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The Coronavirus and the Risks to the Elderly in Long-Term Care

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ABSTRACT

The elderly in long-term care (LTC) and their caregiving staff are at elevated risk from COVID-19. Outbreaks in LTC facilities can threaten the health care system. COVID-19 suppression should focus on testing and infection control at LTC facilities. Policies should also be developed to ensure that LTC facilities remain adequately staffed and that infection control protocols are closely followed. Family will not be able to visit LTC facilities, increasing isolation and vulnerability to abuse and neglect. To protect residents and staff, supervision of LTC facilities should remain a priority during the pandemic.

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Key Points:

- Elderly in long-term care (LTC) and their caregiving staff are at elevated risk from COVID-19.
- Outbreaks in LTC facilities can threaten the health care system.
- COVID-19 suppression should focus on testing and infection control at LTC facilities.
- Family will not be able to visit LTC facilities, increasing isolation of residents.
- Lack of family visits also increases residents' vulnerability to abuse and neglect.

The sick and elderly in long term care facilities are particularly vulnerable to COVID-19. Although the mortality rate of the disease is still uncertain, it is clear that it is far more lethal for adults aged 65 years and older than for children or younger adults (Wu & McGoogan, 2020). Worse, many aspects of long-term care facilities make them conducive to rapid spread of infectious disease. COVID-19 is thought to spread mainly through respiratory droplets produced when an infected person coughs or sneezes. This means that

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transmission risk is high between people who are in close contact (Centers for Disease Control, 2020). The risk of transmission is especially high in long-term care settings where older adults are particularly vulnerable to outbreaks of respiratory illness (Louie et al., 2007). In long-term care, large groups of patients cohabit in confined settings with communal meals and many group social activities. Moreover, many residents are incapable of practicing the levels of personal hygiene required to stop transmission. This perspective examines the heightened risk of long-term care recipients for COVID-19. It makes several policy recommendations for mitigating and addressing that risk.

A high-risk population in a high-risk setting

Long-term care recipients are a substantial population at risk for COVID-19. According to the National Center for Health Statistics (NCHS), "The 15,600 nursing homes in the country provided a total of 1,660,400 certified beds … The 28,900 residential care communities in the United States provided 996,100 licensed beds" (Harris-Kojetin et al., 2019). In 2016, there were an estimated 1,347,600 persons in nursing homes (95% CI: 1,334,333 to 1,360,867) and 811,500 persons in residential care communities (95% CI: 795,148 to 827,852), for a total of 2,159,100 persons in long-term care (95% CI: 2,129,480 to 2,188,720). There were an estimated 945,750 FTE (95% CI: 937,550 to 953,850) of staff working in nursing homes and 298,800 FTE (95% CI: 937,550 to 953,850) of staff working in residential care, for an estimated total of 1,244,500 FTEs of long-term care staff (95% CI: 1,228,571 to 1,260,249). Therefore, approximately 2.16 million adults live in long-term care facilities, cared for by 1.24 million staff. The majority of these facilities are private, for-profit, and owned by chains. There are also almost 300,000 adults who participate in day services centers and would be at elevated risk of infection if their center remains open (Harris-Kojetin et al., 2019). These numbers do not include the many elderly living in unlicensed and poorly regulated facilities (Lepore et al., 2019).

Clearly, infectious disease outbreaks are a danger to adults in long-term care even in ordinary times, *but these are not ordinary times*. A COVID-19 outbreak has already occurred in a nursing home in Kirkland, Washington:

> As of March 9, a total of 129 COVID-19 cases were confirmed among facility residents (81 of approximately 130), staff members, including health care personnel (34), and visitors (14) … Overall, 56.8% of facility residents, 35.7% of visitors, and 5.9% of staff members with COVID-19 were hospitalized. Preliminary case fatality rates among residents and visitors as of March 9 were 27.2% and 7.1%, respectively; no deaths occurred among staff members. (McMichael et al., 2020)

We will see more of these stories in the coming days. The elderly and those with compromised health are the groups at the highest risk of dying from COVID-19. Most people in long-term care meet both criteria.

Long-term care facilities and the health care system

As outbreaks proliferate in long-term facilities, the health-care system will come under serious strain. To begin with, long-term care facilities are neither designed nor equipped to treat patients with serious COVID-19. They have limited abilities to isolate patients, and they do not have ventilators. Staff are not trained to care for serious respiratory illnesses. Moreover, they do not have the personal protective equipment to protect themselves from infection and doing their jobs in protective gear would be difficult.

This is by design, not negligence. Residential facilities care for elderly patients in a setting that is less expensive than a hospital. Once you start adding acute or intensive care beds to a long-term care facility, you will have just built another hospital (and a poorly functioning one at that). Long-term care facilities are meant to work in parallel with hospitals. When residents become acutely ill, they are transferred to hospitals that can provide more intensive levels of care.

About one-third of nursing homes house 100 or more patients (Harris-Kojetin et al., 2019). If COVID-19 sweeps through a single facility, this surge in case load could overwhelm local hospital capacity; or, the local hospital may already have every bed occupied, so that no new patient can be admitted. If patients cannot be moved to a hospital they will be in peril.

Maintaining adequate staffing in long-term care facilities will also pose challenges. The 1.5 million people who work in long-term care facilities will be at high risk when their facilities have COVID-19 outbreaks. Already, scores of employees were infected at Kirkland (Baker, 2020). When staff get infected, they will be quarantined. Who will take over those shifts? Even before the pandemic, it was hard to recruit qualified long-term care workers (Kacik, 2019). Further, absenteeism will be significant. Some staff members will not come to work because they are afraid of getting sick. Others are single parents. With school closures, they may need to stay home to care for their children. Staff who remain will end up working longer shifts. Care will deteriorate as staffing levels fall, raising the risk of COVID-19 outbreaks still further.

Long-term care facilities understand the risks. In response, they have begun adopting strict access and visitation restrictions. Indeed, on March 15, CMS announced that nursing homes should not allow any visitors unless it is for “an end-of-life situation” (Herman, 2020).

Elderly residents and their families

Locking down long-term care facilities – probably for several months (Anderson et al., 2020), and perhaps longer – raises its own concerns. Many long-term care residents are elderly and socially isolated; they depend on frequent visits from family and friends to socialize with them. Without these visits, residents may feel increasingly lonely, abandoned, and despondent. That's a medical problem in its own right, leading to depression, weight loss, and disruptive behavior.

As troubling, family visits are a crucial technique for monitoring quality of care. With visits curtailed and staff absenteeism rising, the quality of care – already low in many facilities – is likely to decline further. And we will have only limited visibility into the full scope of the problem.

How to protect the elderly in long-term care

In summary, we have 2.16 million sick and elderly patients in long-term care, served by 1.24 million staff, with both groups at high risk from COVID-19. Many of these facilities will be fragile in the face of the epidemic, and they will have limited medical backup from hospitals. There is a wave of COVID-19 cases coming, putting both residents and staff at acute risk.

So, what can we do? First, political leaders need to put the looming crisis in long-term care front and center. The danger of hospitals becoming overwhelmed is increasingly widely recognized. But we have heard little or no discussion of the long-term care population by the President or his team. Long-term care residences should be priority sites for COVID-19 testing and personal protective equipment.

Second, the staff at long-term care facilities must have paid sick leave. It is a setup for disaster if employees keep working despite being ill themselves. The deal that Congress has apparently cut with the White House will help, but it's patchy (New York Times Editorial Board, 2020), exempting business with more than 500 workers – which would include most nursing home chains – and allowing firms with fewer than 50 to apply for hardship exemptions.

Third, President Trump's emergency declaration unlocks the Center for Medicare and Medicaid Services' (CMS') authority to relax enrollment barriers for Medicaid beneficiaries (Centers for Medicare and Medicaid Services, 2020). The agency should exercise that authority immediately across the country. Many of the staff at long-term facilities are not well-compensated and will qualify for Medicaid, especially if they lose wages as a result of COVID-19. Bureaucratic roadblocks should not discourage them from enrolling in Medicaid.

Fourth, state officials must redouble inspections at long-term care facilities. They need to make sure that the facilities are adequately staffed, that the

residents' needs are being met, and that infection control procedures are being followed. With family visits banned, we will otherwise have no visibility *at all* into nursing homes. States have extensive licensure and inspection data on existing facilities that could be used to target institutions with a history of poor compliance (June et al., 2020). If we do not watch closely, there is an acute risk that millions of elderly people might be effectively abandoned as the outbreak intensifies.

Fifth, when staff are ill, quarantined, or absent, we need to be ready to hire and quickly train replacements. CMS should consider relaxing certification and licensure requirements for health aides and nursing assistants. State policymakers should give the green light for trainees at nursing schools to start working (Nadell Farber, 2020). Attracting replacements may require raising compensation. So be it: that's how markets work. An emergency bill to increase the amount that Medicare and Medicaid pay for long-term care could save lives.

Conclusions

Vigilance about the health of the elderly in long-term care is essential not only for their health but also to protect the health care system from being overwhelmed by severe COVID-19 cases. For now, however, the most important thing we can do is minimize the transmission of the virus through disciplined hygiene and social distancing. The fewer people who get infected in the general population, the lower the risk of infection for long-term care residents. Likewise, the fewer of us in the general population who get hospitalized, the more hospital capacity will be available for long-term residents.

Disclosure statement

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