IMPROVING PRESCRIBING for ASSISTED LIVING FACILITY (ALF) RESIDENTS

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3 Foundations of Practice in ALF’s

Caring Attitude
Communication
Coordination
Why Is Getting the Right Medication So Important for Assisted Living Facility Residents?
ALF Residents are....

• Not what you see in your community practice setting

• On average, they are:
  – 85.3 years old,
  – Widowed white females
  – Take 8 medications
  – Length of Stay at the ALF is 27.2 months
  – Spending $2905 per month for their residency

Need a reference for this...- there is no reference on the original slide
Why Do Patients Move to ALFs or Continuing Care Retirement Communities (CCRCs)?

• Most frequently cited reason for moving to the CCRC was concern about health.

• On-site medical center users:
  – had lower perceived health,
  – were functionally disabled, and
  – had health characteristics that made them at higher risk for higher health care utilization.
Physician and Health Team Challenges and Opportunities

• Will continue to increase in order to provide high quality medical care and enhance quality of life therefore:
  – The Health Care Team Should Play an Active Role in:
    • Providing Medical care to these residents and
    • Providing medical leadership for these institutions.

Facility and Family Perspective

• Want to ensure that the:
  – Right medication is written and given,
  – Residents have access to all medications,
  – MD identifies disease states such as dementia that may affect their length of stay and/or quality of life.
Under Recognition of Cognitive Impairment in Assisted Living Facilities

• To determine the prevalence of cognitive impairment (CI), dementia diagnosis and treatment, assistance with medications, and surrogate decision-makers for residents of assisted living facilities (ALF’s).

Effects of Dementia and Treatment of Dementia on Time to Discharge from Assisted Living Facilities: The Maryland Assisted Living Study

- To estimate the association between dementia and time to discharge from individual assisted living (AL) facilities and examine, in residents with dementia, factors associated with shorter duration of residence.
- Residents with dementia remained in a facility 209 fewer days than residents without dementia.

Key Points

• Recognize the problem
• Develop treatment plan
• Write correct prescription
• Provide access to medications
• Identify co-morbid conditions
Residents Leaving ALF by Destination

Source: Natl. Center for Assisted Living, 2001
Prevalence of Co-Morbidities in ALF Residents

- Hypertension 66%
- Arthritis 47%
- Depression 38%
- Osteoporosis 36%
- Alzheimer’s 33%
- Heart Disease 24%

Need Reference
Prevalence of Co-Morbidities in ALF Residents

- Diabetes 22%
- Stroke 14%
- Emphysema 13%
- Cancer 12%
- Mental Disorder 9%
- Parkinson’s 8%

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Prescribing Dilemmas

• Shortage of geriatricians and other geriatric trained healthcare practitioners

• Underutilization and Awareness of Prescribing Guidelines for Older Adults (e.g. Beers Criteria, START_STOPP criteria)

• Frequency of co-morbid illnesses, polypharmacy, and physiologic changes
  • Poster Abstract – AGS 2008: LC Rufrano/Mt Sinai
Prescribing Dilemmas

• Making the Correct Diagnosis

• Understanding Geriatric Pharmacotherapy Considerations (e.g. Pharmacokinetic and Pharmacodynamic differences)

• Identifying Patient Specific Considerations (e.g. ability to self-medicate)

• Understanding Facility Support Systems (e.g. use of pillboxes)

• Effective Communication and Coordination with Family/Caregiver/Facility and Prescriber
Facility Specifics Need to be Assessed Carefully

The prescriber needs:

• to ask the difference between the capabilities of the nursing home vs the assisted living facility.
• to know how the medication can and will be administered.
• to evaluate if the prescription regimen is too complex (e.g. multiple doses) or vague (e.g. PRN) for the facility and/or resident.
Resident Specific Concerns

• The referring facility needs to clearly define how well the resident is managing.
• A formal or informal caregiver should accompany the resident to an appointment to convey information and to work with the recommendations of the prescriber.
The Essential Information: The Complete Picture

• Subjective: What is the current situation or background for the referral?
• Objective: Clinical information which the prescriber will use in making recommendations.
• Assessment: What is the situation from the resident and caregiver perspectives?
• Plan: Can the facility make a possible suggestion regarding a recommended outcome?
Physician Services and Opportunities in ALFs

• ALL Residents have an assigned primary care provider
• Preadmission physical:
  – Helps to ensure right resident/right facility
• Ongoing care/monitoring
• Medication prescribing
• Facility medical director
• Leader in Coordination of Care
Practice Opportunities

Domiciliary Visit

ALF On Site Clinic
Take Home Points

• Remember the 3 building blocks of the foundation:
  – Caring attitude
  – Communication
  – Coordination