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COVID-19 Webinar Series

March 7, 2022

1

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2

Webinar Planning Committee

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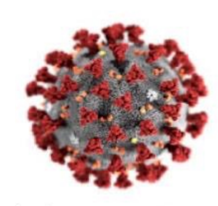
3

4



Upcoming Webinars & Events

COVID Webinar: April 4

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5

6

7

Save the Date

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2022 CALTCM

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October 6-7 | Pacific Palms Resort & Spa

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8

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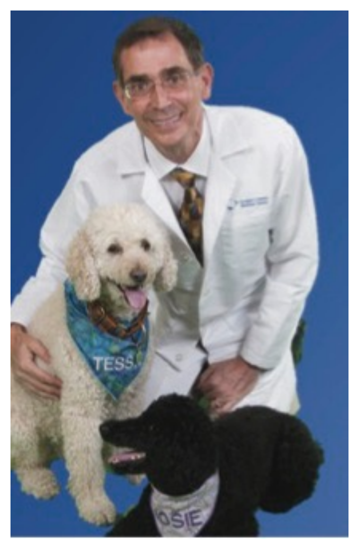
9



Webinar Moderator

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10

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11

Springing Forward:

Long COVID and the Long Journey Ahead for NH Reform

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12

Long COVID

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MERCY MEDICAL GROUP
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SACRAMENTO, CA

13

Lingering Symptoms after SARVS-CoV2 infection

While most people with COVID-19 recover and return to normal health, some people can have symptoms that last for weeks or even months after recovery from acute illness. People are not infectious to others during this time.

14

Terminology

Post-COVID conditions are being referred to by a wide range of names, including long COVID, post-acute COVID-19, long-term effects of COVID, post-acute COVID syndrome, chronic COVID, long-haul COVID, late sequelae, and others, as well as the research term post-acute sequalae of SARS-COV-2 infection (PASC)

- CDC website

15

What is Long COVID?

Acute COVID-19: signs and symptoms of COVID-19 for up to 4 weeks.

Ongoing symptomatic COVID-19: signs and symptoms of COVID-19 from 4 to 12 weeks.

Post-COVID-19 syndrome: signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis

"Long COVID" (ongoing symptomatic COVID + postCOVID-19 syndrome) has been commonly used to describe signs and symptoms that continue or develop after acute COVID-19.

16

Who gets it?

Factors that appear to be associated with a greater risk of suffering from "Long COVID" appear to be:

- Increasing age
- Excess weight/ obesity
- Female gender
- Initial dyspnea and chest pain
- Severity of acute disease (5 or more symptoms in the first week of acute infection/ need of O2)
- Prolonged hospitalization/ ICU stay
- Multiple comorbidities

17

Common Symptoms of Long COVID

Type, proportion, and duration of persistent COVID-19 symptoms*

Persistent symptom¶	Proportion of patients affected by symptom	Approximate time to symptom resolutionΔ
Common physical symptoms		
Fatigue	15 to 87%[1,2,6,9,14,16]	3 months or longer
Dyspnea	10 to 71%[1,2,6-9,14]	2 to 3 months or longer
Chest discomfort	12 to 44%[1,2]	2 to 3 months
Cough	17 to 34%[1,2,9,12]	2 to 3 months or longer
Anosmia	10 to 13%[1,3-5,9,11]	1 month, rarely longer
Less common physical symptoms		
Joint pain, headache, sicca syndrome, rhinitis, dysgeusia, poor appetite, dizziness, vertigo, myalgias, insomnia, alopecia, sweating, and diarrhea	<10%[1,2,8,9,11]	Unknown (likely weeks to months)
Psychologic and neurocognitive		
Post-traumatic stress disorder	7 to 24%[6,10,14]	6 weeks to 3 months or longer
Impaired memory	18 to 21%[6,15]	Weeks to months
Poor concentration	16%[6]	Weeks to months
Anxiety/depression	22 to 23%[2,7,8,10,12-14]	Weeks to months
Reduction in quality of life	>50%[8]	Unknown (likely weeks to months)

18

Persistent symptoms can affect functional ability

In one retrospective study of approximately 1300 hospitalized COVID-19 patients discharged to home, despite home health services, only 40 percent of patients were independent in all activities of daily living (ADLs) at 30 days

- Bowles et al, Ann Intern Med. 2021

In another study, almost 40 percent of patients were unable to return to normal activities at 60 days following hospital discharge

- Chopra et al, Ann Intern Med. 2021

In another study of 219 patients who were hospitalized with COVID-19, 53 percent had limited functional impairment (as measured by the Short Physical Performance Battery [SPPB] score and two-minute walking test) at four months

19

Symptoms Generally Improve with Time

Observational data suggest that persistent symptoms do not worsen, and may improve, following the administration of the SARS-CoV-2 vaccine

Whether symptoms can develop after initial asymptomatic infection is unknown but has been reported.

One study suggested that only 5% reported worsening of long COVID symptoms

- Arnold et al, Ann Intern Med. 2021

20

Post Intensive Care Syndrome (PICS)

- 74 % of COVID-19 survivors for at least 1 year
- Weakness (39%)
- Joint stiffness/pain (26%)
- Mental/cognitive dysfunction (26%)
- Myalgias (21%)
- 20-60% had ILD and may take >3 months for radiology to resolve

21

Expected Recovery

Wide variability in time to symptoms resolution

There are some evidence suggesting that the patients with mild symptoms who did not require hospitalization developed long COVID 15-30% in 6 months

However, 52-87% of hospitalized patients with mod to severe disease experienced symptoms for 2-12 months after discharge.

- Carfì et al, JAMA 2020

74% of hospitalized patient at Wuhan, China experienced one of more symptoms after 6 months (1700 participants) and 49% continued to have at lease one symptom after 12 months.

- Huang et al, Lancet 2021

High rate of rehospitalization (20% readmission rate in 2 months)

22

Weight Loss in Nursing Homes During Pandemic

Nursing home in Chicago

Retrospective

209 residents (172 COVID + and 32 COVID -)

Adjusted for percent weight change over the study period, the COVID-positive group experienced weight loss of 4.6% from starting weight and the COVID-negative group experienced weight loss of 2.4% (P .06).

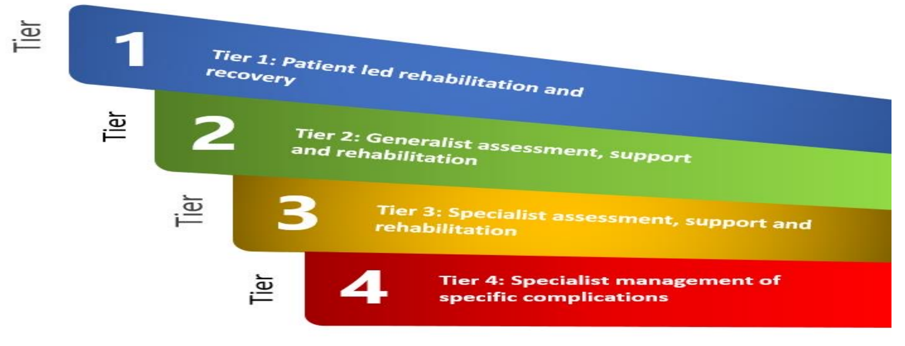
Residents who were COVID-positive had both a larger absolute weight loss and trended toward a larger percentage weight loss

Weight loss in older adults has been associated with mortality overall

- Martinchek et al, JAMDA 2021

23

Four Tier Approach



24

Reasonable Approach in Long-term Care for Post-COVID Residents

Timing of follow up depends of the severity of symptoms

General evaluation with screening for common symptoms (fatigue, loss of ADL, weakness, dyspnea, cough, weight loss, …)

Labs: CBC, CMP, BNP (HF, risk for myocarditis), D-dimer (if worsening dyspnea), TSH (if worsening fatigue), CK (myalgia), pre-albumin (loss of taste of smell)

Imaging: follow up CXR for patients who had previous abnormal Xray during their disease, if persistent abnormalities, consider CT scan (fibrosis/ ILD)

Some imaging abnormalities have been reported for over 6 months

PFT: For persistent and progressive respiratory symptoms, ARDS consider pulmonology referral (reduced diffusion capacity and restrictive abnormalities in severe cases)

Exercise capacity and oxygenation: 6 min walk test/ BERG scale

25

The modified Borg Scale for assessing the intensity of dyspnea or fatigue

0	Nothing at all
0.5	Very, very slight (just noticeable)
1	Very slight
2	Slight (light)
3	Moderate
4	Somewhat severe
5	Severe (heavy)
6	
7	Very severe
8	
9	
10	Very, very severe (maximal)

This Borg scale should be printed on heavy paper (11 inches high and perhaps laminated) in 20-point type size. At the beginning of the 6-minute exercise, show the scale to the patient and ask the patient this: "Please rate the intensity of your 'breathing discomfort' using this scale." Then ask this: "Please rate your level of fatigue using this scale." At the end of the exercise, remind the patient of the breathing number that they chose before the exercise and ask the patient to grade their breathing level again. Then ask the patient to grade their level of fatigue, after reminding them of their grade before the exercise.

26

Reasonable Approach in Long-Term Care for Post-COVID Residents. Cont'

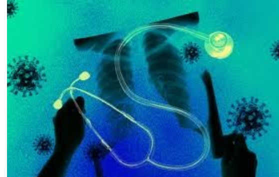
Cardiac: Palpitations, arrhythmias, dysautonomia, heart failure and myocarditis. EKG, Holter monitoring, Echo, postural BP checks

cardiology referral

Neurological/ cognitive sequalae: Higher risk for stroke, seizures, encephalopathy, neuromuscular disorder. Cognitive decline (MoCA or other neurocognitive screening), consider ST eval

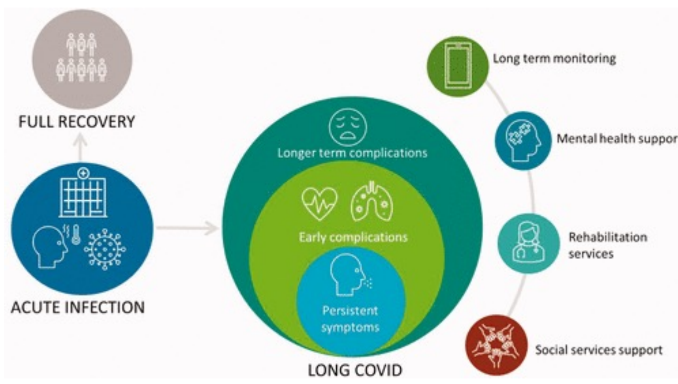
Anxiety and depression: Screen for mood disorder

For decline in function, refer for PT/OT eval



27

Long COVID Management is Multidisciplinary



28

Society of Critical Care Medicine Screening Recommendation

Society of Critical Care Medicine recommended screening tools to detect long-term cognition, mental health, and physical function after critical illness

Domain	Screening test	Comments	Recommendation
Cognition	Montreal Cognitive Assessment (MoCA)[1-4]	Mild cognitive impairment defined as a score of 18 to 25, moderate as 10 to 17, and severe as less than 10	Strong
Anxiety	HADS[2,5]	A score of 8 or greater on the anxiety or depression sub-scale is used to identify symptoms of clinically significant anxiety or depression	Strong
Depression	HADS[2,5]		Strong
Post-traumatic stress disorder	IES-R[6] or the abbreviated IES-6[7,8]	The optimal screening threshold has been established as 1.6 (IES-R)[2] or 1.75 (IES-6)[7]	Weak
Physical function	6-min walk[9-11] and/or EuroOol-5D-5L[12]	Can be evaluated as a percent predicted against available normative data	Weak
		Includes assessments of mobility, self-care, and usual activities, in addition to pain and anxiety/depression	Weak

HADS: Hospital Anxiety and Depression Scale; IES-6: Impact of Event Scale-6; IES-R: Impact of Events Scale-Revised.

29

Long COVID Can Cause Disability

As of October 1, 2021, there is a new ICD-10 code for unspecified post-COVID conditions, which is U09.9, which was approved by the CDC

The United States Department of Health and Human Services and the Department of Justice released a guidance statement on "long COVID" as a disability under the Americans with Disabilities Act, the Rehabilitation Act of 1973, and the Patient Protection and Affordable Care Act.

30

Happy Spring and Happy St. Patrick's Day

31

Resources

https://www.longcovid.org/

https://www.uclahealth.org/medical-services/long-covid

https://health.ucdavis.edu/internalmedicine/pulmonary/post-covid-19-clinic.html

https://acl.gov/covid19/resources-people-experiencing-long-covid

32

White House FACT SHEET:
Protecting Seniors and People with Disabilities by Improving Safety and Quality of Care in the Nation's Nursing Homes

Michael Wasserman, MD, CMD
Chair, Public Policy Committee
California Association of Long Term Care Medicine

33

MARCH 9, 2020 WEBINAR

COVID-19:
WHAT NURSING HOMES NEED TO KNOW!

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34

State of the Union Address: *"And as Wall Street firms take over more nursing homes, quality in those homes has gone down and costs have gone up. That ends on my watch. Medicare is going to set higher standards for nursing homes and make sure your loved ones get the care they deserve and expect."*

FACT SHEET: Protecting Seniors and People with Disabilities by Improving Safety and Quality of Care in the Nation's Nursing Homes

All people deserve to be treated with dignity and respect and to have access to quality medical care. And in no case should a health care facility be causing a patient harm. The President believes we must improve the quality of our nursing homes so that seniors, people with disabilities, and others living in nursing homes get the reliable, high-quality care they deserve. That's why he is announcing a set of reforms—developed by and implemented through the Department of Health and Human Services (HHS)—that will improve the safety and quality of nursing home care, hold nursing homes accountable for the care they provide, and make the quality of care and facility ownership more transparent so that potential residents and their loved ones can make informed decisions about care.

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35

To do this, the reforms the President is announcing will ensure that:

- every nursing home provides a sufficient number of staff who are adequately trained to provide high-quality care;
- poorly performing nursing homes are held accountable for improper and unsafe care and immediately improve their services or are cut off from taxpayer dollars; and
- the public has better information about nursing home conditions so that they can find the best available options.

Focus on Staff, Accountability and Transparency

36

The pandemic has highlighted the tragic impact of substandard conditions at nursing homes, which are home to many of our most at-risk community members. More than 1.4 million people live in over 15,500 Medicare- and Medicaid-certified nursing homes across the nation. In the past two years, more than 200,000 residents and staff in nursing homes have died from COVID-19—nearly a quarter of all COVID-19 deaths in the United States.

Impact of COVID-19 on Nursing Homes

37

vulnerable seniors and people with disabilities. **Recent research has found that resident outcomes are significantly worse at private equity-owned nursing homes**:

- A recent study found that residents in nursing homes acquired by private equity were 11.1% more likely to have a preventable emergency department visit and 8.7% more likely to experience a preventable hospitalization, when compared to residents of for-profit nursing homes not associated with private equity.
- One working paper examining 18,000 nursing home facilities over a seventeen-year period found that private equity ownership increased excess mortality for residents by 10%, increased prescription of antipsychotic drugs for residents by 50%, decreased hours of frontline nursing staffing by 3%, and increased taxpayer spending per resident by 11%. That suggests an additional 20,150 lives lost as a result of private equity ownership.

Impact of Private Equity Nursing Homes

38

Today, the Biden-Harris Administration is announcing new steps by Department of Health & Human Services (HHS) through its Centers for Medicare & Medicaid Services (CMS), to improve the quality and safety of nursing homes, to protect vulnerable residents and the health care heroes who care for them, and to crack down on bad actors. The Administration is committed to these urgent actions as first steps toward fulfilling a broader commitment to ensure taxpayer dollars go toward the safe, adequate, and respectful care seniors and people with disabilities deserve—not to the pockets of predatory owners and operators who seek to maximize their profits at the expense of vulnerable residents' health and safety.

Ensuring Taxpayer Dollars Support Nursing Homes That Provide Safe, Adequate, and Dignified Care

CMS is launching four new initiatives to ensure that residents get the quality care they

CMS Launching Four New Initiatives

39

- *Establish a Minimum Nursing Home Staffing Requirement*. The adequacy of a nursing home's staffing is the measure most closely linked to the quality of care residents receive. For example, a recent study of one state's nursing facilities found that increasing registered nurse staffing by just 20 minutes per resident day was associated with 22% fewer confirmed cases of COVID-19 and 26% fewer

Minimum Nursing Home Staffing Requirement

40

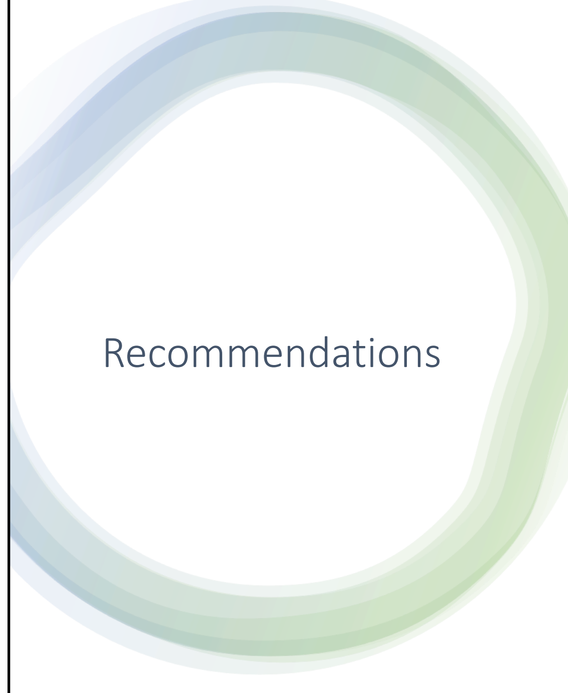
"Now is not the time for additional "studies" to assess the importance of appropriate staffing levels. The combination of inadequate staffing and disparities can only lead to more tragic situations and outcomes, such as those recently seen during the latest hurricane in Louisiana."

41

The pandemic has profoundly confirmed and reinforced the evidence-based literature on the impact of inadequate staffing

- NHs with RN staffing < 0.75 RN hours per resident day (hprd) were 2x likely to have residents with COVID infections.
- Higher total nurse staffing hours reduced NH residents' COVID infection rates by half
- Facilities in California with higher RN staffing reduced COVID death rates by half.
- Higher RN staffing levels (other states) a/w fewer COVID-19 outbreaks and deaths.
- NHs w/ COVID-19 outbreaks among staff or residents were more likely to report staff shortages.
- NHs with higher RN staffing levels before the pandemic and those with higher overall quality ratings were less likely to report nursing staff shortages.

42



Recommendations

- Nurse staffing minimums
  - Total of 4.1 hprd,
  - RN 0.75 hprd
  - LVN 0.55 hprd
  - CNA 2.8 hprd
- Wages comparable to those of hospital wages in the geographical area.
- CNA wages comparable to the wages for other entry-level positions within the geographical area.
- Wages at least $3/hour above the minimum wage for competing entry-level positions
- Add CNA turnover as a reportable QASP metric in California.
- Ensure that nursing homes adjust staffing levels to meet the acuity needs of residents.

43

"The Director of Nursing and Director of Staff Development, in collaboration with an engaged, knowledgeable, and competent medical director, should determine appropriate acuity-based staffing levels in nursing homes. The evidence-based literature supports minimum staffing levels with limited exceptions, even in predominantly custodial nursing homes, due to the medical complexity of today's residents. The exceptions should not drive staffing policy, nor should the challenging workforce shortage issues that we are facing. Policy should be based first and foremost on providing the quality care our residents deserve. Questions about the financing of appropriate staffing levels must be addressed in the context of full transparency. Workforce shortages cannot be a blanket excuse for allowing poor quality of care. The COVID-19 pandemic has tragically demonstrated this fact."

44

- *Reduce Resident Room Crowding.* Most nursing home residents prefer to have private rooms to protect their privacy and dignity, but shared rooms with one or more other residents remain the default option. These multi-occupancy rooms increase residents' risk of contracting infectious diseases, including COVID-19. CMS will explore ways to accelerate phasing out rooms with three or more residents and to promote single-occupancy rooms.

Reduce Resident Room Crowding

45

- *Strengthen the Skilled Nursing Facility ("SNF") Value-Based Purchasing ("VBP") Program.* The SNF-VBP program awards incentive funding to facilities based on quality performance. CMS has begun to measure and publish staff turnover and weekend staffing levels, metrics which closely align with the quality of care provided in a nursing home. CMS intends to propose new payment changes based on staffing adequacy, the resident experience, as well as how well facilities retain staff.

Strengthen SNF Value-Based Purchasing Program

46

- *Reinforce Safeguards against Unnecessary Medications and Treatments.* Thanks to CMS' National Partnership to Improve Dementia Care in Nursing Homes, the nation has seen a dramatic decrease in the use of antipsychotic drugs in nursing homes in recent years. However, inappropriate diagnoses and prescribing still occur at too many nursing homes. CMS will launch a new effort to identify problematic diagnoses and refocus efforts to continue to bring down the inappropriate use of antipsychotic medications.

Reduce Unnecessary Medications and Treatments

47

- *Adequately Fund Inspection Activities*. For over seven years, funding to conduct health and safety inspections has remained flat while the number of complaints about nursing homes has surged. To protect residents and crack down on unsafe nursing homes, President Biden will call on Congress to provide almost $500 million to CMS, a nearly 25% increase, to support health and safety inspections at nursing homes.
- *Beef up Scrutiny on More of the Poorest Performers*. CMS's Special Focus Facility (SFF) program identifies the poorest-performing nursing homes in the

Improve Effectiveness of Inspections/Surveys

48

Time for An Upgrade in the Nursing Home Survey Process: AMDA Position Statement

- Survey process improves regulatory compliance
  - Evidence for improvement in quality of care is lacking
  - more research is needed
- Lack of adequate funding impacts the consistency and quality of the survey program
  - Statewide variability and surveyor biases impact validity of deficiencies.
- Survey process has evolved
  - Heightened focus on adversarial and punitive practices
  - Not conducive to person-centered care and innovations in care delivery
  - Susceptible to gaming

49

Time for An Upgrade in the Nursing Home Survey Process: AMDA Position Statement

- Survey process, at least anecdotally, negatively impacts team morale
  - Needs to be researched.
- Civil monetary penalties siphon money from NH operations
  - Cannot improve quality of care
- Other approaches to accountability in long-term care may provide lessons for improving the survey process
- Should recognize high-performing and innovative facilities
  - Should shed blame approach
  - Incorporate constructive feedback--stimulating NHs to seek collaboration with credible quality improvement partners.

50

Time for An Upgrade in the Nursing Home Survey Process: AMDA Position Statement

- Needs to engage geriatric experts in assessing NH performance
  - Redefine medical director participation in quality assessments and problem-solving.
- Incorporate lessons from behavioral economics (e.g., nudge theory) to improve staff motivation
- Questioning the survey process has been perceived as ignoring poor quality of care by many stakeholders (e.g., consumer advocates)
  - Solutions to survey improvement will require sincere collaboration among stakeholders without loosening accountability for NHs that are negligent.

51

Increase Accountability of Owners

- *Increase Accountability for Chain Owners of Substandard Facilities.* President Biden is calling on Congress to give CMS new authority to require minimum corporate competency to participate in Medicare and Medicaid programs, enabling CMS to prohibit an individual or entity from obtaining a Medicare or Medicaid provider agreement for a nursing home (new or existing) based on the Medicare compliance history of their other owned or operated facilities (previous or existing). He is further calling on Congress to expand CMS enforcement authority at the ownership level, enabling CMS to impose enforcement actions on the owners and operators of facilities even after they close a facility, as well as on owners or operators that provide persistent substandard and noncompliant care in some facilities, while still owning others.

52

Provide Technical Assistance to Nursing Homes to Help them Improve. CMS currently contracts with Quality Improvement Organizations that help providers across the health care spectrum make meaningful quality of care improvements. CMS will ensure that improving nursing home care is a core mission for these organizations and will explore pathways to expand on-demand trainings and information sharing around best practices, while expanding individualized, evidence-based assistance related to issues exacerbated by the pandemic.

Provide Technical Assistance to Nursing Homes Through the QIN-QIOs

53

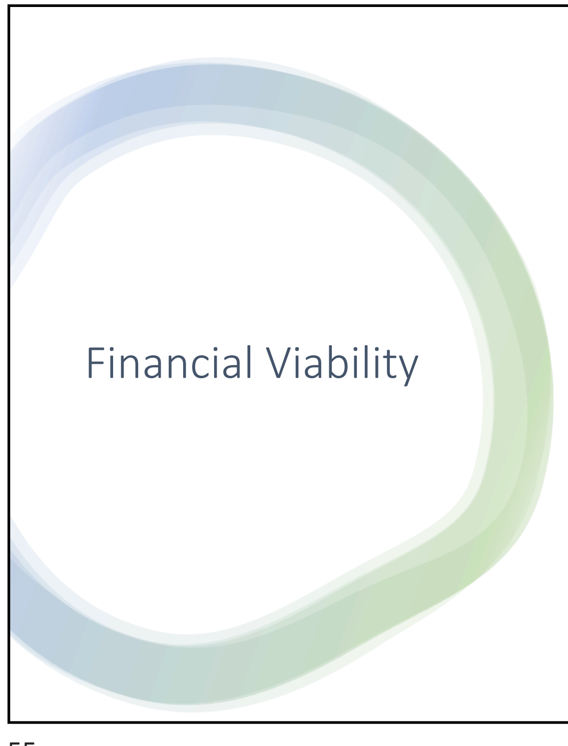
Increasing Transparency

For too long, corporate owners and operators have not been held to account for poor nursing home performance. CMS will improve the public transparency of facility ownership and safeguard nursing home residents.

- *Create a Database of Nursing Home Owners and Operators.* CMS will create a new database that will track and identify owners and operators across states to highlight previous problems with promoting resident health and safety. This registry will use information collected through provider enrollment and health and safety inspections to provide more information about prospective owners and operators to states. Giving the public a resource to better understand owners' and operators' previous violations will empower states to better protect the health and safety of residents.

Transparency: Database of Nursing Home Owners & Operators

54



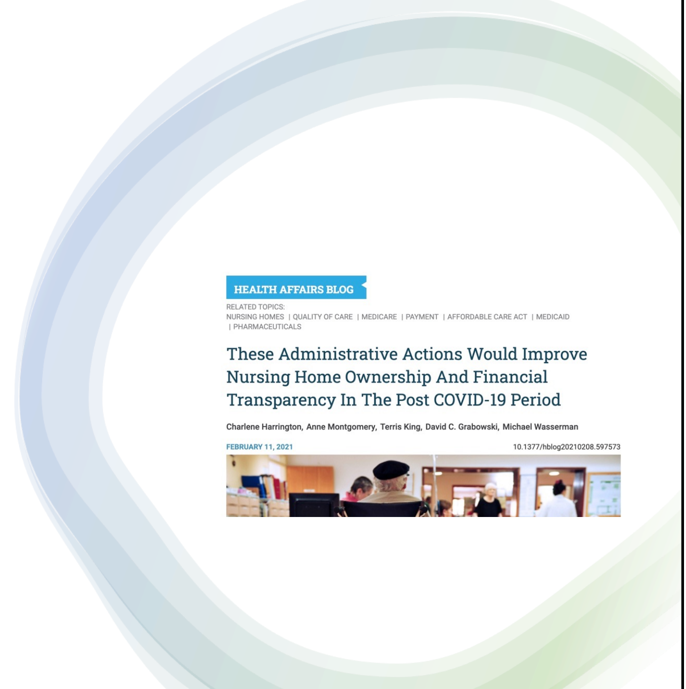
Financial Viability

- **Without accountability and clear lines of responsibility it will be difficult to assure financial viability**
- MUST address drivers of profit in the long term care industry
- Fully recognize the role of:
  - Real estate
  - Related Parties
  - Labyrinth of accountability reducing entities
    - Management/consulting companies
    - Real estate entities
    - Operating entities
- **There may already be enough $$ in the system, it just needs to be properly focused on resident care!**

55

Examples of related parties that have an impact on nursing home finances

- Real Estate
- Medical Supplies
- Service Providers
- Wound Care
- Construction
- Management



56

Transparency: Ownership & Finances

- *Improve Transparency of Facility Ownership and Finances.* CMS will implement Affordable Care Act requirements regarding transparency in corporate ownership of nursing homes, including by collecting and publicly reporting more robust corporate ownership and operating data. It will also make this information easier to find on the Nursing Home Care Compare website.
- *Enhance Nursing Home Care Compare*: CMS will implement a range of initiatives to improve Nursing Home Care Compare, the rating website designed to help families pick a facility for their loved ones. Under the Biden-Harris Administration's leadership, CMS has already published new measures on Care Compare, which allow users to consider nursing home staff turnover, weekend staffing levels, and other important factors in their decision-making process.

57

Transparency: Role of Private Equity

- *Examine the Role of Private Equity.* As described above, private equity investors are playing a growing role in the nursing home sector, and published research increasingly indicates that facility ownership by investment groups leads to worse outcomes while costing taxpayers more—particularly as these owners have sought to cut expenses at the cost of patient health and safety, including during the COVID-19 pandemic. HHS and other federal agencies will examine the role of private equity, real estate investment trusts (REITs), and other investment

58

Workforce

Creating Pathways to Good-paying Jobs with the Free and Fair Choice to Join a Union

- *Ensure Nurse Aide Training is Affordable.* Lowering financial barriers to nurse aide training and certification will strengthen and diversify the nursing home workforce. CMS will establish new requirements to ensure nurse aide trainees are notified about their potential entitlement to training reimbursement upon employment. CMS will further work with states to ensure reimbursement is being distributed and that free training opportunities are widely publicized.
- *Support State Efforts to Improve Staffing and Workforce Sustainability.* Strengthening the nursing home workforce requires adequate compensation as well as a realistic career ladder. CMS will develop a template to assist and encourage States requesting to tie Medicaid payments to clinical staff wages and benefits, including additional pay for experience and specialization.
- *Launch National Nursing Career Pathways Campaign.* CMS, in collaboration

59

Pandemic & Emergency Preparedness: CALTCM's Quadruple Aim for COVID-19 Response

Ensuring Pandemic and Emergency Preparedness in Nursing Homes

- *Continued COVID-19 testing in long-term care facilities.* Throughout the pandemic, the Biden-Harris Administration has provided approximately 3 million tests per week to all Medicare- and Medicaid-certified nursing homes and thousands more assisted living facilities, supporting outbreak testing and regular testing of staff. HHS will continue to support this key mitigation strategy for vulnerable residents and the staff that care for them.
- *Continued COVID-19 vaccinations and boosters in long-term care facilities.* The

60

CALTCM's Long Term Care Quadruple Aim For COVID-19 Response

- Abundant PPE
  - Pandemic supply chain challenges
- Readily Available Testing
  - Need to detect asymptomatic and presymptomatic
- Stellar Infection Control
  - Need for Full-time Infection Preventionist
- Facility working under Emergency Preparedness/Pandemic Plan
  - Proxy for excellent leadership

61

5th Element: COVID-19 Vaccine

- Evidence in older adults very positive
  - Albeit no clinical trials in nursing home residents
  - Would have been an excellent opportunity to perform clinical trials in nursing homes and assisted living facilities
- Opportunity to reduce disease in staff
- Potential to reduce spread amongst staff
- Potential to reduce transmission to residents

62

Pandemic & Emergency Preparedness: CALTCM's Quadruple Aim for COVID-19 Response

- *Strengthen Requirements for On-site Infection Preventionists.* CMS will clarify and increase the standards for nursing homes on the level of staffing facilities need for on-site infection prevention employees, undoing the Trump Administration's changes to these requirements to help improve resident health and safety.
- *Enhance Requirements for Pandemic and Emergency Preparedness.* Both the pandemic and the increase in natural disasters have demonstrated how critical proactive emergency preparedness is to keeping residents of nursing homes safe. CMS is examining and considering changes to emergency preparedness requirements and is working to bolster the resiliency of the health care sector as part of an Administration-wide effort to be ready for the next pandemic and the next weather-related emergencies.
- *Integrate Pandemic Lessons into Nursing Home Requirements.* The pandemic

63

Questions

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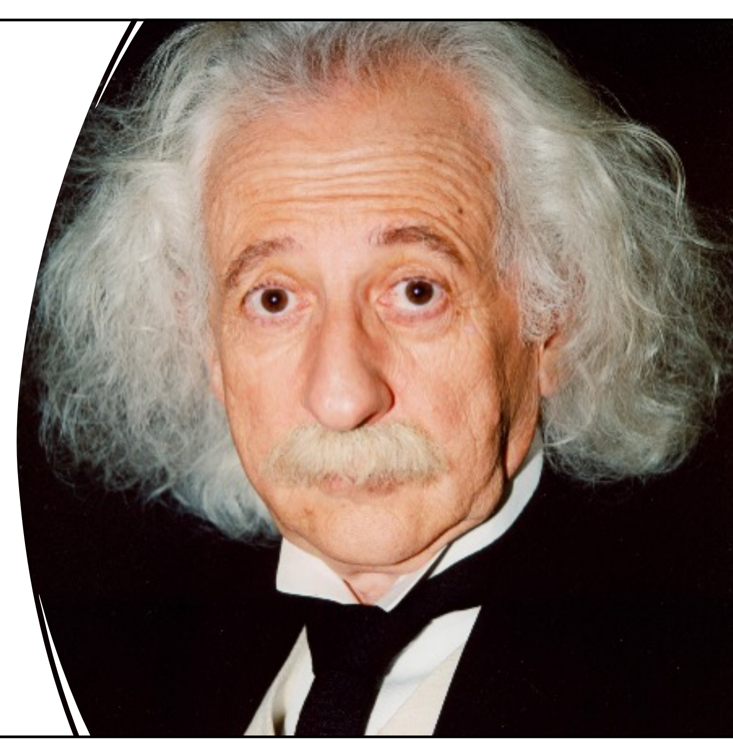

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65