

TO: All Interested Parties

FROM: Home Care Association of New York State

RE: Phase II COVID-19 Survey: Summary of Impact on Home and Community-Based Entities, Staff and Patients in New York State
(Survey completed March 31, 2020)

DATE: April 6, 2020

In follow-up to an initial survey we conducted at the beginning of the COVID-19 health crisis, HCA issued a Phase II survey to learn more about specific challenges facing the home and community-based care sector in New York State at a time when New York remains at the epicenter of the national emergency. This second survey (Phase II) was completed on March 31, 2020, netting responses from **176 respondent organizations serving the home and community-based care needs of New Yorkers**, including Certified Home Health Agencies (CHHAs), Licensed Home Care Services Agencies (LHCSAs), Long Term Home Health Care Programs (LTHHCPs), Hospices and Managed Long Term Care Plans (MLTCPs).

While our initial survey indicated that the overwhelming majority of providers are challenged by dangerous shortages of personal protective equipment (PPE), HCA sought to learn more about what PPE conservation strategies or best practices providers were taking to manage these shortages. Among other actions, nearly half (48%) of home care staff are reusing face masks in accordance with guidance from the U.S. Centers for Disease Control and Prevention (CDC) and 21% of agencies are implementing policies that prevent patient visits from occurring in certain cases, where possible (including for new admissions), when PPE is needed but is not at hand.

HCA also sought to learn more about the extent to which patients are refusing needed care due to fears of exposure. Home care is a unique practice setting in that nurses, aides, therapists and other caregivers deliver vital services in a patient's home. This setting not only puts home care at the front line in keeping vulnerable New Yorkers safe and medically stable during this crisis, but it also requires home care-specific screening procedures, best-practices, and education of patients, families and staff, many of them fearing risks to their health. At the time of our Phase II survey in late March, approximately 25% of agencies had 1-10 patients refusing care, 20% of agencies had 11-20 patients refusing care, and a handful of community-based agencies reported higher ranges of patients refusing care: for instance, almost 7% of agencies had over 100 patients refusing care. Our survey also captured some important outreach, follow-up measures and alternative strategies (such as use of remote monitoring) that home care and hospice providers are employing to manage these cases.

Many home care and hospice agencies are also experiencing decreases in their patient counts due to the COVID-19 crisis as well as worrisome workforce capacity issues. About one-quarter of agencies have had at least 1 and up to 20 aides (personal care aides, or "PCAs," and home health aides, or "HHAs") test positive for COVID-19, and 17% of organizations have had at least 1 and up to 20 RNs or professional staff test positive. Even higher percentages of these staff are quarantining themselves due to direct COVID-19 exposure. Agencies also report staff

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electing to no longer come to work due to fear of exposure, with the largest share of survey respondents (73%) seeing a 1-10% decrease in their PCA/HHA workforce capacity and 67% seeing a 1-10% decrease in their RN/professional workforce capacity, with some reporting decreases as high as 21% to over 40%. We also report on agencies' near-term projected financial impacts. What follows are some specific findings. Please note that all of these findings are a snapshot of experiences from a particular period, with long-term impacts yet to be assessed.

BIG PICTURE: DEMOGRAPHIC INFORMATION

Below are patient counts and the number of COVID-19 cases (confirmed and suspected) reported by survey respondents.

	# of Patients Served by Organization Type (survey sample) Upstate	# of Patients Served by Organization Type (survey sample) Downstate
CHHA	13,036	20,343
LHCSA	16,580	39,591
Hospice	2,488	2,994
LTHHCP	47	0

	# of <u>confirmed</u> COVID-19 patients (survey sample)	# of <u>suspected</u> COVID-19 patients (survey sample)	# of households served by home and community-based providers (survey sample) where COVID-19 positive/suspected individuals reside
CHHA	72	91	135
LHCSA	156	292	263
Hospice	25	48	48
LTHHCP	0	0	0

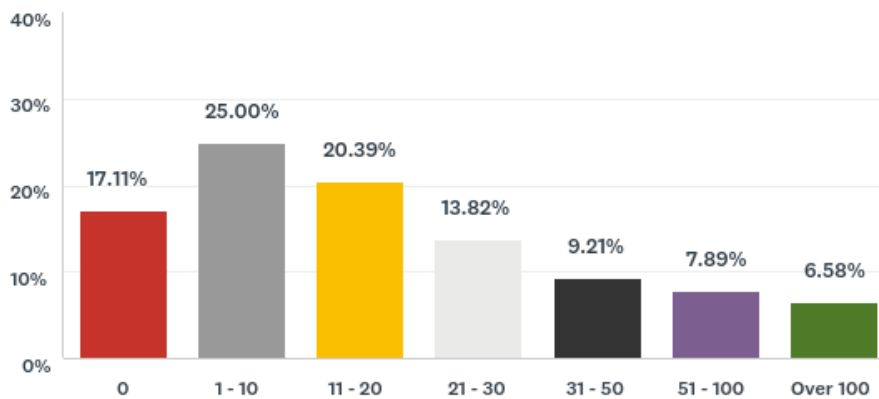
CHANGES IN PATIENT COUNTS

Below are the percentage changes in patient counts (total number of patients) for each provider respondent type (survey sample) since the disaster emergency was declared in New York state on March 7, 2020. Note: percentages exclude organizations who answered "not applicable."

	Decrease of 10% or more	Decrease of 5% or more	No change	Increase of 5% or more	Increase of 10% or more
CHHA	60%	13%	24%	-	2%
LHCSA	30%	18%	32%	-	6%
Hospice	19%	13%	44%	4%	4%
LTHHCP	-	25%	75%	-	-
MLTCP	15%	15%	58%	-	-

NUMBER OF PATIENTS DECLINING/REFUSING SERVICES

HCA asked organizations to report how many patients and/or families are refusing care (i.e. not allowing a staff person to enter the home), due to fear of COVID-19 exposure, as shown in the chart below.

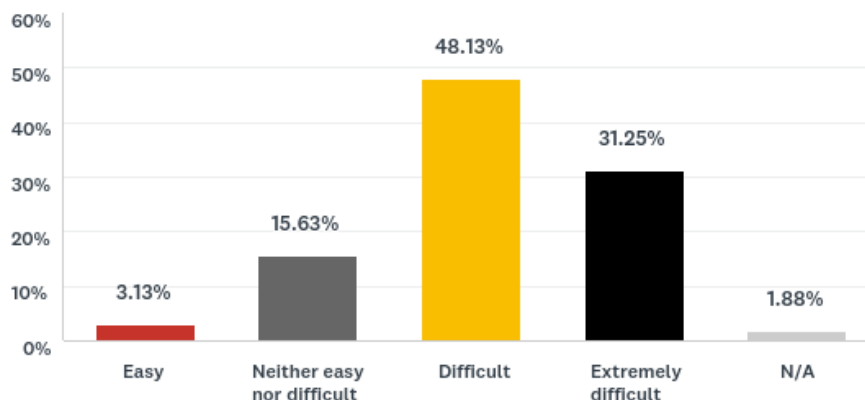


X Axis: # of patients declining services, **Y Axis:** % of Agencies

- A majority of respondents reported that they have policies in place to properly address instances when a patient refuses care. Many agencies took the following steps, including:
 - a) Validate the patient's concern and provide reassurance by educating the patient/family of the precautions being taken by the agency to protect both the staff and patients.
 - b) Speak with the patient/family about the risks and complications that could arise without the patient receiving medical care deemed necessary by the physician.
 - c) If patient still refuses, offer telehealth services (if available).
 - d) If patient refuses telehealth and in-home services, agency would notify MD and other care managers (such as managed care plan) of patient's refusal.
 - e) The patient's case is placed on hold for 30 days, with follow-up done within those 30 days.
 - f) Some agencies also reported continuing to conduct daily follow-up with patients over the telephone.

PPE SHORTAGES, CONSERVATION STRATEGIES & RECOURSES

*It is widely known that health care providers of all types are struggling to obtain the necessary PPE to provide services throughout New York State. As shown below, almost **80%** of home care and hospice providers are continuing to have a **difficult** and/or **extremely difficult** time attempting to access PPE for their staff.*



HCA asked survey respondents about what their staff are doing in home and community-based settings to cope with PPE shortages, as summarized below:

- **48%** of home care staff are reusing face masks, in accordance with CDC guidance.
- **21%** of agencies have policies in place that prevent patient visits from occurring when face masks or other PPE is required but is not on hand.
- **19%** of staff are completing patient visits without face masks.
- **14%** of staff are making their own face masks.
- **7%** of staff are resigning/not providing services without proper PPE.

STAFFING IMPACTS

Below are survey results on workforce capacity decreases, due to COVID-19, as well as the number of home and community-based staff: 1) electing to no longer come to work due to COVID-19 exposure; 2) undergoing self-quarantine; 2) testing positive for COVID-19.

	% of agencies reporting that staff (by discipline) are choosing to no longer come to work due to fear of COVID-19 exposure	
	At least 1 and up to 20 staff choosing to no longer work	Between 20 and 40 staff choosing to no longer work
HHA/PCAs	45%	3%
RN/Professional Staff	33%	3%

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	% of agencies asking staff (by discipline) to quarantine themselves due to direct COVID-19 exposure		
	At least 1 and up to 20 staff asked to quarantine	Between 20 and 40 staff asked to quarantine	>41 staff asked to quarantine
HHA/PCAs	45%	3%	3%
RN/Professional Staff	34%	3%	1%

	% of agencies reporting staff (by discipline) who have tested positive for COVID-19
	At least 1 and up to 20 staff
HHA/PCAs	24%
RN/Professional Staff	17%

	% of agencies experiencing a decrease in their workforce capacity (by discipline) due to COVID-19				
	1-10% decrease	11-20% decrease	21-30% decrease	31-40% decrease	>40% decrease
HHA/PCA Workforce Capacity	73%	12%	11%	3%	1%
RN/Professional Workforce Capacity	67%	18%	9%	2%	5%

In cases where a patient's regularly assigned staff-person becomes sick, organizations reported the following measures:

- **89%** of agencies assign the patient's case to another staff person or found this not to be an issue yet.
- **7%** of agencies reported that the patient's case is put on hold until the assigned staff person can return to work.
- **2%** of agencies reported that the patient's case is often discharged due to the patient's refusal to see a new staff person.
- Only **0.7%** of agencies reported that the patient's case is discharged due to staffing shortages.

Summary of additional comments:

- Many patients are opting to have their family members cover their care in the event that their regular aide is unavailable.

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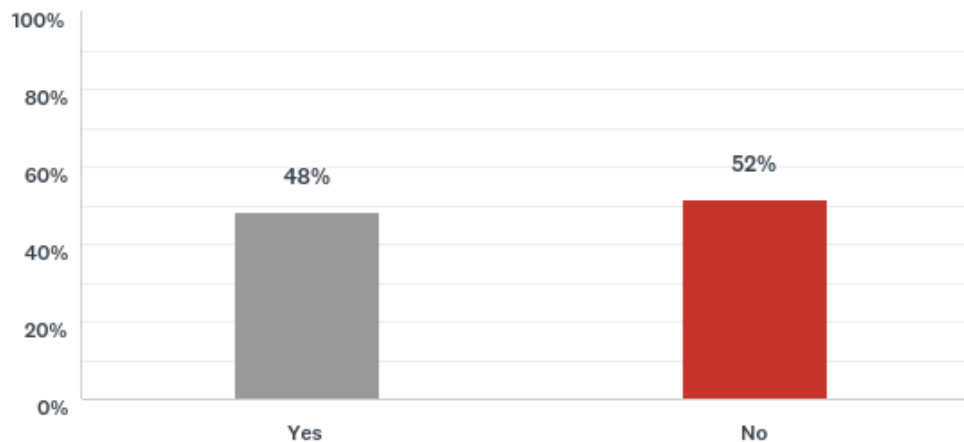
- Some agencies reported discharging cases that are under 6 hours a week and will only send another aide if the patient has no symptoms and has not been exposed.

AGENCIES CONDUCTING TESTING

	% of agencies able/willing to conduct testing (i.e. swab tests) for COVID-19 in the community	
	% of agencies willing and already have enough staff	% of agencies willing but would require staff training
CHHAs	2%	76%
LHCSAs	4%	44%
Hospice	-	54%

HOSPITAL DECOMPRESSION OR ASSISTANCE

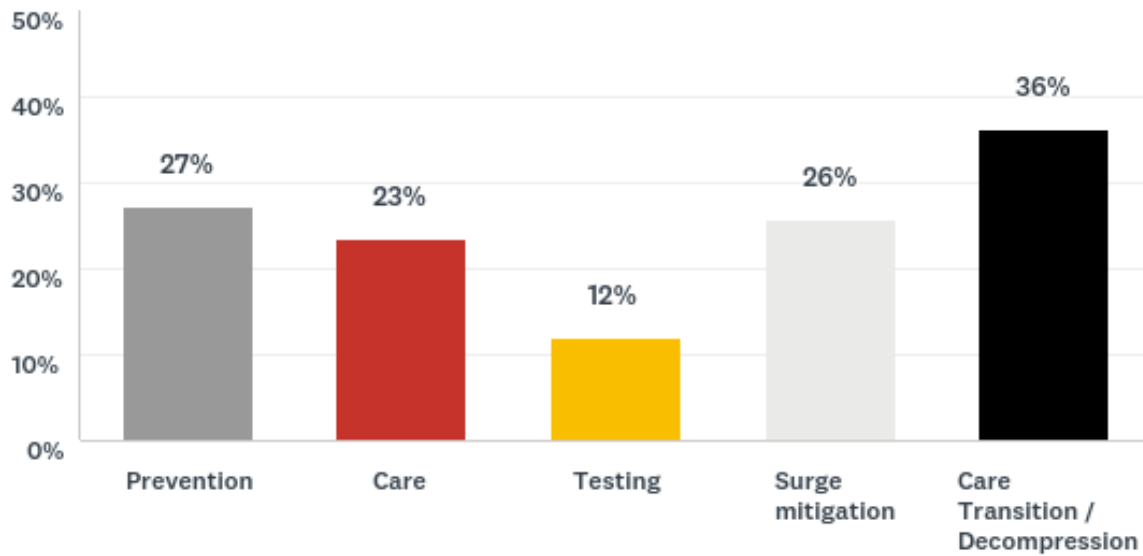
Below are the percentage of agencies currently coordinating their COVID-19 response with their local area hospital(s):



- Of the **52%** of agencies who are not currently coordinating with their local area hospital(s) yet, **86%** reported that they **would like to do so moving forward**.

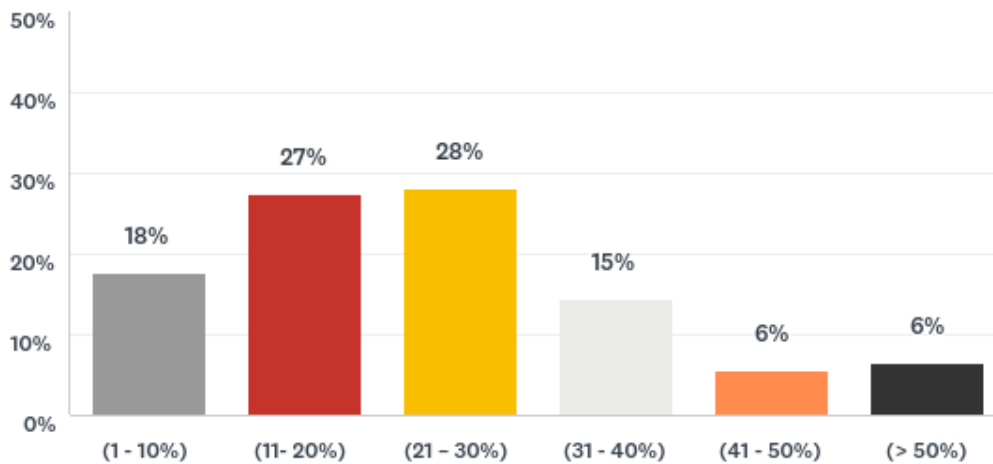
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Of the 48% of home care and hospice agencies currently coordinating their COVID-19 response with their local area hospital(s), they are addressing the following areas together:



OVERALL FINANCIAL IMPACTS

Agencies are beginning to collect data on the financial impact of the COVID-19 crisis. Below are the percentages of agencies projecting various ranges of revenue loss for the foreseeable March, April, and May period.



X Axis: Projected Revenue Loss / **Y Axis:** % of Agencies - All Respondents