



May 8, 2020

Dr. J. William Wulf, Chief Executive Officer Dr. T. Laurence Blosser, Medical Director for Outpatient Services Central Ohio Primary Care 655 Africa Rd. Westerville, Ohio 43082

Dear Dr. Wulf and Dr. Blosser;

Last week, Ohio took the first steps to restart its economy by allowing certain elective procedures to begin again. In anticipation of this, Central Ohio Primary Care (COPC) sent a letter to all patients outlining steps it would be taking to meet the new and changing demands of healthcare delivery during a pandemic. One of these steps was to avoid "time in skilled nursing homes when there are options to recover at home." The letter went on to say that "This pandemic has further highlighted medical issues that can occur in a skilled nursing facility. It can be very challenging for you and your family, but we will support you in identifying safer alternatives."

We are concerned that these statements will only stoke fear in individuals and families, and moreso, this fear is unwarranted. Furthermore, we are concerned that those individuals for whom skilled nursing facility care is absolutely necessary will believe they are receiving substandard or unsafe care by virtue of the setting alone.

It uniquely places blame on nursing homes for the spread of the pandemic. Spread of COVID-19 through nursing homes is caused by the same factors as spread in other healthcare environments: close proximity to infected individuals, high prevalence of asymptomatic individuals, and insufficient personal protective equipment and testing. If nursing homes are unique, it is because the population that need nursing home care is uniquely vulnerable to COVID-19.

Already, most individuals would prefer to convalesce at home. Skilled home health care offers a viable alternative for those individuals whose needs do not rise to the level of needing around-the-clock skilled nursing care. Certainly, the availability of informal caregivers due to widespread unemployment will increase the number of Ohioans choosing home-based rehabilitation.

However, skilled home health is not equivalent to skilled nursing care delivered in a facility setting. A blanket policy of nursing home avoidance may pose more danger to patients than it attempts to avoid. By discouraging skilled nursing care, one set of dangers is exchanged for another. These include:

- Unprepared caregivers. Caregivers fearful of nursing homes may be inclined to overestimate their ability to safely manage an individual's rehabilitation at home.
- Physical environment. Nursing homes are designed with health goals in mind, making them optimal environments for rehabilitation. Skilled nursing care offers specialized





equipment, staffing, dietary support and other supports that are simply not present in home environments.

• Risk of elder abuse. One benefit of skilled nursing care is that there is a line of oversight into those facilities that helps to protect vulnerable Ohioans. No such protections exist in the individual's home. In 60 percent of elder abuse and neglect cases, the perpetrator is a family member, and there are multiple stressors—job loss, increased social isolation, financial insecurity—that are heightened during this pandemic.

We believe clinical choices should be made, as they have prior to the current pandemic, based on the individual's clinical needs, preferences and options available to families. We also recognize that all skilled nursing facilities are not equal, and we affirm that a physician's knowledge of—and confidence in—a specific provider should be part of the conversation and care planning process. Furthermore, there is still wide variation in a facility's access to PPE and testing—two critical tools in preventing the spread of COVID-19. These considerations should be part of the care planning process as well.

However, blanket recommendations such as those included in the recent patient communication are counterproductive and harmful. We encourage you to be more mindful of the full impact of your communications in the future.

Respectfully,

Thomas Lehner, MD, CMD

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