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I am a geriatrician and nursing home physician in Long Island, NY working for over fifteen years in the field. I love geriatric medicine because the patients are complex and their personal histories are varied and rich. Geriatric medicine provides a more holistic approach to care as geriatricians need to address all the medical, social, and familial aspects of their lives that contribute to their overall health and well-being.

However, medical care in the pandemic was completely turned upside down. Never before, in contemporary medicine, were doctors and health care providers literally putting their own lives and the health of their families at risk in order to do our jobs. Never before, were health care workers caring for such astronomically high numbers of seriously ill and rates of dying patients on a daily basis. Each day in the nursing home in late Spring 2020, I felt like I was experiencing my own grandmother die. Every. Single. Day. Truly only clinicians who were in the situation can understand the emotional intensity and physical exhaustion that health care providers felt.

The pandemic provided all of us with opportunity to reflect and reconsider so many aspects of our society and community. The purpose of the hearing today is to address Challenges and Solutions in Nursing Home (NH), Assisted Living (AL), and Homecare (HC) Workforce. The fact that this hearing is actually occurring is of vital importance and an important first step. We cannot fix anything if we are unaware that there is a problem to correct. To me, the fundamental problem affecting NH, AL and HC is the perception society has about these institutions. The term “nursing home” is actually outdated – there is much more than “nursing” care happening. More accurately, they are “Skilled Nursing Facilities (SNF)” or “PA/LTC” (post-acute and long term care) facilities – staffed with LPNs, RNs, wound care specialists, physicians and consulting physicians who are led by a medical director. The majority of SNFs function like mini-hospitals – many with the ability to administer IV fluids, IV antibiotics, oral antibiotics, nebulized medications, supplemental oxygen, treat wounds with topical treatments and wound vacs, evaluate patients with xrays and ultrasounds, some even provide hemodialysis and manage ventilators and trach care. SNFs need to be recognized by legislators, families, and the health care industry as providers of complex medical care to the most vulnerable and medically complicated people in our society. SNFs also provide direct daily living care as well as the social, emotional, and psychological needs of these frail older adults. Physicians and their team members can help reduce unnecessary admissions to the hospital and address realistic goals of care with patients and families with advanced care planning discussions.

On behalf of the Metropolitan Area Geriatrics Society (MAGS - the regional chapter of the American Geriatrics Society serving NYC, LI and Westchester) I share this imperative message. We need to STOP vilifying nursing homes and "correcting" them with regulations, penalties, and fines. Instead, we must APPRECIATE the SNFs and the challenging work they do despite having limited resources related to receiving much lower reimbursement than hospitals. In fact, Medicare recently reduced reimbursement to SNF physicians as part of the effort to improve payment for "primary care". The reality is that geriatricians, internists, and family practice doctors in the SNF are the ultimate of primary care providers for the patients in SNFs by seeing these patients frequently and managing their complex health care needs. We need our government and media to recognized and acknowledge the accomplishments of clinical care providers in SNFs and, when needed, assist the facilities to improve. We need to ensure adequate staffing in SNFs through appropriate pay for challenging work that therapist, nurses, nursing assistants and others do. Certified nursing assistants often notice subtle changes in patients such as decreased eating or weakness and thereby aid the health care team in identifying change in condition early. These staff members should be appreciated and recognized through better compensation. We need to recognize the medical complex care that is provided in SNFs and strive to improve patient care by listening to the care providers directly. There are many geriatric physicians groups in NYS that are working in the front lines in the SNFs and can share guidance and experience. We encourage the NYS legislature and other involved parties to reach out to the NYS geriatrics (such as MAGS and the Geriatrics Task Force of the NY state chapter of American College of Physicians – NYACP) and SNF medical director organizations (such as New York Medical Directors Association – NYMDA) to serve as resources to assist with improving care delivery and processes in the SNF. Though this pandemic was an unbelievably heart-breaking experience for everyone in health care, government and beyond, let us seize this opportunity to improve care delivery systems to the most vulnerable New Yorkers.