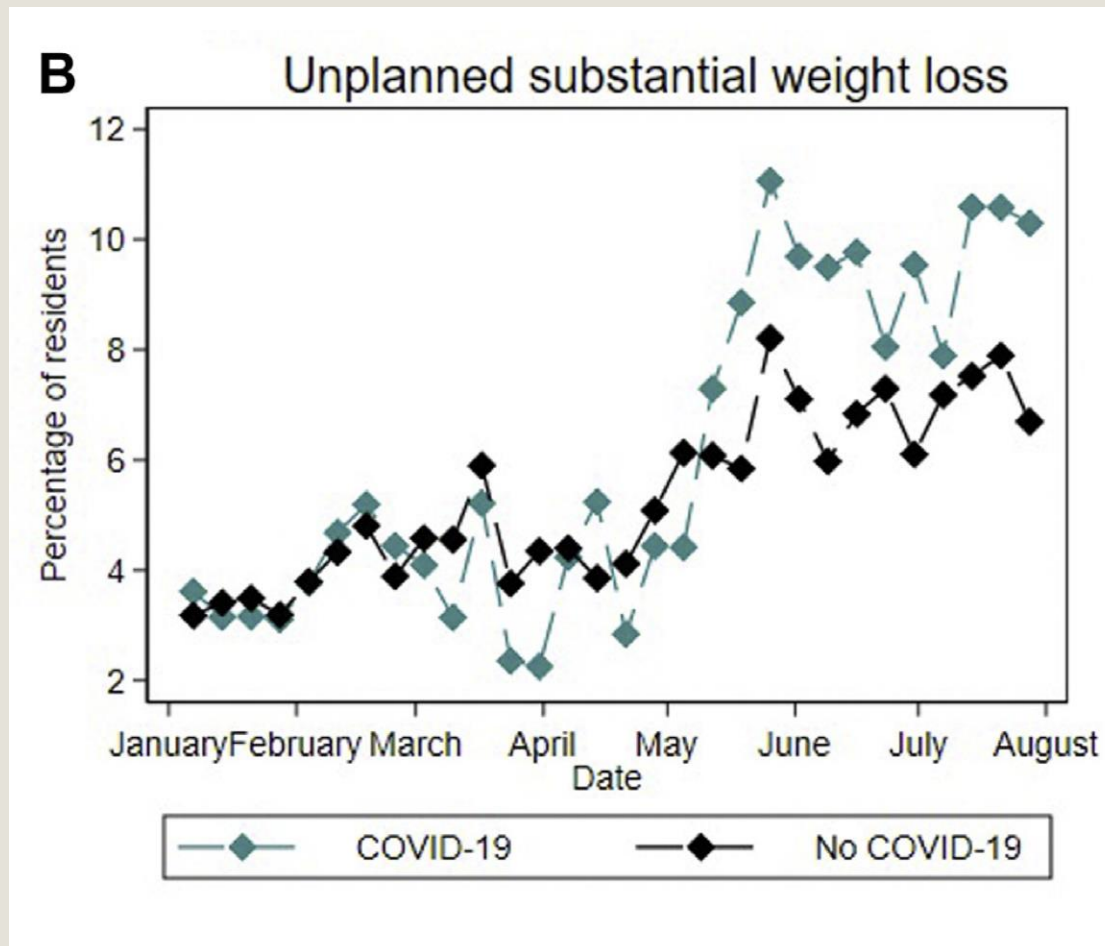
Nursing Home Deaths Increased by 169,291 (32%) in 2020

Higher proportions of Medicare beneficiaries in nursing homes died in 2020 than in 2019, particularly in April and December.



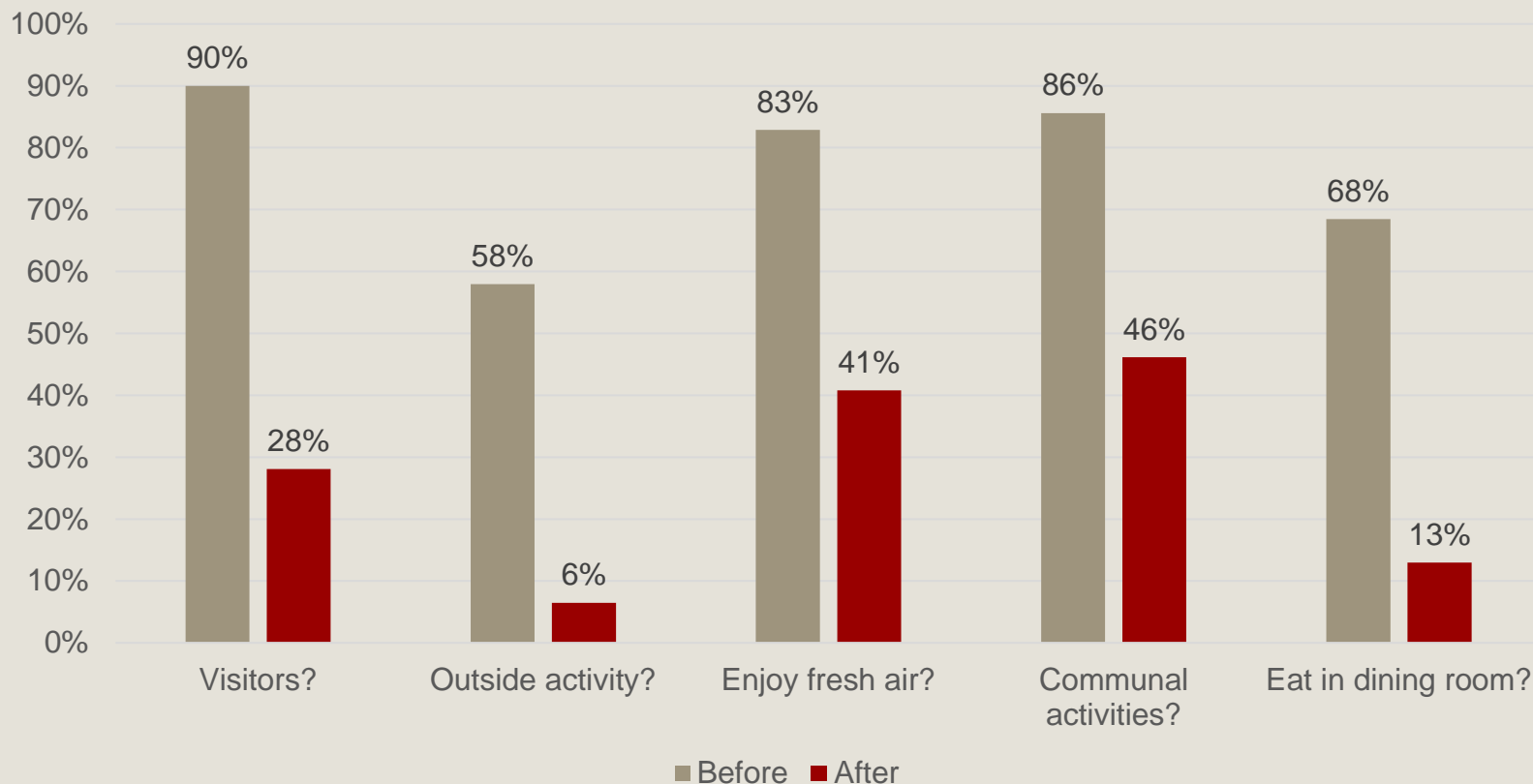
Source: OIG analysis of Medicare data, 2021.

COVID Impacted Nursing Home Residents Without COVID



Pandemic greatly restricted the activities of nursing home residents

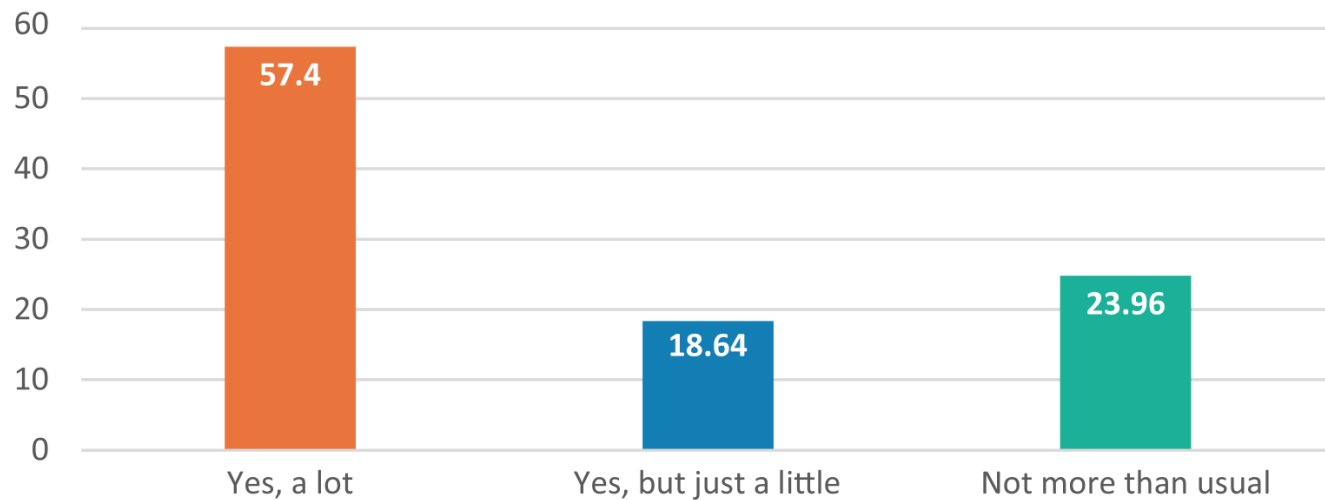
Survey of 365 residents in 36 states



Nursing home residents were lonelier during pandemic



AFTER the Coronavirus restrictions, have you felt more lonely than usual?



Pandemic also impacted nursing home staff



JAMDA 22 (2021) 199–203

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Original Study

Front-line Nursing Home Staff Experiences During the COVID-19 Pandemic

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ABSTRACT

Objective: The Coronavirus disease 2019 (COVID-19) pandemic is an unprecedented challenge for nursing homes, where staff have faced rapidly evolving circumstances to care for a vulnerable resident population. Our objective was to document the experiences of these front-line health care professionals during the pandemic.

Design: Electronic survey of long-term care staff. This report summarizes qualitative data from open-ended questions for the subset of respondents working in nursing homes.

Setting and Participants: A total of 152 nursing home staff from 32 states, including direct-care staff and administrators.

Methods: From May 11 through June 4, 2020, we used social media and professional networks to disseminate an electronic survey with closed- and open-ended questions to a convenience sample of long-term care staff. Four investigators identified themes from qualitative responses for staff working in nursing homes.

Results: Respondents described ongoing constraints on testing and continued reliance on crisis standards for extended use and reuse of personal protective equipment. Administrators discussed the burden of tracking and implementing sometimes confusing or contradictory guidance from numerous agencies. Direct-care staff expressed fears of infecting themselves and their families, and expressed sincere empathy and concern for their residents. They described experiencing burnout due to increased workloads, staffing shortages, and the emotional burden of caring for residents facing significant isolation, illness, and death. Respondents cited the presence or lack of organizational communication and teamwork as important factors influencing their ability to work under challenging circumstances. They also described the demoralizing impact of negative media coverage of nursing homes, contrasting this with the heroic public recognition given to hospital staff.

Conclusions and Implications: Nursing home staff described working under complex and stressful circumstances during the COVID-19 pandemic. These challenges have added significant burden to an already strained and vulnerable workforce and are likely to contribute to increased burnout, turnover, and staff shortages in the long term.

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The authors declare no conflicts of interest.

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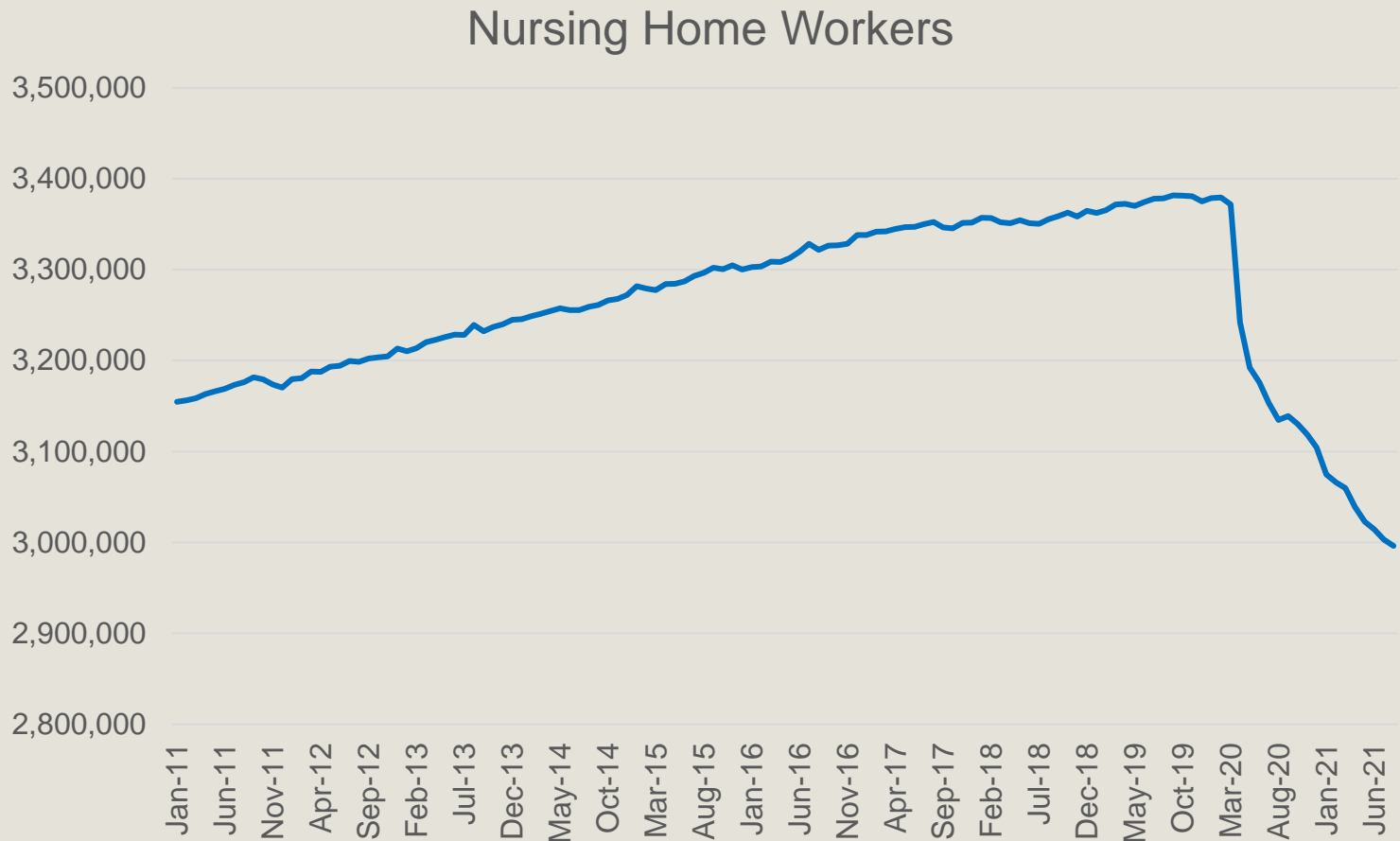
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<https://doi.org/10.1016/j.jamda.2020.11.022>
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- Constraints on PPE/testing
- Burdensome regulation/guidance
- Concern for self/family
- Concern for residents
- Burnout
- Teamwork, communication, flexibility
- Public blame & lack of recognition



380,000 Fewer Nursing Home Workers Since Start of Pandemic





Most Dangerous Jobs in America?

- 1) Logging = 97.6 per 100,000 workers
- 2) Commercial fishermen = 77.4 per 100,000 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.



Opinions

Nursing home workers now have the most dangerous jobs in America. They deserve better.



A health worker arrives to take a nose swab sample as part of testing for the covid-19 at a nursing and rehabilitation facility in Seattle on April 17. (Ted S. Warren/AP)

Opinion by **Brian E. McGarry**, **Lori Porter** and **David C. Grabowski**

July 28, 2020 at 7:00 a.m. EDT

Brian E. McGarry is an assistant professor in the Department of Medicine at the University of Rochester. Lori Porter is the co-founder and chief executive officer of the National Association of Health Care Assistants. David C. Grabowski is a professor of health-care policy at Harvard Medical School.

As covid-19 has ravaged nursing homes, it has also made working in these facilities the most dangerous job in America. Since the start of the pandemic, facilities have [reported](#) 760 covid-19-related deaths among their staff.

If deaths continue at this pace over a full year, it will equate to more than 200 fatalities per 100,000 workers. This would more than double the rate of previous years' [deadliest](#) occupations, such as logging and commercial fishing.

“If deaths continue at this pace over a full year, it will equate to more than 200 fatalities per 100,000 workers”

Assisted living residents had 17% higher overall mortality (24% in states with greatest community spread)



Figure 1. Weekly Observed Deaths per 1000 Medicare Beneficiaries Residing in Assisted Living, 2019 vs 2020

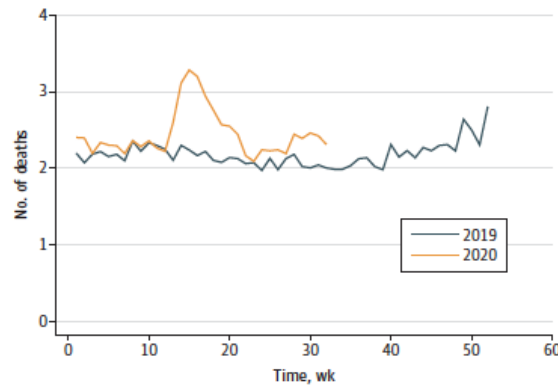
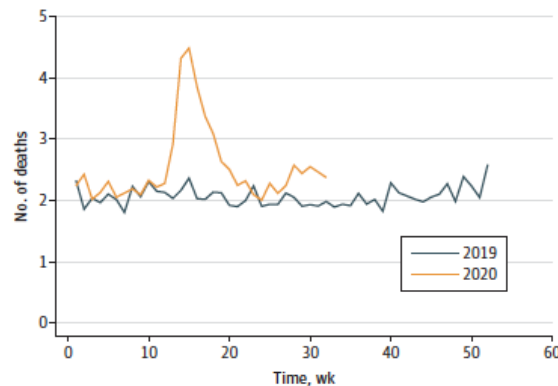
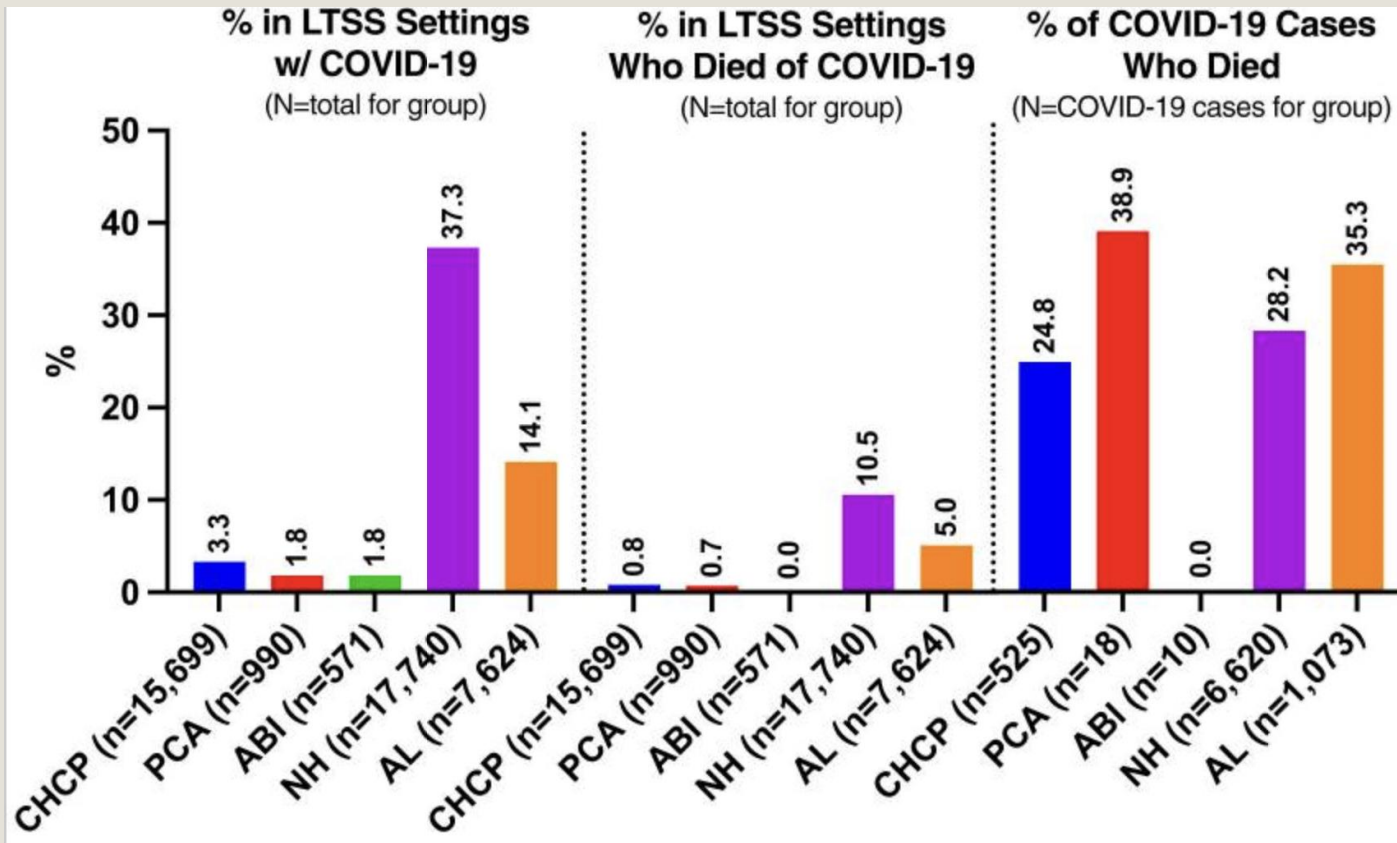


Figure 2. Weekly Observed Deaths per 1000 Medicare Beneficiaries Residing in Assisted Living, Among the 10 States With the Highest Rate of COVID-19 Cases



COVID cases & deaths much lower among HCBS Recipients in Connecticut



COVID-19 cases and deaths in long-term services and supports (LTSS) settings. ABI, Acquired Brain Injury Waiver; AL, assisted living; CHCP, CT Home Care Program; NH, nursing home; PCA, Personal Care Assistance Waiver.

COVID-19 Further Complicated the Essential Role of Family Caregivers

- Social isolation
- Potential burnout from suspended supports
- Lack of access to or comfort with technology
- Limited interactions with health care facilities
- Financial hardship

Supporting Family Caregivers in the Time of COVID-19: State Strategies



Courtney Roman, MA and Rani Snyder, The John A. Hartford Foundation
June 2, 2020

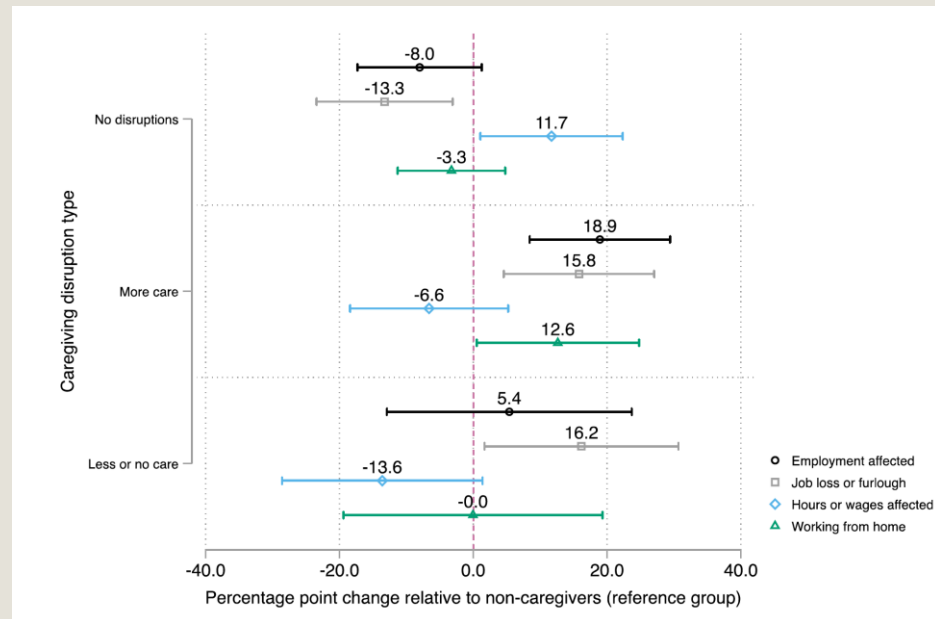
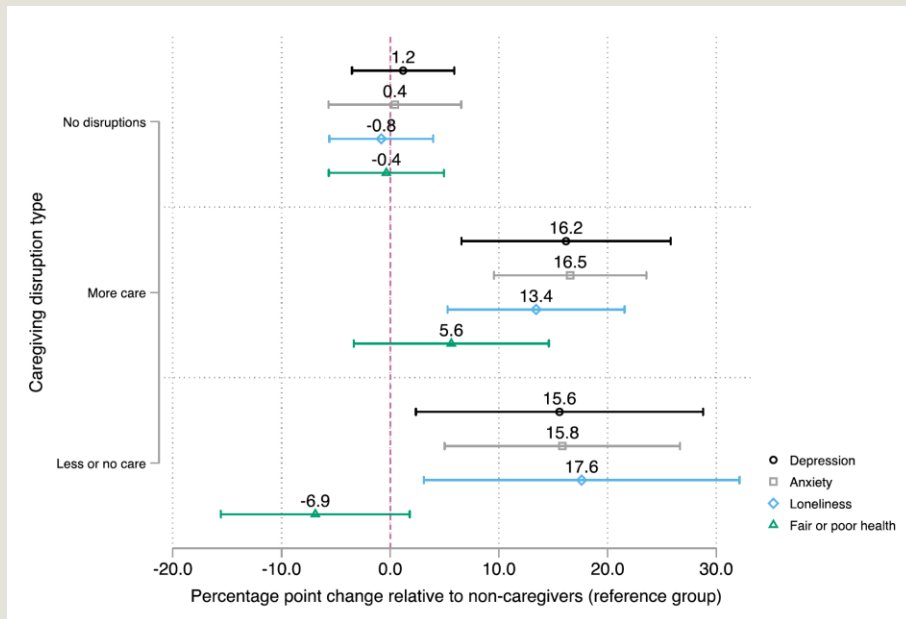
Headlines and data from across the nation confirm the sad reality: older adults and people with chronic conditions or disabilities face **disproportionately adverse outcomes** if they contract COVID-19. Family caregivers are the linchpin of care for these individuals and provide critical daily supports for them. Across the U.S., there are roughly **18 million people** currently caring for an older adult. Even in the pre-pandemic environment, family caregivers faced a myriad of potential stressors. COVID-19 has made their critical, but typically unpaid job even



RELATED TOPICS

- COVID-19
- Long-Term Services and Supports
- Medicare-Medicaid Coordination

Care disruptions led to worse mental health and employment outcomes among family caregivers





Short-Term Solutions

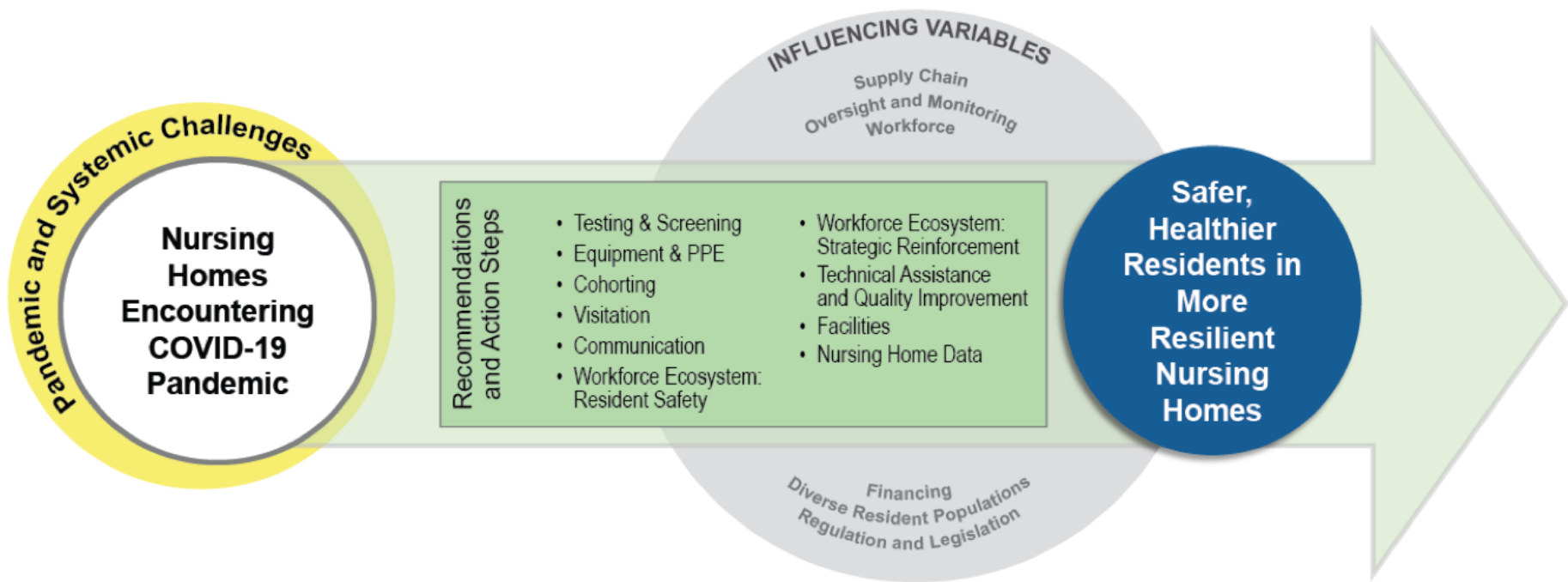


Figure 2. Commission Recommendation Framework



HHS did not implement Nursing Home Commission's Recommendations



United States Government Accountability Office
Testimony
Before the Committee on Finance,
U.S. Senate

For Release on Delivery
Expected at 10:00 a.m. ET
Wednesday, March 17, 2021

COVID-19 IN NURSING HOMES

HHS Has Taken Steps in Response to Pandemic, but Several GAO Recommendations Have Not Been Implemented

Statement of John E. Dicken, Director, Health Care



- **HHS has not implemented our recommendation related to the Nursing Home Commission report.** CMS released the Nursing Home Commission's final report in September 2020, which includes 27 recommendations organized under 10 themes—such as Testing and Screening, Equipment and PPE, Workforce (staffing), and Visitation—that are paired with over 100 specific action steps for CMS.¹³ CMS released a response to the report broadly outlining the actions the agency has taken to date as part of its response to the COVID-19 pandemic, but the agency did not provide an implementation plan that would allow it to track and report progress toward the Commission's recommendations.

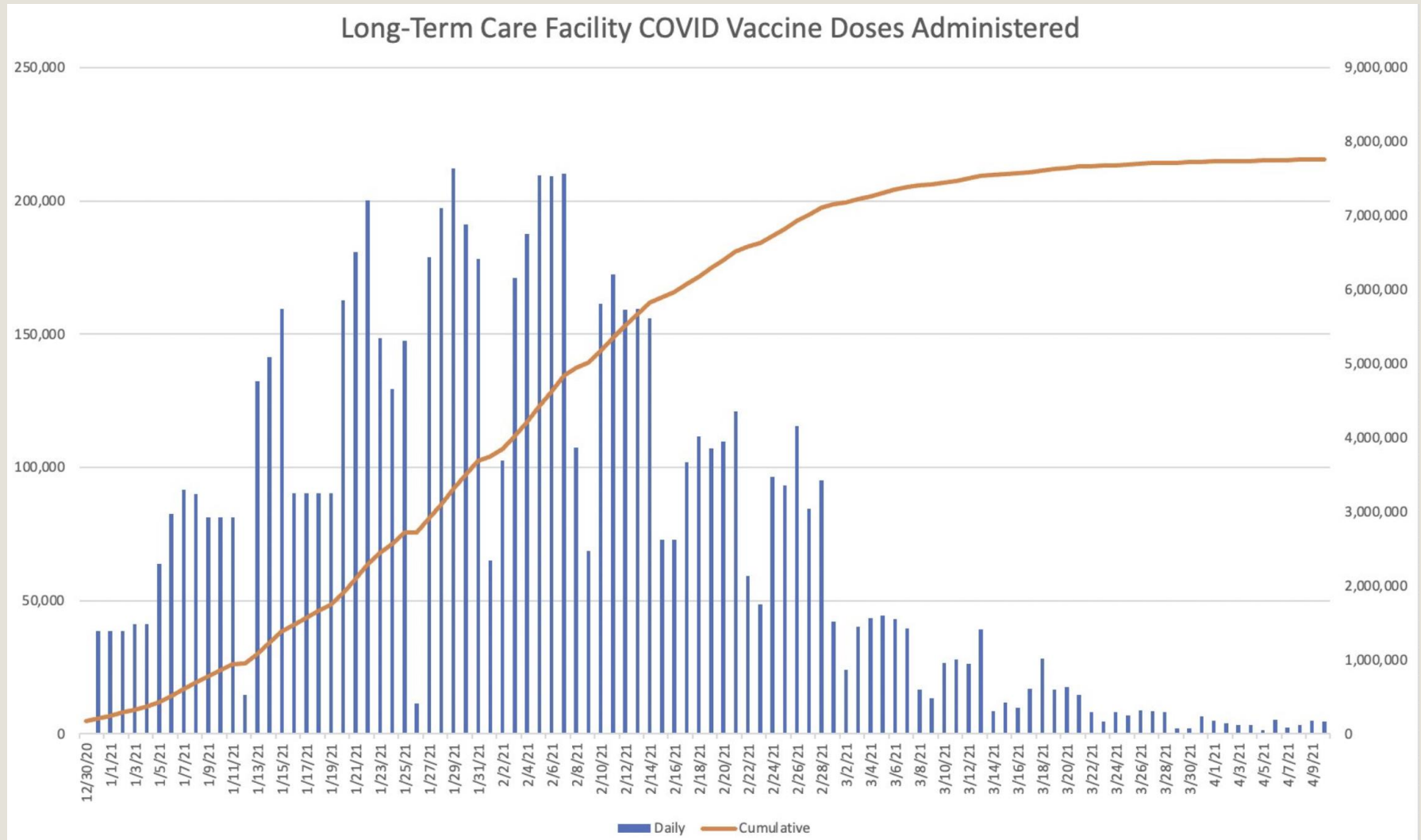


Short-term solutions

**Get residents
and staff
vaccinated!**

**Invest in the
workforce**

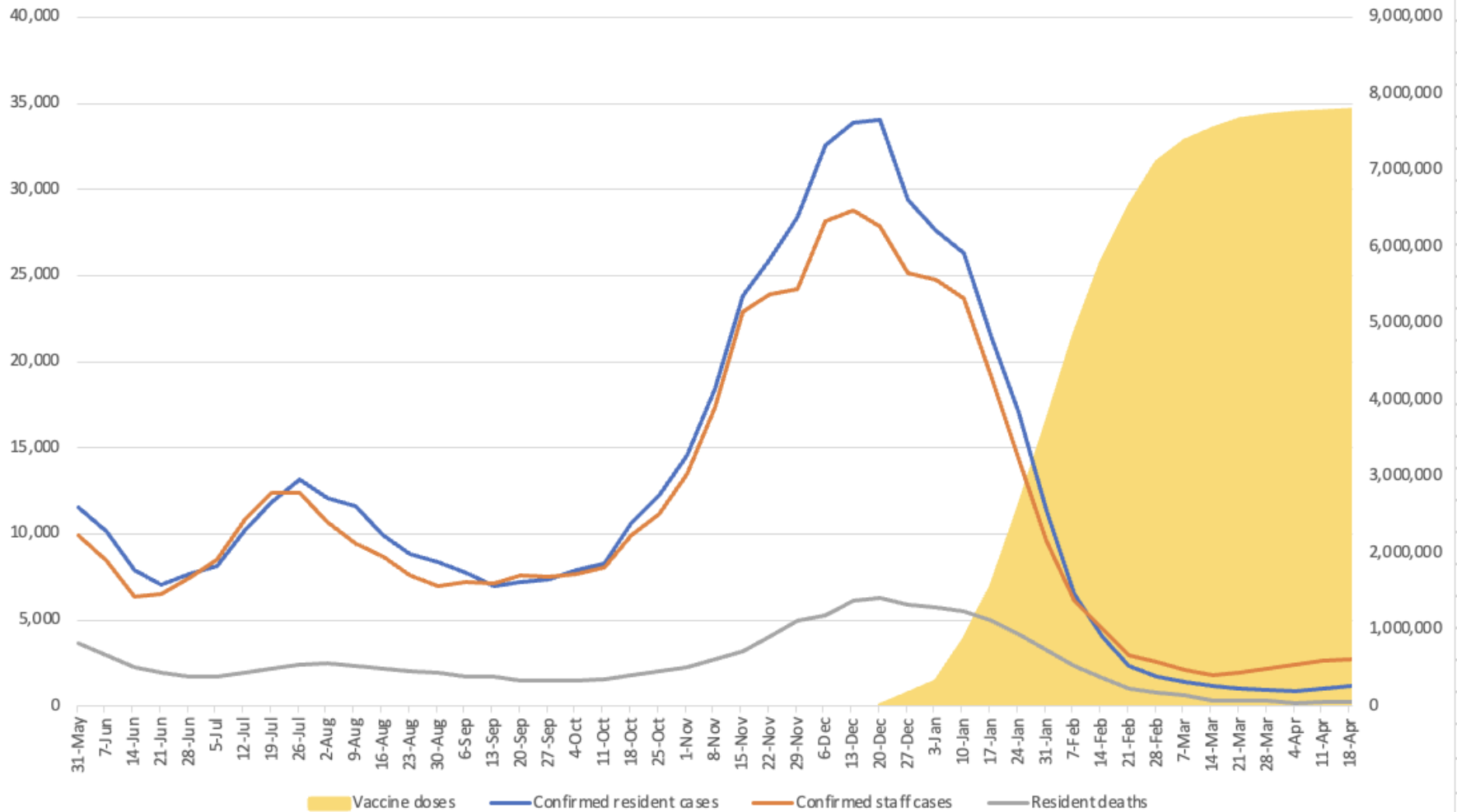
Long-Term Care Facility COVID Vaccine Doses Administered

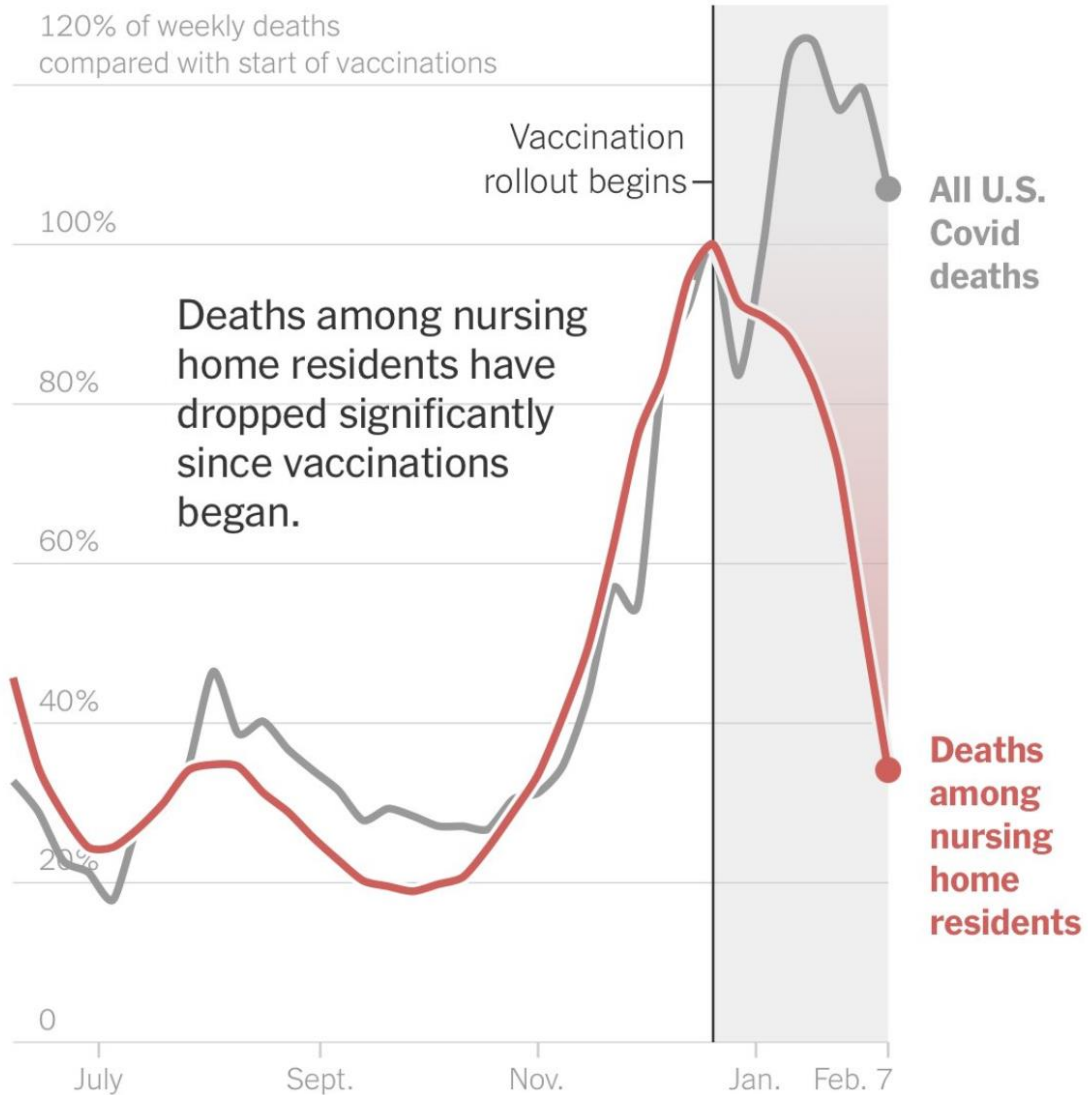


Vaccinations Helped to Bring Down COVID Cases/Deaths



COVID Nursing Home Cases, Deaths and Vaccine Doses

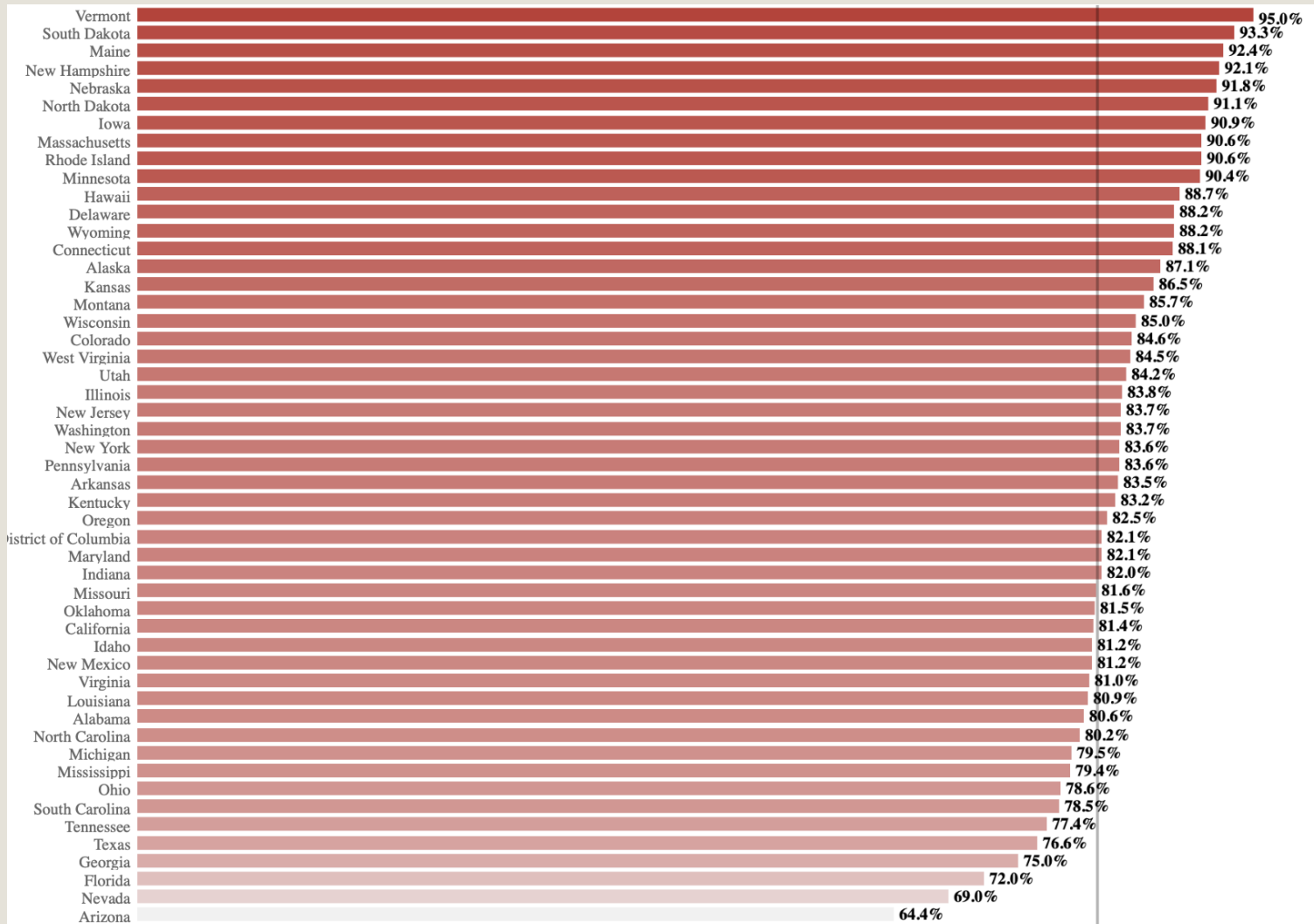




Source: [New York Times database](#); U.S. Department of Health and Human Services ■ Data shown is normalized compared with the weekly deaths for the week ending Dec. 20, 2020 and is through Feb. 7.

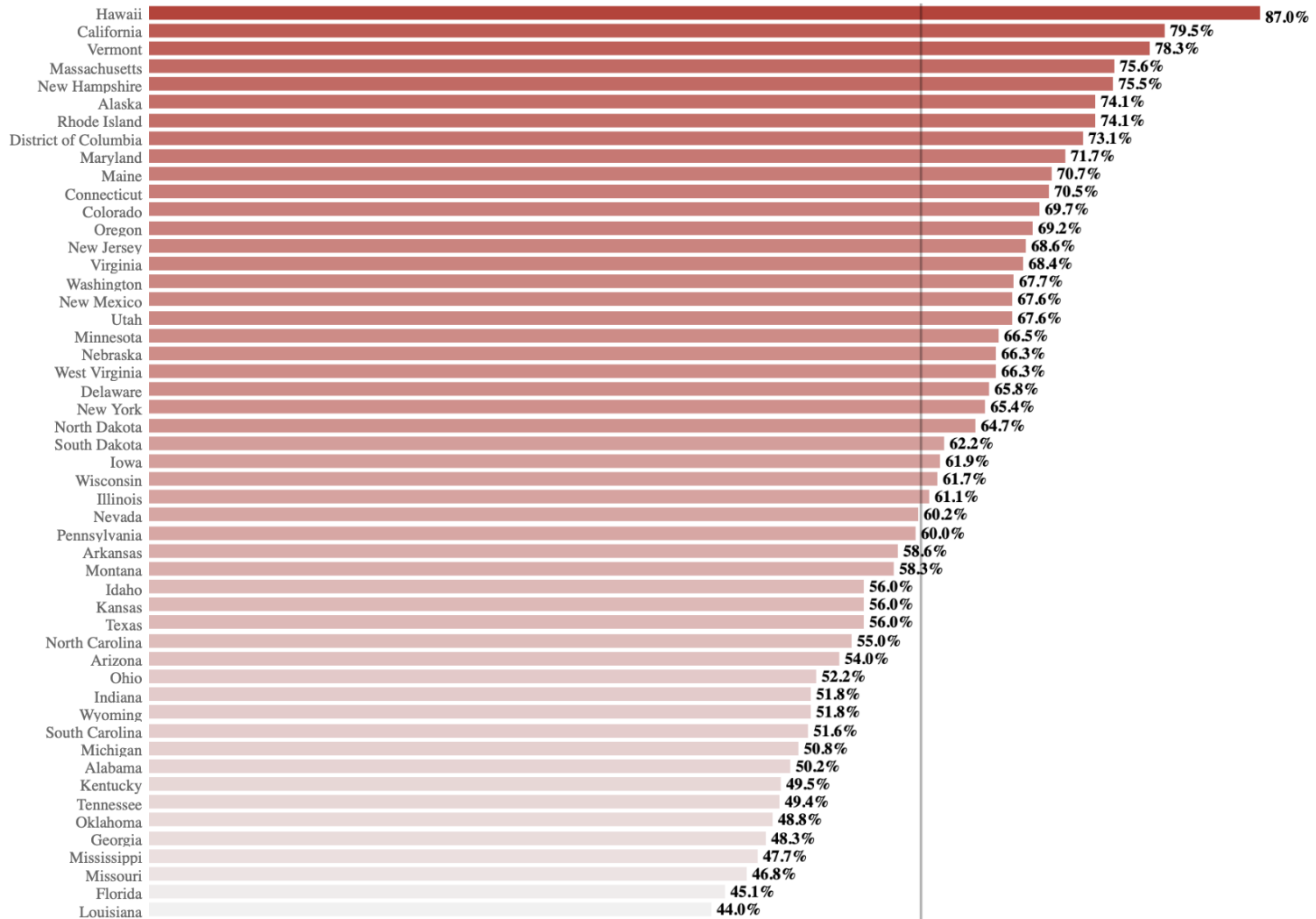


Resident vaccinations, by state

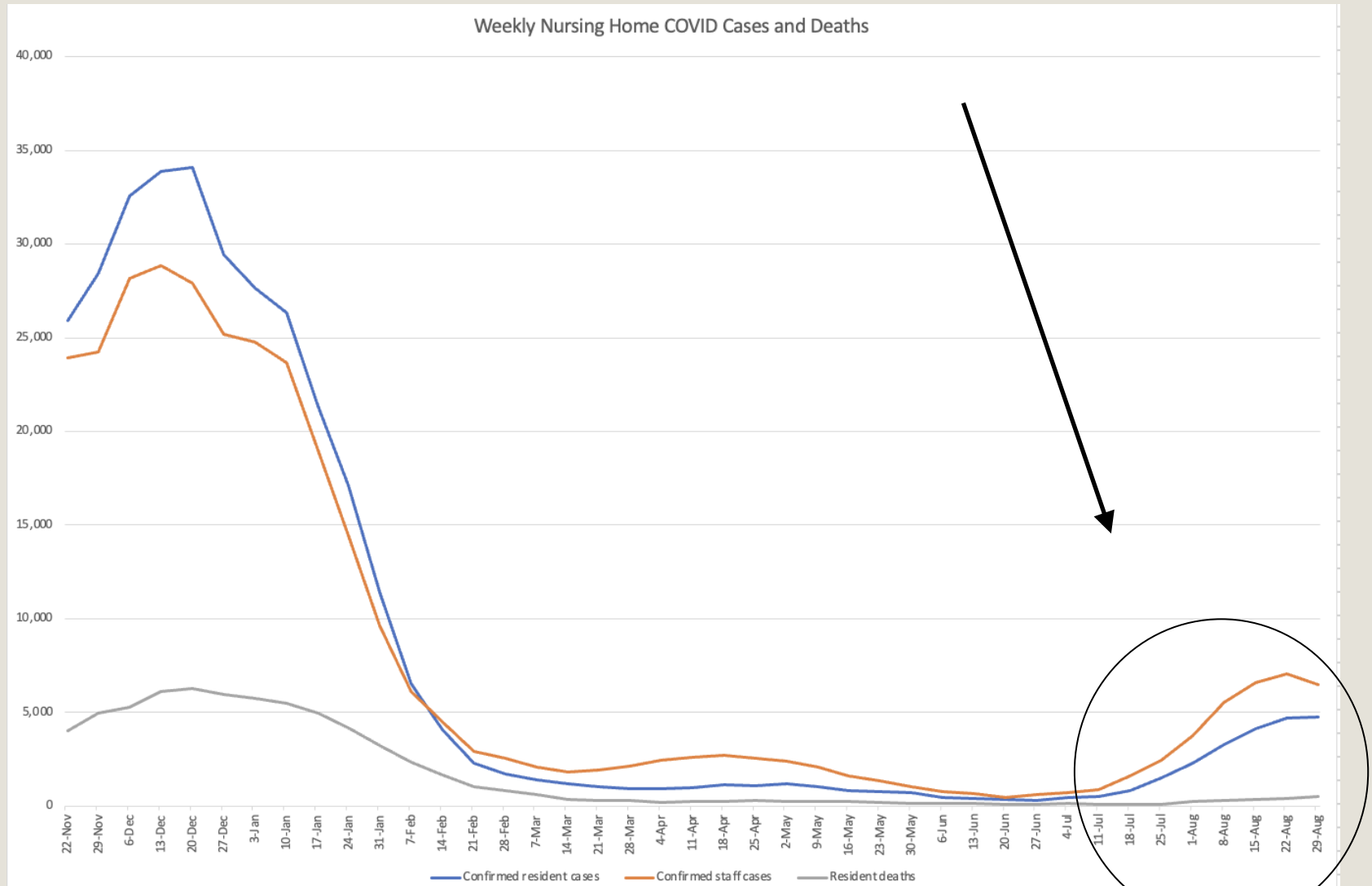




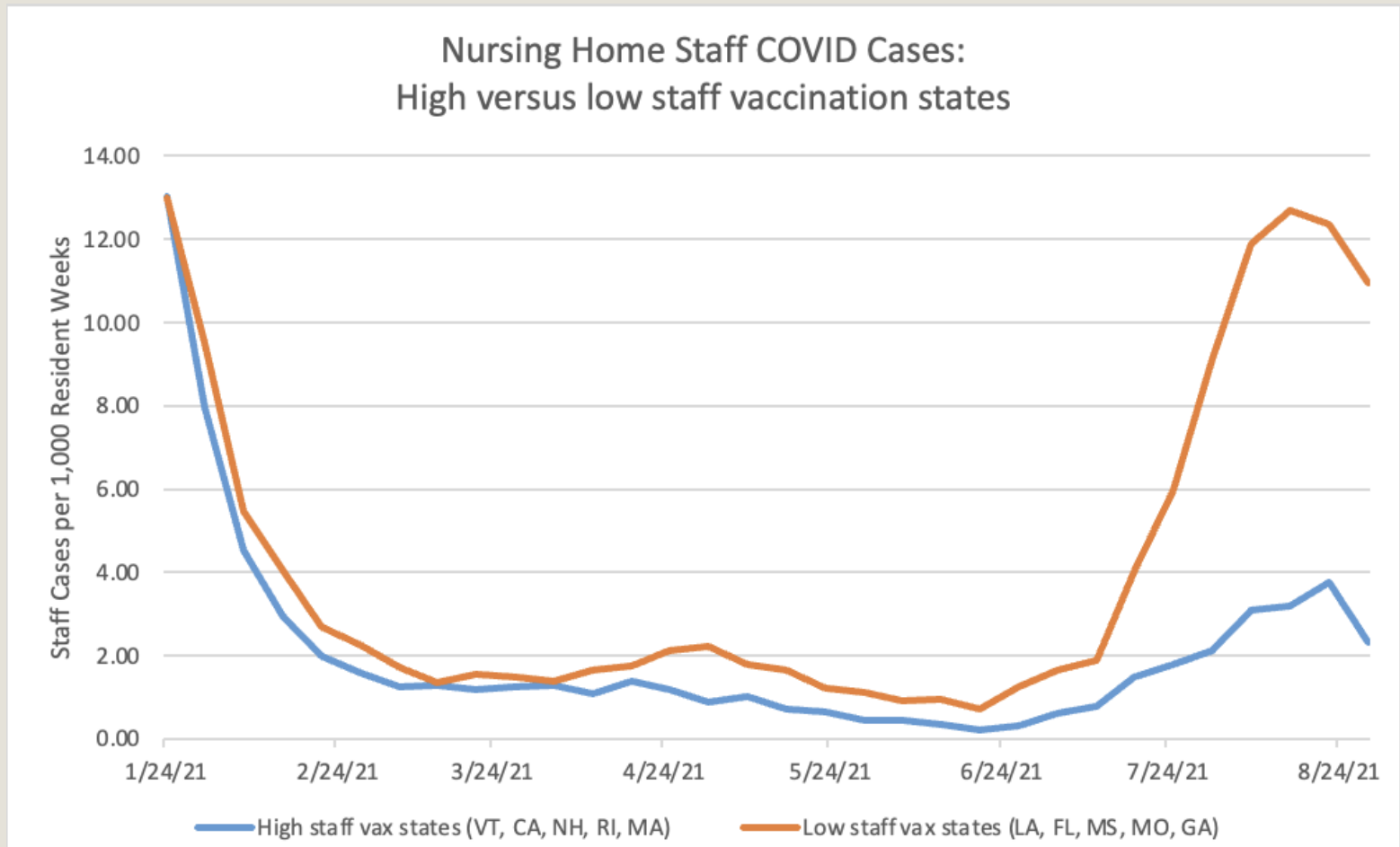
Staff vaccinations, by state



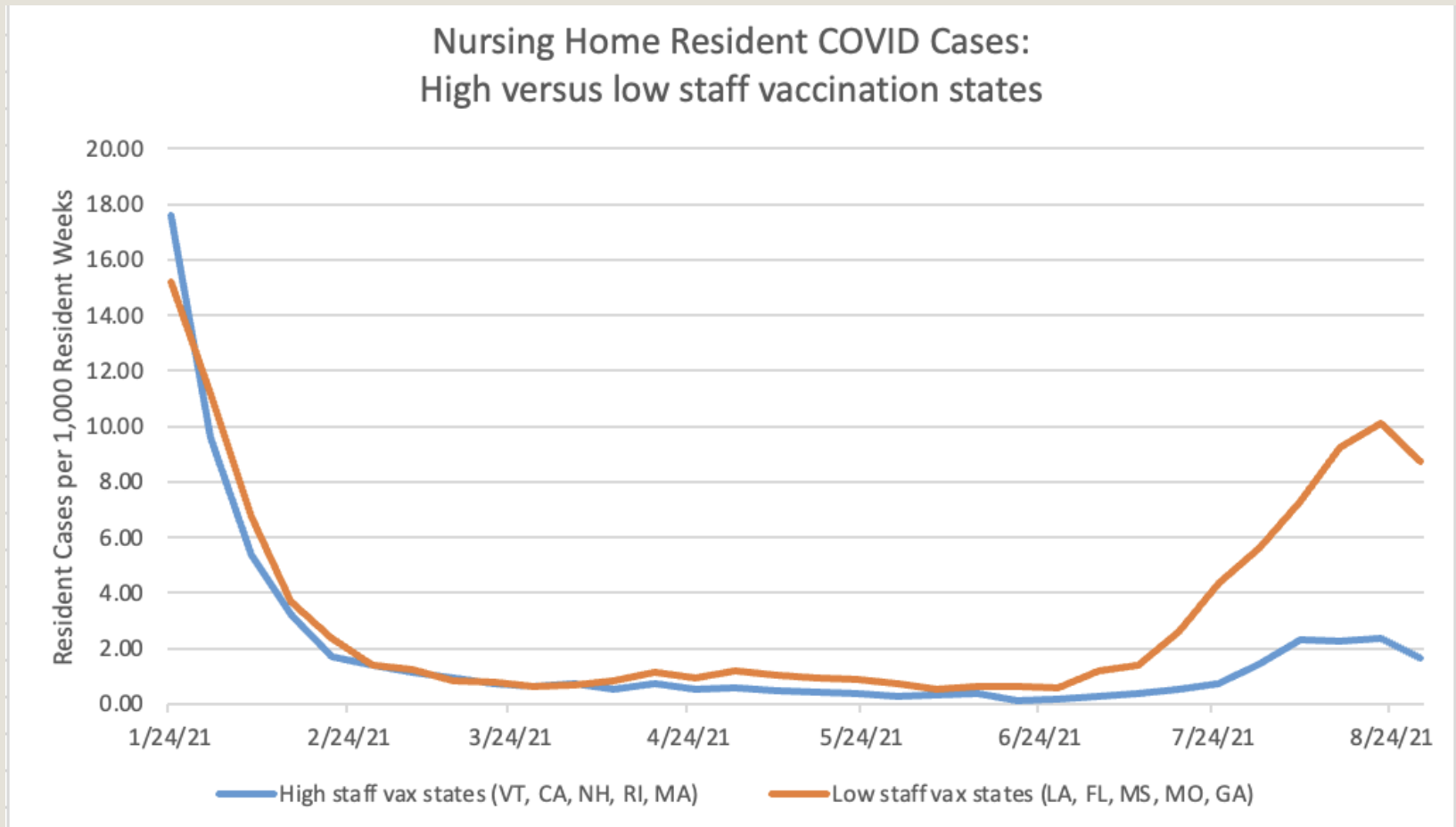
Is recent increase in COVID higher in low vaccine states?



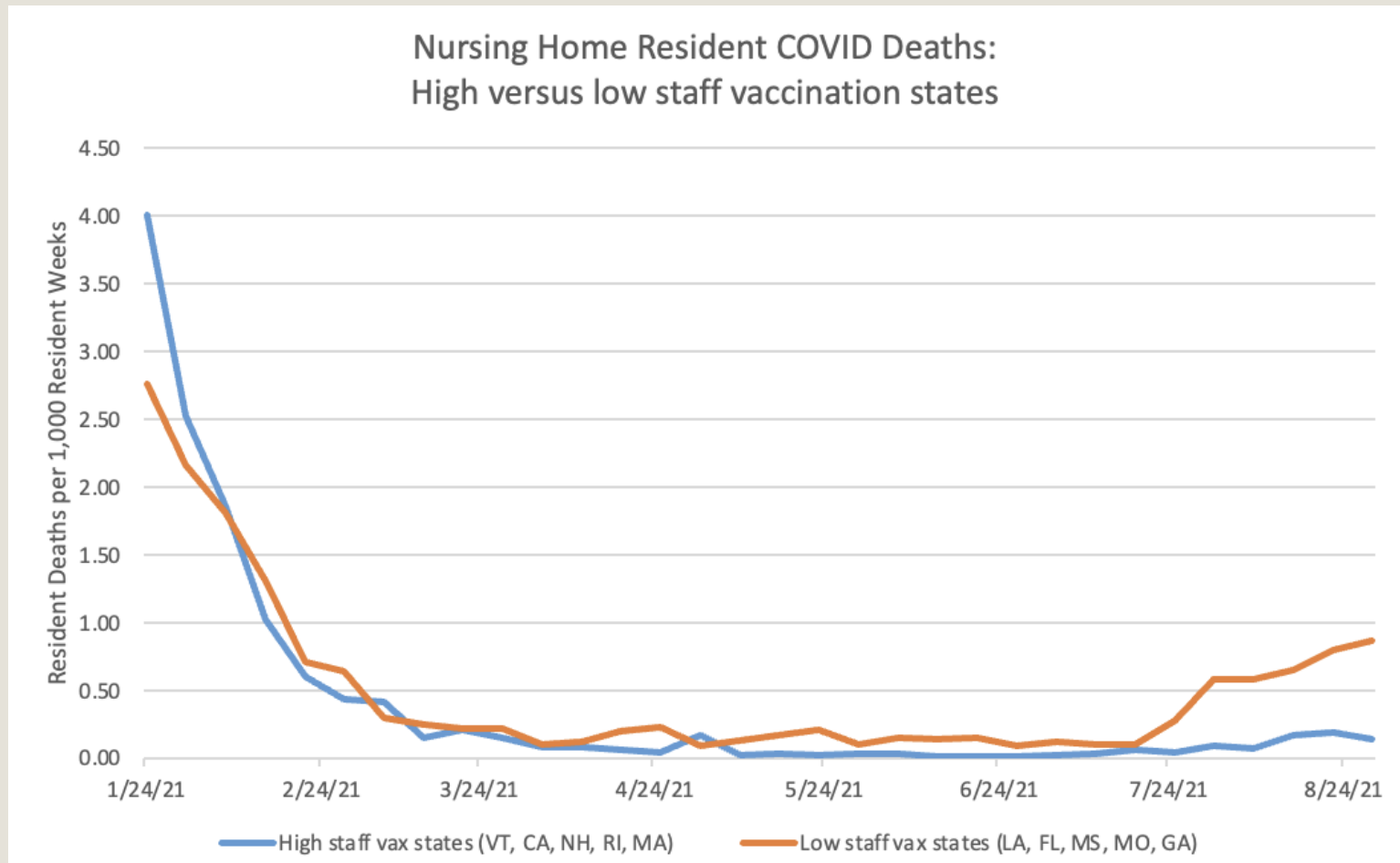
Yes! Staff cases in low vaccine states are over 4 times higher in most recent week



Resident cases are nearly 4 times higher in low vaccine states in most recent week



Resident deaths are over 6 times higher in low vaccine states in most recent week





Staff vaccine mandates

- MA, CA, CT, ME, WA, RI instituted vaccine mandates
- Federal government made staff vaccination a Medicare/Medicaid condition of participation
- Intended & unintended consequences
 - Vaccine uptake will increase
 - Some vaccinated staff may return to workforce
 - Unvaccinated staff might leave workforce



The Difficult Tradeoff

- Is it better for nursing homes to have a small handful of unvaccinated staffers, or to suffer a staffing crisis?
 - “You're reluctant to do something that would cause you to lose people you rely on.” – Family member, NYT, 3/5/21
 - “Understaffing may make the facility dirtier, and it may make the residents wait longer for their meals. Un-vaccination makes them dead.” – Arthur Caplan, Time, 9/2/21

- How can we encourage vaccination & retention?

Support of the Workforce




☰ THE HILL

← OPINION | HEALTHCARE

May 22, 2020 - 10:30 AM EDT

Why do we only care about long-term care in a crisis?



GETTY IMAGES

BY RICHARD FRANK, BIANCA FROGNER, DAVID GRABOWSKI AND JONATHAN GRUBER, OPINION CONTRIBUTORS

“Suppose we were to raise the pay of all of the nation’s CNAs by \$10,000/year, or \$5/hour for a full-time worker. This would have a total cost of \$20 billion per year— which is less than one percent of the amount we have spent in six weeks to fight COVID.”



POLITICO

OPINION | RECOVERY LAB

Nursing homes need fixing. Here's where to start.

The most dangerous job in America is nursing home caregiver, but a few key policy changes could make senior homes safer for everyone in the post-Covid era.



Scott Goldsmith for Politico

By DAVID C. GRABOWSKI
03/11/2021 04:30 AM EST

Ideas:

- Minimum staffing standards
- Increase pay/benefits
- Raise reimbursement rates
- Increase financial transparency
- Provide career advancement
- Improve work environment



Longer-run reforms...

COVID is a crisis on top of a crisis...

Reimagining Long-Term Care Post-Covid

comment

Check for updates

The future of long-term care requires investment in both facility- and home-based services

The COVID-19 pandemic highlights how elder-care facilities have failed to protect older adults in many countries — investing in home care while also reimagining facility-based models is required.

David C. Grabowski

COVID-19 has been devastating for older individuals living in elder-care homes around the globe. In data from 21 countries, nearly half of all COVID-19 deaths have occurred among residents of long-term care facilities¹. These facilities have also restricted visitations from family members and friends in many countries, leading to high rates of loneliness and isolation among residents².

The high concentration of fatalities coupled with isolation among residents has led some to call for reimagining elder-care homes³, while others have argued for abolishing these facilities and instead investing in community-based alternatives⁴. These two opposing viewpoints represent a false dichotomy in the care of older adults. Improving long-term care in a post-pandemic world will require increased investment in community-based care while also changing the nature and scale of elder-care homes.

In the USA, elder-care homes are known as nursing homes, typically providing assistance to older adults unable to perform activities of daily living (ADLs) independently, such as bathing, dressing and toileting. Nursing home care is largely financed by the US government through Medicaid, a means-tested program that pays facilities a rate that is often below the costs of care. An important development in US long-term care policy over the past 30 years has been the growth of Medicaid-funded home- and community-based services (HCBS). Home-care services can range from periodic help with shopping and cleaning to full-time assistance with ADLs. Community-based services include adult foster care and adult day care programs, which are drop-off centers providing ADL assistance and social and companion services for older adults.

Encouraging home-based care

In 1995, Medicaid spent 18 cents out of every long-term care dollar on HCBS⁵. Today, Medicaid devotes 57 cents of every long-term care dollar to HCBS. Although

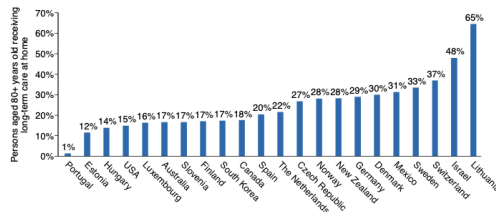


Fig. 1 | Proportion of older adults receiving long-term care at home in OECD countries. All data are from 2018 except Canada, Mexico and the USA, which are from 2016, and the Netherlands and Slovenia, which are from 2017. Data obtained from ref. ¹⁰.

the increased investment in HCBS has allowed many individuals to remain in the community, the USA still has roughly one million older adults receiving care in nursing homes. If the goal were to abolish nursing homes, the USA and almost every other industrialized country around the world would have a long way to go.

A key principle of long-term care is that it should be delivered in a setting consistent with the preferences of the individual and their family members. A large majority of long-term care recipients want care in the home and the community. Relative to other OECD countries, only 15% of older adults aged 80 years or older in the USA receive long-term care in their home, which is far below the Netherlands (22%), Norway (28%) and Sweden (33%) (see Fig. 1). These countries have all invested in HCBS in a meaningful way, while the US Medicaid program has rationed these services. Hundreds of thousands of individuals are on waitlists for Medicaid HCBS in the USA, and many individuals receiving Medicaid HCBS still have unmet needs.

The Dutch, Norwegian and Swedish systems of prioritizing HCBS is the better approach, but this approach is not cheap.

Public spending on long-term care as a share of GDP in the Netherlands (3.7%), Norway (3.3%), and Sweden (3.2%) far exceeds the USA (0.5%). For individuals residing in the community, the USA relies more heavily on unpaid care from family members and friends.

Following the pandemic, countries like the USA should increase their overall government spending on long-term care, and the bulk of that additional spending should go to HCBS. The median OECD country spends roughly 15% of their healthcare budget on long-term care services. In countries that allocate a small percentage of healthcare spending to long-term care such as Australia (2%) and the USA (5%), dollars could be taken from general healthcare spending and reallocated to HCBS. This increased spending on HCBS would not only benefit the care recipients but also their family members, who often must take time away from their jobs and risk their own health to provide this care.

Reimagining nursing home care

Even with this increased spending on community-based services, many countries like the USA will also need to transform

- Invest in home- and community-based care
- Shift to smaller-home, resident-directed nursing homes



POTENTIAL STEPS TO STRENGTHEN U.S. NURSING HOMES IN THE POSTPANDEMIC WORLD

- **Realign Medicare and Medicaid payments to approximate costs**
- **Encourage policies that increase the number of clinicians on site**
- **Ensure payments flow to direct caregivers via wage floors and wage pass-throughs**
- **Establish minimum nurse and nurse aide staffing standards**
- **Increase quality transparency**
- **Enable better enforcement and quality improvement through regulatory reform**
- **Encourage small-home models and other resident-centered models of care**
- **Invest in Medicaid home- and community-based services**
- **Establish a national long-term care benefit**



Thanks!