What Does the Future Hold for PALTC in 2021 and Beyond?

By Karl Steinberg, MD, CMD, HMDC

Oh, 2020. You aren’t over yet, and I cannot imagine what final miseries you hold in store in your waning days. I’ve always been a glass-half-full person who looks to see the good in others — a consensus-builder, a holder of space, a proponent of the “there is always a lesson to be learned from adversity” philosophy, a believer that things will turn out the way they are meant to, and one with faith in the general kindness of humanity. I have to concede sadly that you, 2020, have taken a serious swipe at my core beliefs.

The probably 100,000 nursing home and assisted living residents who will have died, mostly unnecessarily, because of the pandemic are a heartbreaking statistic, especially for those of us who have devoted our careers and our lives to respecting and caring for this population.

Let’s consider them for a moment, as I am sure many of us do every day, and pay homage to these casualties — and on a larger scale, to all the families and all the community-dwelling people in the United States and around the world who have died or been scarred by COVID-19.

Let us pause here for a moment of reflection.

But let’s not illuminate and enumerate all the shards of negativity. It is too easy and intoxicatingly self-pitying to wallow in the laundry list of what 2020 has wrought. What have we learned from the pandemic, and how will it lead us forward? I was asked for my thoughts on what the future holds for PALTC, and

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Elderhood by Louise Aronson: A Big Picture of Aging in America

By Joanne Kaldy

In her book, Elderhood: Redefining Aging, Transforming Medicine, Reimagining Life (Bloomsbury, 2019), which became a Pulitzer Prize finalist, Louise Aronson, MD, MFA, explores the challenges associated with aging in the United States and offers a positive and optimistic approach to overcoming those challenges.

“At the very least, we are losing an opportunity to look at the final third of life with the same concern, curiosity, creativity, and rigor as we view the first two-thirds,” writes Dr. Aronson in her book. Elderhood is a tapestry woven from stories, research, societal trends and developments, and personal experiences. The result is a layered, colorful picture of the journey of aging and elderhood in America.

The Pandemic of Ageism

The conversation about ageism and the damage it inflicts on our society began long before the COVID-19 pandemic. While the pandemic has changed everything in recent months, the insights in Dr. Aronson’s book, Elderhood, aren’t at all diminished. In fact, as the author told Caring, “The health system and public health responses to COVID have confirmed much of what I said in the book.” That includes ageism. This negative bias

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I am going to share a variety of ideas, some of which are already becoming a reality, and others that are probably purely aspirational.

**Telemedicine.** We have learned that we can do a lot without having to leave our home or office, including virtual visits. And it looks like the Centers for Medicare & Medicaid Services is finally going to allow much more latitude in PALTC and permit billing nursing home visits via telemedicine. These virtual visits are not a complete substitute for in-person visits, but they are a great addition to our arsenal, and they show great promise for improving access to care in several areas, including advance care planning, behavioral health, and dermatology, to name a few. I welcome this change, but with the caveat that telemedicine needs to be used when appropriate and not across the board.

**Technology.** Other technological advancements will continue to improve our ability to keep our patients safe. I predict and welcome the increased availability of wearables, including continuous monitoring of blood pressure, heart rate and rhythm, sleep parameters, blood glucose, and other potentially important physiological metrics. I think we will have improved remote monitoring that will help reduce falls, as well as smart mattresses that reduce the incidence of pressure ulcers. Pharmacogenomics may evolve further to help guide our treatment of our patients’ conditions.

**Environment.** In our skilled nursing facilities, the death toll from COVID-19 has brought to light many of the imperfections in our systems of care. The wisdom of mixing the post-acute/skilled population of medically ill and complex people with the long-term/custodial population of generally less ill but functionally dependent and/or cognitively impaired residents is being questioned, and rightfully so. The days of three-to-a-room arrangements with six patients sharing a bathroom are numbered. As new physical plants are built out, the layouts will increasingly allow for single, private rooms — a plus for actual privacy and for infection prevention and control.

**Specialized units.** The heterogeneity of the population in many nursing facilities presents further issues, such as the many patients with serious mental illness and/or dementia who demonstrate significant behavioral health concerns that place them, other residents, and staff at risk. These residents are often ambulatory and may be physically assaultive, explosive, quick to escalate, and difficult to defuse. Some may have criminal and correctional histories and some are manipulative. A nursing home with the traditional frail elder population is not the ideal setting for these patients, who could be better served in a more dedicated psychiatric unit or, possibly, a small group home with trained staff. I hope we will be able to help relocate some of these individuals, to their own setting and that of our facilities and residents.

**Survey.** Despite our highly regulated nursing home system, it has become increasingly obvious that the federal survey process has done little to improve the quality of overall care provided in our facilities. Some facilities plan for and try to “game” the annual survey: They get their deficiencies, draft their plan of correction, give their in-service training, and then go back to business as usual. I believe we will see some meaningful reforms in the survey process, such as the pilot project the California Department of Public Health is rolling out, entitled the Quality & Safety Survey Model, which will embed a surveyor with a facility, include frequent visits, and embrace a more consistent, quality assurance performance improvement (QAPI)-oriented approach to making enduring improvements to care processes. I see great potential in moving away from a purely punitive survey process while continuing to penalize facilities for serious, harmful, or willfully negligent violations.

**Alternative settings.** I am hopeful that we will continue to move toward affordable home- and community-based services, allowing people to remain in their homes or reside in homelike residential communities (like six-bed group homes, personal care homes, residential care facilities, or whatever you call them in your state) and avoid large, institutional settings whenever possible.

**Workforce.** Workforce shortages in our sector have also been magnified by the pandemic, and they are not getting better. But I am hopeful that there will be some innovative ways to incentivize young people to enter the field, especially as nursing assistants and nurses, where we are facing the most severe deficits. I don’t know what the solution will be, but it is critically important, so I hope some

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Dr. Steinberg is president elect of AMDA – The Society for Post-Acute and Long-Term Care Medicine and editor emeritus of Caring for the Ages.