



Impact of the COVID-19 pandemic on rehabilitation care: post-acute and long-term care providers' perspectives

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This issue brief presents findings from the Learning Health Systems Rehabilitation Research Network (LeaRRn), a resource and training center to improve the quality of rehabilitation care.

LeaRRn is housed in Brown's Center for Long-Term Care Quality & Innovation (Q&I) and is a partnership between Brown, Boston University, the University of Pittsburgh and eight health system partners.

During the novel coronavirus pandemic, the Centers for Disease Control and Prevention (CDC) has recommended that healthcare providers wear personal protective equipment (PPE), implement social distancing, and quarantine patients if symptomatic or on arrival in residential care settings.¹

Little is known about how these recommendations and other changes in clinical practice during the pandemic have affected the provision of rehabilitation care in post-acute and long-term care. We surveyed professionals in these settings about providing rehabilitation care during the pandemic and present themes derived from their responses.

Methods

In June and July 2020, we used professional connections to disseminate an electronic survey to a convenience sample of clinical and administrative staff. The survey included eight open-ended questions about rehabilitation care delivery, including four questions specific to the COVID-19 pandemic.

Key Findings:

- Respondents expressed concern about the effects of quarantine and social distancing on patients' physical and mental health
- They described how social distancing has changed the provision of rehabilitation care, particularly by shifting care to the bedside
- They noted that telehealth and Medicare waivers of administrative requirements have provided new ways to connect with patients
- Finally, they worried about increased expenses due to the pandemic and whether waivers that enable access to care will be extended after the end of the public health emergency

Sample

30 respondents representing multi-state post-acute and long-term care providers:

- 37% rehabilitation clinicians (PT, OT, SLP)
- 43% administrators
- 20% nursing or other
- Work in a wide range of post-acute and long-term care settings: home health (23%), assisted living (43%), long-term care (83%), and/or skilled nursing facilities (93%)

Notes: PT: Physical Therapist, OT: Occupational Therapist, SLP: Speech-Language Pathologist

Changes in Care Delivery

When describing the biggest changes in rehabilitation because of the pandemic, many respondents described how quarantine and social distancing requirements have impacted care delivery. Key changes in care include eliminating group therapy, concurrent therapy, and the use of communal gyms, which has shifted rehabilitation service delivery largely to in-room and by the bedside. Respondents also noted that discharge planning activities, such as caregiver training and in-home assessments, were no longer possible during the pandemic.

“Limitation of activities and confinement to the resident’s room has been the biggest [issue].”

This has reduced access to the therapy gym and the various types of equipment... modes of delivery including group and concurrent therapy which could be of benefit to the resident has been limited.”

Administration

While some respondents mentioned the negative consequences of this shift, others saw the change more positively.

“The pandemic has forced care to be at bedside; and only on the unit-where it should be.”

This has improved rehab care. This has also improved the team approach.”

Other

“I think that outcomes as far as mobility will be better, due to not having 25% of patients [in] group sessions (which are solely for business advantage, not patient advantage in my opinion).”

Rehabilitation

Impact of Resident Isolation

Many respondents expressed concern about the adverse effects of quarantine and social distancing on residents’ psychological well-being and motivation.

“Patients are less motivated, depressed, and missing loved ones ... limited interaction with other patients really saddens the elderly population.”

Rehabilitation

“[The] inability to provide group/concurrent treatments [is] compromising both socialization and peer encouragement.”

Administration

“Residents do not work in groups and cheer each other on.”

Administration

Implementation of Infection Control

Respondents also frequently discussed how time spent on infection control measures, such as donning and doffing PPE, has reduced time spent in care delivery.

What do you see as the biggest issue?

“Time consumed by PPE donning and doffing.”

Rehabilitation

“Application of PPE has added to the time it takes to set up a resident for services. In addition, enhanced cleaning procedures has been an added burden to the therapy staff.”

Administration

Consequences of Quarantine

Many respondents discussed how in-room quarantine for new admissions and COVID-positive residents adversely affects residents' psychological and physical function.

“The new admissions being isolated for 14 days in their rooms has had a negative effect on these patients especially mentally.”

Rehabilitation

What do you see as the biggest issue?

“The week [of] quarantine at the beginning of the rehab stay where residents must stay isolated in their rooms, keeping them out of the gym.”

Administration

What do you see as the biggest issue?

“[The] inability to be challenged to higher level of function due to quarantine x14 days when [residents] first come from the hospital.”

Rehabilitation

What do you see as the biggest change as a result of the pandemic?

“Social isolation and declined mobility and ADL [activities of daily living] levels for [COVID] positive patients.”

Nursing

Respondents also noted that therapists had less flexibility floating between buildings due to infection control restrictions.

“[There is] a general decrease in the amount of treatment time per patient in locations where therapists are not allowed to float or have been exposed.”

Rehabilitation

Impact on Cost & Access to Care

Several respondents, primarily those with administrative roles, commented on the business implications of the pandemic, noting increased costs, decreased patient volume, and decreased reimbursement. Respondents repeatedly expressed concern about limited access to rehabilitation services and equipment.

“[We] need higher reimbursement to cover additional costs associated with providing therapy during the pandemic.”

Administration

“Higher reimbursement for one on one therapy since group therapy is reduced or not allowed”

Administration

“Systemic problems in how rehabilitation services are paid for have created chasms in access and outcomes and who/how providers are paid.”

Other

At the same time, many respondents spoke favorably of the rapid expansion of telehealth and of Medicare waivers that provide telehealth payments, additional benefits, and eliminate mandatory 3-day hospital stays before accessing post-acute rehabilitation care.

“Utilization, outcomes, access to care were improved once telehealth was permitted... [yet] technology and staffing costs increased without a means to recoup the additional costs.”

Administration

“The [emergency] waiver has been helpful to provide additional needed services to Medicare Part A beneficiaries.”

Administration

Concern about Continued Access

Respondents also wondered whether the waivers will be extended after the public health emergency ends.

What do you see as the biggest change as a result of the pandemic?

“[The] question of **extending waiver of regulations following the pandemic.**”

Administration

What do you see as the biggest change as a result of the pandemic?

“Waivers that **have favorable[y] impacted our ability to treat patients**”

Rehabilitation

Thoughts on the Future

When describing how to improve rehabilitation care, most direct care respondents emphasized the need for technology and telehealth platforms.

“I believe healthcare professionals are much more open to telemedicine as a result of the pandemic and **changes in practice, like telehealth, would have taken much longer to occur without the need for it during the pandemic.**”

Rehabilitation

“Tele-rehab is promising, but **we've been living in a technology desert and suddenly having to stand up infrastructure, educate staff, and implement** anything new during a pandemic exposed the terrible inadequacies of our existing system.”

Other

Summary

Our findings afford an early glimpse of dramatic changes in the delivery of rehabilitation care in post-acute and long-term care during the COVID-19 pandemic—particularly in terms of therapy shifting to in-room and bedside care and in terms of the rapid increase in telehealth.

While survey respondents viewed some changes positively and expressed a desire that Medicare waivers, for example, would extend beyond the pandemic, they also voiced concerns. They worried about the impact of isolation on patients, in particular: people quarantined or separated from friends and family due to visitation restrictions, whose supports and habilitation may suffer.

Respondents also worried about the business implications of increased expenses and reduced revenues. There have been no changes in reimbursement to compensate for the shift from group therapy to one-on-one rehabilitation or the time and expense associated with use of telehealth electronic platforms, PPE, and other supplies. Post-acute and long-term care providers will not be able to shoulder these additional costs indefinitely.

Perhaps most importantly, the results of our survey emphasize the continued importance of eliciting stakeholder perspectives to ensure that learning health system research is grounded in and responsive to real-world considerations. Future research should evaluate the impact of the pandemic and resulting changes to reimbursement policy on patient outcomes, post-acute care delivery, and costs.

¹ Centers for Disease Control and Prevention. 2020, June 25. Preparing for COVID-19 in Nursing Homes.