The Future of LTC: The Continuing Evolution of the SNF

By Rebecca D. Elon, MD, MPH, CMD

Over the next 5 to 20 years, I believe it will be possible to return to business as usual as it was in the pre-COVID times. More restrictive nursing home admission criteria may follow state Medicaid programs becoming increasingly strained financially, pushing more care back onto family caregivers. Community-based services for home care and assisted living options for both the private-pay and Medicaid populations will likely continue to expand. I also think there will be an expansion of the post-acute programming, with increasing pressure to care for higher medical acuity. Again, this cannot be achieved in a quality fashion without the resources for adequate staffing and infrastructure, but whether public policies will promote or hinder this evolution remains to be seen.

Post-COVID Models

After COVID, I don’t think it will be possible to return to business as usual as it was in the pre-COVID times. More restrictive nursing home admission criteria may follow state Medicaid programs becoming increasingly strained financially, pushing more care back onto family caregivers. Community-based services for home care and assisted living options for both the private-pay and Medicaid populations will likely continue to expand. I also think there will be an expansion of the post-acute programming, with increasing pressure to care for higher medical acuity. Again, this cannot be achieved in a quality fashion without the resources for adequate staffing and infrastructure, but whether public policies will promote or hinder this evolution remains to be seen.

Finding the Ideal Medical Director for Your Nursing Home

By Rebecca Elon, MD, MPH, CMD

When asked to describe the ideal medical director, nursing home administrator Mike Moranz’s face beamed with a broad smile. “Well, to understand today’s ideal, you must understand how far we have come over the past 20 years.” Mike Moranz, MPH, started his health care career as a respiratory therapist 50 years ago and ventured into nursing home administration in Maryland 20 years ago. “My first nursing home medical director was an internist with a busy office and hospital practice. He did not have the time or knowledge to really help the nursing home staff in any sort of leadership role. We were pretty much on our own.”

The demands of the position also have evolved, as Mr. Moranz explained: “Twenty years ago, we were doing some post-acute care, but nothing like the volume and acuity we see today. Today we really need nursing home medical directors who are engaged and knowledgeable about our regulatory and risk management concerns, quality improvement initiatives, infection control requirements, and upgrading clinical services to decrease rates of hospital readmission. In addition to having administrative knowledge, we need medical directors who are expert clinicians and can guide residents, families, and staff when tough clinical issues arise, especially about goals of care and end of life decision-making.”

Engagement is key for medical directors, Mr. Moranz said. “Clinical and administrative expertise are necessary but insufficient without both the time and interest on the part of the medical director to be involved in the life of the nursing home. I have worked with numerous medical directors over the past two decades. Some were like my first medical director. A few were truly ideal.”

Mr. Moranz led a 200-bed, high-acuity, urban nursing facility through the COVID-19 pandemic. “Having an ideal nursing home medical director during the time of COVID has been essential,” he said. Early on the availability of and recommendations about personal protective equipment, testing, and isolation were rapidly evolving. “Our medical director was in frequent communication with us.”