

June 2, 2020

Pamela Shayne Brannman  
Office of Emergency Management and Medical Operations,  
Department of Health and Human Services

**Re: Assistant Secretary for Preparedness and Response Technical Resources Assistance Center & Information Exchange: Healthcare Systems Considerations for Recovery and Resumption of Services During COVID-19**

Dear Director Brannman:

The American Geriatrics Society (“AGS”) greatly appreciates the opportunity to provide comments to the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources Assistance Center & Information Exchange (TRACIE) on the proposed recommendations for potential planning considerations made by healthcare system emergency planners and executives, as well as individual facility managers tasked with any aspect of reopening, recovery, and ongoing operations during the current public health emergency.

The AGS is a not-for-profit organization comprised of more than 6,000 physician and non-physician practitioners (“NPPs”) who are devoted to improving the health, independence, and quality of life of all older adults. Our members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician assistants, pharmacists, and internists who are pioneers in advanced-illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons.

As the healthcare providers for older adults, particularly with multiple chronic and complex conditions, we appreciate ASPR TRACIE’s efforts to provide recommendations for healthcare facilities and professionals to adapt to a “new normal” to alleviate the impacts of the pandemic, recover from the first wave of the emergency, prepare for potential future surges, and adjust operations, while supporting their respective communities’ current health needs. In both the tip sheet and longer narrative, ASPR TRACIE recommends crucial considerations, including assessment of available resources, continuation of effective infection prevention, internal and external infrastructure accommodations for specific needs of COVID-19 cases, workforce changes and employee safety, among other suggestions.

We applaud ASPR TRACIE’s efforts to ensure the consideration of key policies and procedures for the healthcare system as we begin to reopen our country and resume healthcare services amidst COVID-19. However, we strongly urge ASPR TRACIE to consider our recommendations below for a more comprehensive guide.

## **General Recommendations:**

We suggest that ASPR TRACIE include a firm recommendation that health systems establish permanent committees with a clear mission to engage with state regulators to develop plans for responding to future waves, pandemics, and more. Such committees should be permanent to provide for institutional memory and to be able to evolve plans over time as each pandemic will bring new learnings and recommendations for change.

AGS also recommends that ASPR TRACIE take a more holistic approach to move health systems to a “new normal” by including other settings where health systems are delivering care, e.g., post-acute, long-term care, health professional offices and clinics, and other care settings that are typically part of a healthcare system, such as urgent care clinics. It is particularly important that plans to reopen health systems address the needs of older adults who are at highest risk of death if they contract the disease.

*In order to do this, AGS recommends that ASPR TRACIE add the following considerations:*

- Planning teams should include clinicians with expertise in geriatrics and palliative care, as well as representatives from skilled nursing, post-acute care, federally qualified health centers, and other settings of care.
- Attention be paid to ensure that care is provided in a way that patients can maintain physical distance which may require alterations to physical plant or changes in scheduling.
- Health systems to consider using this crisis as a time to innovate and transform into an Age-Friendly Healthcare System.<sup>1</sup>
- Explore ways to better integrate medical and social care partners given the impact that social determinants of health have on health outcomes.

### **I. Resumption of Full Clinical Services**

*AGS recommends that ASPR TRACIE:*

- Provide greater clarity as to what ASPR TRACIE recommendations are for coordinating the availability of telehealth services with the resumption of face-to-face care. By this we mean that systems should have a plan in place that guides decision-making around when patients can safely be seen via telehealth and when they need to, be seen face-to-face.
- Include a recommendation that health systems plan to account for changes in policies in patient care and infection control in multiple care settings, including acute care in hospital settings, residential care in skilled nursing facilities, rehab settings, and care in community (including home-based care).
- Recommend that provider schedules include information on whether a patient lives in assisted living or another congregate setting so that providers are aware of their patients living arrangements at the time of appointment.

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<sup>1</sup> Institute for Healthcare Improvement. (2020) Age-Friendly Health Systems. What is an Age-Friendly Health System? <http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>

- Recommend that health systems develop and implement policies and procedures around COVID-19 status, both before and after clinic visits, as well as policies for addressing exposure across contacts (e.g., health professional or patient tests positive shortly after a face-to-face appointment).
- Recommend that health systems work collaboratively with local authorities to track and monitor case counts across settings of care.

*AGS recommends adding the following questions:*

- Do you have a strategy for testing all staff and surveillance of staff once “full” clinical services restart?
- Have you ensured access to personal protective equipment (PPE) for all staff, including community-based partners, clinical partners, and staff working in long-term care and other congregate living settings where care is delivered?
- Have you developed a plan that will guide clinicians in decision-making around when a patient needs to be seen face-to-face versus providing care via telehealth?

## **II. Patient/Visitor Relations**

*AGS recommends including the following considerations:*

- Planning for assistance to people who are living with mental illness, especially those living in isolation.
- Plans for addressing lack of access to equipment at home (e.g. computer, internet and/or smartphone) for lower income or isolated older adults.
- Allocation of staff, technology, and other resources to ensure that family members and surrogate decisionmakers can see and speak with their loved ones and with members of the health team that are responsible for their care on a regular basis.
- Strategies to allow families, surrogates, and other caregivers to visit their older loved ones. This is particularly important for older adults living with dementia and those who are at the end of life. Such planning will need to include attention to testing and providing PPE for visitors to protect visitors, patients, and healthcare workers.

## **III. Infrastructure**

*AGS recommends including the following considerations:*

- Engage in community-wide planning that brings together all health systems and facilities within a community to plan together as to how they will meet the needs of that community.
- Ensure that there is expertise in geriatrics, skilled nursing, and palliative care on planning teams so that infrastructure planning reflects the diverse needs of older adults and people with disabilities.

- Share resources across the community so that the public health response to any pandemic is coordinated across health systems and other care settings.
- Engage assisted living and other congregate living settings in planning and ensuring that their staff have access to adequate PPE and testing.
- Engage home health agencies in community-wide planning and ensuring that their staff have access to PPE and adequate testing.

#### **IV. Supply Chain and Resource Management**

AGS recommends that systems be encouraged to comply with current CDC and other guidance for frequency of testing. Further, they should take steps to ensure an adequate supply of PPE for the institutions, facilities, and community partners that comprise the system. Health systems should also increase the number of reliable sources of equipment, so they have the supplies needed to operate in this “new normal.”

#### **V. Workforce**

Health Systems will need to pay close attention to protecting their workforce during times of pandemic. Such protection needs to extend beyond the healthcare workforce to all services, including food services, cleaning staff, building engineers and maintenance, and security. Systems should ensure that all workers have access to paid family and medical leave, adequate PPE, and testing. This responsibility extends beyond the acute care hospital setting to all settings where care is being provided.

Systems also should take steps to protect their workforce against becoming infected and to monitor their workforce to decrease the chance of infection transmission to patients. These steps should include increasing the number of staff providing hands-on assistance to older patients across the system so that frontline workers have adequate time to follow basis hygiene and infection control practices between patients. Again, provision of PPE to all staff that is of utmost importance.

*AGS recommends adding the following questions:*

- What is your process for defining and addressing an exposure?
- What is your process for an employee who tests positive?
- Do you have paid family and medical leave policies in place for all staff?
- How is the system addressing PTSD and trauma encountered by frontline staff in a proactive manner?
- How does your system plan to deploy those infected and recovered already in the post-surge workflows and the recurrent surge?

#### **VI. Administrative/Financial**

Health systems will need to consider the budgetary impacts of the “new normal”. Factors that will enter these considerations include cost of PPE and testing of their healthcare workforce and patients; and potential decrease in revenue due to changes in scheduling of patient appointments and services.

*AGS recommends that health systems address the following in their planning:*

- Work with unions and clinical staff to plan for potential workforce redeployment, both within the health system to other settings and systems that comprise the larger community.
- Explore risk-bearing global capitation or other value-based payment streams to ensure finances continue to flow during a resurgence of COVID-19 and to prepare for continuity of financial support in future pandemics.
- Ensure that staff are fully supported if a health system needs to implement service line closings or staff layoffs to meet financial gaps caused by the pandemic.

*AGS recommends adding the following questions:*

- Have you reached out to your healthcare coalition?
- How will telehealth be utilized and what will be its impact on workforce, operations, finances, resource management, and partnerships with community partners?

AGS appreciates the opportunity to comment on this important guidance from ASPR TRACIE. We believe that health systems should undertake a full debrief of how their system performed during the first wave of the COVID-19 pandemic. Such review should be done with the goal of improving the system’s approach to the expected second wave and future pandemics. In particular, health systems should consider how its healthcare workforce was redeployed across the system to meet the COVID-19 surge. We recommend, in particular, ensuring that clinicians with expertise in geriatrics and palliative care be deployed in a way that best supports older patients and those with serious advanced illness. Such thoughtful planning will ensure clinicians with the highest level of skill are available to support patients with the highest level of complexity, older adults with multiple chronic conditions.

Please contact Anna Kim, [akim@americangeriatrics.org](mailto:akim@americangeriatrics.org) if you have any questions. Thank you again for the opportunity to comment on this important work.

Sincerely,



Nancy E. Lundebjerg, MPA  
Chief Executive Officer