



What COVID-19 Means for Healthcare and Senior Living

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Discussion Guide

- The New Normal
- Business Implications
- Balancing Seniors Housing Residents' Safety as Communities Reopen
- A Strategic Approach
- Advancing Considerations in Practice

The New Normal for Healthcare

There is no "back to normal" for the foreseeable future; we will be living and operating in a non-zero risk environment

- Traditional healthcare delivery turned on its head (e.g., remote patient monitoring, virtual visits)
- Helping people stay at home is now an important healthcare activity (i.e., part of the "delivery" system)
- Flexibility in healthcare financing is critical (e.g., Medicare Advantage benefit flexibility)

Three Major Implications for Senior Living

Senior living value must be crystal clear relative to alternatives

- There will be higher perceived risks, therefore perceived value must be even higher
- Forced transparency

Resident health is your business

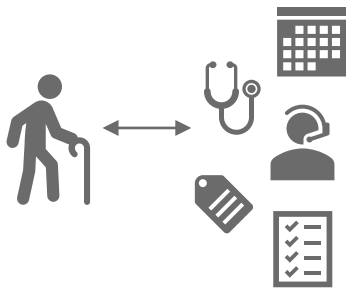
- Your value will be judged on the health and wellness of your residents
- Toolbox just got bigger

Strategic risk management is also your business

- “Peace of mind” for all constituents will depend on your ability to pro-actively and strategically manage infection risk in a high risk and uncertain environment
- Risk management is all about outcomes

Healthcare Flexibility Is a Necessary Component of Managing Senior Population Going Forward

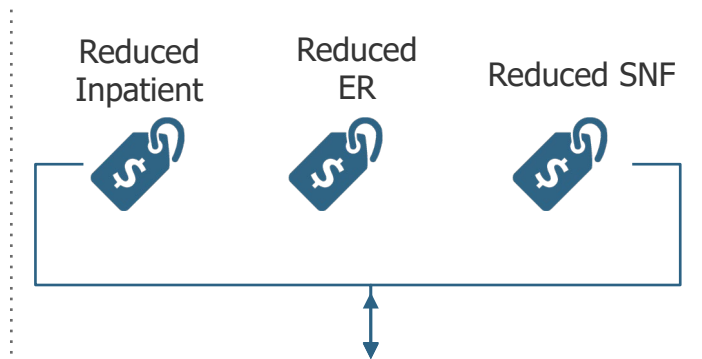
STATUS QUO



CHARACTERISTICS:

- Volume-based care
- High hospitalization and ER rates
- Shorter life span, greater use of nursing home at end of life
- Frustrated residents and families

RE-DEPLOYING HEALTHCARE \$



MORE FLEXIBILITY TO FINANCE:

- Integrated primary care
- Care management
- Technology and data
- Non-medical supports and services
- Social determinants of health

TO DELIVER VALUE TO CONSUMERS



POSITIVE QUALITY OUTCOMES:

- Clinical outcomes
- Patient preferences
- Social support outcomes
- Caregiver support
- Longer lives

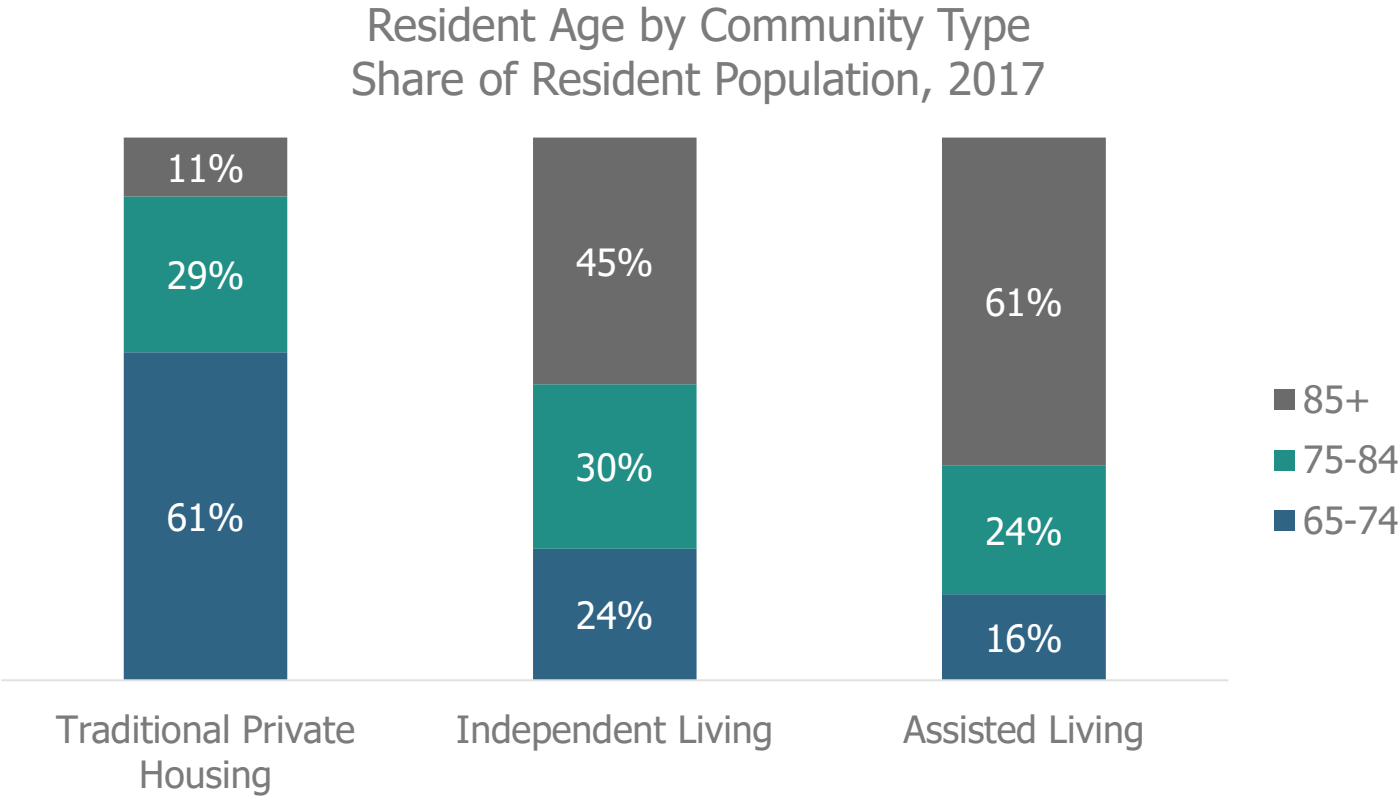
2020 New Medicare Advantage Benefits

	Benefit	Number of Plans Offering in 2020:
New Primarily Health-Related Supplemental Benefits	In-Home Support Services	223
	Adult Day Health Services	85
	Home-Based Palliative Care	61
	Support for Caregivers of Enrollees	125
	Therapeutic Massage	230
	TOTAL (offering at least 1 new primarily health-related supplemental benefit):	500
Special Supplemental Benefits for the Chronically Ill (SSBCI)	Food and Produce	101
	Meals (beyond limited basis)	71
	Pest Control	118
	Transportation for Non-Medical Needs	88
	Indoor Air Quality Equipment and Services	52
	Social Needs Benefit	34
	Complementary Therapies	1
	Services Supporting Self-Direction	20
	Structural Home Modifications	44
	General Supports for Living	67
	Other: Service Dog Supports	51
	TOTAL (offering at least 1 SSBCI):	245

Total number of plans offering at least 1 SSBCI and/or at least 1 new primarily health-related supplemental benefit: **619**

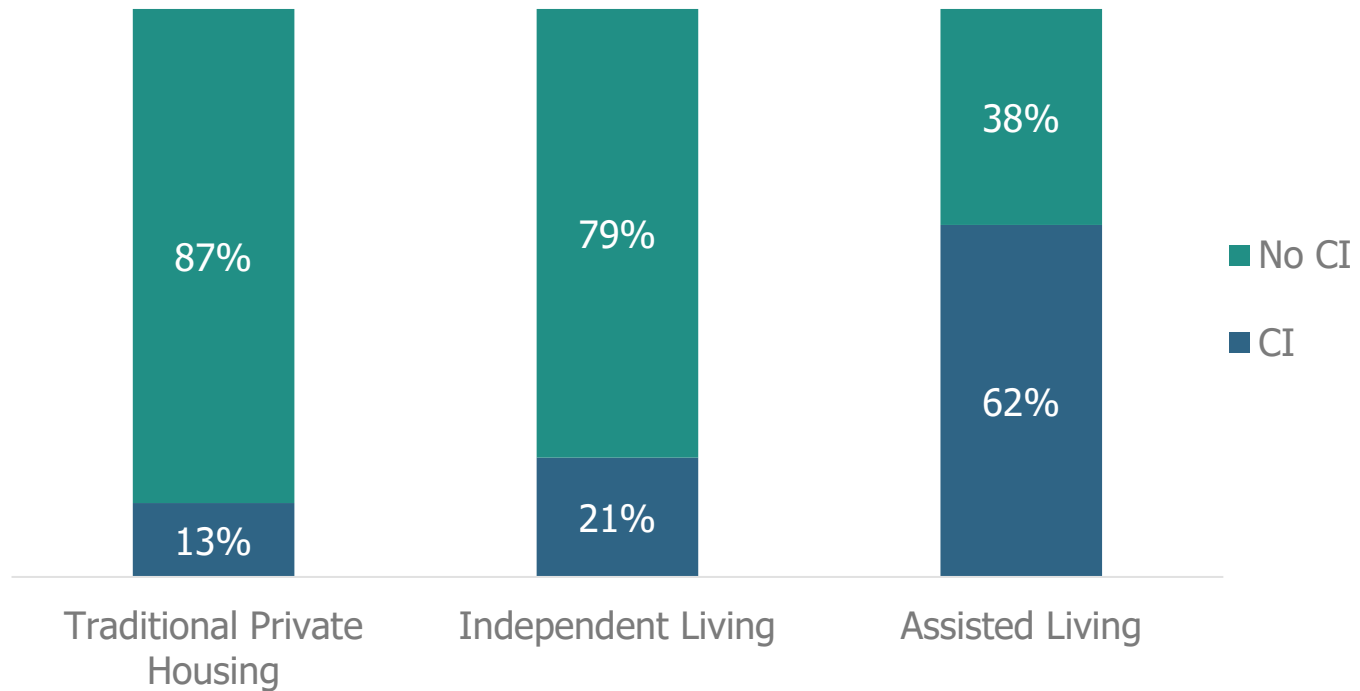
Seniors Housing Residents Are Vulnerable to Serious Illness

Seniors housing residents are, on average, older than older adults who live in private housing in the community



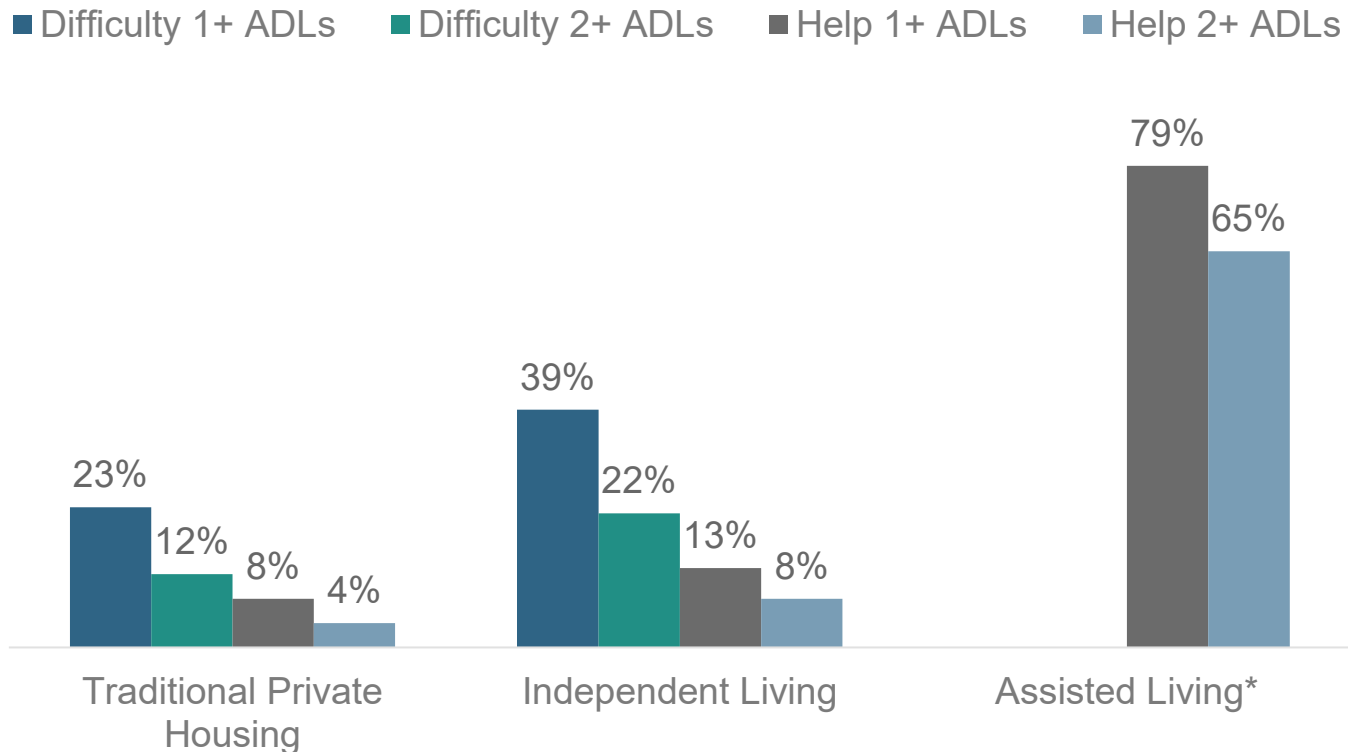
Seniors Housing Residents Have Higher Rates of Cognitive Impairment

Cognitive Impairment (CI) by Community Type
Share of Resident Population, 2017



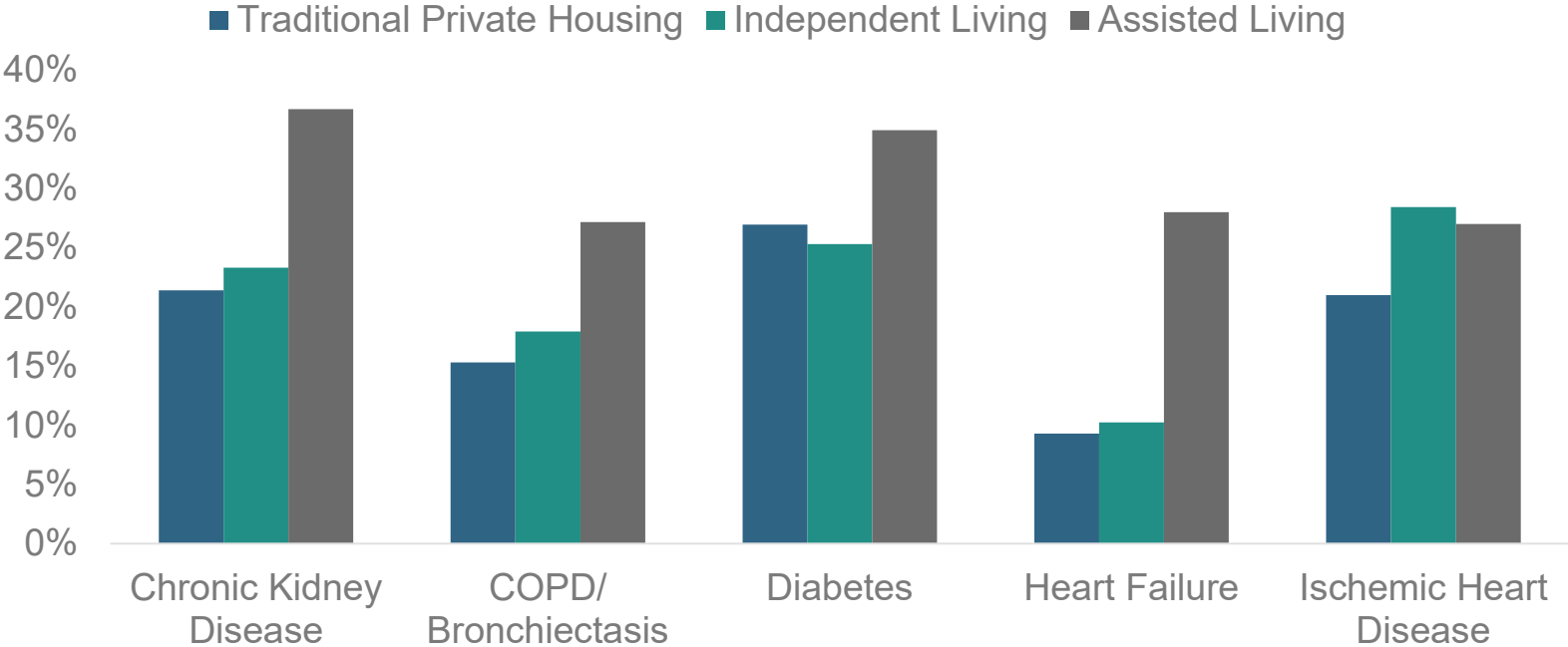
And Have Higher Levels of Functional Impairment

Activities of Daily Living (ADLs) by Community Type
Share of Resident Population, 2017



Prevalence of Certain Chronic Conditions Creates a Higher Risk For Poor Outcomes from COVID-19

Prevalence of Medical Conditions Contributing to Higher Risk of COVID-19 by Community Type
Share of Resident Population, 2017



Managing “Risk” and Improving Outcomes Necessary To Serve This Population in Future

Risk Assessment



Identification of risk among a known and defined population
(e.g., number of residents of senior living community at risk for falls, number of residents with infection)

Mitigation/Management



Preventative intervention
(e.g., medication review, therapy for balance, strength, removal of obstacles, lighting, use of social distancing, infection control, air flow, personal protective equipment)

Measurement



Monitoring of data to inform intervention
(e.g., number of falls, number of infections)

Business Implications

- **Pre-COVID-19:**
 - Very few operators assumed that population/public health management was a mission critical competency
- **Today:**
 - Every single operator needs a *strategy* to assess risk, measure it, and manage/mitigate it
 - Without a strategy, you will not be able to manage reopening, regain revenue, or deliver on the value proposition

Balancing Seniors Housing Residents' Safety As Communities Reopen

Seniors Housing Operators' Response to Coronavirus

Evaluate infection control protocols for deficiencies and implement additional preventative measures

Approach to testing evolves based on available resources, state requirements, and number of positive cases

Cohort multiple COVID-19 positive residents, if possible

Expect declines in resident wellness and functional abilities due to reduced activity

Strategy for reopening communities includes local data and judgment

What Do We Mean by “Reopening” Seniors Housing?



Restoring resident interaction and engagement among and between residents and staff – movement around the community, access to beauty parlor, communal dining, etc.



Allowing for non-essential visitors



Enabling new resident move-ins and restoring tours around communities

There's No Easy Answer and Many Challenges

- There are still many unknowns including routes of transmission (e.g., through air particles) and the likelihood and timing of vaccine availability
- Operators' ability to prevent new transmissions is dependent on infection in surrounding geographies
- Public health guidance varies by state
- Residents, families, and states have differing opinions about risk tolerance
- Resident safety at expense of social engagement is not sustainable indefinitely



Expect to be operating in a non-zero risk environment for the foreseeable future and plan to approach the management of this risk in a proactive manner to provide all stakeholders (e.g., residents, families, staff) peace of mind and positive health outcomes

Foundational Capabilities Required to Restore Continuum of Support and Access to Communities



Master “safety-first” protocols before beginning to reduce restrictions on activities and visitors



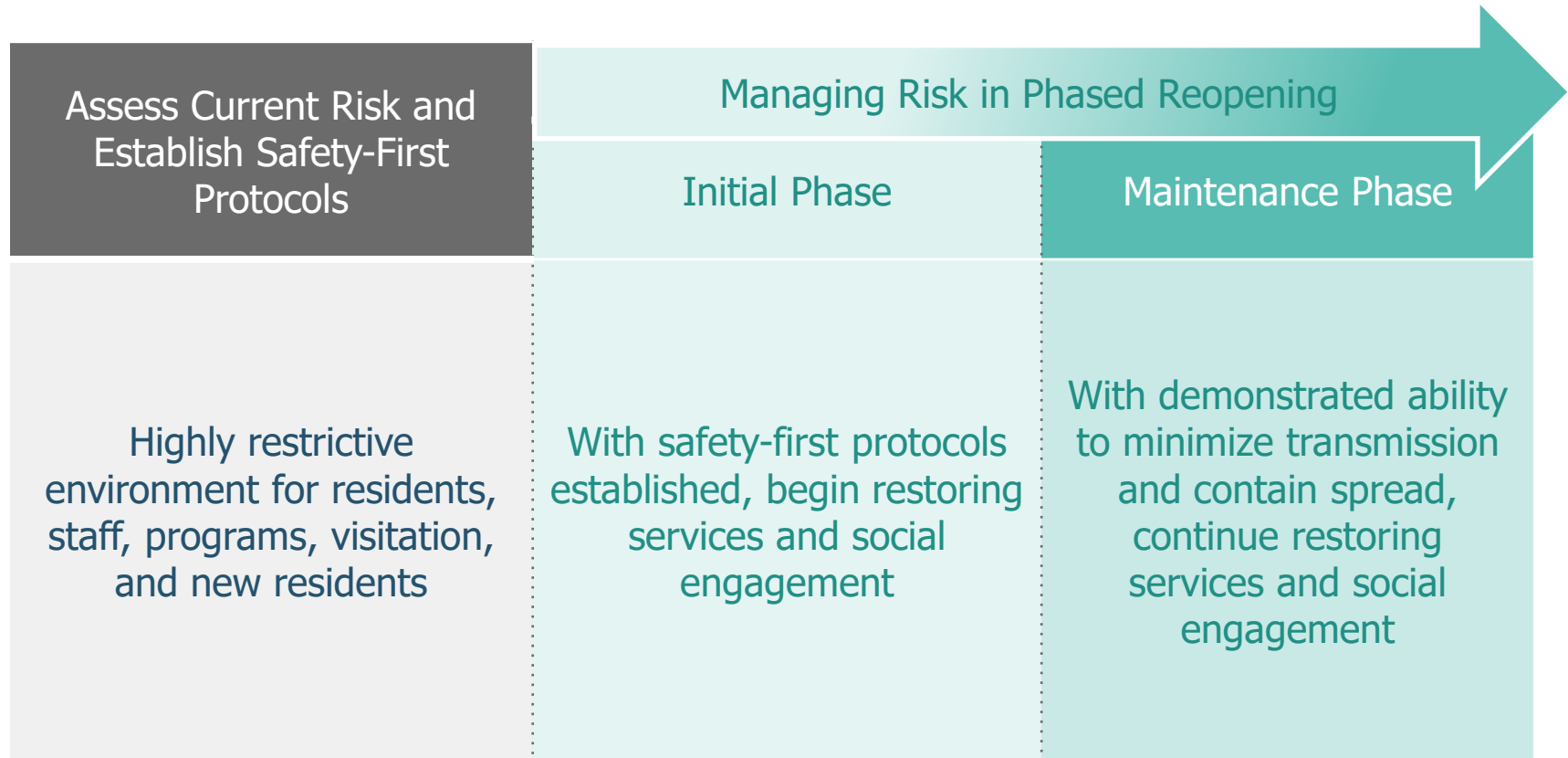
Know the baseline of infection transmission within your organization and larger community



Prepare to continuously monitor risk in the larger community and within your organization

A Strategic Approach

A Measured and Phased Approach to Relaxing Restrictions



Continuous Monitoring in Larger Community and Internally to Understand Transmission Risk

Data to Collect/Monitor

- ❑ Number of daily new cases
- ❑ Number of daily new tests
- ❑ Number of daily new deaths



What to Calculate with Collected Data

- ❑ Rate of change in daily tests and daily cases
- ❑ Positivity rate: positive tests (i.e., new cases) over total tests
- ❑ Rolling averages



What to Look for in Data Analysis

- ❑ Direction of daily trend of tests and cases
- ❑ If testing is increasing and number of new cases is decreasing
- ❑ Overall trends (smooths out inconsistent data collection)

*Important to focus on daily trends instead of cumulative trends – though cumulative data can provide an overall view, daily trends provide a crucial snapshot of the **current** direction of tests and cases*

Key External Considerations: Infection in Community and Testing

- ❑ Local reopening phase
- ❑ Local and state testing, new daily cases, and new daily deaths in surrounding communities
- ❑ Availability and timeliness of testing
- ❑ State requirements and resources for testing staff and residents

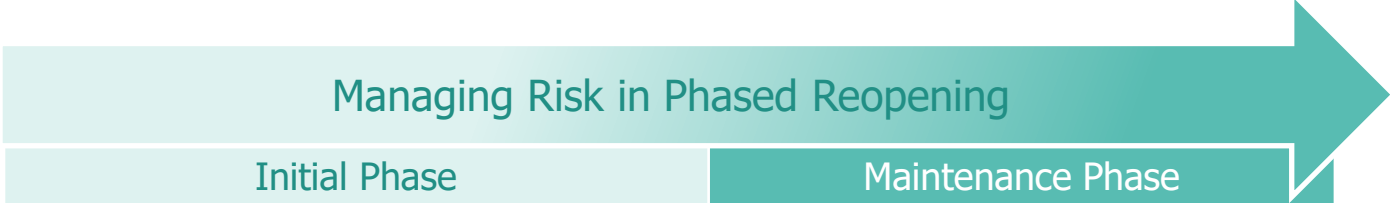
Key Data Element: Positivity Rates in Testing

- Important to not solely focus on the number of cases decreasing but to also look at the *positivity rates in testing* (viral tests, not antibody tests)
- If community has a *high* positivity rate, it might be only testing symptomatic individuals – therefore not testing a broad enough population to know the extent of the spread of the virus in the community
- Communities should ideally have *low* positivity rates (the World Health Organization recommends 5% or lower) – ensures communities are testing a large enough sample size

Key Internal Considerations: Preventive Measures and Continuous Monitoring

- ☐ New transmissions among residents and staff
- ☐ Preventive measures in all aspects of operations
 - ☐ Programs, meals, and services
 - ☐ Visitation
 - ☐ New residents

External Considerations and Examples

Managing Risk in Phased Reopening 		
	Initial Phase Options	Maintenance Phase Options
Local Reopening Phase	<ul style="list-style-type: none"> ❑ External community/state in Phase 3 reopening stage ❑ Daily communication with state and local health department officials 	<ul style="list-style-type: none"> ❑ Weekly communication with state and local health department officials
Local Transmission and Infection Monitoring	<ul style="list-style-type: none"> ❑ New daily cases and deaths suggest persistent pattern of decreasing transmission within community 	<ul style="list-style-type: none"> ❑ New daily cases and deaths suggest continuation of decreasing transmission within community
Testing Support	<ul style="list-style-type: none"> ❑ Sufficient access to testing and quick turnaround of testing results ❑ Positivity rates below five percent 	<ul style="list-style-type: none"> ❑ Positivity rates below five percent for a sustained period of time

Internal Considerations and Examples

Managing Risk in Phased Reopening		
	Initial Phase Options	Maintenance Phase Options
Transmission and Infection Monitoring	<ul style="list-style-type: none"> <input type="checkbox"/> Weekly testing of all staff who previously tested negative <input type="checkbox"/> No new positive confirmed cases for 14 days <input type="checkbox"/> Monitoring of residents' overall health before symptoms develop <input type="checkbox"/> Check residents' symptoms daily or twice weekly <input type="checkbox"/> Isolate and test symptomatic residents <input type="checkbox"/> Contact tracing policy in place 	<ul style="list-style-type: none"> <input type="checkbox"/> Weekly testing of all staff who previously tested negative <input type="checkbox"/> No new positive cases for 28 days <input type="checkbox"/> Check residents' symptoms daily or twice weekly <input type="checkbox"/> Isolate and test symptomatic residents <input type="checkbox"/> Contact tracing policy in place

Internal Considerations and Examples

Managing Risk in Phased Reopening		
	Initial Phase Options	Maintenance Phase Options
Prevention	<ul style="list-style-type: none"> ❑ Continued social distancing practices ❑ Continued PPE usage and hand washing standards ❑ Heightened cleaning protocols for high-touch areas (e.g., hourly) ❑ Monitor staff absences ❑ Flexible leave policies and practices for staff ❑ Compensate staff to stay home when sick 	<ul style="list-style-type: none"> ❑ Continued PPE usage and hand washing standards ❑ Monitor staff absences and turnover ❑ Allow staff to move freely between buildings

Internal Considerations and Examples

Managing Risk in Phased Reopening		
	Initial Phase Options	Maintenance Phase Options
Programs, Meals, and Services	<ul style="list-style-type: none"> ❑ Open beauty parlor at reduced capacity ❑ Allow small group activities (<10) with social distancing ❑ Serve one meal daily in communal dining room, up to 10-15 people per seating ❑ Serve two meals daily in communal dining room, cleaning after each seating, up to 10-15 people per seating ❑ Seat one person per table to allow for social distancing ❑ Allow walking with social distancing ❑ Open communal dining at reduced capacity 	<ul style="list-style-type: none"> ❑ Allow groups up to 25 for exercise ❑ Open fitness centers with frequent cleaning ❑ Serve all meals in dining room, up to 25 people per seating ❑ Restore off-campus transportation to non-medical appointments

Internal Considerations and Examples

Managing Risk in Phased Reopening		
	Initial Phase Options	Maintenance Phase Options
Visitation	<ul style="list-style-type: none"> ❑ Outdoors or in individual resident room ❑ Limited to one family member per slot ❑ Time limited visitation by appointment ❑ All visitors screened and masked ❑ Require protective face coverings during entirety of visit 	<ul style="list-style-type: none"> ❑ Indoor visitation ❑ All visitor screened and masked ❑ No limit on number or frequency of visits ❑ No schedule requirements ❑ Extended visitation ❑ Check symptoms of all visitors ❑ Require protective face coverings outside residents' own room
New Residents	<ul style="list-style-type: none"> ❑ Continued virtual tours ❑ On-campus tours with one family member or guest ❑ New residents required to isolate for 10-14 days ❑ New residents allowed with negative test proof 	<ul style="list-style-type: none"> ❑ On-campus tours with no limit on tour size ❑ Communal areas included in tour

Advancing Considerations in Practice

Frequent Collaboration and Communication with Residents and Families



Operators must be in frequent communication with residents and families about risk management efforts, new cases/potential outbreaks

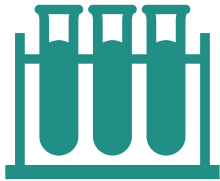


Residents and families must understand and adopt new policies that enable visitation



Families and residents will also require education about the risks and trade-offs inherent in moving toward a greater degree of social interaction

Collaboration with Policymakers and Regulators Also Key



While frequent, widespread, and consistent testing is the best practice for reopening safely, many operators will need assistance with the costs and logistics



Regulators will require education on the severe cognitive and functional health risks to seniors housing residents of failing to reopen



All involved will need to recognize the public health risk that loneliness related to social isolation poses to these residents and balance this with maximizing safety

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