



**TO: NEW YORK STATE DEPARTMENT OF HEALTH EMERGENCY PREPAREDNESS OFFICIALS**

**FROM: HCA POLICY TEAM**

**RE: COVID-19 SURVEY RESULTS: STATEWIDE HOME CARE, HOSPICE & MLTC IMPACTS**

**DATE: MARCH 18, 2020**

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Over a roughly 40-hour period from Sunday 3/16 – Tuesday 3/17, HCA conducted a survey of home and community-based providers to profile the field-level situation, implications and needs regarding COVID-19. More than 300 agencies responded, offering a uniquely representative cross section of the field. It should be stressed that these findings, as serious as they are, represent a snapshot of experiences early in the pandemic. The needs and pressures on the home care system continue to evolve as this crisis worsens.

The results below support our call for: 1) priority access to necessary supplies; 2) regulatory streamlining to promote access to care, protect patients and caregivers; and 3) immediate financial assistance for supplies, workforce and operational cost impacts. Collectively, such measures would help reduce the exposure of patients and caregivers alike, support community care function amid workforce shortages, assure the health and safety of vulnerable citizens, and alleviate surge pressures by allowing organizations to direct resources where they are most needed.

Providers answering our survey report that they currently and collectively serve more than **14,100 priority level 1 patients** in the community. These are patients who, **without home care, would face a rapid, immediately life-threatening deterioration in their existing health condition** or would need to be transferred to another setting, such as hospitals or nursing homes already stretched to capacity. In fact, **the crisis is already causing home care providers to transition high-risk patients to other settings, as our survey shows**. This surge pressure will only escalate as containment efforts place new limits on the availability of home care staff and as infections rise.

As it is, home care organizations are already serving patients infected with COVID-19 and are reporting a growing number of cases where patients exhibit COVID-19 symptoms.

Given these results, everything possible must be done to: provide clear and practicable guidelines for screening and treatment of COVID-19 in the home care setting where patients and caregivers are especially at risk; help the **67% of agencies who do not possess adequate access to personal protective equipment (PPE) necessary to contain the spread of infection**; and reduce exposure through immediate regulatory relief measures that allow for, and reimburse, telephonic or remote-monitoring means of services where appropriate while relaxing state requirements or timeframes for an array of procedures that otherwise require a home visit.

**319 Total Responses** as of 12:00 PM on March 17, 2020

### **Respondents by Agency Type**

- **77** Certified Home Health Agencies (CHHA)
- **233** Licensed Home Care Service Agencies (LHCSA)
- **26** Hospice Agencies
- **7** Managed Long-term Care Plans (MLTCP)

### **Number of Patients within each Priority Level Statewide on Current Rosters**

- Total # of Level 1 Patients: **14,106** (out of 281 agencies)
- Total # of Level 2 Patients: **49,406** (out of 285 agencies)
- Total # of Level 3 Patients: **52,319** (out of 285 agencies)

### **Personal Protective Equipment (PPE)**

- **67%** of home care and hospice agencies do not have a sufficient amount of PPE.
- **35%** of home care and hospice agencies/MLTCPs have been in contact with the Office of Emergency Management (OEM) to help assist them in obtaining PPE and **34%** of those agencies have had difficulty obtaining necessary PPE from the OEM.
- **14%** of agencies reported that OEM was unable to fulfill their requests in part or in total for the requested PPE supplies.
- PPE Items in high demand:
  - **82%** of agencies are in high need of hand sanitizer
  - **79%** of agencies are in high need of regular face masks or loop masks
  - **58%** of agencies are in high need of N95 masks
  - **50%** of agencies are in high need of gowns
  - **46%** of agencies are in need of gloves
  - **32%** of agencies are in need of goggles
    - Other items in high need: Face shields, thermometers, Clorox wipes (disinfectants), isopropyl alcohol, PDI wipes.
- N95 Mask Needs:
  - **16%** of agencies need small N95 masks
  - **24%** of agencies need medium N95 masks
  - **12%** of agencies need large N95 masks
  - **6%** of agencies need extra-large N95 masks
  - **7%** of agencies need S, M, & L N95 masks

## Testing and Service Issues

- Collectively, home care, hospice and MLTC respondents reported serving approximately **85** patients with symptoms of COVID-19, **12** patients who have tested positive for COVID-19, and they suspect **52 caregivers of current patients** have been exposed to or tested positive for COVID-19.
- The vast majority of home care and hospice agencies **do not** have a sufficient number of staff trained to conduct testing for COVID-19 in the community; and, of those agencies who *do* have such trained staff, **few of these staff are being tapped** by public health officials for this purpose. This overlooks a massive potential resource for testing capabilities in NYS and points to the missed opportunities for leveraging the current testing capabilities that exist.
  - NYS should quickly mobilize and direct training for **86%** of home care and hospice agencies who do not have a sufficient number of staff trained to conduct testing.
  - While **14%** of NY's home care and hospice agencies *do* have a sufficient number of staff trained to test for COVID-19 in the community, only **2.5%** of these agencies have been asked to conduct community testing for COVID-19 by hospitals, local public health offices and/or other sources, and **13.6%** of this trained and ready staff are experiencing issues obtaining testing supplies, such as culture swabs.
- Only **7.12%** of home care and hospice agencies are being asked to assist with hospital decompression.
- **4.4%** of home care and hospice agencies are experiencing difficulty or additional barriers to admitting patients into nursing homes.

## Patient Level of Care Concerns and Barriers to Care

- **33.33%** of home care and hospice agencies have had to transfer patients to other levels of care due to workforce shortages
- **38.10%** of home care and hospice agencies have had to transfer patients to other levels of care due to suspected COVID-19
- **52.38%** of home care and hospice agencies have had to transfer patients to other levels of care due to safety issues related to care provisions
- Barriers that exist to serving patients with COVID-19 symptoms or patients who have tested positive for COVID 19:
  - **67.07%** of agencies say lack of PPE is a major barrier
  - **26.83%** of agencies say training needs of staff providing services is a major barrier
  - **39.43%** of agencies say aide/paraprofessional workforce shortages is a major barrier
  - **33.33%** of agencies say licensed/professional workforce shortages is a major barrier
  - **48.78%** of agencies say patients and/or family members refused entry to the home is a major barrier
- Only a fraction of home care and hospice agencies (**just 6.2% of respondents**) approved to provide telehealth services are receiving NYS/MLTC authorization to make visits and be reimbursed via telehealth, if needed.
  - Overwhelmingly, home care and hospice agencies are requesting the use of telehealth and telephonic means to conduct visits, provide supervision, aid/staff orientation, and other key services in lieu of in-person visits in the COVID emergency, and to be reimbursed accordingly. This will promote both patient and worker safety, patient access to care, and critical timeliness and efficiency of care.

## Fiscal Impact of COVID-19 & Additional Concerns

- With the pandemic still in a very formative phase, approximately **32%** of home care and hospice agencies reported a loss of reimbursable service hours that is impacting their ability to compensate aides and licensed/professional staff for those unfilled hours.
- School closures and lack of additional childcare resources is major concern for almost all of our survey respondents. If a nurse or an aide has children at home and does not have access to childcare services, how will that staff person report to work? Home care and hospice staff play a critical role in NY's healthcare infrastructure and their ability to report to work is crucial for the health and safety of their patients. New York's most vulnerable patient's must be kept out of hospitals at all costs during this public health emergency.
  - These staffing shortages due to school closures, etc., will cause an increase in the number of overtime hours worked by home care and hospice staff. Providers will have to cover the cost for these overtime hours needed to fulfill patient hours on already razor thin margins.
- Many families and patients are refusing home care and hospice staff entry to their homes for fear of exposure to COVID-19. This puts the high acuity patients at a much higher risk of hospitalization – which needs to be avoided at all cost. Guidance from DOH that can be shared with families and patients on this topic would be extremely helpful.
- Home care and hospice staff are fearful of exposure to COVID-19 and are worried about passing along their exposure to vulnerable family members.
- Many agencies reported a high cost associated with providing their staff with necessary equipment to work from home, like laptops, cell phones, additional teleconferencing needs, etc.
- Intake procedures are being interrupted for some agencies as they do not have access to the hospital or the hospital's staff to conduct intake process.
- Some agencies reported having aides/professional staff willing to work more hours but cannot due to fear of losing other benefits they need to survive like SNAP, Medicaid, housing assistance, etc.
- Agencies are seeking approval to conduct UAS Assessments telephonically during this temporary emergency, in an attempt to keep face-to-face interactions at a minimum. This will reduce anxiety for patients, families, staff – while adhering to public health guidelines.