THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

amda

Statement on Safe, Equitable, and Timely Distribution of COVID-19 Therapeutics for Post-Acute and Long-Term Care

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As long-term care facilities continue to combat COVID-19 with numerous infection prevention and control strategies, we welcome the development and availability of safe and effective therapeutics. While ongoing efforts continue to ensure that all long-term care staff and residents have received COVID-19 vaccinations and boosters to prevent severe disease, hospitalization, and/or death, monoclonal antibodies and oral antiviral therapies continue to be an evolving strategy in the effective management of COVID-19.

The post-acute and long-term care (PALTC) resident population remains one of the most vulnerable and the most susceptible due to the congregate care setting and ongoing exposure to COVID-19 through interactions with staff, other residents, and visitors. While the current Omicron surge has largely caused mild disease in the community, there were 5,599 resident deaths and 117 staff deaths during the 6-week period from December 19, 2021 to January 30, 2022 (https://data.cms.gov/covid-19/covid-19-nursing-home-data). Even though PALTC facilities have gained tremendous expertise in managing a range of COVID-19 cases, all therapeutic options available to combat this pandemic need to be available to clinicians to allow effective treatment of high-risk residents without transfer to the hospital setting.

PALTC physicians and providers across the country have continued to advise local, state, and national stakeholders on the importance of providing resources (PPE, testing, vaccines, and monoclonal antibodies) to this high-risk congregate care setting. On December 23, 2021, the NIH COVID-19 treatment guidelines panel published a statement on prioritization for COVID-19 therapies (https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-patient-prioritization-for-outpatient-therapies/) that placed unvaccinated and immunocompromised patients highest on the list as well as vaccinated individuals over the age of 65. In addition to this statement, we urge state health officials to consider the following in designing state allocation schemes of scarce COVID-19 therapeutics:

1. Safety – Current or future COVID-19 therapeutics must be allocated, distributed, and administered in a safe manner, consistent with the FDA Emergency Use Authorization guidelines. State health officials should collaborate with long-term care medical directors, clinicians, nursing leadership and long-term care pharmacies to create effective tools, calculators, and algorithms on appropriate use of therapies in this setting.
2. Equity – We urge all health officials to take into account the importance of care setting, age, and clinical risk factors when determining statewide distribution

plans. Equity implies fairness, with resources allocated to the most vulnerable and at-risk, acknowledging that bias may also be a factor here. Therefore, those responsible for the distribution of COVID-19 therapies must understand and recognize the existence of bias wherever and whenever it appears, and conscientiously help to overcome it.

3. Timeliness – Most COVID-19 therapeutics need to be administered within 5-7 days of diagnosis and even earlier if possible. It is imperative that logistical barriers regarding distribution channels are removed to allow for early treatment. Courier services, regional distribution centers, and direct carve-out allocations to long-term care pharmacies should be considered.

Vital to this treatment strategy is addressing ongoing staffing shortages. While it is true that every facility must consider staff availability and clinical capabilities prior to administering any therapeutic, it is equally important to recognize that current or pending staff shortages should not factor in to determine a statewide allocation system for a scarce resource. Thus, it is essential that allocation schemes for COVID-19 therapeutics provide both oral antiviral and intravenous monoclonal antibody options to the individuals and care settings where they are most needed.

In conclusion, we support the development of safe, equitable, and timely COVID-19 treatment allocation protocols. While we recognize that state health officials have many populations to consider, we strongly urge the prioritization of current and future COVID-19 therapeutics to PALTC residents and staff. Lastly, we call on federal and state health officials to engage key PALTC stakeholders (including medical directors and clinicians) and design effective tools and algorithms that will ensure successful and rapid implementation of these vital therapies in the PALTC sector.

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