



LTC 100 Coronavirus Task Force Executive Summary – Call #7

Assessing Implications for SNFs Beyond the Clinical Crisis

April 27, 2020

Our complimentary LTC 100 Coronavirus Task Force Calls offer best practices from leading providers across the country on responding to, and leading through, the pandemic with forward-thinking insights into the “new normal” and how to operate in the next 12-18 months, before a vaccine is developed.

Featured Contributors

Richard Bane, President, BaneCare Management

Brian Cloch, Principal, Innovative Health

Faina Kaganov, Chief Clinical Officer, The Allure Group

Peter Longo, Principal & Managing Partner, Cantex Continuing Care Network

Samuel Stanton, Executive Medical Director, ABCM Corporation

Overview

What will the healthcare landscape look like for skilled nursing facilities over the next six months and into the post-COVID period? Now that the curve is starting to flatten, providers are weighing in on major issues that will influence the SNF business model going forward, including: the critical role of infection control; detecting the virus within communities; regional variances in the impact of COVID; increased acuity in skilled nursing (including SNFs becoming medical centers); the role of visitation; and addressing long-term stigmas.

Infection Control

Providers are placing a high priority on developing strict infection control procedures. **Brian Cloch** (Innovative Health) described the importance of creating a very sterile environment and demonstrating to consumers that nursing homes are safe. **Richard Bane** (BaneCare) said despite the appearance that infection control should be easy and should be a given, in reality it's not. Staff needs to think more critically about infection control, and Richard sees this being a sustaining issue CMS will be focusing on over the next 6 to 24 months.

Radical Regional Variance

Peter Longo (Cantex) said the landscape in Texas is very different than other hard-hit areas, and that they have been mostly sheltered from the surge. Local health systems have started to readmit patients, and despite early preparations for a surge, most SNFs are now preparing to resume somewhat normal operations. In Boston, on the other hand, **Richard Bane** reports being in the throes of a surge. Of the 380 SNFs in Massachusetts, at least 300 have some level of Coronavirus infection. To date, 60% of the state's 1,300 deaths have occurred within skilled nursing facilities.



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Visitation

Infection protocols that preclude family visits are a mounting problem. **Faina Kaganov** (Allure Group) has turned to tele-technology to conduct virtual visitation, including Skype visits, albeit with mixed results (not all families embrace virtual visits). **Richard Bane** feels that restricting visitation signals to families that they are not welcome. The ability to regularly visit a loved one will impact a SNF placement decision. **Brian Cloch** described how they have iPads in every room for virtual family visits, and that facilities have safe zones where PPE is provided to family members to don while visiting.

Community-Level Detection/Localization

Samuel Stanton (ABCM) described how national data shows disparities in demographics with some individuals being disproportionately affected based on social determinants of health and level of access to healthcare, food and employment. In Iowa, 80% of individuals infected are under the age of 60, yet 85% of deaths have been in individuals over the age of 60. Going forward, Stanton thinks it's likely we will see community-level flare-ups of COVID-19, and that the zip-code specific response to flares will need to be a priority of public health officials and providers alike. Realizing this will be dependent on how fast SNFs are able to test and isolate COVID-19 patients, Stanton says.

Acuity Levels

Richard Bane said that in addition to being nursing homes, some SNFs are becoming medical centers, and no longer strictly custodial long-term care facilities. Some SNFs will become much more medically complex and a more integral part of the medical continuum. **Brian Cloch** is opening three new SNFs in the Chicago area. Each are 60-bed, short-term, private units with private baths, piped-in oxygen and each can accommodate a high-acuity patient. Because of this, Brian hopes to win discharge and referral volume and believes networks will be narrowed to the SNFs who are the best at infection control.

Long-Term Stigma

There is consensus that SNFs have been unfairly stigmatized since the start of the pandemic. As the industry prepares to return to "normal" business, there must be a collective effort to focus on how to defeat the negative image perpetuated by the media. **Richard Bane** feels this negative stigma is a big risk and long-term concern, and SNFs will need help from advocates and state associations to help rebuild the image of facility-based care. **Brian Cloch** believes image is a factor, but also thinks business model fundamentals – availability of staff and cost of care (compared to other settings) – will ultimately be the deciding factors in how SNFs are evaluated as a viable care option going forward.



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To receive an invitation to participate in the next task force call on Monday, May 11, please contact:
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<u><i>New Dates for 2020 Conferences</i></u>		
<u>LTC 100</u> November 8 – 11 Four Seasons Resort Orlando	<u>HI²</u> November 1-2 Westin Chicago River North	<u>Senior Care 360</u> December 9 - 10 Gaylord Resort, MD