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RI ARA

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Long Term Care Facilities Face Unique Challenges With Coronavirus

Robert Roach, Jr
President, ARA

Nursing homes around the country are trying to prepare for the increased risk their residents face from the coronavirus outbreak as it spreads nationally.

Along with everyone else, many nursing homes have struggled to adequately test patients and staff for the coronavirus and scan visitors for symptoms. Access to test kits has been limited, and nurses have expressed concerns about staff shortages and having too little protective equipment. Many **facilities have been stockpiling equipment**, while others have reported difficulties in getting masks and gowns.

"We are concerned about our seniors wherever they are," said **Robert Roach, Jr.**, Alliance President. "The triple threat of age, underlying health conditions, and close living quarters increases the risk that people face in long term care facilities. Please call your relatives to check on them and let them know you care."

The Alliance has gathered **information** on how retirees can manage the coronavirus crisis. Recommendations include washing your hands often with soap and water for at least 20 seconds; having extra necessary medications on hand; and avoiding crowds as much as possible. The AFL-CIO has compiled guidance **for all ages.**

Trump signs coronavirus relief legislation into law

President Donald Trump on Wednesday signed into law a **coronavirus relief package** that includes provisions for free testing for Covid-19 and paid emergency leave.

The Senate had earlier Wednesday approved the House-passed bill. The move allowed the upper chamber to devote its full attention to passing the next relief package in response to the coronavirus crisis.

Senate Majority Leader Mitch McConnell and other Senate Republicans had been critical of the House-passed legislation, but emphasized that it is urgent to get relief to the American people amid the coronavirus crisis.

McConnell reiterated Wednesday that he would not adjourn the Senate until it passed what lawmakers are describing as a "phase three" economic stimulus package in response to the coronavirus outbreak.

After an initial vote last week, the House approved a set of changes to the legislation on Monday, clearing the path for the Senate to take it up this week.

The House legislation was negotiated between House Speaker Nancy Pelosi and the Trump administration and the President expressed support for it.

To aid in social distancing, McConnell announced ahead of the final vote that senators would take precautions during the vote.

"What we'll do is have a 30-minute roll call vote. We want to avoid congregating here in the well," he said. "I would encourage our colleagues to come in and vote and depart the chamber so we don't have gaggles of conversation here on the floor. That's particularly important for our staff here and the front of the chamber, so I would encourage everyone to take full advantage of a full 30-minute roll call vote. Come in and vote, and leave."

He asked members to be aware of "social distancing" as they came over to the chamber and departed it and said, "With that, I think we will be able to get through the voting that will occur in all likelihood later today without violating any of the safety precautions that have been recommended to us by the Capitol Physician and others."

Trump's support for the House measure cleared the way for a broad, bipartisan vote in the House at the end of last week. The House later approved a set of changes to the legislation on Monday, clearing the path for the Senate to consider it, which scaled back their efforts to offer millions of Americans paid sick and family leave.

The revised legislation would still provide many workers with up to two weeks of paid sick leave if they are being tested or treated for coronavirus or have been diagnosed with it. Also eligible would be those who have been told by a doctor or government official to stay home because of exposure or symptoms.

Under the revised bill, however, those payments would be capped at $511 a day, roughly what someone making $133,000 earns annually. The original measure called for workers to receive their full pay but limited federal reimbursement to employers to that amount.

Workers with family members affected by coronavirus and those whose children's schools have closed would still receive up to two-thirds of their pay, though that benefit would now be limited to $200 a day.

Senior Citizens Need Help Too!

John A. Pernorio,
RI ARA
President

After seeing the make-up of the Coronavirus Relief Packages listed below, I have relayed to our Rhode Island Congressional members my concerns that the stimulus packages do not take into account the senior citizens that don't make enough money to file income tax returns. Every person on Social Security, SSI & SS Disability should be part of this Coronavirus Relief Package Legislation, it would really help them.

This bail-out stimulus package to big corporations that received big tax breaks last year as proposed, has no restrictions on how corporations can spend the money, i.e., stock buy-back.

You can read the two pieces of Legislation below:

Families First Coronavirus Response Act H. R 6201

Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 H. R. 6074

House Subcommittee on Health Advances the Beneficiary Enrollment Notification

This week, the House Committee on Energy and Commerce, Subcommittee on Health **advanced** the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act (H.R. 2477). Next steps for the bill include consideration by the full Committee.

"We applaud the Subcommittee's work to prioritize the BENES Act," said Fred Riccardi, president of the Medicare Rights Center. "Every day on our National Consumer Helpline we hear from people who made a Part B enrollment mistake and are experiencing significant consequences as a result—including gaps in coverage, high out-of-pocket costs, and lifetime financial penalties. The BENES Act would help prevent these costly errors," he added.

"We appreciate the Committee's strong, bipartisan support for the BENES Act's commonsense reforms. We continue to urge lawmakers to pass this important bill without delay."

Introduced by Representatives Ruiz (D-CA), Bilirakis (R-FL), Schneider (D-IL), and Walorski (R-IN), the Subcommittee-approved bill largely mirrors the **version** adopted by the House Committee on Ways and Means last year.

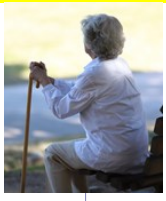
The Senate companion bill (S. 1280) is championed by Senators Todd Young (R-IN) and Bob Casey (D-PA).

View the archived hearing.

Medicare Rights one-pager on the BENES Act.

In January, Medicare Rights president Fred Riccardi testified before the Subcommittee about the merits of the BENES Act. **Read his written testimony**.

The Startling Inequality Gap That Emerges After Age 65



In an era when "deaths of despair" — from substance abuse and suicide — are on the rise among middle-aged Americans, those who reach age 65 are living longer than ever.

But there's a catch: Seniors in urban areas and on the coasts are surviving longer than their counterparts in rural areas and the nation's interior, according to an **analysis** from Samuel Preston of the University of Pennsylvania, one of the nation's leading demographers.

This troubling geographic gap in life expectancy for older Americans has been widening since 2000, according to his research, which highlights growing inequality in later life.

Notably, 65-year-olds in "rural areas have had much smaller improvements than those in large metro areas," Preston remarked. "And people living in 'interior' regions — particularly Appalachia and the East South Central region [Alabama, Kentucky, Mississippi and Tennessee] — have done worse than those on the coasts."

These geographic differences emerged around 1999-2000 and widened from 2000 to 2016, the study found. By the end of this period, life expectancy at age 65 for women in large metropolitan areas was 1.63 years longer than for those in rural areas. For men, the gap was 1.42 years.

Differences were even starker when 65-year-olds who live in metro areas in the Pacific region (the group with the best results) were compared with their rural counterparts in the East South Central region (the group with the worst results). By 2016, seniors in the first group lived almost four years longer. (The Pacific region includes Alaska, California, Hawaii, Oregon and Washington.)

"Areas with the highest life expectancies at age 65 have realized more significant improvements between 2000 and 2016, while areas with the lowest life expectancies have gained the least," said Yana Vierboom, a co-author of the new study and a postdoctoral researcher at the Max Planck Institute for Demographic Research in Germany.

Disparities were also highlighted when researchers examined life expectancy at 65 in the U.S. and 16 other developed nations, using 2016 data. Overall, the U.S. was near the bottom of the pack: American men ranked 11th while American women were in 13th place, behind leaders such as Japan, Switzerland, Australia, France, Spain and Canada.

But when only 65-year-old American men living in Pacific region metro areas were considered, they topped all other countries, with an added life expectancy of 20.03 years. Women from this advantaged group also jumped in the rankings to the No. 4 position, with a life expectancy of 22.79 additional years.

Pockets of this country "have a life expectancy at 65, which is on par" with that of leading countries, Jennifer Karas Montez, a professor of sociology at Syracuse University, wrote in an email. "We need to figure out what those places are doing right and then take those lessons and apply them to other parts of the country that are doing poorly."

What distinguishes areas that are doing well from those that aren't?

According to the new study, the most important factor is a reduction in deaths from cardiovascular illnesses, such as heart attacks and strokes — the biggest killer in America.

"It's likely that medical treatments for cardiovascular disease have disseminated more rapidly in large metro areas than in rural areas," which have fewer specialist physicians and hospitals, Preston said.

The second-most important factor, especially for women, was smoking, a contributor to cardiovascular disease, lung cancer and respiratory diseases.

"There are large differences in smoking rates across the country," with more women in the South and rural areas taking up smoking and more women in metro areas who've given up the habit, Vierboom said.

While the analysis that Preston and Vierboom conducted didn't examine race, income or education, it's certain that these factors play a part in its findings.

"Geographic differentiation isn't random: People who are poor, or who smoke or who are obese tend to be concentrated in certain places," said Eileen Crimmins, AARP professor of gerontology at the University of Southern California

Meanwhile, the culture of different areas — what people see others around them doing, the habits they adopt — tends to perpetuate these differences over time.

While enormous attention has been paid to "deaths of despair" in the younger and middle-aged population, the "real action" regarding mortality is with the 65-and-older population, Crimmins said. Of nearly 3 million people who die each year in the U.S., almost three-quarters are age 65 or older.

Deaths from opioids, alcohol or suicide aren't significant in the older population; instead, deaths from chronic illnesses, which take years to develop and which are influenced by social conditions as well as personal behaviors, are far more important, Preston noted.

This helps explain another notable trend spotlighted in his new research: Life expectancy at age 65 has steadily increased, even in an era when "deaths of despair" have been on the rise.

The long-term trend is upward. In **1950**, a 65-year-old could expect to live an additional 13.9 years, on average (15 more years for women, 12 for men). A half-century later, in 2000, life expectancy at age 65 had climbed to 17.6 additional years (19 for women, 16 for men). **By 2018**, it increased again, adding 19.5 years (20.7 for women, 18.1 for men)….**Read More**

President's Budget Previews Administrative Actions That Would Weaken Medicaid

The President's 2021 budget outlines Medicaid changes the Administration plans to make unilaterally, using executive authority, that will eliminate health coverage for many people, cut benefits for others, and make it harder for states to administer their programs. These policies will cut Medicaid by $28 billion over ten years, the budget estimates — on top of the deep Medicaid cuts the budget proposes to accomplish through legislation.

While the budget claims that its proposed regulatory changes are needed to improve program integrity, this claim lacks foundation. The data do not show large numbers of ineligible people enrolling in Medicaid; in fact, they show that large numbers of *eligible* people *aren't* enrolled, a problem that appears to be growing and contributing to rising uninsured rates for children and adults.[2] Moreover, the budget's regulatory proposals aren't well targeted to prevent ineligible people from enrolling in Medicaid, but rather would make it harder for eligible people to enroll and stay enrolled, as well as to obtain needed health care.

Specifically, the budget proposes to use regulatory authority to cut Medicaid by:

Allowing states to redetermine eligibility more often than once every 12 months for children, pregnant women, and most adults, which will likely cause thousands of eligible people to lose coverage due to additional paperwork.

Cutting federal funding for eligibility workers, which would make it harder for states to maintain the staffing levels necessary to help people enroll and renew coverage.

No longer requiring state Medicaid programs to provide non-emergency medical transportation, an important benefit that helps people get to the doctor when they need care.

These proposals are in addition to other rules the Administration has already issued or said it intends to issue that would make it harder for states to finance their Medicaid programs and would undermine access to care for people with Medicaid coverage….**Read More**

As Coronavirus Surges, Programs Struggle To Reach Vulnerable Seniors Living At Home

Close down group meals for seniors. Cancel social gatherings.

The directive, from the Illinois Department on Aging, sent shock waves through senior service organizations late last week.

Overnight, Area Agencies on Aging had to figure out how to help people in their homes instead of at sites where they mingle and get various types of assistance.

This is the new reality as the COVID-19 virus barrels into communities across America. Older adults — the demographic group most at risk of dying if they become ill — are **being warned** against going out and risking contagion. And programs that serve this population are struggling to ensure that seniors who live in the community, especially those who are sick and frail, aren't neglected.

This vulnerable population far outstrips a group that has received more attention: older adults in nursing homes. In the U.S., only **1.4 million** seniors reside in these institutions; by contrast, about 47 million older adults are aging in place. An additional 812,000 seniors make their homes at assisted living facilities.

While some of these seniors are relatively healthy, a significant portion of them are not. Outside of nursing homes, **15%** of America's 65-and-older population (more than 7 million seniors) is frail, a condition that greatly reduces their ability to cope with even minor medical setbacks. **Sixty percent** have at least two chronic conditions, such as heart disease, lung disease or diabetes, that raise the chance that the coronavirus could kill them.

But the virus is far from the only threat older adults face. The specter of hunger and malnutrition looms, as sites serving group meals shut down and seniors are unable or afraid to go out and shop for groceries. An estimated **5.5 million** older adults were considered "food insecure" — without consistent access to sufficient healthy food — even before this crisis.

As the health care system becomes preoccupied with the new coronavirus, non-urgent doctors' visits are being canceled. Older adults who otherwise might have had chronic illness checkups may now deteriorate at home, unnoticed. If they don't go out, their mobility could become compromised — a risk for decline.

Furthermore, if older adults stop seeing people regularly, isolation and loneliness could set in, generating stress and undermining their ability to cope. And if paid companions and home health aides become ill, quarantined or unable to work because they need to care for children whose schools have closed, older adults could be left without needed care.

Yet government agencies have not issued detailed guidance about how to protect these at-risk seniors amid the threat of the COVID-19 virus.

"I'm very disappointed and surprised at the lack of focus by the CDC in specifically addressing the needs of these high-risk patients," said Dr. Carla Perissinotto, associate chief for geriatrics clinical programs at the University of California-San Francisco, referring to the Centers for Disease Control and Protection.

In this vacuum, programs that serve vulnerable seniors are scrambling to adjust and minimize potential damage.

Meals on Wheels America CEO Ellie Hollander said "we have grave concerns" as senior centers and group dining sites serving hot meals to millions of at-risk older adults close. "The demand for home-delivered meals is going to increase exponentially," she predicted.

That presents a host of challenges. How will transportation be arranged, and who will deliver the meals? About two-thirds of the volunteers that Meals on Wheels depends on are age 60 or older — the age group now being told to limit contact with other people as much as possible.

In suburban Cook County just outside Chicago, AgeOptions, an Area Agency on Aging that serves 172,000 older adults, on Thursday shuttered 36 dining sites, 21 memory cafes for people with dementia and their caregivers, and programs at 30 libraries after the Illinois Department on Aging recommended that all such gatherings be suspended.

Older adults who depend on a hot breakfast, lunch or dinner "were met at their cars with packaged meals" and sent home instead of having a chance to sit with friends and socialize, said Diane Slezak, AgeOptions president. The agency is scrambling to figure out how to provide meals for pickup or bring them to people's homes.

Dr. Anna Chodos, a geriatrician and assistant professor of medicine who practices in the clinic. "Now, I'm talking to them over the phone."

"I'm less worried about people who can answer the phone and report on what they're doing," she said. "But I have a lot of older patients who are living alone with mild dementia, serious hearing issues and mobility impairments who can't work their phones."

What You Need to Know About Medicare Coverage and the Response to Coronavirus

As the number of cases of COVID-19 (also called coronavirus) increases, so does the importance of programs like Medicare in helping older adults, people with disabilities, and their families build and maintain their health and economic security. Accordingly, policymakers are taking critical steps to ensure program preparedness, keep beneficiaries and the public informed, and facilitate timely access to appropriate care.

The Centers for Medicare & Medicaid Services (CMS) is **working to address the spread of the disease** and inform people with Medicare about the **services that Medicare covers**. The Centers for Disease Control and Prevention (CDC) **has identified** older adults and people with serious chronic medical conditions like heart disease, diabetes, and lung disease as being at higher risk from the virus.

In general, Medicare covers medically necessary items and services that a beneficiary receives from a provider who accepts Original Medicare or is in-network for the beneficiary's Medicare Advantage Plan. Medicare Advantage Plans must cover everything that Original Medicare does, but they can do so with different costs and restrictions.

Medicare-covered services related to coronavirus include:

- **Coronavirus vaccine ***
- **Prescription refills ***
- **Inpatient hospital care ***
- **Outpatient hospital care ***
- **Skilled nursing facility (SNF) care ***
- **Physicians' services in the home ***

Note: If a beneficiary has Medicare and Medicaid, Medicaid may cover additional services as long as the beneficiary sees providers who accept Medicaid. Contact the local Medicaid office for more information.

Coverage access during public health emergency

Medicare Advantage Plans and Part D plans usually have networks of providers and pharmacies that beneficiaries must use in order to receive covered services at the lowest cost. During emergencies, Medicare Advantage Plans must work to maintain access to health care services and prescription drugs for plan members living in affected areas. Plans must meet certain requirements following the declaration of a disaster, emergency, or public health emergency. For example, Medicare Advantage Plans must charge in-network cost-sharing amounts for services received out of network. Visit Medicare Interactive to learn more about requirements for Medicare Advantage and Part D plans during a public health emergency.

At this time, Medicare has also given plans the flexibility to make optional changes to their cost-sharing and coverage. These optional changes include:

- Charge $0 cost-sharing for COVID-19 tests
- Charge $0 cost-sharing for COVID-19 treatments in doctor's offices or emergency rooms and services delivered via telehealth
- Remove prior authorizations requirements
- Expand access to certain telehealth services
- Remove prescription refill limits
- Relax restrictions on home or mail delivery of prescription drugs

Every Medicare Advantage and Part D plan is different. Beneficiaries should contact their plan directly to learn about how it covers services related to coronavirus.

For more information or help accessing Medicare benefits:

- 1-800-MEDICARE
- Medicare Rights Center National Helpline: 800-333-4114
- Medicare Interactive
- State Health Insurance Assistance Program (SHIP)
- The CDC's coronavirus website

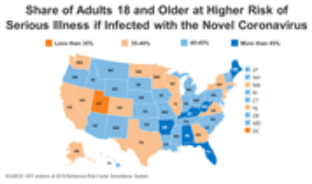
***Read more on each of these services.**

About 4 in 10 Adults in the U.S. Are At Greater Risk of Developing Serious Illness

About 4 in 10 Adults in the U.S. Are At Greater Risk of Developing Serious Illness if Infected with Coronavirus, Due to Age or Underlying Health Conditions

Based on current understanding of risk, forty-one percent of adults ages 18 and older in the U.S. have a higher risk of developing more serious illness if they become infected with the virus that causes COVID -19, because they are older or have serious underlying health conditions, or both, according to **a new KFF analysis**.

Of the more than 105 million adults at higher risk if infected with coronavirus, most – 76.3 million, or 72 percent – are age 60 or older, the analysis finds. However, the remaining 29.2 million adults in this group are ages 18-59 and are at higher risk if infected due to an underlying medical condition such as heart disease, cancer, chronic obstructive pulmonary disease (COPD) or diabetes.



Nearly 6 million people at higher risk are uninsured, including 3.9 million adults under age 60 and 1.8 million who are ages 60-64. (Virtually all adults ages 65 and older are covered by Medicare.)

he share of adults at higher risk of serious illness if infected with the virus varies across the country, ranging from 31 percent in Washington D.C. to 51 percent in West Virginia. In Washington State, California and New York, some of the states hardest hit by COVID-19 so far, the share of adults at higher risk is 40 percent, 37 percent and 40 percent, respectively.

"A large share of adults have underlying conditions that put them at risk of getting more seriously ill if they get infected with coronavirus, which is why extraordinary measures are so critical," said KFF President and CEO Drew Altman. "They are not all seniors — twenty nine million are under sixty, and a large group – approximately 5.7 million – are uninsured," he added.

The Centers for Disease Control and Prevention has issued **guidance** for people at higher risk of serious illness, advising them to avoid crowds, cruises and non-essential air travel, and to stay home as much as possible to further reduce their risk of being exposed. **Information** from the World Health Organization cautions that older people and those with underlying medical conditions are at higher risk of getting severe COVID-19 disease.

KFF researchers analyzed data from the 2018 Behavioral Risk Factor Surveillance System (BRFSS) to estimate the total number of adults nationwide, and by state, with an elevated risk of serious illness if infected because of their age or underlying health condition, based on the current information made available by CDC.

The analysis defines older adults as individuals ages 60 or older. Younger adults, ages 18-59, are defined as at "at risk" if they get infected with coronavirus and have heart disease, cancer, chronic obstructive pulmonary disease (COPD) or diabetes, although researchers recognize that risk factors, including age, are evolving as the disease spreads and more is learned about its effects on different populations.

For more data and analysis related to the COVID-19 crisis, including **a look at how the coronavirus might affect residents in nursing facilities,** visit **kff.org**.

Human trials for a coronavirus vaccine could begin 'within a few weeks,' top US health official says

- Human trials testing a potential vaccine to prevent COVID-19 could begin "within a few weeks" with a vaccine ready for public use within the next 12 to 18 months, a top U.S. health official said.
- "I would hope within a few weeks we may be able to make an announcement to you all that we've given the first shot to the first person," Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said.

Human trials for a potential vaccine to prevent COVID-19 could begin "within a few weeks" with a vaccine ready for public use within the next 12 to 18 months, a top U.S. health official said Thursday.

"We said ... that it would take two to three months to have it in the first human," Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, **told the House Oversight and Reform Committee on Thursday at a hearing** on the nation's preparedness for the outbreak.

"I think we're going to do better than that," he said. "I would hope within a few weeks we may be able to make an announcement to you all that we've given the first shot to the first person."

The National Institutes of Health has been working with biotech company Moderna to develop a vaccine using the current strain of the coronavirus.

Fauci has said the potential vaccine contains genetic material called messenger RNA, or mRNA, that was produced in a lab. The mRNA is a genetic code that tells cells how to make a protein and was found in the outer coat of the new coronavirus, according to researchers at the Kaiser Permanente Washington Health Research Institute.

The mRNA instructs the body's own cellular mechanisms for making proteins to make those that mimic the virus proteins, thereby producing an immune response.

"I want to make sure people understand, and I've said that over and over again, that does not mean we have a vaccine that we can use," Fauci cautioned. "We mean it's record time to get it tested. It's going to take a year to a year and a half to really know if it works."

There are currently no proven therapies for the latest outbreak, which has killed at least 4,717 and sickened more than 127,000 people worldwide since emerging from the Chinese city of Wuhan a little over two months ago….**Read More**

Trump Administration Is Relaxing Oversight of Nursing Homes

The Trump administration has been working to relax regulations governing America's nursing homes, including rules meant to curb deadly infections among elderly residents.

The main federal regulator overseeing nursing homes proposed the rule changes last summer, before the coronavirus pandemic highlighted the vulnerability of nursing homes to fast-spreading diseases. The push followed a spate of lobbying and campaign contributions by people in the nursing-home industry, according to public records and interviews.

The coronavirus has killed 13 residents at a nursing home in Washington State; dozens more residents and employees there have fallen ill. Seeking to prevent further contagion, some states, including New York, have banned most nonmedical personnel from setting foot inside nursing homes and other long-term care facilities, which nationally have about 2.5 million residents.

Last July, the federal Centers for Medicare and Medicaid Services, or C.M.S., set in motion a plan to weaken rules imposed by the Obama administration that required every nursing home to employ at least one specialist in preventing infections. The proposed rules — which the agency is completing and has the power to enact — eliminate the requirement to have even a part-time infection specialist on staff. Instead, the Trump administration would require that anti-infection specialists spend "sufficient time at the facility."

Critics say the proposed requirement is so vague that it would be essentially meaningless — and dangerous.

"It adds up to less time, less infection control," said Anthony Chicotel, a staff lawyer for California Advocates for Nursing Home Reform. He said the proposed change was "alarming."

Attorneys general in 17 states have called the proposed rules a threat to "the mental and physical security of some of the most vulnerable residents of our states."

The White House referred questions to the Medicare and Medicaid agency. In an interview on Saturday, the agency's administrator, Seema Verma, said the proposed rule changes were not about easing up on nursing homes but "about not micromanaging the process." The proposed changes to the infection -prevention rules, she said, could actually result in a "higher level of staffing."

"We have to make sure that our regulations are not so burdensome that they hurt the industry," she said.

Ms. Verma emphasized that the rules were still in the proposal stage and not yet complete. "We have to make sure that we get it right for the sake of patients," she said.

Infection-prevention specialists are supposed to ensure that employees at nursing homes properly wash their hands and follow other safety protocols. They are widely considered the front line for stopping infections, among the leading causes of deaths in nursing homes.

Each year, about 380,000 residents are killed by infections, according to the Medicare agency. Failure to prevent them is also the leading cause of citations that state inspectors bring against nursing homes.

The coronavirus has laid bare such problems, most starkly at the Life Care Center of Kirkland, Wash., where 13 residents have died after being infected with the virus, and more than a third of the facility's roughly 180 employees have contracted the illness.

The Kirkland facility, which scored a top quality rating of five stars from the federal government, has had problems before. In April 2019, the Medicare agency wrote it up for failing to "consistently implement an effective infection control program." In its report, the agency described the concerns of a resident's daughter, who said that nurses allowed her mother's heel, which had an open wound, to touch the ground, calling the practice "unhygienic." The agency found that the facility's shortcomings put residents "at risk for harm and transmitting/acquiring infections." The agency, which levied a $67,000 fine, said the problems were quickly fixed.

In recent weeks, nursing home operators nationwide have been cracking down on visitors. Ronald Silva, whose company manages two dozen nursing homes in Indiana and Georgia, said his facilities began screening all workers and vendors three weeks ago.

The Centers for Medicare and Medicaid Services provided new guidance for nursing homes this month, telling inspectors to scrutinize whether employees were following key safety precautions, like regularly washing their hands….**Read More**

Medicare Expanding Telemedicine to Help Deal with Coronavirus

An **$8.3 billion emergency funding bill** to combat the coronavirus, signed into law last week, will allow Medicare to expand the use of telemedicine. In areas with an outbreak, **Medicare can use telemedicine** to reduce the risk of infection among beneficiaries and provide timely medical advice.

Telemedicine refers to the practice of caring for patients remotely when the provider and patient are not physically present with each other. Until now Medicare has limited telemedicine to patients in rural areas with little access to specialists.

The emergency spending bill will allow Medicare to waive these restrictions to help keep seniors safe during the pandemic.

While patients will still have to be physically tested for COVID-19 in a clinic or doctor's office, telemedicine will enable doctors to make special arrangements to safely receive patients who are suspected of having the illness. This will protect health care workers and other patients from being unknowingly exposed.

Telemedicine will also allow Medicare beneficiaries to be treated for routine health conditions during the outbreak. Since seniors tend to need more doctors' appointments, they will be able to access their doctor without the danger of coming into contact with an infected person.

Rich Fiesta, Executive Director, ARA

"Telemedicine will be important in containing the spread of this virus and protecting seniors who are at risk," said **Richard Fiesta**, Executive Director of the Alliance. "But we must also make sure any vaccine and drugs that are developed in the coming months to prevent and treat this virus are affordable. Drug corporations must not price gouge when the stakes are this high."

Ships, Planes, Trains, Scooters All Need A Virus Wipe. But What Does A 'Deep Clean' Mean?

The Diamond Princess cruise ship. A Georgetown church in Washington, D.C. A Latin American restaurant in Raleigh, North Carolina. A hotel in Oklahoma City. Two Broadway theaters in New York City.

All announced that they've undergone a "deep clean" in recent weeks after discovering that a person infected with the novel coronavirus had been there.

They are just the tip of a pile of businesses and consumer gathering spots that say they are stepping up cleaning protocols.

While cleaning for the coronavirus is not that different from disinfecting for other viruses, like the flu or a common cold, industries are tailoring the cleaning in keeping with what makes sense for them. Public health officials suggest a few common steps can be used by both businesses and individual households: increasing the frequency of cleanings, using disinfectant products that federal officials say are effective, cleaning "high-touch" spots and making hand sanitizer readily available.

But there is no universal protocol for a "deep clean" to eradicate the coronavirus. Ridding it from smooth surfaces is easier than getting it out of upholstery or carpeting, for instance. And the key to eliminating the spread of the virus hinges on good hygiene practices.

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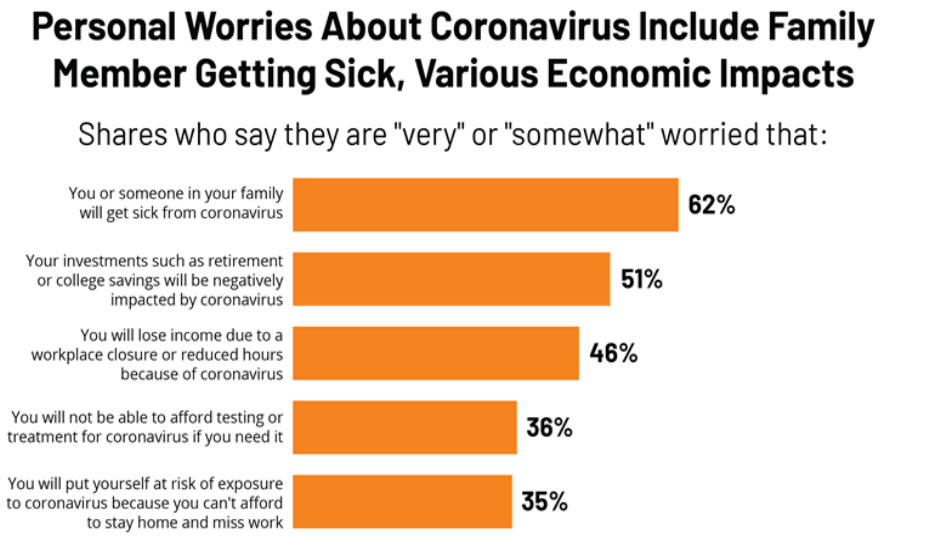
But there is no universal protocol for a "deep clean" to eradicate the coronavirus. Ridding it from smooth surfaces is easier than getting it out of upholstery or carpeting, for instance. And the key to eliminating the spread of the virus hinges on good hygiene practices.

KFF Coronavirus Poll: March 2020

In the midst of the largest health crisis to hit the United States and the world in the current era, a new KFF poll finds that many U.S. residents have faced disruptions in their lives from the coronavirus pandemic, and large shares are worried about their own risk as well as the economic consequences. This is an incredibly fast-moving crisis, with guidance and policy decisions changing daily. The new survey finds major differences from the KFF February Health Tracking Poll, and even in the span of the 5-day period in which the new survey was fielded, there were changes in the public's levels of concern and reported behaviors. KFF will continue tracking the public's attitudes and experiences in the coming weeks and months as the crisis evolves….**Read More**



Important fraud warning

Most of us are aware that there are criminals who will take advantage of every crisis or tragedy to exploit people and cheat them out of money. The coronavirus pandemic is no exception.

According to NBC News, criminal hackers, scammers and even governments have been sending fake coronavirus-themed emails designed to trick people into opening attachments that download malicious software, allowing access to their data.

Some messages have impersonated the World Health Organization and the Centers for Disease Control and Prevention, while others have masqueraded as communications from health authorities in other countries, including Ukraine, Vietnam and Italy.

The FBI is tracking so-called phishing campaigns that seek to use people's interest in the coronavirus to get them to click on links that encourage them to reveal sensitive login information, a top FBI official said.

- Avoid opening attachments and clicking on links within emails from senders you don't recognize.
- Always independently verify that any requested information originates from a legitimate source.
- Refuse to supply login credentials or financial data in response to an email.
- Visit websites by inputting their domains manually.

How Well Does Your Nursing Home Fight Infections? Look It Up Here

With nursing home residents at particular risk in the coronavirus pandemic, residents and their families and friends can discover which of the nation's 15,000 facilities have been cited for infection-control violations in recent years through a Kaiser Health News lookup tool published March 12, 2020.

Use our interactive tool

This online map shows which of the 15,000 nursing homes in the U.S. have been cited for infection-control violations and how serious those infractions are.

More nursing homes have been **faulted for failing** to follow practices designed to prevent and control infections — such as staffers washing their hands before and after helping each resident and wearing gowns and masks around contagious patients — than for any other type of error. Such lapses have become matters of heightened concern with the spread of the coronavirus this spring, especially as the virus is a bigger threat to the elderly and those with underlying health conditions.

Despite their frequency, these citations rarely are reflected in the overall star rating Medicare assigns each facility on its **Nursing Home Compare** website. Even among nursing homes crowned with the maximum government rating of five stars for overall quality, nearly half have been cited for an infection-control lapse.

Health inspectors visit nursing homes every nine to 15 months for comprehensive evaluations. The KHN tool draws from a database of health inspection records during the past two regular survey cycles, which go as far back as 2016 for some facilities. The data also includes inspections initiated by complaints as well as those prompted by a problem a nursing home identifies.

The tool shows how often health inspectors have cited each nursing home for violating infection-control rules. It also shows the level of the most serious violation and the date it occurred.

Infections are a persistent challenge for skilled nursing facilities. As many as 3.8 million occur in homes each year, killing nearly 388,000 residents. Bacteria and viruses can spread through urinary catheters used by immobile patients and attack patients through soft tissues exposed as bedsores or wounds. Influenza and a serious infection caused by a bacteria known as MRSA (methicillin-resistant Staphylococcus aureus) can also spread from casual contact among residents and visitors. The infection threats have grown more serious with the spread of bacteria such as MRSA that are resistant to antibiotics.

The Centers for Medicare & Medicaid Services **requires** all nursing homes that accept government insurance payments such as Medicaid and Medicare to have a written plan to prevent and control infections. Each home must have a surveillance system to identify possible communicable diseases and contain them before they spread to other people in the facility and lay out the steps to report contagions to the authorities.

The program must instruct workers on all the precautions they should take to avoid contracting and transmitting diseases, such as **washing hands**, disinfecting equipment and distributing linens and cleaning laundry in a hygienic manner.

The program also explains when employees must wear **protective equipment**, such as gowns, masks and gloves, and tells them exactly how to don and remove the equipment. It must also describe when a potentially contagious resident should be isolated and how long that should last.

When inspectors visit a nursing home, either for a regular survey or in response to a complaint, they issue a deficiency if they see the nursing home not following its infection-control program. They also categorize its seriousness into one of these four levels, which the KHN tool identifies:

Level 4: Immediate Jeopardy, the most serious violation, is typically assigned when there is evidence that the home's faulty practice is putting residents at continued risk. That could include actions such as staff failing to sanitize equipment used on multiple residents. Nursing homes must remedy the problem at once, unlike lesser citations, for which they generally have 10 days to provide regulators with their plan to correct the violations.

Level 3: Actual Harm is usually assigned, as its name suggests, when a failure to follow proper procedures led to a resident contracting an infection or sustaining another tangible injury. An actual harm deficiency might be issued, for instance, if a nursing home overlooked or failed to treat a case of scabies on a resident and it spread to other residents, causing severely itchy rashes.

Only about 1% of deficiencies are categorized as immediate jeopardy or actual harm. Both levels can incur federal or state fines or other financial punishments, such as Medicare refusing to pay for new admissions for a set number of days. On rare occasions, a nursing home can be banned from Medicare and Medicaid.

Level 2: Potential for Harm, the most common citation level, is issued when no resident was hurt but a deficient practice might lead to a greater-than-minimal injury. Inspectors might use this if they observed staff members not washing their hands properly or allowing linens or wound care supplies to touch potentially contaminated surfaces, such as a resident's bed.

Level 1: Potential for Minimum Harm, the mildest violation level, refers to a deviation from safety rules that did not lead to a patient's injury and carried the potential for minimal harm, at most. It can be issued against a nursing home that failed to review its infection-control and prevention plan at least once a year, for instance.

Nursing home inspection reports can be found on **Nursing Home Compare**. After you locate a home, select the "Health Inspections" tab and then click on the link near the bottom to view all details on health inspections, complaints and facility-reported issues.

RI ARA HealthLink Wellness News

U.S. Primary Care Docs Unprepared for Surge in Alzheimer's Cases

Many U.S. primary care doctors worry they aren't ready to care for the growing ranks of Americans with Alzheimer's disease, a new report suggests.

In a Alzheimer's Association survey, half of primary care doctors said the U.S. medical profession is unprepared for the coming surge in Alzheimer's cases.

Right now, it's estimated that more than 5 million Americans age 65 and older have the disease, according to the Alzheimer's Association. That figure is expected to almost triple by 2050.

And the doctors who are worried about the future have good reason, according to Dr. Sharon Brangman, inaugural chair of geriatrics at the State University of New York Upstate Medical University in Syracuse.

In fact, she said, the future is already here -- with too few doctors able to care for dementia patients and direct their families to resources for additional help.

"It's not enough to just prescribe medication," Brangman said. "The day-to-day care of people with dementia is really hard. And a lot of doctors aren't comfortable with that."

Brangman, a past president of the American Geriatrics Society, was not involved in the new report.

The survey findings are part of the Alzheimer's Association's latest *Alzheimer's Disease Facts and Figures* report, released March 11. The annual publication gives an overview of the state of the disease in the United States.

The association decided to include a survey this time around to get physicians' perspective, according to chief program officer Joanne Pike.

"Primary care physicians are on the front lines for treating any medical condition, not dementia," Pike said. But their role in dementia care, she added, will become increasingly critical as the number of Americans with the brain disease swells to possibly 15 million over the next 30 years.

Based on the survey, primary care doctors are already feeling the pressure. "The majority said they are getting questions about dementia at least every few days," Pike said. "And their patients expect them to be able to answer."

Yet 27% of doctors said they are "never" or only "sometimes" able to do that.

Doctors do want to stay up-to-date and give patients the information they need, the survey found. But education and training opportunities can be hard to come by: Fewer than half of the doctors surveyed said they'd pursued continuing education on dementia care -- often citing too few options and a lack of time.

Younger doctors were more likely than their older peers to have had some education and training in dementia care during medical school and residency. Still, two-thirds of doctors who'd had such education described it as "too little."

Primary care doctors did commonly refer dementia patients to specialists, such as neurologists and geriatricians. But, the report shows, the United States has far too few specialists to manage the demand.

Right now, for example, there are just over 5,200 geriatricians nationwide. That number would have to balloon to over 46,000 by 2050, just to meet the needs of 30% of Americans age 65 and up.

Primary care doctors -- as well as other providers such as nurses, aides and social workers -- will necessarily play an ever-increasing role in dementia care, according to Pike and Brangman.

"Medical school curriculums need to devote more time to dementia, and aging in general," Brangman said.

As for doctors already in practice, education needs to be more accessible, Pike said. The Alzheimer's Association is looking at innovative ways, she noted, including "tele-mentoring" programs that would allow doctors to learn remotely from dementia experts.

But dementia care goes beyond technical knowledge. Family caregivers are ultimately on the front lines, Brangman pointed out, and they need help managing day-to-day challenges.

Social workers are a vital part of that, she said. But that kind of support is not available in all health care systems.

Still, other local resources exist, and doctors should at least be able to direct families to them, Brangman said. Those include caregiver support groups, regional agencies on aging, or local chapters of the Alzheimer's Association or American Geriatrics Society.

Pike said the Alzheimer's Association also has a 24-hour helpline and online resources for family caregivers.

"People with dementia need constant supervision," Brangman said. And their primary caregiver -- typically an elderly spouse -- may have their own health issues to manage, along with everything else.

"We shouldn't make it difficult for them to find help," Brangman said.

When Is Surgery Not Safe for Seniors?

Poor physical function, dementia and depression all raise seniors' risk of death after a major operation and should be factored into their pre-surgery assessments, researchers say.

In a new study, investigators analyzed data on more than 1,300 U.S. patients, aged 66 and older, who had one of three types of major surgery (abdominal aortic aneurysm repair, coronary artery bypass graft or colectomy) between 1992 and 2014.

Before their surgery, at least 90% of the patients were independent or did not need help with activities of daily living or instrumental activities of daily living, 6% had dementia, 23% had thinking ("cognitive") impairment without dementia, and 25% had depression.

Activities of daily living include bathing, dressing, eating, using the bathroom, getting in and out of bed, and walking across the room. Instrumental activities of daily living include preparing meals, handling finances, using the phone, shopping and taking medication.

Overall, 17% of the patients died within a year after their surgery, the findings showed.

Rates of death were 29% among those who needed support for at least two activities of daily living versus 13% among those who were independent.

The risk of death rose as the number of risk factors increased: 10% for no factors, 16% for one factor and nearly 28% for two factors, according to the study published March 11 in *JAMA Surgery*.

These findings show the need for research into how to incorporate these risk factors into pre-surgery assessments of seniors, said study lead author Dr. Victoria Tang. She is an assistant professor of geriatrics and of hospital medicine at the University of California, San Francisco, and the affiliated San Francisco VA Health Care System.

"Improving our understanding of functional, cognitive and psychological risk factors in this population, particularly in predicting risk beyond typical medical factors, is essential to providing patient-centered care," Tang concluded in a university news release.

Rising Number of Older Americans at Risk of Vision Loss

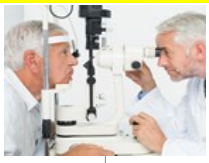
As the population ages, millions of older Americans are at risk of losing their sight, a new study warns.

Between 2002 and 2017, the number at high risk for vision loss rose from 65 million to 93 million, according to federal health data.

"The number of adults at high risk for vision loss is high and may continue to increase in the coming years with the increasing population of adults over 65 years and prevalence of diabetes," said study lead author Sharon Saydah. She's a senior scientist at the U.S. Centers for Disease Control and Prevention.

"While the percent of adults at high risk for vision loss who receive eye care services has increased, disparities in eye care services by education level and poverty status persisted over time," she said. "Reasons for these disparities are not understood."

Besides seniors, those at high risk of losing their sight include people with diabetes and anyone with eye or vision problems.



About 57% of the more than 30,000 adults who participated in nationwide government health surveys in 2002 and 2017 said they had a yearly eye exam. Nearly 60% said their exam included dilating their eyes, which gives doctors a better view of the back of the eye.

But nearly 9% of those who needed eyeglasses said they couldn't afford them, the researchers found.

For the study, Saydah and her team used National Health Interview Survey data.

According to Dr. Barbara Horn, president of the American Optometric Association, "Eye exams are essential health care that safeguards vision and saves lives." And a routine comprehensive eye exam does much more than a generic vision test, she said.

"A doctor of optometry ensures the eye's health and can identify more than 270 systemic diseases, including diabetes, hypertension [high blood pressure], cancer and stroke, before exhibiting symptoms," Horn said.

In 2018 alone, more than 300,000 Americans were diagnosed with diabetes through an eye exam, she noted.

"With an aging population and increased prevalence of diabetes, it's more important than ever to educate the public on the importance of annual comprehensive eye exams," Horn added.

Dr. Mark Fromer, an ophthalmologist at Lenox Hill Hospital in New York City, said the conditions that most affect older people's vision are diabetes, glaucoma, cataracts and macular degeneration.

"Every decade of life, you're at an increased risk for all of those issues," he said, pointing out that an estimated 50 million baby boomers are aging into the high-risk years.

The good news? All of these conditions are treatable -- and covered by medical insurance, including Medicare and Medicaid, Fromer said.

But regular eye exams aren't covered unless you have diabetes or other vision problems. Nor are eyeglasses, usually. Some Medicare Advantage plans do cover eye exams and part of the cost of glasses, Fromer said.

He recommends yearly eye exams to ensure that any problems are caught early.

"Even if your eyes feel relatively good, you should see your ophthalmologist," Fromer advised, "because there are certainly issues at work where a patient could lose vision."

The report was published online March 12 in *JAMA Ophthalmology*.

High blood pressure linked with lower mortality in older adults

According to a recent investigation, high blood pressure in people aged over 85 may be associated with reduced mortality. The researchers also found that the risk of mortality was even lower for older adults with moderate or severe frailty. In 2017, a number of health organizations, including the American Heart Association (AHA) and American College of Cardiology, **lowered** their definitions of high blood pressure.

Previously, the thresholds were 140/90 millimeters of mercury (mm Hg) for people younger than 65 and 150/80 mm Hg for those aged 65 and older.

But are these tighter guidelines truly helpful for older adults, particularly for adults with frailty?

As the authors of the new study point out, most data relating to hypertension and older adults do not necessarily represent frail older adults.

This is because an insufficient number of these adults have participated in randomized clinical trials, due to comorbidities, limited life expectancy, problems with cognition, and factors relating to medication.

For these reasons, predicting cardiovascular or all-cause mortality from blood pressure among older adults is still challenging and uncertain.

To help address this issue, Jane Masoli — a National Institute for Health Research doctoral fellow and specialist registrar in geriatric medicine at the University of Exeter, in the United Kingdom — and colleagues carried out a new study.

Masoli and the team set out to examine associations between mortality and blood pressure in the health records of 415,980 older adults.

They recently published their results in the journal *Age and Ageing*.

Hypertension linked with lower mortality

The researchers applied statistical tools, such as Cox proportional-hazards models, to test the association over a follow-up period of at least 10 years.

They stratified their analysis by frailty level, using an electronic frailty index that includes classifications of fit (nonfrail) and mild, moderate, and severe frailty.

The analysis found that the risk of cardiovascular problems such as heart attacks increased when systolic blood pressure was over 150 mm Hg.

However, systolic blood pressure above 130–139 mm Hg was linked with lower mortality risk, "particularly in moderate to severe frailty or above 85 years."

Specifically, when comparing systolic blood pressure of 150–159 mm Hg (hypertension) with that in the range of 130–139 mm Hg, the researchers found that hypertension was associated with a 6% reduction in mortality risk among nonfrail older adults.

Among older people with hypertension and moderate to severe frailty, the team observed a 16% reduction in mortality risk during the study period.

"Hypertension was not associated with increased mortality at ages above 85 or at ages 75–84 with moderate/severe frailty, perhaps due to complexities of coexisting morbidities," write the authors.

They conclude, "The priority given to aggressive [blood pressure] reduction in frail older people requires further evaluation."

"Internationally," says Masoli, the study's lead author, "guidelines are moving towards tight blood pressure targets, but our findings indicate that this may not be appropriate in frail older adults."

She cautions, however, "We know that treating blood pressure helps to prevent strokes and heart attacks, and we would not advise anyone to stop taking their medications unless guided by their doctor."

Drug makers trying to speed up finding a vaccine, but there are dangers

There was a report this week that pharmaceutical manufacturers and government scientists are working as quickly as possible to develop a vaccine to combat the rapidly spreading coronavirus.

However, some scientists and medical experts are concerned that rushing a vaccine could end up worsening the infection in some patients rather than preventing it. Normally, researchers would take months to test for the possibility of vaccine enhancement in animals. Given the urgency to stem the spread of the new coronavirus, some drug makers are moving straight into small-scale human tests, without waiting for the completion of such animal tests.

Studies have suggested, however, that coronavirus vaccines carry the risk of what is known as vaccine enhancement, where instead of protecting against infection, the vaccine can actually make the disease worse when a vaccinated person is infected with the virus. The mechanism that causes that risk is not fully understood and is one of the stumbling blocks that has prevented the successful development of a coronavirus vaccine.

But according to one report, at a specially convened World Health Organization (WHO) meeting in mid-February designed to co-ordinate a global response to the new coronavirus, scientists representing government-funded research organizations and drug makers around the world agreed that the threat was so great that vaccine developers should move quickly into human trials before animal testing is completed.

Coronavirus Stress Test: Many 5-Star Nursing Homes Have Infection-Control Lapses

Long before the novel coronavirus made its surprise appearance, the nation's nursing homes were struggling to obey basic infection prevention protocols designed to halt the spread of viruses and bacteria they battle daily.

Since the beginning of 2017, government health inspectors have cited more nursing homes for failing to ensure that all workers follow those prevention and control rules than for any other type of violation, according to a Kaiser Health News analysis of federal records.

In all, 9,372 nursing homes, or 61%, were cited for one or more infection-control deficiencies, the analysis showed. It also found violations were more common at homes with fewer nurses and aides than at facilities with higher staffing levels.

Even among nursing homes crowned with the maximum government rating of five stars for overall quality, 4 in 10 have been cited for an infection-control lapse. Those include the Life Care Center of Kirkland, Washington, a Seattle suburb, where five people who had lived at the facility have died.

Inspection reports from around the country show many errors are rudimentary, such as workers not washing their hands as they moved to the next patient, or failing to don masks, gloves and gowns when in the rooms of contagious patients in isolation. "It's all these little things that are part of infection-control practices that when they are added up can create an environment for an infection outbreak," said Patricia Hunter, the Washington State Long-Term Care Ombuds, who addresses complaints from residents and families and pushes for improvements in facilities…

In recent years, the federal government has been ramping up the standards for nursing homes, but inspectors remain frustrated by the prevalence of sloppy or nonexistent handwashing. "We have got to do better on handwashing," Evan Shulman, the director for the nursing home division of the Centers for Medicare & Medicaid Services, told an association of nursing home directors in 2018.

While citations are rampant across the industry, health inspectors have classified all but 1% of violations as minor and not warranting fines, the KHN analysis found. A single low-level citation usually has limited impact on the overall star rating, the only metric most consumers examine.

The coronavirus has demonstrated its potential **lethality among the old and frail** in Kirkland, but the infections that nursing homes already battle with mixed success — influenza and antibiotic-resistant bacteria like **methicillin-resistant Staphylococcus aureus** (MRSA) — can be equally fatal. As many as 3.8 million infections occur in nursing homes each year, killing nearly 388,000 residents.
.**Read More**

Who's Most at Risk From Coronavirus?

As the coronavirus pandemic continues its relentless spread around the world, the greatest worry has been for older people. But experts stress that age is not the sole determinant of risk for severe illness or death.

"The elderly and people with chronic diseases have the highest risk. If you're not sure if you're at a higher risk, talk to your doctor," said Dr. Susan Bleasdale, a spokesperson for the Infectious Diseases Society of America.

Even then, not everyone within a high-risk category faces the same level of risk. Dr. Eduardo Sanchez, chief medical officer for prevention at the American Heart Association, said the risk exists on "a continuum."

For example, having heart disease is often cited as a risk factor. Heart disease encompasses a lot of conditions, including having a past history of heart attack, heart failure, irregular heart rhythms, peripheral artery disease, and even high blood pressure.

So, while people with any of those conditions has an elevated risk, typically, someone who's older and has severe heart failure is at a much higher risk of developing complications from a COVID-19 infection than a middle-aged person with high blood pressure.

Sanchez said he would even recommend that people who have conditions that increase the risk of heart and blood vessel disease -- such as high cholesterol, diabetes or even prediabetes -- "be more careful."

Groups at greater risk from the new coronavirus include:

Older People
People With Lung Diseases
People With Heart and Blood Vessel Diseases
People With Diabetes
People With Compromised Immune Systems

Protect Yourself and Your Loved Ones

The steps that people with a higher risk need to take don't differ a lot from the standard advice. Wash your hands frequently and well. Try to keep your distance from other people, and don't touch your eyes, nose or mouth. Keep often-touched surfaces in your home clean -- that includes door knobs, light switches, faucet handles, toilet flushes, remotes, keyboards and phones.