## From the Editor



Richard G. Stefanacci, DO, MGH, MBA, AGSF, CMD

As the Founding Executive Director of the University of the Sciences in Philadelphia's Health Policy Institute, Dr. Stefanacci is building on his recent tenure as a Centers for Medicare and Medicaid Services (CMS) Health Policy Scholar. In that role, he spent a year working on policy development and implementation of the Medicare Part D Pharmacy Benefit, particularly regarding access issues for frail elders.

Dr. Stefanacci has a long and passionate history in long term care. Having served as medical director for several nursing facilities and continuing care retirement communities, he is well versed in the needs of LTC facility residents. Additionally, Dr. Stefanacci's geriatric experience includes over a decade as a medical director of a large primary care private practice, a full risk provider group, a Medicare + Choice HMO (M+C), and—currently—a Program for All-inclusive Care (PACE) program in Philadelphia.

A graduate of A.T. Still University, Dr. Stefanacci completed his clinical training at the University of Medicine and Dentistry of New Jersey in Internal Medicine and a fellowship in geriatrics at the same institution.

Dr. Stefanacci serves on the board of trustees at A.T. Still and for the National PACE Association. He also is an active member of the American Medical Directors Association (AMDA), American Society of Consultant Pharmacists (ASCP), and American Geriatrics Society (AGS). Recently, he was recognized as a American Geriatrics Society Fellow (AGSF). In addition to writing and lecturing extensively, Dr. Stefanacci serves on the editorial boards of *Caring for the Ages, LTC Interface, Jefferson's Health Policy Newsletter,* and *The Journal of Quality Healthcare.* 

## **ALF Tipping Point**

re we at a tipping point for ALFs? Well, one could cite the fact that ALFs now have more residents than skilled nursing facilities and say we already have tipped. For those who still aren't convinced, perhaps the Medicare Modernization Act (MMA) will change their minds. Even if ALFs don't ultimately get recognized as LTC facilities for the sake of a formal government-recognized definition, the increased public focus on this issue has educated a lot of people. Still, some prescription drug plans (PDPs) have recognized this difference and-more importantly—are willing to cover special services provided through LTC pharmacy providers such as adherence packaging to ALF residents. This is despite the fact that these plans (Table 1) are not obligated to do so under MMA. The problems of the limited definition of LTC which does not include ALF has enlightened policy makers, consumers, advocacy groups, and others about the fact that AL's

exclusion from this definition may be costly to ALF residents and that ALFs are much more like nursing facilities than they ever were (and more than many would like to admit).

Still not convinced? Then consider the sale of Marriott's assisted living division to Sunrise in a very visible move which states clearly that ALFs are better suited to function under a medical rather than a hospitality model. There are many other actions and events that suggest AL has firmly "tipped" into the long term care continuum, and some of them are addressed in this issue of *Assisted Living Consult*:

• Cognitive impairment is no longer just a nursing home issue. This problem is becoming increasingly common in ALFs as well. Along with cognitive impairment and illnesses such as Alzheimer's disease comes behavioral symptoms that can put residents and staff alike at risk. *(continued on page 38)* 

## Table 1. Prescription Drug Plan Contract Administrators and Organizations

Contract Administrator	Organization
Aetna	Aetna Life Insurance Company
Pharmacare	American Progressive Life and Health Insurance Company — Prescription Pathway
Cigna	Connecticut General Life Insurance Company
CCRX	Member Health
Rx Solutions	Pacific Life and Health Insurance
Rx America	RxAmerica, LLC
Walgreens	United Health Care Insurance
Walgreens	Wellcare Health Plans

## **From the Editor**

*(continued from page 6)* 

Addressing behavioral issues through both nonpharmacologic and pharmacologic means—is becoming commonplace in ALFs, as Mario Cornacchione discusses in his article on page 7.

- Muscle wasting and weakness can lead to falls, lost functioning and independence, and a variety of illnesses and conditions in elderly individuals. Sarcopenia is age-related and inevitable to some degree. However, there is much ALFs can do to maximize residents' muscle strength. The feature on page 18 addresses this issue from a clinical standpoint.
- Alec Pruchnicki, MD, is a unique animal—a full-time assisted living physician. He discusses his daily life in this setting and some its

similarities to NH practice on page 42.

Infection control is more highly regulated in nursing facilities than in assisted living residences. However, a growing number of ALFs are aggressively addressing infection control as one means of keeping residents healthy and independent. Tick-borne infections present a problem, particularly in rural and suburban AL facilities and campuses, and are discussed by Harlan Martin, RPh, on page 23.

Of course, the tipping point doesn't just apply to assisted living. With the White House pushing for widespread use of health information technology, the Medicare prescription drug benefit taking drug therapy management in a new direction, the rapid aging of the baby boomers (who also have less savings and disposable income than we once thought), and other issues reaching a boiling point, American health care as a whole is facing a tipping point. Let's just hope that our efforts as clinicians, caregivers, and patient advocates will help keep the whole health care melting pot from tipping over.

Enjoy this issue of *Assisted Living Consult.* ALC

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