WHYY recently featured Penn Medicine’s Rachel Werner, MD, PhD, Executive Director of the Leonard Davis Institute of Health Economics (LDI) and Nina O’Connor, MD, Chief Medical Officer for Penn’s home health care in a story highlighting the recent push toward home-based care in the wake of the COVID-19 pandemic.

For decades, we’ve been seeing a growing trend of hospital systems, government agencies, and insurers shifting long-term care away from often-costly institutions and toward home-based care, but according to the feature, “many experts predict that the risks posed by COVID-19 may accelerate that process, whether the system is ready for it or not.”

For the last several months, most non-urgent appointments have been moved from the office or hospital setting and have been replaced by virtual appointments either by telephone or video-calling. In fact, by mid-May it was estimated that the number of patients being treated by Penn Medicine in the hospital and the number of those being treated at home were about the same. In response, the federal Centers for Medicaid and Medicare Services began allowing health systems to bill for telemedicine and remote appointments.

“It’s going to be really hard to go back from that because now we’ve seen that it’s possible to do this and patients like getting telehealth and care at home,” said Werner. “In the next year or two, I think we’re going to find that nursing homes are going to have to close because there just won’t be as much demand for the care that they provide.”

While telemedicine has been a beacon of hope in terms of safety and convenience for most patients during this time, it does come with unique challenges. “At-home care does depend on informal caregiving from family members or friends,” said O’Connor. She fears that while loved ones may have more time than usual during the pandemic, “there is no guarantee that will continue to make the model sustainable” once we begin to return to our more normal lifestyles.

According to their article, while they do agree that the bans made sense as an early containment strategy, they now believe that the time has come to loosen some of the restrictions “especially in areas where cases are steady or decreasing.” They explain that for many residents in a nursing home, a visit from loved ones is not just for socialization — often times family members serve as additional caregivers or care monitors, especially in facilities that are short-staffed. “Family members are often the first to see changes in a residents condition or other issues,” they said. “Unsurprisingly, quality of care has been found to be poor for residents without regular visitors.”

In a recent podcast, the Centers for Disease Control and Prevention (CDC) shared how loneliness and social isolation can put older adults at risk for serious medical problems such as dementia. This topic has become especially relevant during the current COVID-19 pandemic as older adults are particularly vulnerable and social distancing remains a top priority.

Per the discussion, it is important to note that while similar, loneliness and social isolation are not the same. Loneliness is a subjective feeling; you can feel alone even when you are surrounded by other people. Social isolation is more literal; it is a lack of social and meaningful relationships which are vital for our health and well-being.

One of the first steps in addressing this issue is increasing the awareness that it is in fact a serious health concern that is generally underrecognized. This can be especially difficult to tackle in today’s current state when we are being encouraged to practice social distancing, especially with the susceptible older population. While solutions such as video-calling and even “socially distant” gatherings can help with social isolation, the adjustment to this “new normal” can still leave some individuals feeling lonely.

The CDC offers a variety of tips for understanding and dealing with the risks and effects of social isolation and loneliness. Learn more at: Bit.ly/lonelyadults

Biogen, one of the world’s first global biotechnology companies recently announced the exciting news that they have filed for FDA approval of aducanumab, the investigational treatment for Alzheimer’s disease. According to the official press release, “if approved, aducanumab would become the first therapy to reduce the clinical decline of Alzheimer’s disease and would also be the first therapy to demonstrate that removing amyloid beta resulted in better clinical outcomes.”

“EXCITING NEWS FROM BIOGEN”

This is encouraging news as it is the first disease modifying therapy to go forward for likely approval by the FDA,” said Penn Medicine’s John Q. Trojanowski, MD, PhD, Director of the Institute on Aging.