2021 and Beyond
Opportunities to Make a Difference

2021 is off to a rough start, but there is hope and belief that on January 20, 2021 things will turn around. We have lost much ground in healthcare since the COVID-19 pandemic started. We will need to re-group in advancing care for all; improving quality and safety; eradicating racism and inequities; and focusing on social and environmental factors.

Prior to the pandemic, many healthcare and public health initiatives that were advancing took a back seat during the pandemic and have fallen significantly behind resulting in health harm and avoidable deaths.

So, what will be on the list for the new Biden-Harris transition? LOTS! Lots to be done and it will take all of us working together in collaboration with the new administration to bring about the changes that are needed.

What needs to change?

COVID-19 Pandemic
- *Implement the Defense Production Act* – Demand far exceeds supply for immunizations, PPE, and Test Kits
- *Immunizations – quickly deploy COVID-19 vaccines to communities* and as needed, provide financial support so the distribution can occur quickly. With increased production and distribution, ensure there are ample vaccines for first and second doses
- *Reduce the mortality rate of nursing home residents; Blacks; and Latinx; adults 65 and older; and all other populations with disproportionate shares of deaths and hospitalizations.* By addressing the most vulnerable populations that were identified 11 months ago, we will reduce deaths dramatically. Nursing home residents make up at least 40% of all deaths. KFF (Kaiser Family Foundation www.kff.org – not associated with Kaiser Permanente) has very actionable data.
- A*llow nursing homes to work with their preferred local pharmacy* to assist in the deployment and administration of the vaccines by the nursing home staff.
- *Re-instate the leaders and federal agency that monitored and helped prepare for future pandemics and health crises but was disbanded during the past four years.* This won't be our last pandemic and hopefully we will be better prepared with plans for immediate action.

Prioritization of Nursing Home Resident and Staff Needs:
In addition to the COVID-19 vaccination issues raised above,
- *Utilize weekly reported data to CMS from nursing homes* for that day and week ahead on PPE Supply (N95 and Surgical masks, gloves, gowns), Test Kits, Nurse Staff, Aids Staff and weekly reporting on resident and staff positive cases and deaths. Valuable information is available weekly to assist nursing home residents and staff if anyone analyzes the data. https://data.cms.gov/Special-Programs-Initiatives-COVID-19-Nursing-Home/COVID-19-Nursing-Home-Dataset/s2uc-8wxp

- *Implement Essential Caregivers Act* for family caregivers of nursing home residents. Allow nursing home residents to have their essential family caregivers visit and support their family members in the nursing home. Provide PPE and allow essential family caregivers to also get the COVID-19 vaccines so they can enter the nursing homes while protecting all residents and staff from COVID. Essential caregivers are typically family members that visit daily and dress, feed, and support their family nursing home resident – thereby supplementing staff support in nursing homes.

- *Address emotional, mental health, and physical need*s - Nursing home residents as of January 20, 2021, will have been on lockdown for 314 days. The nursing home residents have isolated, quarantined and have had limited physical mobility. Provide professional emotional and mental support for residents and physical therapy to those that have had mobility declines. To understand the impact on nursing home residents, read the Altarum report based upon survey responses to closed-ended and open-ended questions with 365 nursing home residents on lockdown https://altarum.org/sites/default/files/uploaded-publication-files/Nursing-Home-Resident-Survey_Altarum-Special-Report_FINAL.pdf The responses will make you understand the gravity of the lockdown on nursing home residents.

- *Require every nursing home to have at least two staff undergo advanced training in infection prevention and control through CDC on-line web site*, unless the staff are certified infection control and preventionists. *Within 2021, require every nursing home to have a Certified Infection Control and Preventionist* allowing for part-time shared roles with small home setting. The role of the Certified Infection Control and Preventionist that was to be in place in November 2019 was watered down and as a result, most nursing homes did not have the capability to implement isolation and prevention safeguards for nursing home residents during the COVID-19 pandemic. Infections have been the most cited violations in nursing homes pre-pandemic in recent years. Top infections include urinary tract, flu, pneumonia, c-difficile, pneumonia, and infected bed sores.

- *Require and report transparency in ownership and their subsidiaries as many for profit nursing homes* have created money making schemes to benefit themselves and owners while not addressing the needs of residents and staff.

- *Expand the Resident and Family Councils to include Community Members* that are not tied financially to the nursing home or other nursing homes. By including Community Members in the Nursing Home Councils it allows the community to be an active participant in the local nursing home; provide support to the residents and staff; and identify areas for appreciation and improvement.

- *Bring back the legislation that nursing homes cannot require residents and families to agree upon forced arbitration when completing nursing home registration forms or any other forms.* The rule allowing forced arbitration practice in nursing home agreements was removed under the prior administration and reversed to allow the practice to re-start under the present administration.

- *Increase availability and usage of Telehealth, and in particular, Telemedicine.* Instead of waiting for an in-person physician consultation or visit to the Emergency Department, utilize telehealth or telemedicine services to consult with a physician or specialist to avoid complications or death due to delays in interventions. As older and complex care residents digress quickly and often present different symptoms than younger adults,

having quick access to a family physician or geriatrician can result in improved outcomes of care and reduce avoidable hospitalizations.

- *Continue the initiative started a few years ago to standardize the surveyor training across the U.*S. and hold nursing home owners and administrators; state agencies overseeing and administering surveillance; and surveyors accountable for ensuring the safety and well-being of the residents. By standardizing the surveyor training and accountability, it creates the opportunity for star ratings to be based on common standards and scoring across all states. Under the current process, state surveyors have training, oversight, and assessment variations that affect the nursing home ratings and scores.
- *Develop a national definition of assisted living arrangements* that can be used for surveillance and accountability. Currently many assisted living homes operate similar to a nursing home but do not come under regulatory oversight as the definitions vary among states. Most consumers do not understand the differences between assisted living and nursing homes and find it difficult to assess the quality and safety as only nursing homes are required to report performance data publicly.
- *Provide a path forward for advancing nursing home staff competency* by supporting innovative approaches to staff skill development and equitable staff reimbursement.
- *Develop a long range plan to improve quality and safety of life of persons needing nursing home care. Ensure a bridge is built to safeguard nursing home resident needs* are continuously met during a transition from current to new. Engage nursing home staff, residents, families, community members, and advocacy organizations in advancing existing models of care (Green House Project - https://www.aarp.org/caregiving/basics/info-2020/household-model-nursing-homes-coronavirus.html and https://www.thegreenhouseproject.org) and new models of Care at Home.


Racism and Ethnicism
A disproportionate share of Black populations continue to be adversely affected by COVID-19 infections and deaths as well as other diseases due to a lack of access to healthcare services and systemic racism. Not only are they subject to conscious and unconscious racism, they also are subject to overt discrimination in many communities.

At a special meeting of the American Medical Association's House of Delegates in November 2020, the AMA supported a policy that views "racism as a public health threat and commits to actively work on dismantling racist policies and practices across all of health care." Additionally, the AMA views race as a social construct and not biological. Regarding the new AMA Policy, "the new policy recognizes racism in its systemic, cultural, interpersonal, and other forms as a serious threat to public health, to the advancement of health equity, and a barrier to appropriate medical care. It makes clear that a proactive approach to prevent, or identify and eliminate, racism is crucial—particularly considering that studies show historically marginalized populations in the U.S. have shorter lifespans, greater physical and mental illness burden, earlier onset and aggressive progression of disease, higher maternal and infant mortality, and less access to health care." https://www.ama-assn.org/press-center/press-releases/new-ama-policy-recognizes-racism-public-health-threat

There is much work to be done to address systemic racism, cultural and interpersonal racism……and the AMA is seeking to partner with healthcare and non-healthcare organizations to rid the U.S. of racism and all of the tragedy, health harm, and early deaths that it has brought to people of color, Latinx, and other ethnic groups.
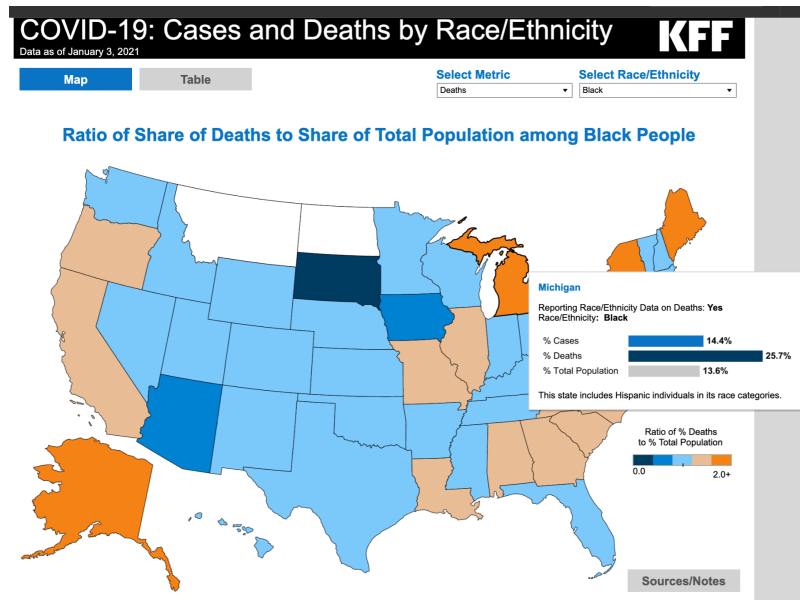
In many parts of the United States, Latinx are also experiencing a disproportionate share of COVID-19 infections and deaths due to a variety of social determinants. Ethnicism also continues to be an ongoing issue as barriers to healthcare and social justice continue to be a barrier to health and healthy outcomes of care.
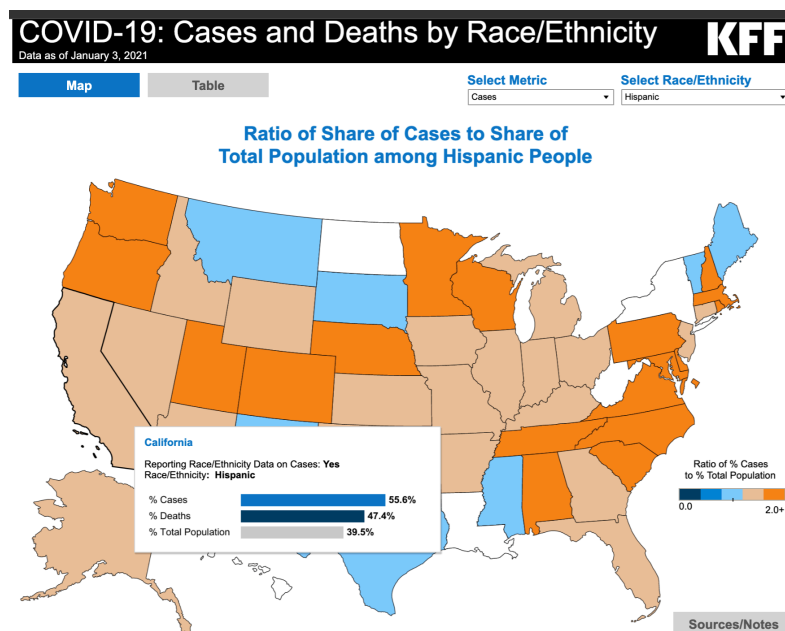
KFF provides an interactive site to see the disproportionate share of infections and deaths by race and ethnicity. https://www.kff.org/coronavirus-covid-19/issue-brief/state-covid-19-data-and-policy-actions/

Mental Health
Mental health conditions continued to be on the increase in the past few years, with the pandemic accelerating anxiety and depression in people that were isolated and concerned about losing employment and housing, and with many having to juggle schedules to accommodate their children at home. The demand for mental health services and support have been escalating during the pandemic with demand outpacing supply. As many people are seeking mental health support, Telehealth has provided an opportunity for many to get support through a variety of healthcare providers.

Mental health support and availability needs to increase and have parity with physical health and support.

According to the National Alliance for Mental Illness (NAMI),
- 20.6% of U.S. adults experienced mental illness in 2019 (51.5 million people). This represents 1 in 5 adults.
- 5.2% of U.S. adults experienced serious mental illness in 2019 (13.1 million people). This represents 1 in 20 adults.
- 16.5% of U.S. youth aged 6-17 experienced a mental health disorder in 2016 (7.7 million people)
- 3.8% of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2019 (9.5 million people) https://www.nami.org/mhstats

While 2020 data are not yet available, youth are also experiencing depression and anxiety as their normal schedules have been disrupted and many are also experiencing isolation. Recently the Consolidated Appropriations and the COVID Relief funding was approved by Congress and increased financial support as mental health providers work to support the rising number of adults and children battling mental health disease.
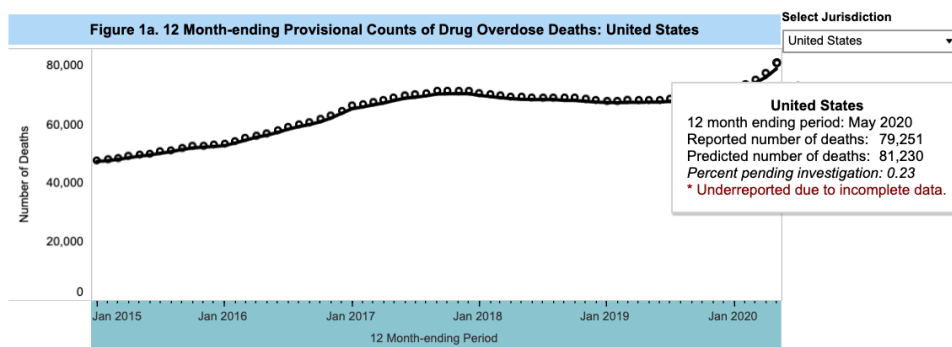
Opioid Deaths the Highest Ever
Opioid deaths increased by 18% from the year before for June 2019 through May 2020, which is the most current data available   81,000 Americans died from Opioid overdoses during this recent time period which represents the highest number of deaths in history.   According to the CDC, "While overdose deaths were already increasing in the months preceding the 2019 novel coronavirus disease (COVID-19) pandemic, the latest numbers suggest an acceleration of overdose deaths during the pandemic." https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html

Since the pandemic began, support and focused attention has drifted from the federal and state governments while the opioid crisis has not only increased, but it is also the highest volume of deaths due to opioid overdoses. *Support and interventions need to be reinstated to reverse the upward trend in Opioid overdoses and* deaths.
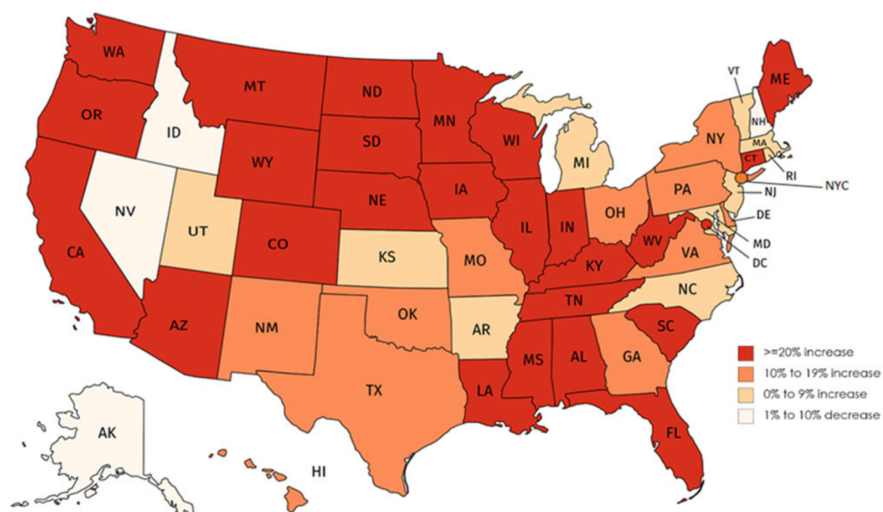
12 Month-ending Provisional Number of Drug Overdose Deaths

Based on data available for analysis on: **12/6/2020**

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States

Select Jurisdiction
United States

United States
12 month ending period: May 2020
Reported number of deaths: 79,251
Predicted number of deaths: 81,230
Percent pending investigation: 0.23
* Underreported due to incomplete data.

Source: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Figure 2: Percentage change in 12-months ending provisional[a] data on all fatal drug overdoses[b], 50 states, the District of Columbia, and New York City: Overdose deaths from 12-months ending in June 2019 to 12-months ending in May 2020[c]

Legend:
- >=20% increase
- 10% to 19% increase
- 0% to 9% increase
- 1% to 10% decrease

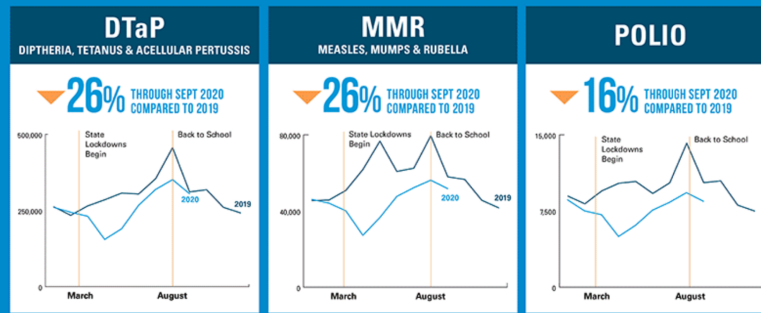Source: https://emergency.cdc.gov/han/2020/han00438.asp

Childhood Immunizations Dramatically Decreased

With stay-at home orders; fear of contracting COVID-19; and children in virtual school settings, many children have missed their childhood immunizations. According to a recent Blue Cross Blue Shield Association Report, many children have missed their scheduled vaccines and as one can tell from the Infographics below that there needs to be a concerted effort among federal, state, and local communities to immunize and protect our children and communities.

In July 2020, Project Patient Care noted the dramatic decline in childhood immunizations https://www.projectpatientcare.org/newsletters/ *We need a focused effort to increase childhood vaccines and ensure all children are current with vaccines as we run the risk of losing herd immunity for preventable diseases.*
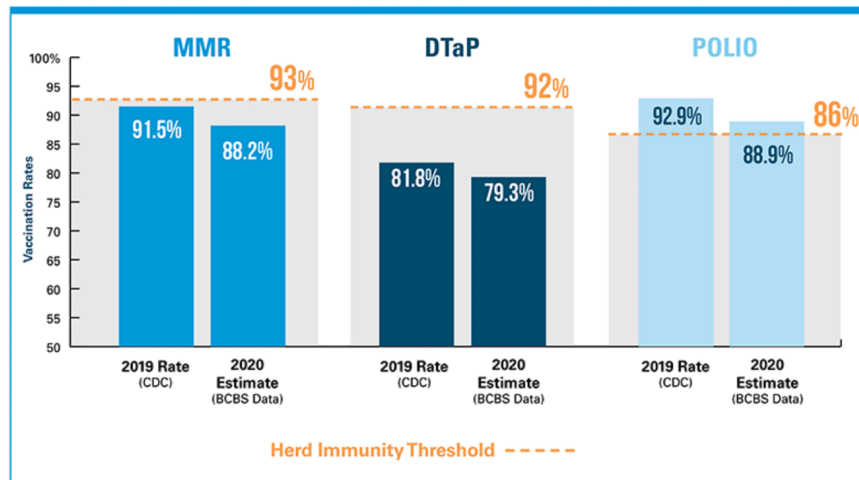
Source: Infographics courtesy of BlueCross BlueShield Association
https://www.bcbs.com/the-health-of-america/infographics/missing-vaccinations-during-covid-19-puts-our-children-and-communities-at-risk

Telehealth
Allow telehealth to continue based upon patient preferences while developing funding mechanisms that are fair and equitable to healthcare providers and patients for both physical and mental health visits. Develop requirements and guidelines for accessible telehealth for all health plans offered by Medicare, Medicaid, VA, insurance exchange programs, other government programs, and to the extent possible, commercial health plans. Conduct research

on best practices in telehealth and telemedicine for acute and chronic disease treatment and management.

Continue to assess the patient experience during the pandemic and post pandemic to analyze any changes in patient preferences. A recent study by Press Ganey comparing in-person and video telehealth outpatient visits had a dramatic increase in the patient experience for those that had a video visit (https://www.jmir.org/2020/9/e20786/) Other studies are also seeing a rise in patient experience with video telehealth.

Cost, Transparency, and Surprise Billing
Due to the pandemic, some hospitals have not been able to meet the deadline for public display under the Price Transparency Rule.   Effective on January 1, 2021, the "Rule" requires all U.S. based hospitals to make public a list of their standard charges for items and services via the Internet in a machine-readable format. Hospitals must also provide prices for a list of 300 shoppable services that must be made publicly available in a searchable, consumer-friendly format.

The challenge with this rule is that each hospital or health system has developed their own methodology and display so it can be very difficult for consumers to do 'comparison shopping' and interpret what might be a high or low price.

While not taking effect until 2022, *the recent Surprise Billing legislation within the Consolidated Appropriations Act, 2020 has been well received by consumers.* Surprise billing occurs when a patient visits or is taken by ambulance to a hospital within their health plan network coverage, but then has clinicians provide care that are not in their health plan's coverage or network. Instead of charging patients, health providers will now have to work with insurers to settle on a fair price. The new changes will take effect in 2022, and will apply to doctors, hospitals and air ambulances (not ground ambulances). The Surprise billing issue has been a problem for consumers for many years and as healthcare plans rapidly developed network coverage areas.

In order to address issues with lack of standardization of information for policy-making and consumer decision-making, an initiative to advance and build the *All Payer Claim Data base was introduced with over $225 million for state funding.* All Payer Claims Data (APCD) have proven to be very successful and helpful to consumers in APCD states for consumers comparing costs of care or diagnostic services. While this will take several years to advance across the U.S., there are about 36 states that have either developed or are interested in the APCD development.

Access to Affordable Care
Continue to support and advance the Affordable Care Act and, as intended when it was introduced, make modifications and adjustments as needed in reaction to changes in the environment. Similar to the Medicare program, changes to the Medicare program occur routinely every year to provide effective implementation and improved outcomes of care for beneficiaries.

Lay the foundation for making the reality for all people having access to affordable care.

Quality and Patient Safety
Advance initiatives to improve the quality outcomes of care in a safe environment. While much of the work in the past has taken place in hospitals, continue with the work that is occurring in hospitals, but also spread it to other healthcare settings and communities.

Reignite the energy and quality and safety culture that occurred in hospitals with their learning and sharing national and local collaboratives and spread the collaborative programs to post-acute care providers and communities. With the quality and safety programs, focus on outcomes of care and develop metrics that can be shared among providers and publicly.

Public Reporting
There are two sets of measures that tend to exist – the ones for clinical and performance improvement on providers and the measures that have yet to be utilized by consumers. The majority of public measures and data resources have been developed by provider and health plan organizations that assess the provider performance. While the measures are urged to be utilized by patients, residents, caregivers, and consumers they are not – and in large part they are not used by consumer due to not having their voice recognized in the measure development meetings and not reflective of their needs.

Provide support for measurement programs and initiatives focused on consumer usage of information that have primarily patient, resident, caregiver, and consumer representatives in order to meet and achieve their information needs. Existing organizations that are developing 'public' and 'consumer' measurements have the majority of the committees and organizations dominated by healthcare providers and health plans. Unless the voice of the patient, resident, caregiver, and consumer voice is heard, the measures will continue to not be used by the consumer audience.

World Stage
For a variety of peacekeeping and healthcare and public health needs, retaining the U.S. participation in the United Nations and renewing our commitment to the World Health Organization are critical for the safety and well-being of our residents and that of people around the world. It is critical that we be a part of the world community not only in times of crisis but in times when we can build a brighter future for all. Yes, there may be some issues that need to be addressed at WHO and the UN, but you can only address them if you are at the table.

The world is facing several health issues that require cooperation among countries through the World Health Organization (WHO) including the COVID-19 pandemic; immunization for existing and new diseases; new health discoveries; public health interventions; racism and xenophobia; climate change; pollution; and so much more.

One of the areas WHO is tackling is an area of focus in the U.S., quality care and patient safety. The WHO is presenting the DRAFT "Patient Safety Plan 2021-2030: Towards Eliminating Avoidable Harm in Health Care"(https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan) to the WHO Executive Board on January 18 followed by a presentation for adoption by the World Health Assembly in May

2021. It is a blueprint for all countries and will serve to identify collaborative pathways forward through learning and sharing best practices. Project Patient Care has submitted comments on the Plan and is working with many countries on this initiative.

COVID Relief and Recovery
Without a doubt, COVID-19 pandemic has had a dramatic effect on the lives of almost all Americans. Many have lost their jobs; have been furloughed; had reductions in work and pay; and many are juggling school age children at home with Zoom classes. Some are living in fear of losing their housing or have lost their housing and are living on the streets or couch jumping.

We have to address the economic, housing, and school needs as they are adding to the pressures of individuals, children, and families. As we move along, we need to have HUD adopt the same definition of homeless as the federal Department of Education has for homeless. Currently, living in a motel with or without multiple people or families in it, is considered homeless by the Department of Education, but it is not for HUD. As a result, many families cannot provide adequate housing, food, or sleeping quarters for their children – which has been heightened during the pandemic. Using the HUD definition undercuts the number of persons that are homeless and in need of ongoing housing with bath and kitchen facilities.

Many issues have surfaced during the pandemic that may have gone unnoticed. We now have the opportunity to identify areas in need of change and work together on them to make a better America.

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We have many health care challenges ahead, which are all opportunities, to unite and work together and address all of the issues we identified --- and even more! And many of us feel that it is not just an opportunity, but a moral obligation.

"The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the aged; and those in the shadows of life, the sick, the needy and the handicapped."
Hubert H. Humphrey, Jr., Former U.S. Vice President and Senator

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