EFFICACY OF COVID-19 PROVIDER RELIEF FUNDING ACROSS US NURSING HOMES

Background:
US nursing homes have been significantly impacted by the COVID-19 pandemic, as their residents are typically elderly adults with underlying medical conditions. In response, the Department of Health and Human Services announced >$5 billion in emergency provider relief funds (PRF) under the CARES Act. However, the association between PRF funding and COVID-19 outcomes for facilities and residents is unknown.

Methods:
We queried the Centers for Medicare & Medicaid Services’ COVID-19 Nursing Home Dataset and PRF data from the U.S. Department of Health & Human Services. Outcomes analyzed include COVID-19 related cases, deaths, mortality, access to testing, PPE supply, geographic region, and staff shortages.

Results:
The final sample included 107,762 reports on 2858 unique US nursing homes between June 2020 and January 2021. The mean funding per resident for a facility was $13287. Quartile-based analysis revealed higher funded facilities had smaller capacity, significantly fewer resident cases and deaths, less staff shortage, and fewer staff COVID-19 cases. Lesser funded nursing homes had a greater proportion of COVID-19 test results taking >7 days and are clustered in the geographic south, while the highest funded homes are located in areas with higher median incomes.

Conclusions:
The highest funded nursing homes were less impacted throughout the duration of the pandemic on several COVID-19 related metrics, showing a need for more equitable and transparent distribution of emergency funding for nursing homes nationwide.

Community Partner:
Current plans involve establishing collaborations with nursing facilities as well as reaching out to CMS regarding policy guidance.

Using the CMS Dataset, we obtained information on nursing home occupancy and COVID-19 burden. This included COVID-19 cases, deaths, and mortality (ratio of deaths to kcases) per 1000 residents, staff confirmed COVID-19 positive, and PPE shortages (any of N95 masks, surgical masks, eye protection, gowns, gloves, and hand sanitizer). We examined resident access to COVID-19 testing, types of testing (State Health Department, Private Lab, or other), time to receive test results (<1 day, 1-2 days, 3-7 days, >7 days), and barriers to COVID-19 testing (lack of: PPE, supplies, laboratory access, trained personnel, clarity regarding reimbursement, or other). We categorized each nursing home into four geographic regions: Northeast, South, Midwest, and West. Results in progress and will include in presentation.