I don’t think that there will be very many of us working in post-acute and long-term care settings who will be sorry to see 2020 come to a close. The COVID-19 pandemic, natural disasters, economic instability, and racial injustice have challenged us in our professional and personal lives. A little over a year ago, the editorial team of Caring for the Ages was excited as we planned for a themed issue to focus on PALTC of the future. Most of us didn’t anticipate a deadly global pandemic that would infiltrate PALTC, wreak havoc on the lives of so many, and change our professional priorities for the foreseeable future.

With the New Year upon us, we are hopeful for evidence-based treatments and a safe, effective, and available COVID-19 vaccine. Our wish list for 2021 also includes personal protective equipment; access to adequate testing for patients, staff, and visitors; policies to address racial and economic disparities; and practitioners, staff, families, patients, and those who provide oversight all working together to solve the challenges that we face. We asked experts in AMDA – The Society for Post-Acute and Long-Term Care Medicine to weigh in on their vision for the future of PALTC by answering the following questions:

• What will PALTC look like in the future?
• Where do you see yourself living when you are 85 years old?
• Has COVID-19 impacted your opinion in any way?

We were fortunate to receive an overwhelming response. Rebecca Elon, MD, MPH; Richard Stefanacci, DO, MGH, MBA, AGSF, CMD; and Karl Steinberg, MD, CMD, HMDC, each share their insights in individual articles that are featured in this special issue. Steven Levenson, MD, CMD, provides guidance into how regulatory requirements will evolve to impact the future of PALTC. The physical environment of PALTC of the future will likely include buildings with smaller occupancy, private rooms, and more homelike environments with open areas and increased access to the outdoors. David Smith, MD, CMD, envisioned "a central services building with surrounding small group homes of smaller occupancy. This will have the additional advantage of cohorting residents to better match cognitive and behavioral characteristics, improve the 'math' regarding infection control, and make things much more homelike." There would be even greater physical separation between patients who are admitted for post-acute convalescence, and long-term care facilities would decrease in number and size due to the provision of more home care options.

Person-Centered Engagement
All our experts emphasized the importance of person-centered care. According to Barbara Resnick, PhD, CRNP, her "hope and dream is that there will be an increased opportunity for all older adults to engage in meaningful activities. That means that the focus on regulations needs to be about what residents want versus what regulators think is important." At age 85, Dr. Resnick hopes to live "in a lovely assisted living setting that is a nice community, smaller, but still a community. Something like a small kibbutz in which we all have jobs and engage in meaningful activities." Paige Hector, LMSW, the associate editor of Caring for the Ages, envisions a future in which "nursing homes will be reimagined as homes that provide purpose as well as care and comfort for the people that live and work there."

Innovative Technology
The use of innovative technology will abound in PALTC settings of the future. From surfaces that will repel infectious organisms, to floors that will decrease the risk of falls and injuries, PALTC settings will increasingly rely on technological advances to minimize risk and improve care quality. Susan Levy, MD, CMD, projects that telehealth — coupled with on-site visitation — is here to stay. Rajeev Kumar, MD, CMD, describes the expansion of "artificial intelligence and robotics that will enable us to provide care at a reasonable cost. Voice-activated technology to harness on-demand caregiving and Remote Patient Monitoring to prevent adverse events, such as falls and sepsis, will become common practices."

A Good Place to Work
In addition to providing high-quality, person-centered care to our patients, the PALTC settings of the future will also be ideal places to work. Dallas Nelson, MD, CMD, envisions a future when PALTC is better financially resourced. "The pay parity of this article is very useful to others, but you never know if it moves the needle or has an impact. It’s a great honor to have authored the most read article for the year and to contribute to efforts to providing quality care for our residents."

Dr. Manzi, the other author of the article, was honored and delighted to receive the award. "It’s heartwarming to get this award. I came on the Caring Editorial Advisory Board in 2016 and communicated by email extensively with Carey. I finally met her in 2017, and she was exactly what I expected — warm, friendly, organized, and always had a smile," said Dr. Manzi. "She was a real leader, and I had so much respect for her." As for her award-winning article, she noted, "This is an important topic and something that prescribers clearly are interested in. It would be great to see more studies on this."

Carey was a proud Jersey girl who was an avid reader and traveler. She loved her two sons, Evan and Jeremy. Karl Steinberg, MD, CMD, HMDC, who was Carey’s editor in chief throughout Carey’s tenure at the publication, said, “This award is a perfect legacy and tribute to her memory. She was with us a short time, but she had a tremendous impact on all of us who worked with her.”
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Not Hospitalize orders for those who make those choices. SNPs can only provide care for long-term residents because their capitated model forbids admission of post-acute patients.

SNPs can be employed by practice groups or directly by the facility to enhance care on post-acute units. Most attending physicians welcome collaboration with NPs, particularly when they discover the dramatic decreases in disruptive telephone calls from worried relatives, demands to implement and sign routine recommendations from consultants, and notifications regarding accidents or incidents as well as less paperwork to sign and return.

Many physicians have also chosen full-time nursing home practices. Some are physicians who have transitioned from mixed practice to close their private offices while concentrating their time in long-term care. Others have entered the field directly from residency programs or from employment as hospitalists. The term “SNFist” was briefly popular to describe these practitioners, whose expertise and knowledge among these physicians are excellent, but the level of experience in response to residents’ changes in condition and provides at least the basic documentation required to justify billing.

These practitioners may be added as a facility builds or expands its post-acute program, as current practitioners retire or die, or when current medical staff members who have failed to perform mandatory visits or return message are encouraged to resign. Most facilities are reluctant to remove medical staff privileges from current staff out of loyalty for years of service, out of fear of backlash from the local medical community, or over concerns about potential litigation after they report the removal to the National Practitioner Data Bank as required.

In the second part of this column, I will discuss changes to medical care systems that can improve quality of care. The COVID-19 pandemic has finally made clear to state and national health leaders the key role the medical director can play to enhance patient care. You are entering the field when the potential to improve care is dramatically increasing—both for the nursing homes of today and those of the future.

Part 2 of this article will be published in the next issue of Caring for the Ages (22/1).