We begin our fourth “e-book” of the pandemic with sharing what we know about the best news we’ve heard in 2020, the COVID-19 vaccine’s imminent rollout. We’ll then report on our continued commitment to protecting residents and staff from the disease and our protective measures such as testing. We’ll cover our holiday planning and conclude with a glimpse into the first quarter of 2021 and beyond.
CDC Puts Atria in “1a” COVID-19 Vaccine Group

Our top news is the most exciting we’ve had in what seems like forever. Atria residents are in the priority group that the Centers for Disease Control and Prevention (CDC) has recommended to receive the initial doses of COVID-19 vaccines in the U.S.!

As you’ve seen in the news, phase “1a” includes assisted living staff and residents. We are excited about receiving the vaccine in our communities and were encouraged last week when the CDC recommended that assisted living staff members and residents, along with healthcare employees and residents of long-term care communities, be among the first to receive it. We applaud the CDC’s decision to broadly include hospital and frontline healthcare workers in the “1a” distribution of early vaccines, as interactions of our residents in clinical settings has been a strong factor in pandemic outbreaks. The CDC also added a new group, “1c,” for all adults at risk (including seniors) and all seniors over 65 who are not living in long-term care or assisted living settings. CVS is the pharmacy provider we have selected to assist us with vaccine administration in our U.S. communities, including our independent living communities. We'll keep you up to speed on this development.

This communication kicks off a series of updates you’ll be getting from us as we navigate the vaccine process which is still taking shape today. We intend to get “granular” on the details as we know them and share them on a consistent basis as vaccine information evolves. We have a team of people dedicated to immediately review new information about vaccine distribution as soon as it becomes available from either the states or Federal Government, so that we can be best positioned to work with CVS and advocate for the Atria world. This includes doing our own research into understanding how the number of vaccines allocated to each state compares to what we know about how many frontline health workers and seniors there are in each state. We promise to “pester” our friends in state government and departments of health for vaccine distribution as soon as it becomes available from any provider. We will work closely with CVS to position ourselves to administer the vaccine as soon as possible, to turn back this pandemic hopefully forever.

We also realize that the news of the vaccine won’t be embraced by everyone, for any number of reasons. We will remain sensitive to these concerns even as we move forward with the vaccine for the greatest chance of finally defeating this disease.

As we said, we will keep you current as this develops. But we also thought you might appreciate links to some recent information on a tentative timeline.

As we’ve also heard, the vaccines require two doses. In order to accommodate that, CVS will be scheduling three clinic dates for our communities. There will be a second vaccination clinic in all communities somewhere between three to four weeks after the first clinic. As of now that could be in the month of February. Finally, we plan on a third clinic in March for residents or employees who were vaccinated for the first time in February. Based on the information we are learning from CVS and the CDC, administration of the vaccine will operate in a similar fashion to the flu shots clinics CVS already does for us. We are so fortunate that we have those past experiences to draw from as we move forward.

The vaccine is so important to the ongoing protection and well-being of our communities that at minimum we are going to strongly recommend it for both staff and residents with limited exceptions. In the meantime, here’s our current best information on a tentative timeline.
Where Did the Time Go?

A lot has happened since our last communication on September 24. We’ve seen a third “wave” of the pandemic that continues to be both broad and deep in terms of case growth. You’ve seen the news about rising cases in nearly every state and province. For Atria, the number of communities with an exposure in the last 14 days also went over 100 for the first time in the pandemic.

The shape of Atria’s disease curve continues to show an advantage over the general population. Atria’s recent experience has been about 30% higher than the first “wave”, while general-public per capita disease activity is running about 500%–plus of the first “wave” experienced across the states where Atria operates. Factors such as population density in various states as well as Atria’s specific locations within the states make this comparison at best imperfect, but the data appears to show that testing, Personal Protective Equipment (PPE), and protocols have allowed Atria to “flatten” its curve, even as the disease continues to spread and increase its impact on us and the world.

Also, we continue to see lessening health impacts for our residents compared to earlier in the pandemic. The trailing four-week Atria resident case mortality (COVID-diagnosed resident deaths as a percentage of total COVID-diagnosed residents) continues to run in the single digits – 5% last week, compared to 3% two weeks ago and 9% a month ago. Hospitalizations, on the same basis, also remain at lower levels – running about 25% each of the last five weeks. All community outbreaks, including memory care outbreaks, continue to generally resolve, in terms of disease outcomes, in about three weeks. This is certainly positive news, and it demonstrates that hospitals and healthcare providers have learned to improve outcomes for their patients, but it does not diminish the fact that we are fighting more disease than ever and that we must continue to do anything in our power to limit the spread and protect our residents and staff as best we can.

Testing continues to be a significant weapon for Atria in our fight against COVID-19. We hope you got to experience our Virtual Town Hall with Mayo Clinic Laboratories right before Thanksgiving. Dr. William Morice, President and CEO of Mayo Clinic Laboratories (MCL), shared his perspective on the testing collaboration with us that has so far yielded more than 170,000 tests across our communities (it was “only” 160,000 at the time of the Town Hall).

Testing in November eclipsed October’s record level by more than 6,000 tests, and we have had days when we have administered more than 4,000 tests to be sent to Mayo Clinic Laboratories in Rochester, Minnesota that same day. We expect testing in December to continue to increase, driven by ongoing and increasing state-driven requirements, especially with new full-building testing requirements being added in many states, based upon either local disease activity or identification of new positives. Mayo Clinic Laboratories continues to deliver. Even with the increasing volume, the time frame between our administration of a test and MCL’s posting of actionable data in our trackers has returned back to two days post-Thanksgiving.

The dominant form of testing we do is PCR testing with Mayo Clinic Laboratories. PCR stands for polymerase chain reaction and is a molecular diagnostic test that detects the genetic material of the virus. As we mentioned in the Town Hall, we can generally have a test performed, sent to Mayo Clinic Laboratories in Minnesota, processed and results logged into our disease tracker within an average of 2.4 days (even a little more quickly, recently).

However, we also want to continue developing our testing surveillance methods, and evaluating other types of testing that may fit certain situations based on speed, accuracy and cost. One important observation, as the pandemic is generating larger outbreaks, is that memory care (MC) outbreaks seem to be increasingly harder to contain. Given the practical limitations of redirecting memory care residents, this would seem to be an indication of the level of disease activity in general. We’ve always taken measures such as applying the fullest disease containment protocols to entire memory care neighborhoods upon discovery of any activity. We are continuing to try to find additional protective measures for memory care neighborhoods, such as piloting programs to use increasingly available point of care (POC) rapid testing, and including additional staff-directed resident hand hygiene.

To help detect disease activity among staff early (because they come in and out of the community), we plan to roll out Abbott’s BinaxNOW™ cards to increase the frequency of surveillance testing of staff in memory care neighborhoods. BinaxNOW is a nasal swab process that tests for antigens (just like most all other “rapid” or “point of care” tests), which are present in the body mostly during the more acute phases of infection. The Department of Health and Human Services (HHS) has distributed a large volume of BinaxNOW cards to us and to other operators, and we’d like to use them to expand our arsenal for “protective testing” – identifying cases early enough to isolate them to protect others and limit spread. Typically, the results are available quicker than PCR testing, but the tests have varying degrees of accuracy with respect to identifying asymptomatic and presymptomatic cases. Our side-by-side testing with PCR tests showed both false negatives and false positives when used for “surveillance” testing.

While not as accurate as PCR testing in identifying all new cases, the BinaxNOW cards have proven to uncover more asymptomatic cases in our side-by-side testing. As a result, we are concluding that frequent rapid testing of staff working in the memory care neighborhood may be helpful in identifying the existence of the disease – giving us the ability to accelerate overall disease containment protocols within specific memory care neighborhoods, treating the whole neighborhood as passive – upgraded PPE and screening as well as enhanced focus on helping residents with hand hygiene.

We also plan to enroll in a California-based pilot attempting to create a new local resource to make PCR testing even more available in that state. Lastly, we are beginning to pilot the BD Ventor rapid test POC machines in some of our New York buildings and will conduct parallel PCR testing to determine usefulness – and hopefully find more ways to make point of care rapid testing another layer of protection to add to the several interlocking layers we have put in place.
Thanksgiving presented our first big challenge during this third “wave” of the pandemic in terms of being able to optimize our “dual imperatives” of safety and enabling our residents to live their best lives regardless of the circumstance. We’ve never had a “cold weather” holiday season where we had to establish strict recommendations on families not being together without the tightest precautions. In hindsight, we could have been earlier in our protocol guidance to communities on exactly what was “okay” and “not okay” about residents leaving the community for, and then coming back from, Thanksgiving. In addition, we got a steady dose of differing guidance from the states as late as the Friday before Thanksgiving and early that holiday week.

With that being said, Atria’s Thanksgiving was better contained than we might have expected. The reported number of residents that went out with family for the holiday was much lower than we had anticipated as residents heeded our calls, as well as those of the state and local authorities, for avoiding risky settings in the current environment. Only a handful of residents, on average, actually left our communities for family holiday events.

Our learnings from November will help us for the December and January holidays. Much like we did for Thanksgiving and even back to the Fourth of July, we’re recommending bringing the holidays to residents, versus them going to their families’ homes for celebrations. Who knows, there’s an outside chance of an early gift of a vaccine clinic, but we’ll see. One thing we know, the “naughty” and “nice” list won’t be a factor in who gets the vaccine, whenever it comes.

This year’s holidays will not be traditional ones. That’s why we are putting a crucial emphasis on the culinary experience for our residents. We have several culinary and Engage Life® activities that we hope come as close to replicating “home for the holidays” as possible. For instance, there’s a Holidays Around the World happy hour cart that will be served to residents’ apartments. The cart will feature festive sweets and a seasonal culinary menu. The Chanukah meal will take place on December 11, and the Christmas meal will happen on December 24.

Throughout the holidays, there will be brain challenges such as the Game of Carols, a multi-sensory program that will allow residents to associate holiday symbols with Christmas carols through an entertaining and fun interactive game.

It’s not lost on us that the holidays are the most meaning-laden time of the year, and our residents not being able to fully socialize with their families compels us to do our best to find ways to make these holidays memorable.
**1st Quarter Crystal Ball**

While the first half of 2021 will be “vaccine season,” we also want to start looking beyond that and be prepared for a better future.

Moving forward, we all want to get back to normal, realizing that the world has changed in some ways that could become more permanent over time. Yet, human experience remains about being together, not apart or isolated from each other, and we yearn and seek ways that we can all enjoy meaningful socialization and the life-giving joy that a sense of community brings to all of us.

It’s going to take time to get back to normal, but we are excited to head on the journey with you. In our minds, the return to normal starts with the first vaccine clinic in Atria communities. From there, we will continue to adhere to our protocols which are purposefully structured to pay attention to both internal and external exposure factors.

After the second vaccine clinic day, we will shift into our COVID Watch posture, which balances the need for “normal” with the need for “safety.” We will adhere to federal, state and local requirements, but will push to return to 50% use of community spaces, including dining and gatherings of residents in groups of 15 as we continue to keep a careful eye on disease dynamics. We will remain vigilant on symptoms screening and testing.

Not only does it take time to return to normal, but we also want to be thoughtful in how we do it. As we unwind from COVID-19, there are things we have learned that can give people better lives. For instance, wearing masks during the flu season may become a regular part of life; we’ve seen very little flu this season as opposed to previous years, and a key variable is that people have been wearing masks. So, that is something we’ll be thinking about even after the pandemic.

In the meantime, new life is springing up everywhere in “Atria World.” New communities are coming online with new ways of protecting residents and maximizing their quality of life. We’ve shared with you before about our CarePredict investment in Atria Newport Beach. This wearable technology, like a smart watch, will enhance resident safety by providing keyless apartment entry and access to rooms and amenities, provide immediate fall detection and two-way communication with staff, and monitor and document contact tracing if needed. We’ve finished our first installation of CarePredict at our Atria Maplewood Place community and have already used its tracking feature for hyper accurate tracing of new positive cases, interactions and exposures within the building. Residents also have access to the latest in telehealth support and a 24-hour on-call medical staff.

We continue to roll out innovations including digital sign-in and an ever-improving capacity for virtual business management, quality enhancement and resident engagement.

These are only some of the many ways we’ll be taking advantage of what we’ve learned in managing through the COVID-19 pandemic marathon. In our Virtual Town Hall meeting with Mayo Clinic Laboratories, Dr. Matthew Binnicker shared with us a “Swiss cheese” analogy we particularly liked in terms of protecting our communities. Swiss cheese, of course, has holes in it, but all the slices put together make an airtight block of cheese. Similarly, while one single pandemic tactic like testing, PPE, infection control or a vaccine by itself has “holes” through which disease can filter, taken together, all our practices and learnings make a formidable barrier to any communicable disease.

Sleeve Up! “V for Vaccine!”

Finally, we see the COVID vaccine as the dawn of a new day - not totally unlike our Greatest Generation’s experience with V-E Day, when the Allies could finally claim victory in Europe in World War II. The vaccine promises to be that huge last layer of protection we need for our residents and staff (and society), in addition to ongoing Atria protocols such as testing and PPE. We can’t stress enough - as you no doubt also feel - that we want the COVID pandemic over with at the first possible moment. We look forward to sharing what we know, when we know it, as we enter what may be one of the most important seasons of our lifetime – “vaccine season”. We look forward to being with you on the other side of this season, for a new appreciation of life and the joy that comes from being together. With the vaccine and new and ever-improving weapons at our fingertips, again we say we “pity the flu” that comes our way in years to come.