



August 17, 2020

The Honorable Lawrence J. Hogan
Governor of Maryland
100 State Circle
Annapolis, MD 21401

The Honorable Dennis Schrader
Chief Operating Officer, MDH
201 West Preston Street
Baltimore, MD 21201

Dear Governor Hogan and Chief Operating Officer Schrader:

Thank you for your leadership as we continue to fight the COVID-19 pandemic and economic crisis it has brought. While we have all faced many challenges in navigating this unprecedented emergency, we have also learned lessons along the way.

The long-term and post-acute care sector is fortunate to currently be in a relatively steady position, but there will surely be more troubling days and new challenges ahead—as you know from our work together, we’ve had ups and downs in this brutal fight against COVID-19. We are writing today about ongoing COVID-19 testing in skilled nursing and rehabilitation centers, assisted living campuses, and in senior housing across Maryland.

Testing:

The State coordinated universal testing in our sector is among the longest-running in the nation and is helping to save lives— thank you. Comprehensive and chronological testing data for skilled nursing and rehabilitation centers showing the positivity rate have not been publicly released. We believe that Maryland data from May 2020 to today would show a positive, successful concerted effort of the State and our sector in the fight against COVID-19.

In reviewing rough back-of-envelope testing data that we can put together, we estimate that the State of Maryland has tested between 135,000 and 150,000 nursing home residents and staff for COVID-19 since May 29 and that there has been a very low percentage (single digits) of positive cases in our sector in that timeframe.

Containing COVID-19:

We should all be proud of the progress that has been made since the surge of hotspot cases back in March and April. During this first COVID-19 surge, the majority of 227 the skilled nursing and rehabilitation centers in Maryland each had dozens of cases. This was during a stage of the pandemic when we were not testing and before we knew about the largely asymptomatic nature of the virus. In June, about 60 centers had mostly isolated cases. Because of the correlation between the positivity rate in the community and our sector, around 180 centers had at least one case several weeks after the July 4th holiday.



The truth is that as a sector, we are becoming more and more successful in containing the virus— our healthcare heroes, PPE, testing, and emergency federal grant funding all play a role in this.

Going Forward:

We are VERY concerned about increased spread of the virus and additional surges with the opening of schools and universities and the coming Labor Day holiday. Together we will be fighting COVID-19 until there is a broadly available vaccine, and because of the understandable chronic medical challenges of the people we serve and often the healthcare heroes providing care, people in our sector are at higher risk. As you know, testing is not the universal fix to fighting COVID-19, but it is vitally important. We would like to propose an updated clinically driven testing model (attached).

Considerations:

- Currently, it routinely takes several days to get test results back from commercial labs and there are even delays in State lab testing and communication. According to physicians, COVID-19 test results received beyond 48 hours are not as clinically actionable, and testing 100 percent of residents and staff in our sector is not helpful if it takes several days to get results.
- Going forward, there will continue to be cycles in this testing capacity challenge, where demand exceeds even the most ambitious standing up of new capacity. We fear this will be the case as universities begin the fall semester.
- We believe that State testing data will show a declining positivity rate in Maryland nursing homes from June to the present. Universal State testing, PPE, and the work of our sector have reaped positive and lifesaving results.
- The Centers for Medicare & Medicaid Services (CMS) has committed to providing every skilled nursing and rehabilitation center in the U.S. with Point-of-Care (POC) rapid testing machines. So far, we estimate twenty-three centers in Maryland have received these machines from CMS, and they are prohibited by State order from using them if they have an outbreak of a single case. These machines are commercially available.

Now is the time to learn from our success, plan for ever-increasing commercial lab testing demand, and to pivot towards a testing strategy that includes rapid result POC testing (antigen and molecular) and commercial testing.

The Recommendations:

The attached draft was written considering policies in other states and the national policy evolution from the U.S. Public Health Service. The draft recommendations were also reviewed and edited by physicians in our sector and hospitals.

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We ask that these recommendations be implemented by Governor's order as a means to ensure targeted, timely, and actionable testing going forward in our continued fight against COVID-19.

Again, thank you for your leadership and for all you do for the benefit of Marylanders. I look forward to our continued collaborative partnership as we work to implement the best solutions to this evolving healthcare and economic crisis.

Be well,

A handwritten signature in black ink, appearing to read "Joe", with a stylized flourish at the end.

Joe DeMattos

President and CEO

CC: The Honorable Adrienne Jones, Speaker, Maryland House of Delegates
 The Honorable Bill Ferguson, President, Maryland Senate
 The Honorable Robert R. Neall, Secretary, Maryland Department of Health
 Jinlene Chan, MD, MPH, Acting Deputy Secretary of Public Health Services, Maryland Department of Health
 Cliff Mitchell, MD, Maryland Department of Health
 Diane Croghan, Deputy Chief of Staff, Office of Governor Hogan
 Webster Ye, Director, Office of Governmental Affairs, Maryland Department of Health
 Eric Shope, Maryland Department of Health
 HFAM Board of Directors

CONSIDERATIONS:

There is a strong correlation between the positivity rate of COVID-19 in a specific geographic community and the businesses, skilled nursing and rehabilitation centers, assisted living campuses, and other organizations within that community.

The first peak of COVID-19 in the Maryland long-term care sector occurred from March 15 to April 15. It was not uncommon during that time for positivity rates in both the community-at-large and in skilled nursing and rehabilitation centers and assisted living campuses to range from 30 to 60 percent. Many long-term care centers were not just outbreaks, but hotspots with high percentages of staff, residents, and patients testing positive.

There is also a correlation between the positivity rate of COVID-19 in a community relative to social determinants of health, health care disparity, pre-existing conditions, and race. We saw this in Baltimore City, Baltimore County, Prince George's County, Charles County, and parts of Montgomery County.

Given the often-asymptomatic nature COVID-19, which we learned about in April, timely testing and contact tracing is key in limiting the repeated exposure of the virus into skilled nursing and rehabilitation centers and assisted living campuses.

Testing in both State and commercial labs has become less timely in recent weeks due to limited lab capacity, supply shortages of reagent, and increasing demand. For testing to be truly actionable and effective, it must take no longer than 24 - 48 hours to receive results for long-term care residents, patients, and staff.

RESEARCH NOTES:

- When looking at long-term and post-acute care centers that have COVID positive residents, there is not any correlation between the center's Five-Star Rating, for-profit status, or survey history.
- Based on [analyses](#) done by independent researchers from Harvard, Brown, and the University of Chicago, the determining factor of an outbreak in a nursing home is simply the location of that nursing home.
- Regarding the asymptomatic nature of the virus, according to Dr. David Grabowski, Ph.D., Professor of Health Care Policy, Harvard Medical School: "It is spreading via asymptomatic and pre-symptomatic cases...We're not going to get a handle on COVID-19 until we get a systematic testing and surveillance system."

OBJECTIVES:

- Slow and prevent the spread of COVID-19 in skilled nursing and rehabilitation centers and assisted living campuses.
- Protect those in the community and in healthcare settings who are most at risk of severe illness and death due to social determinants of health, healthcare disparities, pre-existing conditions, and race.

- Identify rising COVID-19 hotspots in the community-at-large and target surveillance testing strategically in both the community and skilled nursing and rehabilitation centers and assisted living campuses.
- Slow and prevent the external re-entry of COVID-19 into skilled nursing and rehabilitation centers and assisted living campuses.

RECOMMENDATIONS:

COVID-19 Testing in Post-Acute and Long-Term Care **with** an Outbreak

- Skilled Nursing and Rehabilitation Centers and Assisted Living Campuses shall have contract(s) with commercial labs, including but not limited to the state lab, to conduct weekly PCR tests of all residents and patients in the case of a COVID-19 outbreak (defined as a single resident or patient active case). Commercial or state labs must have the capability to turn around a PCR test within 24-48 hours, not longer.
- Skilled Nursing and Rehabilitation Centers and Assisted Living Campuses shall, in the instance of an identified staff case or exposure, conduct PCR tests with their contracted commercial lab for suspected employee and any employee(s) in suspected contact with that positive employee. Again, the lab(s) must have the capability to turn around a PCR test within 24-48 hours, not longer.
- Skilled Nursing and Rehabilitation Centers and Assisted Living Campuses should work with their commercial lab(s) to have available at any given time enough test kits for 50 percent of the current census of patients and residents so that they may respond immediately to any concern for a developing outbreak.
- Skilled Nursing and Rehabilitation Centers and Assisted Living Campuses shall use point of care testing machines, antigen or molecular, to test all employees weekly onsite until no new positive cases have been identified for >14 days and the community testing positivity rate decreases below 5 percent. The benefit of this is actionable results in 15 minutes.
- Should commercial labs or the state lab not be capable to meet the mandate for results within 24-48 hours, or the 50 percent test kit requirement, the Maryland Department of Health (MDH) shall take appropriate action with the lab.
- If test turnaround time exceeds 24-48 hours for commercial lab molecular testing, the facility should utilize point of care tests to identify cases and isolate them expediently, then send molecular tests on all residents and staff who test negative via point of care antigen tests.

COVID-19 Testing in Post-Acute and Long-Term Care **without** an Outbreak

- Skilled Nursing and Rehabilitation Centers and Assisted Living Campuses shall have contract(s) with commercial labs, including but not limited to the state lab, to conduct PCR tests with a maximum 48-hour turnaround time of symptomatic residents or staff.

- Skilled Nursing and Rehabilitation Centers and Assisted Living Campuses should work with their commercial lab(s) to have on hand at any given time enough test kits for 50 percent of the current census of patients and residents to rapidly respond to any concern for a developing outbreak.
- Skilled Nursing and Rehabilitation Centers and Assisted Living Campuses shall use point of care testing machines, antigen or molecular, to test at least 50 percent of high-risk employees (e.g. those traveling between facilities or working with a large distribution of residents) weekly when community testing positivity rate exceeds 5 percent.

ADDITIONAL NOTES:

- The State of Maryland should prioritize, deploy, and fund surveillance spot testing in the community-at-large and target surveillance testing strategically in both communities and skilled nursing and rehabilitation centers and assisted living campuses.
- COVID-19 point of care (POC) testing is being utilized in Maryland's urgent care clinics, hospitals, and other settings. The federal government is currently sending this same POC testing equipment to nursing homes in hotspot states and has committed to providing this equipment all 15,000 nursing homes in the US (which will likely be early next year for all Maryland centers). While PRC lab tests can take 24-48 hours for results in ideal conditions and be 90-100 percent accurate, POC tests provide results in 15 minutes and are 80-90 percent accurate. Re-testing increases accuracy and immediate results are more actionable.
- Should a hotspot emerge where staffing, PPE, and resources become an issue in a skilled nursing and rehabilitation center or assisted living campus, then that center will work proactively with the Maryland Department of Health, local health department, commercial lab(s), and others as deemed necessary to address staffing, PPE, and resource issues.

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