Experts' Roundtable

What do you anticipate will be the biggest change to affect assisted living in the coming year?

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From a pharmacy perspective on a national level, 2007 was fairly uneventful. There are still no federal guidelines regarding medication usage in assisted living (AL) as there are in skilled nursing facilities (SNFs). Some states have begun to look more closely at this issue, and have enacted some level of a drug regimen review process in AL. Perhaps the biggest change that could develop during 2008 will be a more concentrated focus on prescription utilization by the Medicare prescription drug plans. Drug utilization, measured as the number of prescriptions per member per month (PMPM), has steadily risen for seniors residing in AL settings. This utilization is now only approximately 1.5 prescriptions PMPM less than residents of SNFs. As the cost of the prescription drug benefit for AL residents continues to increase, the plans will more than likely focus their Medication Therapy Management (MTM) programs on the AL members. Some of the areas of review would be around utilization of medications on the Beer's List or the Drugs To Be Avoided in the Elderly list compiled by the National Committee for Quality Assurance. This would coincide with programs such as falls prevention and monitoring of adverse drug events. Working with your pharmacy provider on programs such as these can assist in improving the quality of life for our seniors residing in AL communities.

Dan Haimowitz, MD, FACP, CMD
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Dan's Utopian World…What would I like to see happen in AL in 2008? Hmm, let's see…

Consumer groups, such as the Consumers Consortium on Assisted Living, would suddenly be recognized by the vast population of family members who don't realize there is help for choosing an AL facility. The federal government would provide ample funding for clearinghouses like the Center for Excellence in Assisted Living (CEAL), so that best practices could be shared and implemented across the nation. Facilities would seek out consulting pharmacists to do scheduled medication reviews, decreasing adverse reactions, falls, hospitalizations, and illness. Bad publicity would turn into good reactions—there would be appropriate staffing, educational programs, adequate surveyors, and so on. Physicians would be welcomed as partners in care and sought out to be medical directors in facilities. Initiatives such as the Alzheimer's Association's Dementia Care Practice Recommendations and the American Medical Directors Association's Guidance for Caregivers in AL would be widely accepted and put into practice. Technology to improve transitions of care, decrease errors, lessen caregiver burden, improve documentation, and monitor care trends would be affordable and widely started. The industry would put resident quality of life as their number one priority, and residents would start to tell their families they don't want to go out to eat anymore because the facility food is far superior to restaurant fare.

Yes, and there would be an end to world hunger and peace in the Middle East, the Phillies would win the World Series, and I would win the lottery. I can dream, can't I?

Robert Fusco, RPh, CCP, FASCP
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I believe that this question cannot be answered with the focus on one aspect of patient care. Everything that a pharmacist or healthcare facility does impacts resident care. I will touch on several issues that demonstrate the changes that will take place and how they may affect residents in the AL setting.

Each January Medicare Part D will change coverage. There will be new plans available and new benchmarks for dually eligibles. This year the biggest plans that had the greatest number of enrollees elected to raise their premiums so that they would be above the benchmark. This resulted in all those who were in their plans having to be switched to a plan that was below the benchmark. So Humana and AARP plans were switched. Fortunately AARP still had a plan that was below the benchmark. Others were switched to random plans. Some of these plans were not "patient friendly." This will lead to new problems with each new year of formulary management. By this I mean, residents who were on medications for a long time are now required to do step therapy or get prior authorization. This leads to medication not being administered or delays in getting the medication approved by the physician. Each year every state will have new challenges to meet the needs of its customers.

The Deficit Reduction Act with the mandate of reimbursing pharmacies with average manufacturer prices,

not average wholesale prices for generics, has the potential of putting many pharmacies out of business and/or causing pharmacists to switch from generic to brand so they do not lose money. This could result in higher copays for those individuals who are not dually eligible or on a state pharmaceutical assistance program. Right now organized pharmacy groups have been able to delay implementation of this regulation at least until July.

Reimbursement by the Medicare D drug plans could also affect service to AL residents. I have seen contracts that reimburse the pharmacist so poorly that they get no profit on the drug and a dollar dispensing fee. How can a pharmacy deliver pharmaceutical services if they are not even breaking even?

The higher acuity level that we are seing in these facilities is a really big issue. AL facilities do not have the professional staff that these higher acuities demand and there is no more reimbursement for doing so. Unfortunately, state surveyors are inspecting AL facilities as if they are nursing homes and expecting the same quality of care that the skilled facilities are mandated. You also have a big identity problem with hospitals and physicians. When being discharged from a hospital, some physicians/hospitals do not know the difference between a nursing home and an AL facility. Consequently they write orders that require more time to provide the proper care by licensed personnel. For example, Lantus insulin must be drawn up by a nurse at the time of administration. If an AL facility only has non-licensed personnel, they cannot give this type of insulin. In New Jersey, a medication technician can only administer predrawn insulin.

These are just a few of the changes that will affect AL. I believe all these changes will have a negative impact on the care of the resident.

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In thinking about potential changes that will affect AL in the coming year, I wrestled with what I think will happen and what I would like to see happen. In terms of the former, I believe that we will see more formalized relationships between AL providers and healthcare professionals, including nurses, physicians, and pharmacists (in that order). Some trends that will likely continue are that the population entering AL will have complex medical conditions and cognitive impairments, and there will be ongoing challenges with workforce hiring and retention. The demand for AL will likely continue and increase at the same time that we will see new models of AL that meet niche population needs (eg, persons with Alzheimer's disease, Parkinson's disease, hearing impairment). It will be interesting to see how the growing "culture change" movement in nursing homes affects AL programs and services. I would like to see systematic and organized responses to the demand for affordable home- and community-based services that build on the best of current local and state-based efforts. Toward that end, I hope that creative strategies for merging existing housing with services and that create new affordable residences will be recognized and duplicated.

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Assisted living will, in 2008, bring even greater credibility to George Santayana's admonition that those who cannot remember the past are doomed to repeat it. The successful AL operator will learn from the experiences of nursing facilities. Those others who choose a "wait and see" attitude, who feel that a limited amount of nursing home–type regulation is no real threat, remind me so much of the advertising campaign some years back for Fram air filters: "Pay me now or pay me later."

AL has benefited historically from favorable, sometimes glowing, comparisons with nursing facilities, particularly comparisons focused on environmental factors and resident quality of life. While basking in that glow, however, many in the field have overlooked some more common characteristics shared by both facility types. We can focus, if we choose, on

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THOUGHTS ON AGING

"A man is not old until his regrets take the place of dreams."

– John Barrymore, *Good Night, Sweet Prince*, 1943

lasts for days or even a week, causing a prolonged confusional state as long as 1 to 2 weeks, temporary paralysis, or a fall.

a. True
b. False

Conflict in Assisted Living: The Promise of Elder Mediation

18. Mediation is all of the below except:

a. Voluntary
b. Public
c. Confidential

19. The mediation process can be initiated only by AL staff by contacting a local conflict resolution center, mediator in private practice, or a specialized legal or social work practice that offers mediation services.

a. True
b. False

Caring for Vulnerable Elders During a Disaster

20. A complete transportation resource is an appropriate vehicle and a plan for the provision of evacuation transportation.

a. True
b. False

21. The decision to evacuate or shelter in place involves all of the following except:

a. Clinical elements
b. Ethical elements
c. Political elements
d. Measures to ensure that the basic safety guidelines are followed.
e. A variety of stakeholders ALC

Please see Answer Key below.

Answer Key

1. b	2. b	3. b	4. d	5. b
6. a	7. b	8. c	9. a	10. b
11. d	12. b	13. f	14. a	15. c
16. b	17. a	18. b	19. b	20. b
				21. c

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factors that have, admittedly, attracted residents in years past. Politicians and the press, however, are beginning to focus on the same issues that concerned them about nursing homes: alleged problems with quality of care.

Public scrutiny can have its benefits. An educated consumer is attracted to facilities that provide quality care and have implemented reasonable policies regarding admission and discharge, level of medical care, and other factors that affect seniors' well-being.

Unfortunately, the public is beginning to hear another view of AL. *Consumer Reports*, for example, (no slouch when it comes to credible reporting) might just be predictive of this new sentiment. In an article in 2005, the magazine referred to "a troubling mismatch" between the care a resident needs and the care a facility and its staff provide. "Finding a good, safe, and affordable facility," it continues, "has thus become problematic for seniors and their families."[1] Given such scrutiny, AL developers should perhaps no longer assume that prospects will continue to have generally positive impressions of their facilities.

AL deals with the same frail and needy population who occupied nursing homes some 20 years ago. A protest by some of its early adherents notwithstanding, an AL facility is a *healthcare* facility. True, it organizes and delivers a broad *range* of health, social, and environmental services and assistance—all focused on enhancing the patient's well-being. But it is still health care, not hospitality. An inevitable sentiment on the part of the public (family, outside observers, politicians) is to *protect* elders, especially when the industry caring for them is largely profit oriented (no matter what it chooses to call itself or how caring it might otherwise be). The issue, therefore, is not *whether* there will be more state-by-state regulation. There will be. The only issue is what those regulatory systems will look like. Will they be shaped by the industry, which theoretically is in the best position to do it right? Or will it follow what *regulators* are most comfortable with—the system imposed on nursing homes?

Unlike nursing home operators of the past, AL operators still have the opportunity to take a more proactive approach: demonstrating quality (and a more acceptable method for measuring it). Or, they can prove Santayana right. Time will tell. ALC

References

1. Assisted living. *Consumer Reports*. July 2005. Consumer Reports Web site. http://www.consumerreports.org/cro/health-fitness/health-care/assisted-living-705/overview/. Accessed January 18, 2008.

THOUGHTS ON AGING

"Before you contradict an old man, my fair friend, you should endeavor to understand him."

– George Santayana, 1863-1952