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The *voice* of the  
community  
pharmacist.

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# A Look Ahead for Long-Term Care: The Good, The Bad, and the Ugly

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# Disclosure Statement

There are no relevant financial relationships with ACPE defined commercial interests for anyone who was in control of the content of the activity.



# Pharmacist and Technician Learning Objectives

1. Discuss industry trends, including the impact of the pandemic.
2. Describe developing policies and market changes for 2023 and beyond that may affect your pharmacy.
3. Discuss operational considerations around vaccines, delivery, and opportunities to help meet facility needs.



# What We'll Talk About

- The Current Situation
- LTC Domains
  - Structures
  - Programs
  - Tech. & Info.
  - Staffing
  - Culture
- NEXT STEPS for Community Pharmacies



# Definitions

## “Long Term Care” – Segments

- Congregate
  - Skilled Nursing (SNF, ICF; *maybe* LTACH)
  - Assisted Living
  - Independent Living
    - Age-qualified
    - Disability-qualified (MR / DD)
- Home and Community-based (HCBS)
  - Home Health Agency (HHA)
  - Home Infusion
  - Hospital at Home
  - Hospice



# Poll #1

## **TODAY - My pharmacy...**

1. More than 50% of revenue comes from LTC
2. Less than 50% but more than 25%
3. Less than 25% but more than “0”
4. None



## Poll #2

### **3 years in the future, my pharmacy ...**

1. More than 50% of revenue comes from LTC markets
2. Less than 50% but more than 25%
3. Less than 25% but more than “0”
4. None



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# The Current Situation:

# Crisis

An event with an adverse impact on the organization, its customers, consumers, employees and its ***BRAND***.

**Deaths, Disease, Closures & Bankruptcies**



# Entering or Expanding Segments in Crisis

## *The “durable” segments v. burning platform*

- SNF consumers / customers
  - Those who have no choice
  - Poor / very sick
- ALR – slower, sicker, shorter
- ILR – looking good by congregate comparison
- HCBS – *The Golden-Haired Child*



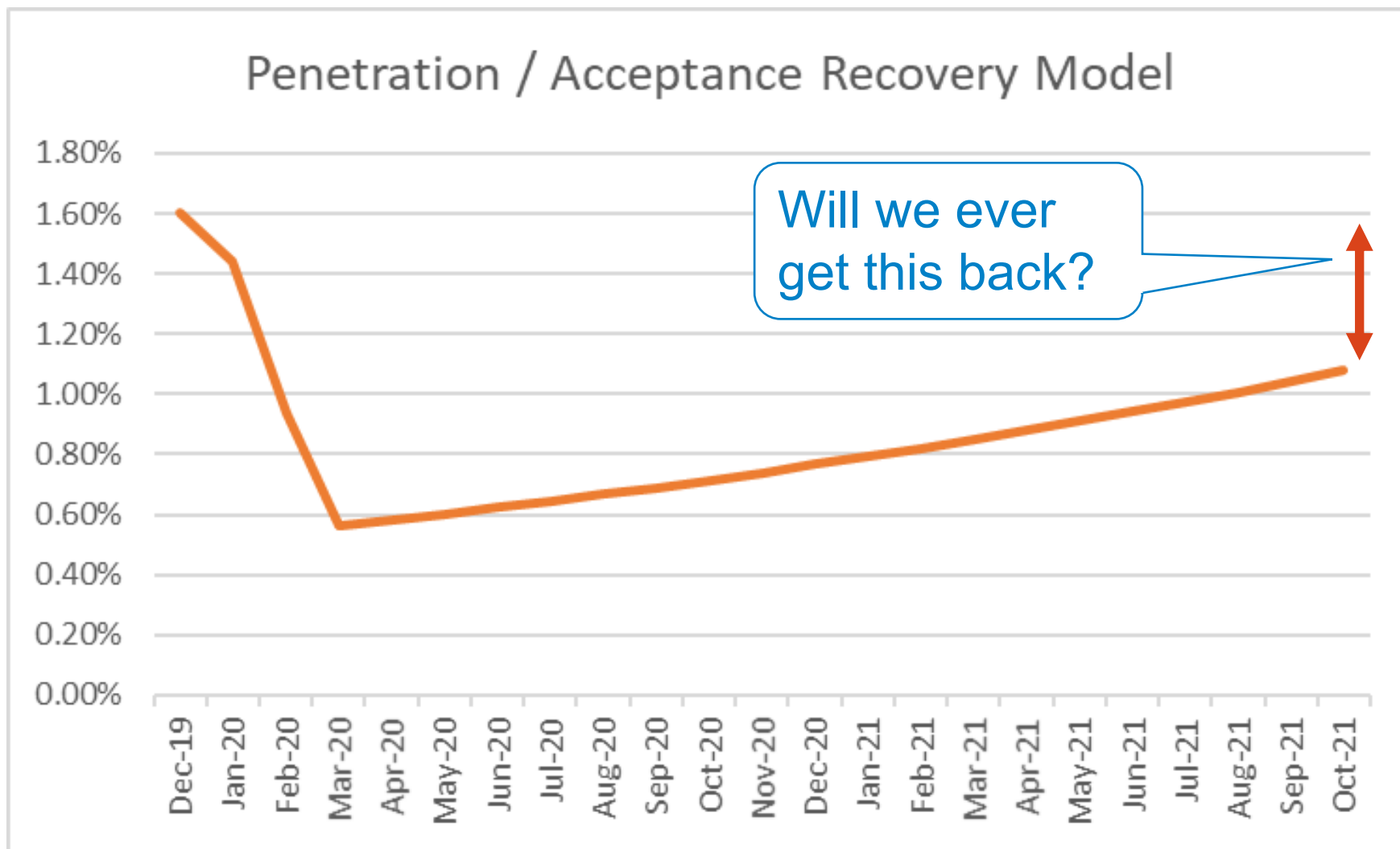
# Recovery - Post COVID-19

## Likely Recovery Model(s)

- Factors – Depth, Length and Shape
- Two Scenarios – Different Segments
  - Scenario 1. Rebuilt & Recharged
  - Scenario 2. Ravaged & Relegated



# Recovery Pandemic - SNF





# Recovery Options

## The American Nursing Home Is a Design Failure

By Justin Davidson



November 16, 2020

## 'Big, big changes' coming to nursing home regulation thanks to pandemic's destruction, Grabowski says



Liza Berger



David Grabowski, Ph.D.

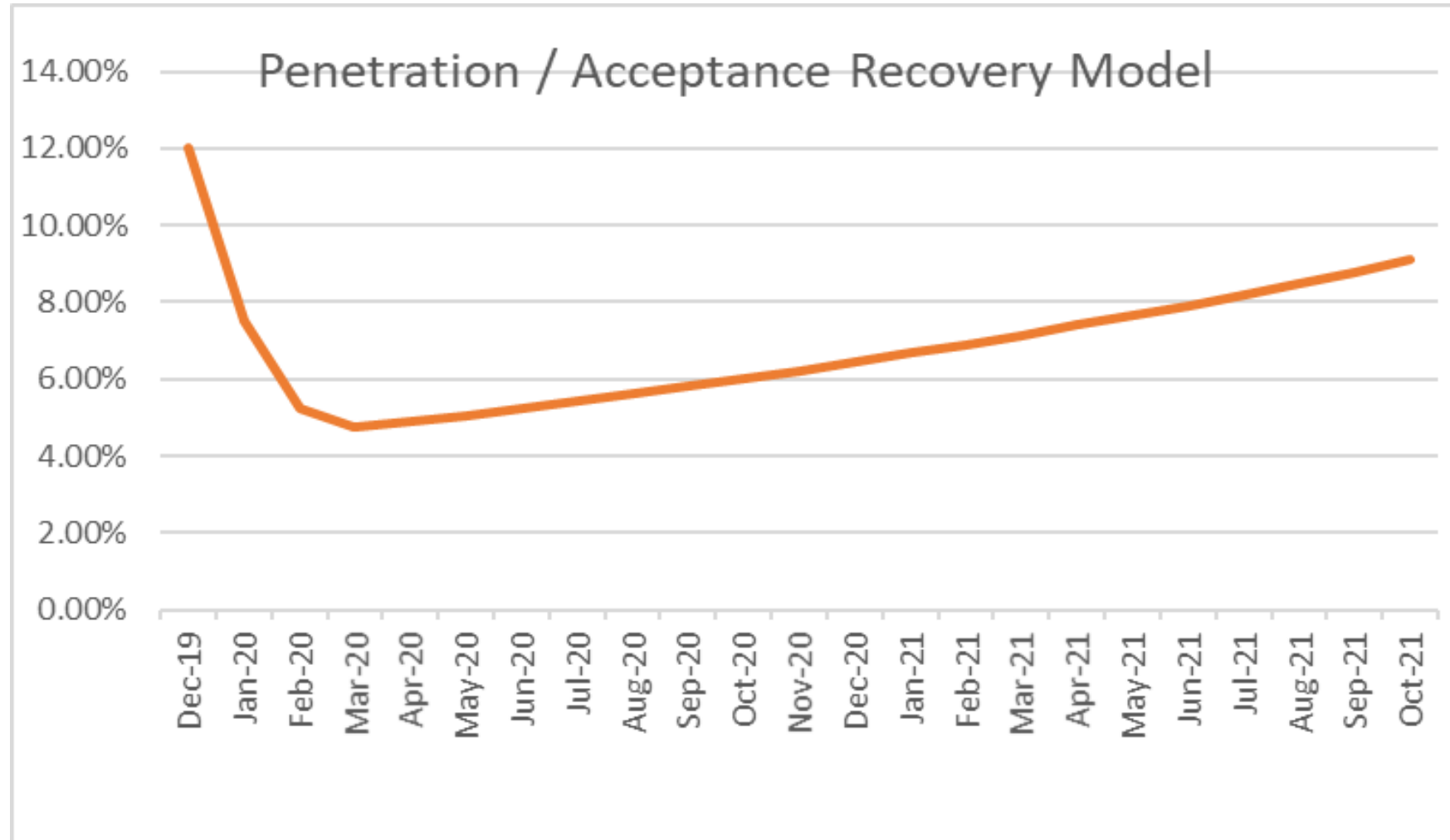
Because of the devastation COVID-19 has wrought on nursing homes, regulatory changes likely are coming, according to a highly respected long-term care researcher.

"I think we're going to see some big, big changes going forward," said David Grabowski, Ph.D., a professor of healthcare policy at Harvard Medical School. He was the opening day keynote speaker Friday for the virtual conference of the National Association for the Support of Long Term Care (NASL).

The plethora of pandemic-related problems — among them, the exorbitant number of resident and staff deaths, resident loneliness due to shutdowns, and low occupancy rates and hospital admission



# Recovery Pandemic - ALR





# Recovery – HCBS

- Social / Cultural Metaphors = “Stay Home”
- LTSS shifting toward “Home”
- Political appeal

## ***DOWNSIDE***

- Staffing – not enough & inefficient
- Social isolation: home alone ↑ 30% by 2040
  - By 2030, **add** 427,000 65+ / single HHs
  - By 2040, **add** 1,072,000 65+ / single HHs



# Takeaway

- **How will YOUR services meet the needs of this growing, elderly population living alone?**
  - **Amazon**
  - **CVS**





# Programs: What Do We Need?



Screening / triage



Objective, evidence-based criteria



Fit the person to the  
program, not the payment



Fit the person to the program she wants  
Remove perverse incentives



CLEAR choices



Credit-default swaps are simpler  
than LTC choices  
("The Big Short" for LTC?)



# Technology & Information

- Status of Technology
- Focused on reporting, recording and regulation fulfillment
- Staff efficiency?
- Subsidies
  - Who can afford this stuff?
- *Kroger's has more / better tech than congregate LTC and most HCBS*



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# Technology: What Do We Need

- Prioritize Granny v. Tomatoes
- We need an “IoLTC”
- Electronic Health Records
- Interoperability
- Ambient assisted living – can the technology help grandma?
  - Congregate Care Activity Tracker USTPO



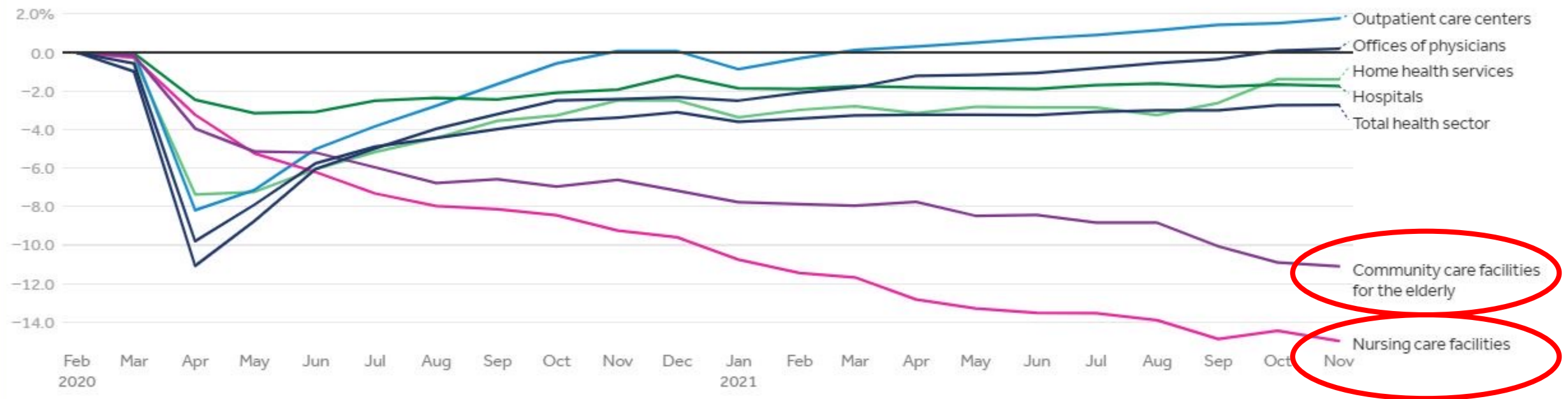
# People: The Means of Production

- Who cares?
  - Non-paid
  - Paid
- Who *wants* to work in LTC?
- Source(s) today
- Source(s) tomorrow



# The Staff = Means of Production

Cumulative % change in health sector employment by setting, since February 2020, seasonally adjusted



Note: Data for October and November 2021 are preliminary.

Source: [Bureau of Labor Statistics Current Employment Survey \(CES\)](#) • [Get the data](#) • [PNG](#)



# People: How Does Pharmacy Fit?

- **Efficiency is the new mantra**
  - Anything / everything we can do to increase **efficiency**
    - Training
    - Time-savers / Task-savers
    - Reduce errors
    - Care transitions

# Culture





# Economics of LTC

- Direct and indirect costs
  - Long Term Care has been short-changed for 30 years!
- Medicaid cannot afford LTC
  - Medicare backed out 30+ years ago
- Consumers think “the government will pay for it”
- Waste in lack of collaboration and fragmentation

## TAKEAWAY

- Be very, very careful
- Consumer AND provider bankruptcies
- Tight AR leash





# Economics – Ideas

- Federal insurance for long term care
  - Always the bridesmaid, never the bride
- Create LTC risk pool in each state
- *REQUIRE* participating LTC HIP's to spend 0.5% of premiums on education / communications

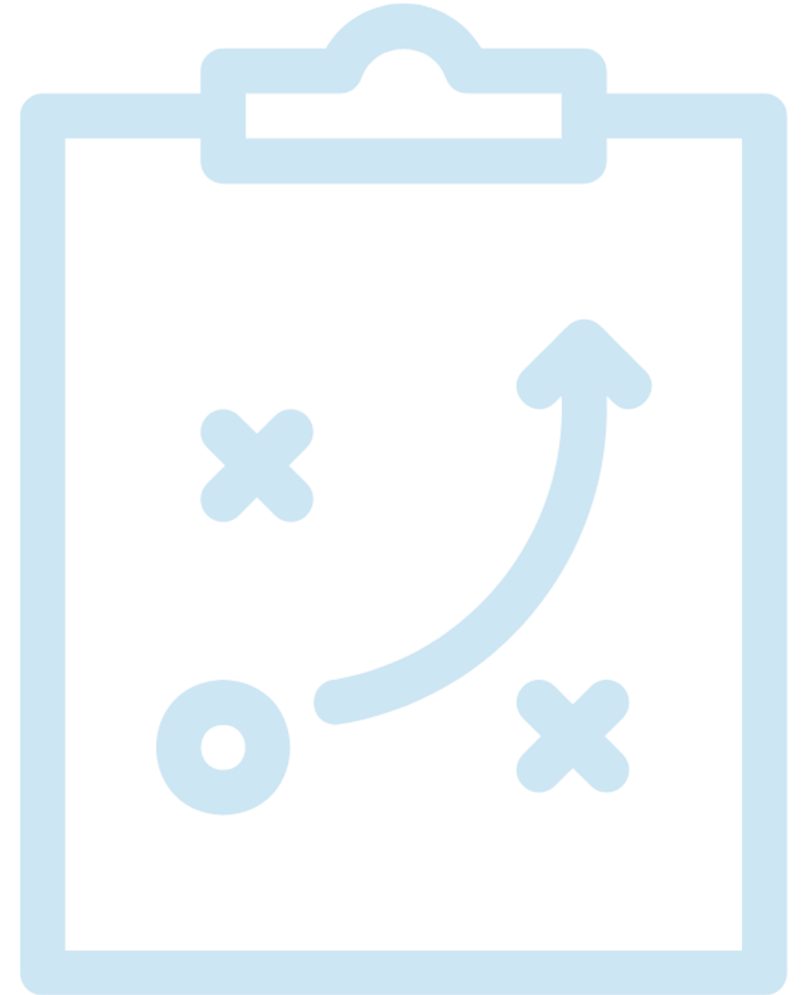
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# Game Plan

How will you serve “Home Alone”

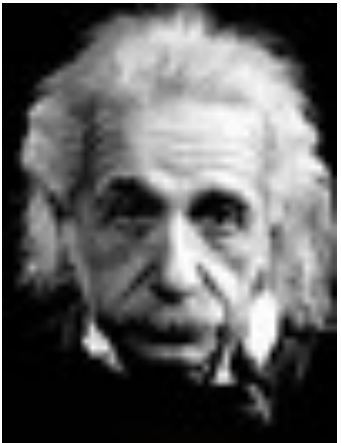
Efficiency is the new mantra

Be very, very careful taking on “\$\$ risk”



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**“The world as we have created it is a process of our thinking. It cannot be changed without changing our thinking.”**



**Albert Einstein**

# Helpful Resources

- Williams, B. [Failure to Thrive? Long-Term Care's Tenuous Long-Term Future.](https://scholarship.shu.edu/shlj/vol43/iss2/3/) See: <https://scholarship.shu.edu/shlj/vol43/iss2/3/>
  - Stackpole, I. Bridging the Divide: Transitions to Cross-Continuum Collaborations in Healthcare. See: <https://stackpoleassociates.com/transitions-cross-continuum-collaborations-healthcare>
  - Who Cares? The pandemic shows the urgency of reforming care for the elderly. The Economist. See: <https://www.economist.com/international/2020/07/25/the-pandemic-shows-the-urgency-of-reforming-care-for-the-elderly>
- 
- True, S. et al. COVID-19 and Workers at Risk: Examining the Long-Term Care Workforce. See: <https://www.kff.org/report-section/covid-19-and-workers-at-risk-examining-the-long-term-care-workforce-tables/>
  - [Adoption factors associated with electronic health record ...](#)
  - [www.ncbi.nlm.nih.gov > pmc > articles > PMC4316426](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4316426)
- 
- Jan 28, 2015 - **Long-term care** (LTC) facilities (as defined by the ARRA) are facility types **excluded** from the incentives including skilled nursing homes, assisted ... also a source of statistical interference when '**meaningful use**' is assessed.
  - Coronavirus Commission on Safety and Quality in Nursing Homes. September 2020. See: <https://sites.mitre.org/nhcovidcomm/wp-content/uploads/sites/14/2020/09/FINAL-REPORT-of-NH-Commission-Public-Release-Case-20-2378.pdf>
  - Goodhart, C. and Pradhan, M. The Great Demographic Reversal. Palgrave MacMillan. 2020

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# Questions?

Meeting Pulse QR CODE  
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Questions Submitted via Meeting Pulse  
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