Reimagining Nursing Homes in the Wake of COVID-19

A virtual conversation with Terry Fulmer and Christopher Koller moderated by Noam Levey of the Los Angeles Times
Reimagining Nursing Homes in the Wake of COVID-19

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Mission and Priorities

Dedicated to Improving the Care of Older Adults

Priority Areas:
- Age-Friendly Health Systems
- Family Caregiving
- Serious Illness & End of Life
COVID-19 and Nursing Homes

Less than 0.5% of the total U.S. population (~1.5 million people) live in nursing homes

Yet, as of Sept 2020, nursing homes account for:

- **40%** of all U.S. deaths (77,000+)
- **7%** of all U.S. cases (479,000+)

By The New York Times  Updated September 16, 2020
COVID-19 and Nursing Homes

Biggest issues:

• Staffing
• Infection prevention control
• PPE
• Social isolation
• Racial/ethnic disparities

“America’s nursing homes are not designed, operated, or funded to deal effectively with infectious disease epidemics, and their staff are often too few in number and inadequately paid, protected, and trained.” – NAM Perspective
COVID-19 and Nursing Homes

The COVID-19 disaster presents an opportunity to reimagine the role of nursing homes.
COVID-19 and Nursing Homes

We can redesign physical and operating models to accommodate future pandemics

“Unpacking” strategies can better match services provided and care settings with the needs of specific groups:

- Homogenous group placement - hospice, memory centers
- Smaller facilities - Green Houses
- Nursing home alternatives - PACE day centers
- Short-stay rehabilitation patients in “extended care wings” of hospitals
COVID-19 and Nursing Homes

Will need action by all stakeholders:

• Medicare and Medicaid policy reform
• Investment in change by industry
• Research on redesign and financing
• Advocacy on behalf of residents and families
• Funding from philanthropy and public sector
• Follow-through on Coronavirus Commission’s 27 recommendations
COVID-19 and Nursing Homes - JAHF Actions

• **Urgently**: funding the National Nursing Home Huddles led by Institute for Healthcare Improvement as a part of our Age-Friendly Health Systems movement
  
  • Evolved into *Nursing Home ECHO: COVID-19 Action Network Conversation Series* funded by AHRQ

• **Emergently**: funding the National Academies of Sciences, Engineering and Medicine to launch a study on nursing home safety and quality post-COVID-19

• **Emergently**: funding the FrameWorks Institute to examine how to reframe the nursing home narrative
The Milbank Memorial Fund

The Milbank Memorial Fund is an endowed operating foundation that works to improve population health by connecting leaders and decision-makers with the best available evidence and experience.

We advance our mission by:

• Identifying, informing, and inspiring current and future state health policy leaders to enhance their effectiveness

• Working with state health policy decision makers on issues they identify as important, particularly in areas related to primary care transformation, sustainable health care costs, and aging

• Publishing high-quality, evidence-based publications and The Milbank Quarterly, a peer-reviewed journal of population health and health policy
Unpacking Nursing Homes and Reducing Future Demand Will Require Strengthening Community-Based Services
Strengthening Community-Based Services

- Medicaid is the main payer for long-term services and supports (LTSS), the core of community-based services

- State Medicaid programs innovating on how to pay for and operate LTSS
  - See our Strengthening Medicaid LTSS Toolkit

- Community-based services should include support for family and unpaid caregivers
Support for Family Caregiving

• The 2018 Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act established a national family caregiving strategy

• But states have led the way. Washington, Hawaii, Maine, Minnesota, and Tennessee were highlighted in a Hartford-Milbank report by Johns Hopkins researchers last year because of their unique policies and programs

• The Kupuna Caregivers in Hawaii provides working family caregivers with a daily subsidy to be applied toward adult day services
PACE (Program of All-Inclusive Care for the Elderly)

• An integrated provider-sponsored health plan that offers nursing home-level care in day centers to people age 55 and over
  • During COVID, many patients receive services at home

• PACE serves over 51,000 participants in 31 states

• Primarily funded through capitated payments from Medicare and Medicaid, which allows for flexibility
Other Initiatives to Strengthen Community-Based Services

• Master Plans on Aging, advanced by The SCAN Foundation, are blueprints that guide restructuring of state and local policy, programs, and funding geared toward aging well in the community.

• Community Aging in Place—Advancing Better Living for Elders (CAPABLE) program, running in 15 states, teams a nurse, an occupational therapist, and a handy worker to address the home environment and help older adults improve their safety and independence.

• Support for Aging Services at Home (SASH) in Vermont coordinates social-service agencies, community health providers, and nonprofit housing organizations for older residents who choose to live independently at home.
Slides and a recording of this session will be provided.

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