

Statement for the Record

Submitted by

The Premier healthcare alliance

Examining the COVID-19 Nursing Home Crisis

House Ways and Means Health Subcommittee

June 25, 2020

The Premier healthcare alliance appreciates the opportunity to submit a statement for the record on the House Ways and Means Health Subcommittee hearing titled “Examining the COVID-19 Nursing Home Crisis.” We applaud the leadership of Subcommittee Chairman Doggett, Ranking Member Nunes and members of the Committee for examining the factors that contributed to the nursing home response during the pandemic and assessing necessary improvements going forward.

Premier Inc. is a leading healthcare improvement company, uniting an alliance of more than 4,000 U.S. hospitals and health systems and approximately 175,000 non-acute providers, including 28,000 nursing homes around the country, to transform healthcare. With integrated data and analytics, collaboratives, supply chain solutions, and consulting and other services, Premier enables better care and outcomes at a lower cost.

It is indisputable that COVID-19 has had devastating consequences for the nation’s nursing homes. Deaths among senior-care center staff and residents appear to represent at least 40% of the overall count of more than 116,000 U.S. fatalities related to COVID-19, as compiled by Johns Hopkins University¹. Since the COVID-19 outbreak, a key focus area of Premier has been ensuring nursing homes, which were wholly unprepared to deal with the magnitude of the pandemic, have personal protective equipment (PPE), supplies and equipment at their sites so they can continue to deliver high quality care to residents.

Through two comprehensive surveys and dozens of individual conversations to understand the needs of senior living providers during the pandemic, Premier developed solutions and recommendations that we shared with the Administration. In addition to supply chain issues, which require critical thought moving forward, we believe additional funding is necessary to implement technological supports in nursing homes. Specifically, infrastructure is needed to help infection preventionists and clinical pharmacists at facilities detect, manage, control and report infection related conditions related to COVID-19 and beyond. We urge Congress to address known supply chain and surveillance vulnerabilities for this unique population in the next COVID-19 package.

CONGRESSIONAL ACTION IS NEEDED TO ADDRESS SUPPLY CHAIN VULNERABILITIES

As a supply chain leader, Premier has been at the forefront of COVID-19 response efforts and has been working around the clock to ensure a consistent supply of medical supplies for nursing homes, including personal protective equipment (PPE). Premier has been actively engaged with

¹ <https://www.wsi.com/articles/coronavirus-deaths-in-u-s-nursing-long-term-care-facilities-top-50-000-11592306919>

the Administration and federal agencies to track developments and offer guidance, providing real-time data on ordering patterns, current consumption rates and future demand forecasts in order to inform our government's understanding of the current state and potential future vulnerabilities.

Premier conducted several surveys² to better understand the needs of nursing homes during the pandemic response and found that:

- Per Premier data, about 43 percent of senior living facilities did not have a consistent ordering history for PPE at the outset of the pandemic, effectively leaving them without a legitimate channel for purchasing supplies that may be necessary to protect workers and elderly residents. Of senior living providers that did have a consistent purchasing history of PPE products, 87 percent were not receiving the full quantity of products ordered at the outset of the COVID-19 pandemic.
- By early April, 24 percent of senior living facilities did not have N95 masks on hand, and the majority had fewer than two weeks' supply of surgical masks, isolation gowns and face shields.
- Additional products in high demand for senior living facilities and short supply from manufacturers and distributors included thermometers, exam gloves, shoe covers, bouffant caps, alcohol pads, disinfecting products, hand sanitizer, and disposable paper items. This demonstrated the unique needs of nursing homes from other healthcare settings.
- These supply chain challenges have left nursing homes vulnerable, as 70% reported they are not fully prepared to treat an increasing number of COVID-19 cases as the virus surges.

Given these findings and barriers for nursing homes to obtain PPE through traditional distribution channels, Premier created an e-commerce platform, Stockd, to ensure nursing homes were able to access critical medical supplies during the pandemic in a timely manner. Stockd will continue to be a critical resource for nursing homes moving forward as they adjust to the new normal and continue to obtain PPE to protect both healthcare workers and nursing home residents.

To strengthen the supply chain to address future global pandemics, Premier has robust recommendations on how the existing private sector supply chain can be further enabled and augmented. Premier's guiding principles include:

- Augment the existing private sector supply chain to better respond to global pandemics through diversification and transparency. The private sector supply chain is highly functioning and should be further enabled, not disrupted.
- Develop a cohesive and holistic national strategy for addressing global pandemics and stabilizing the US supply chain to respond to surge demand for critical medical supplies and drugs.
- Identify critical medical supplies and drugs needed to treat a global pandemic and associated comorbidities. This identification should occur via a public-private advisory council that includes representatives from manufacturers, GPOs, distributors, physicians, pharmacists, laboratorians, nursing homes, and others.

² <https://www.premierinc.com/newsroom/premier-in-the-news/senior-living-facilities-lack-supply-of-protective-gear-survey-finds> and <https://www.premierinc.com/newsroom/press-releases/as-covid-19-pushes-hospital-patients-to-post-acute-care-settings-supply-and-resource-needs-grow-per-premier-inc-survey>

- Create upstream visibility into the supply chain to understand sources of raw materials and manufacturing facilities. This information is critical to assess vulnerabilities and prioritize what critical medical supplies and drugs should be focused on initially.
- Design stockpiles to create coordination rather than competition between state, local and national stockpiles. Stockpiles should be customized to meet the unique needs of various healthcare sectors, such as nursing homes.
- Leverage supply and demand data from GPOs, who serve as neutral, vendor agnostic, and value orientated entities to drive transparency in the supply chain and forecast demand needs.
- Develop a real-time national surveillance system that includes supply chain data so that there is a real-time means to identify a disease threat as early as possible as well as its implications on healthcare resources.
- Advance payment and delivery system reforms that hold providers accountable for the health of a population, budgets and transparent outcomes. This will incent improving the health of a population, which will both improve patients' comorbidities and attention to care management to sick patients. Acting within a budget helps reduce long-term financial pressure from rising healthcare costs.

Premier urges Congress to ensure that nursing homes are represented in the development of a cohesive and holistic national strategy for addressing global pandemics. Furthermore, a customized stockpile for nursing homes should be created with appropriate supplies, drugs and other needs.

FUNDING FOR INFECTION PREVENTION CLINICAL SURVEILLANCE WILL IMPROVE OUTCOMES

COVID-19 has brought to the forefront the specific challenges nursing homes face in containing the spread of infectious disease. The virus has accelerated at nursing homes because residents are generally vulnerable to its complications and more susceptible in the contained space of the facilities. While data about infections in nursing homes is limited, the CDC notes that, even prior to the pandemic, a staggering 1 to 3 million serious infections occur every year in these facilities and as many as 380,000 people die of the infections in nursing homes every year.³

Infection prevention oversight and training at nursing homes is a challenge in and of itself with limited staffing and several layers of reporting requirements. This challenge is compounded by limited Electronic Health Record (EHR) functionality at the sites. Without a comprehensive infection prevention surveillance workflow, the surveillance, tracking, documenting and reporting of epidemiologically significant organisms and infection is difficult for everyday risks, such as multi-drug resistant organisms, but also when an outbreak like COVID-19 occurs.

Clinical analytics technologies are currently widely leveraged in hospitals and acute setting to detect patient care issues through surveillance, interventions and reporting capabilities that are needed to support antimicrobial stewardship programs. These systems utilize data from EHRs and have significantly helped clinicians and pharmacists in acute settings identify overuse of antibiotics and drug-bug mismatches, reduce time-to-appropriate therapy and enhance therapy for difficult-to-treat pathogens. Those health systems already utilizing clinical surveillance technology were well positioned to respond to COVID-19 before the pandemic hit.

³<https://www.cdc.gov/longtermcare/index.html#:~:text=1%20to%203%20million%20serious,infections%20in%20LTCFs%20every%20year.>

Some bright spots and successes with clinical surveillance solutions in the acute space include:

- 27% reduced median time to appropriate therapyⁱ
- Reduced odds of infection-related mortality by 76%ⁱⁱ
- Reduced hospital Length of Stay (LOS) by two daysⁱⁱⁱ
- 286% improvement in appropriate prescription of antibiotics^{iv}
- 40% antibiotic intervention rate within outpatient wound care center^v
- 33% increase in antibiotic interventions^{vi}
- Five times faster antimicrobial stewardship program interventions^{vii}
- 64% reduced time to effective antimicrobial therapy for *C. difficile*^{viii}

These interventions also contributed to significant cost savings for health systems, including:

- \$1,469,907 incremental cost savings in first year^{ix} at Good Shepherd Medical Centers
- \$29,144 *C. diff* intervention savings in one year^x at St. Elizabeth's Hospital
- \$241,756 cost savings from interventions^{xi} for South Texas Veterans Healthcare System

Unfortunately, clinical analytics technologies are currently not widely used in nursing homes. Nursing homes should have the same access to tools that will help them combat infection spread during any future outbreaks of COVID-19 and during their day-to-day operations, but unfortunately funding remains a significant barrier. Nursing homes are already challenged with meeting their more visible needs, such as testing and securing adequate PPE levels at their sites, but a comprehensive approach is additionally needed to ensure data collection is efficient, non-duplicative and being analyzed in ways that are helpful for facilities.

Premier urges Congress to designate funds in the next COVID-19 package to incentivize nursing homes to implement electronic clinical surveillance technology that will provide meaningful assistance with infection control.

CONCLUSION

In closing, the Premier healthcare alliance appreciates the opportunity to submit a statement for the record on the House Ways and Means Health Subcommittee hearing to examine the COVID-19 nursing home crisis. As an established leader in the healthcare supply chain and healthcare data analytics, Premier is available as a resource and looks forward to working with Congress as it considers policy options to continue to address these very important issues. If you have any questions regarding our comments or need more information, please contact Shara Siegel, Director of Government Affairs, at shara_siegel@premierinc.com or 646-484-0905.

ⁱ Pogue JM, Mynatt RP, Marchaim D, et al. Automated alerts coupled with antimicrobial stewardship intervention lead to decreases in length of stay in patients with gram-negative bacteremia. *Infect Control Hosp Epidemiol.* 2014;35(2):132-138.

ⁱⁱ *Ibid.*

ⁱⁱⁱ *Ibid*

^{iv} Bassi S, PharmD. Antibiotic Stewardship Program Supported by Clinical Surveillance Increases Pharmacy Interventions and Reduces Costs. Poster presented at ASHP Annual Meeting; Dec. 3-7, 2017; Orlando, Florida.

^v Sobnosky J. Expanding Antimicrobial Stewardship to Outpatient Settings Using Clinical Surveillance Technology. ASHP Annual Meeting; Dec. 3-7, 2017; Orlando, Florida. Available from: <https://www.eventscribe.com/2017/ASHP-Meeting/ajaxcalls/PresentationInfo.asp?efp=WUFORk1KUU8yMDk5&PresentationID=308658&rnd=0.289665> Accessed December 13, 2017.

^{vi} TheraDoc® Enhances Antimicrobial Stewardship at St. Elizabeth Hospital. Charlotte (NC): Premier Inc. Available from: <http://www.theradoc.com> Jenna K. Foreman PharmD, BCPS, Clinical Pharmacist — St. Elizabeth Hospital.

^{vii} Polen C, Judd W, Ratliff P, et al. Impact of real-time notification of *Clostridium difficile* tests results and early initiation of effective antimicrobial therapy. *Am J Infect Control.* 2018 May;46(5):pp 538-541.

^{viii} *Ibid*

^{ix} Calloway S, Akilo HA, Bierman K. Impact of a clinical decision support system on pharmacy clinical interventions, documentation efforts, and costs. *Hosp Pharm*. 2013;48(9):744-752

^x TheraDoc® Enhances Antimicrobial Stewardship at St. Elizabeth Hospital. Charlotte (NC): Premier Inc. Available from: <http://www.theradoc.com> Jenna K. Foreman PharmD, BCPS, Clinical Pharmacist — St. Elizabeth Hospital.

^{xi} Echavarría K, Smith G, Tierney C, et al. Utility of an Electronic Clinical Surveillance System to Facilitate Tracking of MDRO and Antimicrobial Stewardship in a VA Medical Center, *ElectronicHealthcare*, Vol. 10, No. 2, 2011, 35p.