Responsibility

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Dr. Stefanacci continues to build on his work as the 2003-2004 Health Policy Scholar at the Centers for Medicare & Medicaid Services (CMS), where he helped develop and implement the Medicare Part D Pharmacy Benefit. He is currently creating a LTC Management Degree Program for undergraduate and graduate students in the Geriatric Health Program, Center for Medicare Medication Management (cm3), Mayes College, University of the Sciences in Philadelphia (USP).

As a geriatrician, Dr. Stefanacci has worked in LTC for decades as medical director for several nursing facilities and continuing care retirement communities. He has also served as a medical director for primary care private practices, full-risk provider groups, Medicare + Choice HMO (M+C) programs, and PACE (Program for All-inclusive Care for the Elderly) in Philadelphia. Dr. Stefanacci provides direct patient care for the St. Agnes LIFE program and works with NewCourtland Elder Services on innovative LTC services such as electronic dispensing and prescribing systems for the company's facilities. He also serves as executive director of HepTREC, the Delaware Valley Hepatitis Treatment, Research and Education Center (HepTREC).

A graduate of A.T. Still University, Dr. Stefanacci completed his clinical training at the University of Medicine and Dentistry of New Jersey (UMDNJ) in internal medicine and earned a fellowship in geriatrics at the same institution.

Dr. Stefanacci participates actively in the American Medical Directors Association (AMDA), Academy of Managed Care Pharmacy, American Society of Consultant Pharmacist (ASCP), and the American Geriatrics Society (AGS). He is a fellow in both the College of Physicians of Philadelphia and AGS and an honorary lifetime member of ASCP. He is editor-in-chief of the *Assisted Living Consult* and *Medicare Patient Management* and serves on the editorial boards of *Consultant Pharmacist, American Psychiatry News, LTC Interface, Managed Care,* and Jefferson's *Health Policy Newsletter.*

Dr. Stefanacci's proudest accomplishment is as founder and member of the board of directors of www.Go4TheGoal.org.

Assisted living (AL) involves a responsibility to provide help so that those in need are able to live a better life. Within this simple definition of responsibility is a question about where to draw the line between individual responsibility and the responsibility of others. This question seems appropriate now that we finally know who will run the country.

When discussing the responsibility line in AL, the question again is who is responsible for what. The "who" typically starts with the AL staff followed by those who are mostly outside the community, for example, primary care physicians. But in this list of "who" must also stand the residents themselves and their families. The two parties are often overlooked.

The Assisted Living Administrator

A typical starting point in establishing responsibility is the AL administrator who is usually considered the captain of the AL ship. In part, this is because AL facilities are not required to have medical directors as are skilled nursing facilities even though many AL residences embrace inclusion of the medical director resource. While responsibility may start with the AL administrator, much of that responsibility involves oversight, designation of a team leader, and provision of needed resources. In addition, the AL administrator is responsible for setting the theme and culture for the entire community.

Recently I had a pleasant call from a leader in long-term care (LTC), a professor at Wharton and an innovator in LTC delivery. I had the pleasure to work with John in the past. He was checking out LTC facilities for his mother in preparation for surgery. He arrived unannounced at the Forest Hill Healthcare Center after 5 pm. What he found when he first walked through the doors was "a clean, good smelling, well designed facility." He received a tour by a knowledgeable staff; as he walked the facility he noticed a wide variety of activities and staff who were friendly and not afraid to engage a visitor.

The reason I share this account with you is that I know first-hand that this experience is the direct result of the administrator at Forest Hill—an administrator who sets this positive culture by example, by demonstrating his devotion to his residents and staff. He's an administrator who I am proud to call my father, a surgeon who retired at age 70 some 8 years ago to become a LTC facility administrator.

Given the importance of LTC administrators, the Geriatric Health Program at the University of the Sciences in Philadelphia is offering an administrator certificate program. While this program will focus on the nuts and bolts by reviewing rules and regulations, it will also emphasize attitude as a critical component in a quality administrator. More to come on this opportunity….

Medical Direction

While not required, medical direction is certainly a significant component in every AL facility. The medical director role is instrumental in guiding the development and management of programs necessary for success in caring for seniors. This kind of leadership affects occupancy rates by having more residents coming in earlier and staying longer in the facility because of superior medical services.

Medical direction leadership can be exercised through creating a

clinic in the AL facility that can introduce seniors from the community to the facility before they actually need it. In addition, medical direction in the facility can improve resident care so that residents are able to stay in the facility longer because of improved health.

The other opportunity for medical direction is the development and implementation of disease state management. For example, think about the opportunity for a memory enhancement program that could improve cognition, behavior, and function for Alzheimer's residents, allowing them to remain in the AL facility for longer. This type of responsible medical direction can improve occupancy from both ends.

Residents and Their Families

Individual responsibility must be included in our list, of course. Our residents need direction to enable them to best exercise their responsibilities for their own health. Staff-provided education and continuous positive reinforcement of good habits goes a long way in emphasizing the importance of self-directed care.

Family is oftentimes the first line of defense and offense in resident care. Think about the treatment of a resident suffering from delirium. Calling on the family to help comfort the resident so that sedative medications can be avoided can help prevent falls and fractures that are attributable to these medications.

These same caregivers can be asked to provide assistance with transitions of care. Several reports have demonstrated that the best way to prevent an iatrogenic event from occurring is to have a caregiver with you when traversing the hospital system. A caregiver can translate and provide accurate information about what care a resident is receiving during transitions.

I have confronted several situations in which a frail senior was not able to provide accurate information, and there was no other source of information from family. That senior was subjected to additional studies that could have been avoided if a knowledgeable caregiver had been able to provide health information.

Although caregivers are a valuable resource, harnessing their power may be more difficult in the future. The Medicare Payment Advisory Commission (MedPAC) recently identified eight major changes in the demographics of Medicare beneficiaries. One of the changes is that adult children are becoming a less reliable source of custodial care for their parents. Historically, in countries like Japan and even here in the United States, families were the primary caregivers for elderly relatives. The same no longer rings true because younger generations have moved away from their parents' and grandparents' residences.

In the absence of caregiver support, improvements will need to be made in communication. Some of those improvements are on the horizon. Microsoft recently introduced Health Vault (www.HealthVault.com) as a Web-based resource for pulling together medical records from many different sites, including hospitals, physician offices, and home monitoring devices. The portability and accessibility of complete records for AL residents can improve their outcomes through more efficient and effective care.

Some low-tech strategies also exist for improving communication. One such technique is the use of a simple brown bag. "Brown bagging," as it is often termed, means bringing all medications to a physician's office visit in a brown bag. This simple technique can improve medication management and ensure adherence, a requirement for achieving improved health outcomes for AL residents.

Your Responsibilities

As we review the responsibilities of the AL team, I would be remiss to not focus on you in this mix. As a reader of *Assisted Living Consult*, you too must take responsibility for bettering the care of our AL residents.

So here are your responsibilities:

1. Be active: Put the content of *ALC* into action to improve health outcomes for your residents.
2. Help us improve by telling us what you think about the content of *ALC*.
3. Tell us about your best practices, especially about policies and practices outside our "normal" area of coverage, like:
   - Facility management of smoking and alcohol abuse
   - Management of the wandering resident in a real-world setting
   - The impact or benefit of a medical director or pharmacist in AL (What can that individual do to make a difference?)
   - Setting up an outpatient clinic in an AL site
   - Disease or symptom management by all team members for conditions such as incontinence, congestive heart failure, acute urinary tract infections, or pneumonia
   - Examples of scripts to use with families so they choose the slow medicine approach of care

This is not a complete list of your responsibilities but is provided as a means to motivate you to think outside the box so that we all may benefit. So please be a responsible member of the *ALC* community.

Make a prominent call to action. Contact us with YOUR story; give us YOUR suggestions. Email to: editor@AssistedLivingConsult.com ALC

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