Medication Management in Assisted Living:

Pharmacy Rises to the Challenge

by David K. Buerger

From tiny mom and pop operations in the hinterlands to sprawling suburban continuing care retirement complexes, consultant pharmacists are finding assisted living to be a field of exciting opportunity, stimulating clinical diversity-and plenty of professional elbowroom.

In the early 1980s, when Alan Vogenberg made his initial forays into the burgeoning field of assisted living, hand counting of tablets from bottles was the usual method of medication distribution in many facilities. Almost 20 years later, it still is.

Vogenberg, president of Levittown, Pennsylvania-based Windsor Pharmacy, has introduced a number of assisted living facilities to modern packaging and dispensing systems over the years. But even now, Vogenberg says, "Many more facilities are still counting from bottles and vials"-a reflection of many assisted living providers' slowness to embrace modern medication management systems and the broad opportunities available to consultant pharmacists in this increasingly important practice setting.

A residential model of chronic care rooted in the Scandinavian concept of "aging in place," assisted living has rapidly blossomed over the past 15 years into a major force on the U.S. health care landscape. Anywhere from 800,000 to one million elderly Americans now live in one of the estimated 40,000 assisted living facilities across the country. By conservative estimates, the number of assisted living candidates will double in the next 25-30 years.

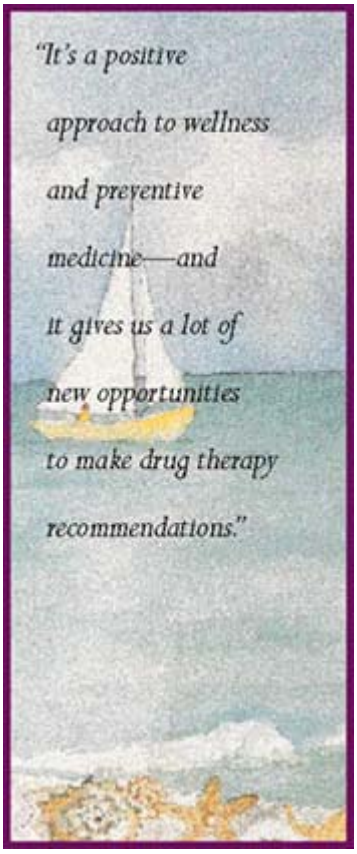
Most assisted living residents are medically frail and significantly disabled. A recent national survey by the National Center for Assisted Living indicates that about one-third of residents have Alzheimer's disease or other forms of dementia. A 10-state study of medication use in board and care facilities found high incidences of chronic diseases such

as arthritis or rheumatism (43%); hypertension (28%); asthma, emphysema, or chronic obstructive pulmonary disease (11.5%); and diabetes (11%).[1]

Responding to an unexpected influx of higher-acuity residents in recent years, a growing number of assisted living facilities are offering a range of services far beyond the simple hospitality and support services typical of the early days. Many facilities provide incontinence care; others have established specialized care units for residents in the early and late stages of Alzheimer's disease and other dementias. Other facilities are part of continuing care retirement communities (CCRCs), with residential units and an on-site nursing wing to handle residents requiring more intensive services.

To pharmacists, the need for more sophisticated medication management in assisted living is obvious. The previously cited 10-state study revealed that about 35% of elderly residents were using four to seven prescribed medications; another 19% were using eight or more prescription drugs. The overall prevalence of psychotropic drug use was about 35%; the estimated prevalence of inappropriate psychotropic use ranged from 18% to 27%.[1,2]

With rising acuity levels and a growing trend toward public financing of assisted living services, the prospect of more intense government oversight and regulation looms ever larger. Yet many states are only now beginning to craft detailed regulations addressing medication administration and other crucial quality assurance issues. Eager to head off nursing facility-style regulations, assisted living providers are increasingly focusing attention on an area widely viewed as their Achilles heel: medication management. And pharmacy providers, large and small, are lining up to offer solutions.



A Different Philosophy of Care

Consultant pharmacists who venture into the exploding assisted living market soon discover several fundamental differences from nursing facility practice. In keeping with the residential care philosophy of assisted living, the operative term is "resident," or "client," never "patient." Nursing stations, floorplans, and furniture-even medication carts-are designed for a home-like look and feel. In all aspects of care, the emphasis is on maintaining the highest possible level of resident privacy and independence. Residents can come and go as they please and are often less readily available for compliance counseling and monitoring.

"As consultant pharmacists, we really need to take a different approach with assisted living," says Diane Darling, of Cleveland-based NCS HealthCare. "First of all, assisted living owners aren't at all interested in emulating the medical model of long-term care." Also, she notes, in contrast to the tightly

regulated nursing facility environment, assisted living is still far more driven by consumer demand and customer satisfaction than government mandate. "You don't have a briefcase full of regulations to pull out," Darling notes. In assisted living, "you make drug therapy recommendations based solely on what's best for the resident. You don't feel compelled to make your recommendations conform to a rigid regulatory standard."

New Challenges for Pharmacy Providers

The unique characteristics of the assisted living resident population and the social model of care pose several challenges for pharmacists accustomed to nursing facility practice. Many assisted living owners and administrators are unfamiliar with basic concepts such as "wellness" and comprehensive medication management. "Often, we have to explain the basics of what we do, just as we had to educate nursing facility owners in the early days," says Steven Hord, executive director of consulting and disease management programs for PharMerica Inc., headquartered in Tampa, Florida.

The chain of documentation also tends to be far less concrete in assisted living facilities, Hord notes. "In nursing facilities, physicians write us a letter or place a note in the chart. In assisted living, there may not be any chart; you may have to develop your own database and documentation system, and the physician must be contacted directly." All this can increase the time and skill demands involved in consulting to assisted living facilities. "It may be that consultants will spend more time per resident than they do in long-term care facilities," meaning more time doing patient assessment, conducting interviews to evaluate general health status, and communicating with physicians.

The use of less-trained staff poses another major challenge for consultant pharmacists who venture into the assisted living market. "In many cases, there's minimal involvement by other licensed health care professionals," says Vogenberg, whose current clients range from board and care operations with 25 residents to a 200-bed CCRC. "In assisted living, less-trained staff are responsible for distribution and administration of medications," Vogenberg explains. "It's mostly licensed practical nurses, as opposed to registered nurses, and aides specifically trained by pharmacists and nurses just to give medications."

This creates a need for frequent staff in-service sessions on topics such as newly approved drugs and proper administration technique.

Courting a Vast Market

Given the enormity of the potential market, the major institutional pharmacy players are making a major move for a piece of the assisted living pie-and they're finding a receptive market for their services.

Functional Status of and Medication Assistance for Residents in Assisted Living Facilities

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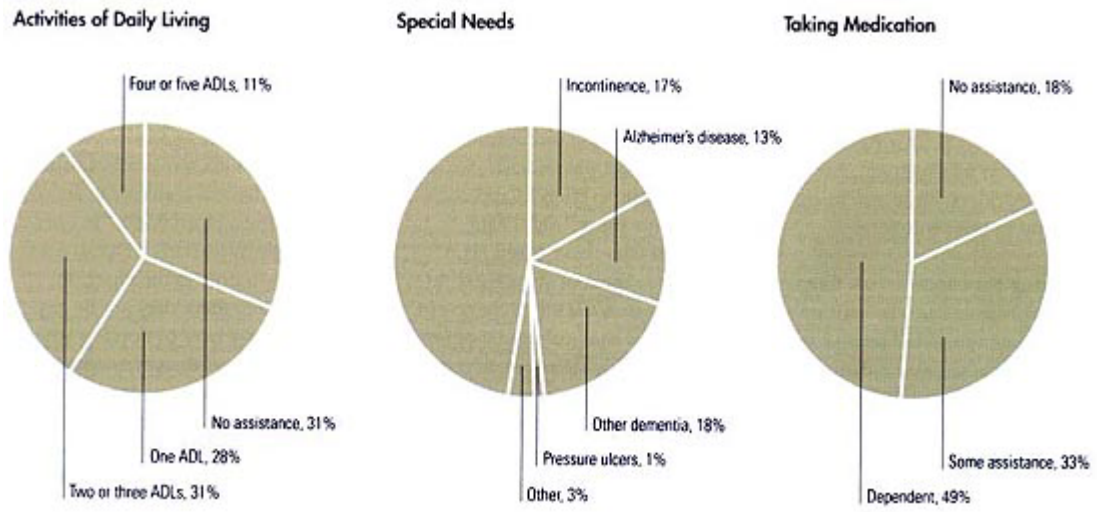


Source: National Center for Assisted Living, *Facts and Trends: The Assisted Living Sourcebook 1997.*

Positioning itself to be a leader in assisted living as well as institutional pharmacy, PharMerica recently rolled out Well Care Complete, a full-spectrum medication management and clinical program for assisted living facilities. The Well Care Complete package includes medication delivery, clinical consulting, and care management capabilities, complemented by wellness programs designed to improve resident compliance and management of chronic diseases such as diabetes, osteoporosis, and hyper-cholesterolemia. In its pitch to the vast assisted living industry, PharMerica points to other impressive capabilities: a new version of its proprietary ConsultWare software specially designed for assisted living applications; its MediQuick interactive data management system, offering automated drug ordering and monitoring; streamlined claims processing; online prescription processing; and videoconference capabilities that allow its consultant pharmacists across the nation to share clinical information and ideas.

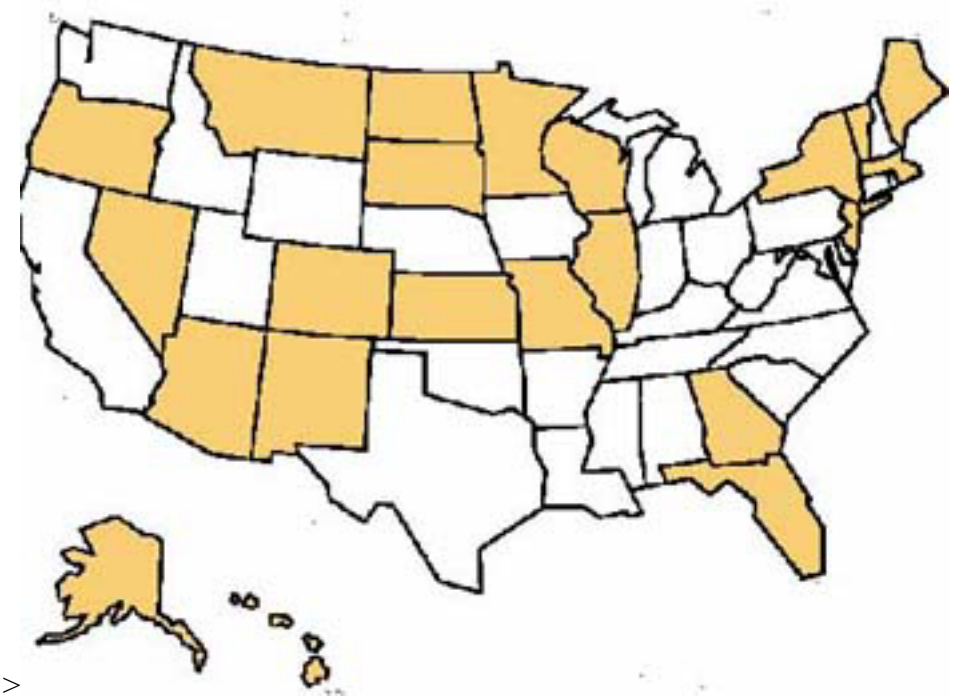
Hord believes Well Care Complete is unique in its reliance on data-driven planning and intensive market research. "We wanted to come to market with a program geared to what the customer wants, rather than trying to modify the current long-term care model to fit."

PharMerica developed the program in close collaboration with two national assisted living chains, LeisureCare Inc., headquartered in Bellevue, Washington, and Portland, Oregon-based Assisted Living Concepts. In a pilot study, researchers gathered baseline data on residents' medical conditions, drug utilization, and functional status, closely monitoring the group over three months. Focus groups analyzed the resultant data to guide the company in designing a program to meet the specific needs of assisted living providers, residents, and caregivers.

One of PharMerica's major competitors, Cleveland-based NCS HealthCare, just unveiled its own assisted living program, LiveWell. An attractive promotional brochure promises customers "precise management of resident medication programs through the use of electronic tracking and automated dispensing systems, and development and

administration of effective drug therapies and nursing assistance programs" run by pharmacists and pharmacy technicians "actively and directly engaged" in providing programs tailored to individual resident needs.

The Regulatory Milieu of Assisted Living



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Most states have implemented licensing or certification rules, or both, designed specifically to regulate assisted living as a distinct category of health care services. At least some assisted living services are now reimbursed by Medicaid in 22 states (shaded)-up from only about a dozen just a few years ago-primarily through relatively small HCFA Section 1115 waivers and home- and community-based care demonstration projects.

Existing assisted living regulations in all states include medication-focused rules, but the rules and requirements vary widely from state to state. In New Mexico, for instance, medication management is solely the responsibility of the attending physician. In Kansas, the drug regimen of each resident whose medication is managed by the facility must be reviewed at least quarterly by a pharmacist, physician, or licensed nurse. Draft regulations calling for close pharmacist involvement in assisted living medication management are currently under consideration in Hawaii and Maine.

To guide state legislators and policy makers as they develop or refine medication management provisions of assisted living regulations, ASCP last year released model language outlining key components of appropriate policies. Central tenets of the ASCP model language include mandatory use of drug regimen review and other consultant pharmacist services at least monthly for all residents requiring medication assistance, and close involvement by consultant pharmacists in interdisciplinary care planning, medication monitoring, compliance counseling, resident education, predischarge counseling, and other quality assurance activities.

Driving the distribution side of the LiveWell program are the AutoMed automated multidose packaging and dispensing system, capable of accommodating 14- or 30-day cycle filling, and Concord DX, a new version of NCS's internal pharmacy software tailored for use in assisted living. Tying it all together are NCS LiveWell Software for tracking and management of resident medication needs and drug therapy compliance, and NCS LiveWell Online, the company's electronic system for medical records and database management.

Another key component of LiveWell is the use of pharmacist-trained nurses, says Darling, who was recently named national clinical coordinator of LiveWell consulting services. "As part of the LiveWell consulting package, we use nurse counselors extensively. They make regular 'rounds,' solving problems and working with families." The program frees up NCS consultant pharmacists to focus on disease management and other higher-level clinical activities-quarterly medication pass reviews, drug regimen reviews, monitoring of medications and storage units, and regular in-service programs for nursing staff and other caregivers, says Darling.

In another move to further boost LiveWell's appeal, NCS recently opened a new packaging facility in Ohio to centralize product distribution to assisted living clients nationwide. And there's more. LiveWell rounds out its assisted living offerings with discounts on nonprescription items such as incontinence supplies and nutritional supplements, specialized medication packaging, cholesterol testing, and other preventive services-even 24-hour concierge services.

PharMerica and NCS are far from alone in aggressively courting assisted living providers with state-of-the-art medication management and clinical services. Other major pharmacy companies-for example, Omnicare, Vencor, and Vitalink-have similar assisted living service packages either ready to launch or in development.

Prevention-Focused Disease Management

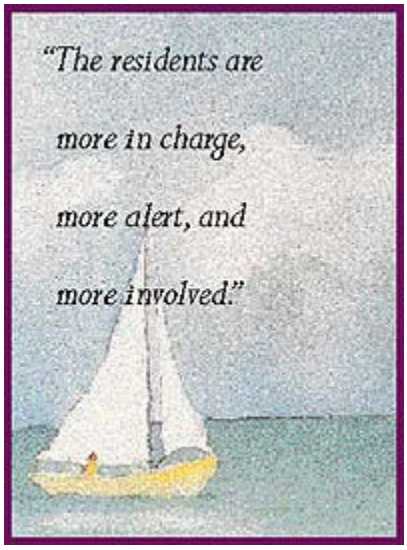
Given the high rate of chronic illness among assisted living residents, disease management is a major emphasis of care, just as it is in the nursing facility, but with a different focus. The patients have the same diseases common in nursing facilities, but the emphasis is on intervening earlier in the disease process.

"For residents with Alzheimer's disease, for instance, we use some of the same disease management techniques used in the long-term care setting, but with a preventive focus aimed at attacking mild dementia early," says NCS' Darling. "For osteoporosis, we use many of the same algorithms, treatment schedules, and guidelines, but again, with an emphasis on prevention. The idea is, 'Why wait for a hip fracture to occur? Why not do bone density scans and provide preventive medications to those at high risk?'"

Forging New Partnerships

The disease management and wellness programs prevalent in assisted living present many new opportunities for pharmacy providers to team up with drug manufacturers and other health care companies. "We've had excellent success getting drug manufacturers involved in our programs," says Darling. NCS is currently working with a leading pharmaceutical company to finalize plans for jointly sponsored "wellness day" events featuring free bone scans for osteoporosis. Another drug company is already providing support for a LiveWell cognitive screening program, providing Mini-Mental State Exam data collection pads and staffing assistance. "It's a really positive approach to wellness and preventive medicine-and it gives us a lot of new opportunities to make drug therapy recommendations."

Disease management and wellness programs are often highly successful in assisted living because of the high level of resident involvement in their care. "Anybody residing in an assisted living facility wants to stay there," Darling notes. "Their biggest fear is winding up in a nursing facility," because they want to maintain as much independence as possible. "Disease management programs that are somewhat successful in the long-term care setting are often more successful in assisted living because the patients and families are so involved."



PharMerica's Hord concurs: "The residents are more in charge, more alert, and more involved."

Not Just for Large Providers

Even as the larger pharmacy service companies launch an all-out effort to win assisted living contracts, Vogenberg feels he and other smaller pharmacy providers can compete on the basis of individualized service and responsiveness. "Personal attention: that's what it's all about," says Vogenberg. He believes his company is better able to respond quickly to new and changing customer demands. "A facility may be using a multidrug blister pack system, and you're providing a four-week supply. It's very labor intensive, and you have to stay right on top of it. If there's a change in the dose of one of the drugs-a switch from a 30-mg tablet to a 60-mg tablet, for instance-all the remaining cards have to be repackaged and exchanged. We believe we're better able to respond."

Vogenberg's entree into assisted living came through his long involvement with a wide range of residential and ambulatory care settings-homes for the mentally retarded, homebound patients on insulin therapy, a women's shelter and substance abuse treatment center. His assisted living business has grown largely by way of word of mouth and caregiver endorsements. "There are myriad opportunities out there. It's just a matter of keeping your eyes open," Vogenberg says. Some of the best opportunities for independent consultant pharmacists, he adds, are waiting in rural areas and communities "where the large companies haven't yet established a major presence."

Other opportunities are emerging for independent consultant pharmacists prepared to subcontract with the larger providers to provide consulting services in outlying areas. NCS' Darling says her company often enters into such contracts with independent consultants. "The medications are still shipped from our central location in Ohio, but we hire independent pharmacists to cover the consulting side."

Hord agrees with Vogenberg that service, not size, may be more important on the assisted living playing field. "Assisted living is still very much a relationship business. These are local people who still have a lot of freedom of choice as to their pharmacy providers." Wooing facilities away from long-established relationships with local pharmacies will take top-flight clinical offerings and outstanding service, he believes. "We need to offer something exceptional service-wise. And we'll really need to sell the value of the clinical side."

While attending a recent meeting of the Assisted Living Federation of America in Colorado, Hord says he sensed a reluctance among many in the industry to confront medication issues head-on. "Many of the assisted living product managers we've spoken to would like to dissociate themselves entirely from medication management. They're very concerned about their potential liability if they assume responsibility for managing residents' medications." This wariness presents an opportunity for consultant pharmacists to take control of medication management in close collaboration with physicians and other health care team members, Hord says. "It creates lots of opportunities for consultant pharmacists to be the interface between various specialties."

References

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2. Spore DL, Mor V, Larrat P et al. Inappropriate drug prescriptions for elderly residents of board and care facilities. Am J Pub Health 1997;87:404-9.

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