The Changing Politics of Health Care

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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 (LTC). 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 (M+C) HMO, and a Program for All-inclusive Care for the Elderly (PACE) initiative 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 previously served on the National PACE Association board. He also is an active member of the American Medical Directors Association (AMDA), American Society of Consultant Pharmacists (ASCP), and the American Geriatrics Society (AGS). Recently, he was recognized as an 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, The Journal of Quality Healthcare,* and *Medicare Patient Management.*

Dr. Stefanacci is also founder and member of the board of directors of www.Go4TheGoal.org.

It seems appropriate for more than a few reasons to discuss *change*. First, it's the beginning of a New Year, a time for New Year's resolutions. It's also 2008, the time for a presidential election—one of certain change since it is the first time since the 1952 election when neither the incumbent president nor incumbent vice president is running in the general election. It's also a time of change with regard to baby boomers. With 7918 boomers turning 60 each day—that is, 330 every hour—change is clearly with us, and it's major!

Change is also coming in the form of a call to action prompted by the soon to be released (March, 2008) Institute of Medicine (IOM) Report. This IOM report titled "The Future Health Care Workforce for Older Americans" (see "Suggested Resources" on page 31 of this issue) is a consensus study that characterizes the optimal healthcare workforce for older Americans in an aging society. This study seeks to determine the healthcare needs of the target population—the rapidly growing and increasingly diverse population of Americans who are over 65 years of age—and then address those needs through a thorough analysis of the forces that shape the healthcare workforce, including education, training, modes of practice, and financing of public and private programs.

Assisted living (AL), which is much more than brick and mortar, has its foundation in a workforce of healthcare providers. Clearly this report provides a call to action for ensuring a solid foundation moving forward.

On a personal note, at the University of the Sciences in Philadelphia, we are also adjusting to this changing environment by developing a Center for Medicare Medication Management and a Long-term Care Management Degree Program, both of which take advantage of areas of major change—areas that require resources to help guide stakeholders through the environmental factors affecting medication management and long-term care (LTC). Change is here. The question is, what are the specifics of this change and how can one best prepare for it?

Presidential Platforms

The current candidates differ widely in their overall healthcare platforms. Therefore, election results will determine the regulatory and financial environment under which assisted living will operate.

John McCain believes that controlling costs is key to making health care more affordable, saving Medicare and Medicaid and protecting health benefits for retirees. He sets down 3 primary goals: paying only for quality care, offering diverse insurance choices responsive to individual needs, and restoring a sense of personal responsibility. He advocates market solutions, such as allowing companies to provide insurance nationwide. He believes individuals should have a variety of plans to choose from and plans to offer tax credits and health savings accounts to help pay for them. He favors allowing safe prescription drugs to be imported and more generic drugs to be on the market to control drug costs.

Hillary Clinton proposes a universal program that extends portable care to all Americans and gives them several options. If people have insurance and are satisfied with it, they can keep it. Otherwise, they can choose from a private plan

similar to what Congress has, or a Medicare-type plan for low-income Americans. According to the *New York Times*, she proposes an "individual mandate" requiring all Americans to sign up for health insurance. She also says this plan will promote "shared responsibility" between the public, private, and government worlds and will not increase bureaucracy. The estimated annual cost for her plan would be $110 billion, financed by rolling back Bush tax cuts for people making more than $250,000. Clinton also says a lot of her efficiency and modernization reforms would save money.

With regard to specifics on LTC, Hillary Clinton recently described the problem for Americans in the Medicare program as the result of there being no support for alternatives to nursing home care. She stated that she wants to provide LTC options, so that families will not be forced to put their family members in nursing homes.

Providing home health aides to give respite to the full-time caretakers of Alzheimer's patients is much cheaper than putting people in nursing homes. Clinton claims her focus enables older people to live with dignity.[1]

Clearly major differences with major implications for change for the entire healthcare community will occur with a new president. To learn more about all the candidates' platforms with regard to health, see www.webmd.com/election2008/.

Increasing Regulation

These political changes will cause financial and regulatory changes. We are already witnessing increasing regulation of AL within states. A less obvious increase in regulation is that mounting against institutional use of chemical restraints.

From front page articles of *The Wall Street Journal*, 2 stories recently called attention to the treatment of agitation in dementia patients. The first article, titled "Prescription Abuse Seen in US Nursing Homes," noted that nearly 30% of the total nursing home population is receiving antipsychotic drugs.[2] The conclusion drawn is that there is a relationship between medication use and quality of care because high use of antipsychotics in a nursing home can be an indicator of inadequate staffing. The relationship with staffing is based on the belief that these drugs have been described as "chemical restraints" for sedating and subduing patients.[3]

In LTC the use of these medications requires careful documentation of targeted behavior and side effects plus adjustment of dosing to the lowest possible. These adjustments of dosing are outlined in the *State Operations Manual* for nursing homes. The specific regulation, F329, states that the resident has the right to be free from unnecessary drugs. To be considered "necessary" and reduce the risk of a deficiency, the medication must have a supporting diagnosis or reason listed in the medical record, be adequately monitored, be given in an age-appropriate dose and for an appropriate duration, not require duplicative therapy, and be free of significant side effects or adverse consequences. If a medication fails to meet any of these conditions, the prescriber must document that the benefit of continuing the medication outweighs the risk. These requirements for periodic gradual dose reduction (GDR) will likely move beyond the skilled nursing facility to include AL as well.

As one thinks about "change," one should remember back to the grade school definition of life—life adapts and evolves in step with external changes in the environment.

Preparing for Change

In preparing for change this issue of *Assisted Living Consult* brings 2 major issues to light. The first deals with disaster management (see page 30), while the second takes a unique look at conflict resolution (see page 24), which requires change on the part of both sides to come to a common understanding.

As one thinks about "change," one should remember back to the grade school definition of life—life adapts and evolves in step with external changes in the environment. *ALC's* mission is to not only describe these external changes in our environment but also offer suggestions for successful adaptation so that seniors can be best served as they age. Come to think of it, what is the aging process but the ultimate expression of change? It really is all about change as we work to assist seniors through this process. ALC

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