

July 29, 2021

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Senator Rachel May

Chair of Committee on Aging of New York State

333 E. Washington St. Suite 805

Syracuse, NY 13202

Re: Written Testimony for the NYS Senate Commission on Aging – July 2021

Dear Senator May:

This letter is written on behalf of the New York Medical Directors Association's (NYMDA) Public Policy Committee and the Executive Board of NYMDA in order to submit formal written testimony to the NYS Senate Commission on Aging that took place in July 2021. First, we would like to humbly thank you for inviting Dr. Dallas Nelson, the current NYMDA president, to provide oral testimony at the recent senate commission. We very much appreciate the ability to have a voice and help shape post-acute and long-term care in the coming months for all our older adults in NYS.

This is a very critical time in the care of older adults across the country and medical directors have a unique perspective and skill set to share that will assist in shaping the post-acute and long-term care continuum. Medical directors have the opportunity to work in post-acute care facilities, specifically nursing homes, in a unique way. A major goal is to help guide clinical care, ensure appropriate quality of care and provide insights into infection control practices among other things. The COVID-19 pandemic has shed further light on the areas we can improve upon in care facilities in NYS. We need to seriously look at what is going well in the nursing home, what is going poorly and how we can improve. There are clearly deep systemic issues that exist in post-acute and long-term care. Now is the time to review these for the benefit of our older adults who call long-term care in these NYS facilities as their home. This will not only have significant implications for all of them including our family members, but also ourselves as we too will need further services and support to age gracefully. This represents an opportunity for all of us and should not be viewed as a job. It is a chance to transform a care setting that desperately needs it and if not done with care, can have serious long-term ramifications. We again appreciate being a part of this

process and hope to add ongoing expertise as medical directors/geriatricians that have specific training to help improve the care for older adults.

During the COVID-19 pandemic, specific issues came to the forefront and require urgent solutions. These include, but are not limited to, a significant workforce shortage of frontline care staff that has been worsening over the last 5-10 years, the ongoing issue of the institutional layout and structural decline of some nursing home facilities, and the lack of a truly collaborative system for improvement. To help achieve this, we would recommend an ongoing, regularly occurring collaboration between NYMDA, NYS legislators and the NYSDOH. As Dr. Nelson mentioned in her testimony, other states such as Colorado have done this with great success and it has been an effective way to achieve timely, state of the art based changes when needed. Medical directors and specifically NYMDA members care only about the patients we serve. Our goal is to improve the care of older adults regardless of the setting and help provide insight to ensure any changes that occur in post-acute and long-term care are done with care, respect and adequate insights into how it will affect the entire health care system. NYMDA and its members are in an advantageous position to provide these insights. We appreciate the opportunity to do so now and in the future.

- 1) **The shortage of frontline care staff in nursing homes** – This is probably the most pressing issue and requires the most attention. Without the ability to adequately staff a facility, this of course has a significant impact on the patients we serve. When the incidence of pressure ulcers, falls with injury and weight loss goes up, the quality of life of the patient goes down considerably. Wage increases are occurring in many sectors of the economy which is very positive. However, nursing homes are behind in this area and are losing staff because of it. COVID-19 has led to buildings with low census numbers that have not been able to adequately recover and therefore are losing more revenue. When combined with decreasing Medicaid reimbursements the result is that facilities are unable to adequately compete with wages in other sectors of healthcare and the economy. Especially in a job that is physically challenging, has a high level of burnout and can be dangerous, wage increases would need to be significant to help retain staff and attract new ones. The solution should involve re-examining the reimbursement structure as well as supporting training programs to incentivize new nurses, aides and other direct care staff into the nursing home environment. This will attract passionate individuals and compensate them appropriately. Unfortunately, if this does

not occur, we will see further nursing home closures and this will have wide-ranging implications on the health system.

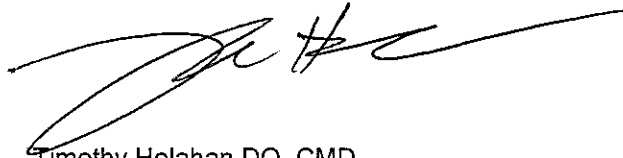
2) **Nursing home institutional layout and structural redesign** – Many nursing homes across NYS are older facilities and need a fair amount of structural upkeep. These settings are becoming more outdated as demonstrated by the COVID-19 pandemic. Lack of private rooms, the use of shared bathrooms and buildings that are structurally old have had a profound impact on the patients as well as infection control in general. A review of these facilities and how they can adequately care for patients in a safe way is necessary. In the end, combined with decreasing reimbursement, these facilities will likely need state and/or federal assistance to achieve this or it could result in closures. A shift towards aging at home is not wrong as many patients/families want this and for many this may be the best option, however there will always be a subset of patients that require nursing home level of care but not hospital level care. Therefore, we need to ensure nursing homes are redesigned to provide adequate clinical care and maximize a resident's quality of life. This can be seen in the greenhouse model of nursing homes and more homelike designs. Some nursing homes have adopted this model and it has been shown to be successful.

3) **Develop a collaborative relationship between the NYSDOH and professional organizations involved in the care of older adults (i.e. NYMDA)** – This has been shown to be widely effective in other states in transforming and improving the post-acute and long-term care environment. One ongoing issue that is seen in nursing homes, is the punitive and negative culture that has developed over the last 1-2 decades. Research done in many other areas of industry have shown that a punitive type culture does not lead to lasting change in behavior or improvement. It only leads to burnout and resentment amongst the staff that work there. This is evident in the airline industry as we know and has led to a large reduction in errors as well as an improvement in overall performance. Of course, if there are signs of true neglect or intent to harm, consequences are needed but outside of that scenario, the goal should be open and honest conversations about how to improve. Regular meetings and open communication between organizations like NYMDA and the NYSDOH is a first step to achieve this. All of us aligning towards one common goal of improving the care of older adults in nursing homes will go a long way in terms of staff satisfaction, improving workplace culture and creating a

workplace that is innovative as well as enjoyable. NYMDA is ready to help in this process and it will take all of us working together to achieve better care for older adults. The sooner we do this, the quicker positive outcomes will be seen.

Senator May, we thank you again for calling this commission on aging and focusing on how to improve the care of older adults in NYS. We see this as one of the more important health care system redesigns of our lifetime. We cannot do this alone and the only way we will achieve this is if we work together. NYMDA stands to help NYS with this process for the betterment of the patients we serve, their families and all of us as we age in this wonderful state. Please do not hesitate to reach out to us again if you need assistance or further help in this very important initiative.

Sincerely,

A handwritten signature in black ink, appearing to read 'Timothy Holahan', with a long horizontal flourish extending to the right.

Timothy Holahan DO, CMD

On Behalf of NYMDA Public Policy Committee and Board Member