

Statement for the Record

Submitted by

The Premier healthcare alliance (444 N. Capitol Street NW #625 Washington, DC 20001)

A National Tragedy: COVID-19 in the Nation's Nursing Homes

Senate Finance Committee

March 17, 2021

The Premier healthcare alliance appreciates the opportunity to submit a statement for the record on the Senate Finance Committee hearing titled "A National Tragedy: COVID-19 in the Nation's Nursing Homes." We applaud the leadership of Chairman Wyden, Ranking Member Crapo and members of the Committee for examining the factors that contributed to the nursing home response during the pandemic and assessing necessary improvements going forward.

Premier Inc. is a leading healthcare improvement company, uniting an alliance of more than 4,100 U.S. hospitals and health systems and approximately 200,000 non-acute providers, including 28,000 nursing homes around the country, to transform healthcare. With integrated data and analytics, collaboratives, supply chain solutions, and consulting and other services, Premier enables better care and outcomes at a lower cost.

It is indisputable that COVID-19 has had devastating consequences for the nation's nursing homes. Deaths among senior-care center staff and residents appear to represent at least 25 percent of the overall count of more than 500,000 U.S. fatalities related to COVID-19, as compiled by the Centers for Medicare & Medicaid Services (CMS).¹ Since the COVID-19 outbreak, a key focus area of Premier has been ensuring nursing homes, which were wholly unprepared to deal with the magnitude of the pandemic, have personal protective equipment (PPE), supplies and equipment at their sites so they can continue to deliver high-quality care to residents.

Through two comprehensive surveys and dozens of individual conversations to understand the needs of senior living providers during the pandemic, Premier developed solutions and recommendations that we shared with the Administration. In addition to supply chain issues, which require critical thought moving forward, we believe additional funding is necessary to implement technological supports in nursing homes. Specifically, infrastructure is needed to help infection preventionists and clinical pharmacists at facilities detect, manage, control and report infection-related conditions related to COVID-19 and beyond. We urge Congress to address known supply chain and surveillance vulnerabilities for this unique population in the next COVID-19 package.

CONGRESSIONAL ACTION IS NEEDED TO ADDRESS SUPPLY CHAIN VULNERABILITIES

As a supply chain leader, Premier has been at the forefront of COVID-19 response efforts and has been working around the clock to ensure a consistent supply of medical supplies for nursing homes, including PPE. Premier has been actively engaged with the Administration and federal agencies to track developments and offer guidance, providing real-time data on ordering patterns, current consumption rates and future demand forecasts in order to inform our government's understanding of the current state and potential future vulnerabilities.

¹ <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>

Premier conducted several surveys² to better understand the needs of nearly 2,500 skilled nursing and assisted living facilities during the pandemic response and found that:

- About 43 percent of senior living facilities did not have a consistent ordering history for PPE at the outset of the pandemic, effectively leaving them without a legitimate channel for purchasing supplies that may be necessary to protect workers and elderly residents. Of senior living providers that did have a consistent purchasing history of PPE products, 87 percent were not receiving the full quantity of products ordered at the outset of the COVID-19 pandemic.
- By early April, 24 percent of senior living facilities did not have N95 masks on hand, and the majority had fewer than two weeks' supply of surgical masks, isolation gowns and face shields.
- Additional products in high demand for senior living facilities and short supply from manufacturers and distributors included thermometers, exam gloves, shoe covers, bouffant caps, alcohol pads, disinfecting products, hand sanitizer, and disposable paper items. This demonstrated the unique needs of nursing homes from other healthcare settings.
- These supply chain challenges have left nursing homes vulnerable, as 70 percent reported they are not fully prepared to treat an increasing number of COVID-19 cases as the virus surges.

Given these findings and barriers for nursing homes to obtain PPE through traditional distribution channels, Premier created an e-commerce platform, [Stockd](#), to ensure nursing homes were able to access critical medical supplies during the pandemic in a timely manner. Built by providers for providers, Stockd helps solve the issue of gray market sellers and illicit marketeers that were rampant during the pandemic through:

- Robust security settings to prevent the selling of “gray market” goods, or those that are sold outside of the brand owner’s approved distribution channels.
- Stringent vetting policies that safeguard buyers and ensure that they’re purchasing from verified manufacturers and distributors, not third-party sellers who may price gouge or make suspect product claims based on market demand

Stockd will continue to be a critical resource for nursing homes moving forward as they adjust to the new normal and continue to obtain PPE to protect both healthcare workers and nursing home residents.

To strengthen the supply chain to address future global pandemics, Premier has [robust recommendations](#) on how the existing private sector supply chain can be further enabled and augmented. Premier’s guiding principles include:

- Augment the existing private sector supply chain to better respond to global pandemics through diversification and transparency. The private sector supply chain is highly functioning and should be further enabled, not disrupted.
- Develop a cohesive and holistic national strategy for addressing global pandemics and stabilizing the US supply chain to respond to surge demand for critical medical supplies and drugs.
- Identify critical medical supplies and drugs needed to treat a global pandemic and associated comorbidities. This identification should occur via a public-private advisory council that includes representatives from manufacturers, group purchasing organizations (GPOs), distributors, physicians, pharmacists, laboratorians, nursing homes, and others. This list must be dynamic and

² <https://www.premierinc.com/newsroom/premier-in-the-news/senior-living-facilities-lack-supply-of-protective-gear-survey-finds> and <https://www.premierinc.com/newsroom/press-releases/as-covid-19-pushes-hospital-patients-to-post-acute-care-settings-supply-and-resource-needs-grow-per-premier-inc-survey>

regularly updated as technology advances, best practices are identified, and the practice of medicine evolves.

- Create upstream visibility into the supply chain to understand sources of raw materials and manufacturing facilities. This information is critical to assess vulnerabilities and prioritize what critical medical supplies and drugs should be focused on initially to assure adequate diversification of the supply chain.
- Design stockpiles to create coordination rather than competition between state, local and national stockpiles.
- Invest in a robust, real time HIT infrastructure that will provide an on-call, nimble data collection infrastructure that the nation can call upon in any future major crises. Rather than standing up an inadequate and duplicative system as we experienced during the pandemic, the nation needs a system that can track critical product availability - from the raw materials, to manufacturer, to distribution, to hospital inventory. This system would exist behind the scenes and be ready to be “turned on” in a moment’s notice. This information would inform dynamic and appropriate product allocation and distribution strategies, minimize hoarding, and enable powerful and accurate prediction, enabling the nation to manage supplies during the crisis.
- Leverage supply and demand data from GPOs, who serve as neutral, vendor-agnostic, and value-orientated entities to drive transparency in the supply chain and forecast demand needs.
- Advance payment and delivery system reforms that hold providers, including nursing home providers, accountable for the health of a population, budgets and transparent outcomes. This will incent improving the health of a population, which will both improve patients’ comorbidities and attention to care management for sick patients. Acting within a budget helps reduce long-term financial pressure from rising healthcare costs.
- Leverage technology to implement comprehensive infection prevention and antimicrobial stewardship programs in nursing homes to provide meaningful assistance with infection control.

Premier urges Congress to ensure that nursing homes are represented in the development of a cohesive and holistic national strategy for addressing global pandemics. Furthermore, a customized stockpile for nursing homes should be created with appropriate supplies, drugs and other needs.

FUNDING FOR INFECTION PREVENTION CLINICAL SURVEILLANCE WILL IMPROVE OUTCOMES

COVID-19 has brought to the forefront the specific challenges nursing homes face in containing the spread of infectious disease. The virus has accelerated at nursing homes because residents are generally vulnerable to its complications and more susceptible in the contained space of the facilities. While data about infections in nursing homes is limited, the CDC notes that, even prior to the pandemic, a staggering 1 to 3 million serious infections occur every year in these facilities and as many as 380,000 people die of the infections in nursing homes every year.³

Infection prevention oversight and training at nursing homes is a challenge in and of itself with limited staffing and several layers of reporting requirements. This challenge is compounded by limited electronic health record (EHR) functionality at the sites with only an estimated 66 percent of skilled nursing facilities currently using an EHR.⁴ Data regarding use of EHRs in other segments of nursing homes such as long-

³<https://www.cdc.gov/longtermcare/index.html#:~:text=1%20to%203%20million%20serious,infections%20in%20LTCFs%20every%20year.>

⁴ <https://www.healthit.gov/sites/default/files/page/2018-11/Electronic-Health-Record-Adoption-and-Interoperability-among-U.S.-Skilled-Nursing-Facilities-and-Home-Health-Agencies-in-2017.pdf>

term care facilities and independent living are considered to be much lower. The use of paper records in these care settings inhibit swift data collection and proactive tracking and trending to identify potential infections before they become rampant in the congregate setting. Surveillance, tracking, documenting and reporting of infections is not only necessary for COVID-19 but could be used to better position nursing homes for future outbreaks and other indicators that would result in improved quality of care.

Nursing homes now have multiple, expanded layers of infection prevention requirements and face unique challenges with oversight and training without electronic surveillance capabilities

- CMS now requires facilities to:
 - [Establish and maintain an infection prevention and control program \(IPCP\)](#) that includes, at a minimum, a system for preventing, identifying, reporting, investigating and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement.
 - [Report on at least a weekly basis](#) confirmed and suspected COVID-19 cases, or face penalties.
- This is on top of infection reporting requirements that vary by state and can often require using phone, fax or mail, as well as reporting requirements within facilities' own organizations.
- Infection prevention oversight and training is challenging, which is compounded by limited technology nursing homes due to:
 - High resident-to-staff ratios which are associated with infection spreads;
 - A lack of on-site specialty services, such as pharmacists for antimicrobial stewardship;
 - Functions that are often outsourced to outside agencies, which then hold the data;
 - Surveillance, tracking and reporting processes lack automation for everyday risks such as multidrug resistant organism (MDRO) and for outbreaks like COVID-19.

Clinical surveillance solutions should be implemented to improve quality and decrease costs

- Clinical analytics technologies are currently widely leveraged in hospitals and acute settings, including 46 Veterans Affairs hospitals, to detect patient care issues through surveillance, interventions and reporting capabilities that are needed to support antimicrobial stewardship programs. These systems utilize data from EHRs and have significantly helped clinicians and pharmacists in acute settings identify overuse of antibiotics and drug-bug mismatches, reduce time-to-appropriate therapy and enhance therapy for difficult-to-treat pathogens. Those health systems already utilizing clinical surveillance technology were well positioned to respond to COVID-19 before the pandemic hit. This technology is ready to optimize for nursing homes, delivering similar results to those below.
 - **Three Veterans Health Administration medical centers (VAMCs)** saved \$2.3 million in just two years by changing the way they administer antibiotics, using a clinical surveillance system to ensure appropriate and safe use of antibiotics for the men and women who have served our country.
 - **Hartford Healthcare** in Hartford, CT, streamlined its workflow for identifying high-risk patients, conducting patient reviews, completing documentation, and reporting infection data to CDC's National Healthcare Safety Network (NHSN) across its six hospitals. This saved 10 hours per week per infection preventionist, allowing them to spend more time with clinical staff educating and observing infection prevention processes.

- **Ellis Medicine**, in Schenectady, NY, saved more than \$122,000 in a year by implementing clinical surveillance to meet both New York State Department of Health and Joint Commission requirements for stewardship to easily identify bug-drug mismatches, duplication of therapy, and opportunities for de-escalation or discontinuation of therapy.

Incentivizing this technology would help nursing home preparedness beyond the COVID-19 public health emergency

- We urge Congress to designate funds specifically to ensure nursing homes can implement *electronic clinical surveillance technology (ECST)* that will provide meaningful assistance with infection control.
 - For the purposes of the public health emergency and for 180 days after, Congress should incentivize facilities that already have EHRs to adopt and integrate ECST.
 - For those facilities that do not have existing EHRs, Congress should designate additional resources to implement that foundational technology and to also adopt and integrate ECST.

Unfortunately, clinical analytics technologies are currently not widely used in nursing homes. Nursing homes should have the same access to tools that will help them combat infection spread during any future outbreaks of COVID-19 and during their day-to-day operations, but unfortunately funding remains a significant barrier. Nursing homes are already challenged with meeting their more visible needs, such as testing and securing adequate PPE levels at their sites, but a comprehensive approach is additionally needed to ensure data collection is efficient, non-duplicative and being analyzed in ways that are helpful for facilities. Furthermore, it is critical that lessons learned from meaningful use are applied forward as we develop cohesive solutions to address the lack of EHRs and clinical surveillance technology in nursing homes and create appropriate incentives for adoption.

Premier urges Congress to designate funds to incentivize nursing homes to implement EHRs and electronic clinical surveillance technology that will provide meaningful assistance with infection control.

CONCLUSION

In closing, the Premier healthcare alliance appreciates the opportunity to submit a statement for the record on the Senate Finance Committee hearing to examine the COVID-19 nursing home crisis. As an established leader in the healthcare supply chain and healthcare data analytics, Premier is available as a resource and looks forward to working with Congress as it considers policy options to continue to address these very important issues. If you have any questions regarding our comments or need more information, please contact Soumi Saha, Vice President of Advocacy, at Soumi.Saha@premierinc.com or 732-266-5472.