Pandemic Year III: Keys to Success

What top long-term care executives expect from the newest ‘normal’

PARTICIPANTS INCLUDED:
David Bellew, Director of Client Services, Yardi Systems
Jesse Coiro, General Manager & Director of Health & Healthcare, Erlab, Inc.
TJ Griffin, Chief Pharmacy Officer, PharMerica
Brendan McNamara, Chief Executive Officer, Telemedicine, Sound Physicians

MODERATOR: James M. Berklan, Executive Editor, McKnight’s
A special McKnight’s Power Panel presentation recently brought together top executives from different verticals in long-term care to examine top issues of the day, including staffing, compliance, reimbursement and technology.

RATE THE FUTURE
Kicking off the conversation, James M. Berklan, executive editor at McKnight’s, asked each panelist to relay their level of optimism regarding operating conditions and the pandemic.

TJ Griffin, chief pharmacy officer at PharMerica rated his optimism an 8, saying, “I think we’re on the cusp of really starting to get back to normal.”

For Brendan McNamara, chief executive officer, telemedicine for, Sound Physicians, things looked a little less rosy. “While I agree that there are reasons to feel confident, one thing holding us back is that we can’t recover the way we all hope to if we can’t staff facilities and provide the necessary care.”

At Yardi Systems, David Bellew, director of client services, said he has been focusing on two growth and recovery aspects that bode well for the industry. “One is occupancy,” he explained. “Our clients saw more than a 10% drop in occupancy due to COVID which has mostly recovered at this point. Second, we’re seeing a lot of investment coming into the industry.”

Jesse Coiro, general manager and director of health & healthcare, Erlab Inc. rounded out the prognostications by taking neither a glass half full nor half empty stance. “I don’t feel like proper mitigation and infection control strategies have been implemented across the board and I fear that moving forward we’re going to come across another pandemic,” he said. “We can’t look at vaccines as a solution to everything because the risk factors moving ahead are significant and need to be addressed appropriately.”

THE NEW NEW NEW NEW NORMAL
The (seemingly) age-old question remains, “What will the new normal look like?” More germane to the conversation: What does it look like for providers?

McNamara suggested that, “it will not be normal, and shared that he thinks instead it might be the new “steady state,” in which he envisions, “Skilled nursing facilities finding success by caring for higher-acuity patients.” He also noted that we will continue to see the rise of value-based care and more skilled nursing, and that companies will use technology to “deliver better, more cost-effective clinical care that will help complement today’s coverage models.”
As Griffin mentioned, expectations from patients’ family members have changed. “I think you are going to see a call for more private rooms,” he offered. “That’s where you can create better infection control procedures, more personalized care and offer the home environment people are really seeking.”

For Coiro, what lies ahead is incumbent on understanding that we’re going to have to be careful moving forward. “We’re going to have to address air quality because that is what’s making patients, residents and staff members sick in addition to them not being appropriately dressed,” he said. “If these issues are not addressed, the new normal will revert back to what we saw two years ago and I don’t think anybody wants to see that.”

Bellew believes that it all comes down to staffing and technology.

“The turnover rate is always going to be higher than it was previously,” he noted. “The new normal needs to include things like better onboarding programs, better systems in place to help new care providers get on the floor and get productive in a quick and responsible way.”

**TOP OF MIND**

Encapsulating the hour into one, top takeaway was a tough ask, but Coiro believes “the focus should be on implementing the right technologies and ensuring you have proper protocols in place for the challenges you’re dealing with today, but also tomorrow.”

Implementing the right technologies demands planning ahead, Bellew believes: “All of the technologies take a little while to get off the ground and integrate with pharmacies and hospital partners,” he said. “Make sure you have building blocks in place so that you can get your organization where you want it to go.”

Quality is the name of the game for McNamara. “Focus on clinical quality in your facility by enabling your onsite clinical team to deliver high-quality care through integrated workflows embedded in the medical record,” he said. “Higher quality will help differentiate your community and generate additional revenue. This is the way to succeed in the future.”

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— BRENDAN McNAMARA

According to Griffin, the key is not to be scared of the growth of home- and community-based services. “What we’re doing is a complementary service,” he said. “Having that process in place that helps create a safe transition of care to home- and community based services is going to be really important in the future.”