

# Medication management issues in assisted living

Balancing equal parts of independence and care have always been a challenging exercise for assisted living communities.

Seniors are attracted to such settings for the freedom they offer. Their families and loved ones, meanwhile, are looking more and more to caregivers to provide safe environments that include hyper vigilance of their changing healthcare needs.

Nowhere is the more evident than medication management.

## More chronically ill, medically complex than ever

**While assistance with activities of daily living and various kinds of personal care are staples of assisted living, medication management is indubitably one of the most important services any community provides.**

Nearly 60% of all assisted living communities offer therapeutic services for Alzheimer's disease and other dementia-related programs. Similar percentages also have special targeted programs for diabetes, cardiovascular disease and depression.

Yet these and other serious health conditions cannot be effectively managed without expert help. More than half of assisted living residents are 85 or older, according to the National Center for Assisted Living (NCAL).

Because of this, most assisted living communities do not typically provide pharmacy services directly, and rely on the expertise of external providers to manage residents' pharmacological needs.

And those needs are only becoming more complex and potentially risky by the minute, given the growing acuity level among assisted living demographics. Arguably, many assisted living residents today would have been ideal candidates for skilled nursing care years ago, when assisted living was not an option. Consequently, more and more are coming to these communities in a clinically complex and medically fragile state.



## Seniors and their meds

Baby boomers now entering assisted living are the most fiercely independent and cognitively strong group than any senior living demographic that has come before.

Ironically, that freedom comes at a cost and has made them more vulnerable, for many serious and complex reasons. **Behind the reasons is the fact that assisted living residents consume an average 12-14 medications per day.**

Unlike their peers in skilled nursing, assisted living residents take a substantially higher number of over-the-counter drugs for everything from heartburn to sleep assistance. Clinicians blame much of that on the preponderance of marketing and advertising. Much of those medications are never charted and even known by caregivers. Unfortunately, some OTC medications can lead to serious interactions with prescription meds. Another OTC complication: many seniors continue taking them unaware they've expired.

**In addition, many seniors and the assisted living communities themselves often use multiple pharmacies, which can sometimes lead to redundancies, duplication and overlap. The issue of polypharmacy can cause a multitude of problems. This lack of coordination can lead to a host of unforeseen problems.**

Compounding matters is the fact that retail pharmacies are not subject to the kind of stringent rules long-term care pharmacies are. Moreover, assisted living caregivers in many states are prohibited from dispensing medications, which can expose residents to a number of risks from self-administration. Finally, reimbursement for non-covered drugs can often be a thorny and frustrating process.

All told, the situation can provide opportunities for adverse drug events, which could lead to debilitating issues like higher incidences of falls, dementia and incontinence, and even fatal consequences because medications are not being properly coordinated and managed. The problem is often directly proportionate to the number of medications and their sources.

To understand the severity and risks of ADEs in assisted living, consider a recent HHS Inspector General report that found that as much as 60 percent of all adverse drug events in nursing homes, where medications are far more closely controlled and restricted, are preventable.

And for those residents taking power painkillers, the risks are startling: In 2017, for example, the technology evaluation firm ECRI listed undetected opioid-induced respiratory depression as one of the top 10 greatest healthcare hazards.

Opioids, as well as antibiotics and antipsychotics, are now under mounting scrutiny. One reason is the fact that many are now seen as culprits in costly hospital readmissions, which can expose assisted living operators to a host of problems. Some blame part of the problem with opioids on poorly managed transitions; many post-acute patients are first exposed to opioids at home or in the hospital before being transferred.

Painkiller abuse, meanwhile, is reaching epidemic levels. A leading healthcare consultancy recently found that nearly 18% of everyone over the age of 65 suffering from chronic pain are addicted to one or more opioids. Complicating the issue is the fact that many clinicians have unwittingly over-prescribed them in their

zeal to help patients manage debilitating pain. Another complication is diversion, which is a common problem that doesn't discriminate across various kinds of acute and post-acute care settings.

Meanwhile, prescription drug monitoring programs are either in place or under development in most states now.

Other medication management issues confounding assisted living providers include drug disposal. Hospitals and nursing homes have been under strict rules for properly disposing of unused medications for years. Recently, the EPA considered imposing strict rules on assisted living facilities, whose providers pushed back on because of the way medications are managed in those settings.

## Toward solutions and innovations

No single innovation offers greater promise than the electronic health record, or EHR.

LeadingAge, for example, named EHR as one of the leading “upstream technologies” that will make quantum improvements in stemming the incidence of ADEs. Other upstream technologies include e-Prescribing, computerized physician order entry and clinical decision support systems. Downstream technologies include electronic medication administration records, bar-coded point-of-care systems and remote pharmacy systems.

**The recognition of medication management gaps in assisted living has also led to enhanced medication therapy management roles for consultant pharmacists, who are widely lauded for their ability in reducing the risks of transcription errors, drug-drug interactions, and omission errors.**

Other kinds of improvements underway or under consideration in the assisted living setting include streamlined first dose kits for transferred residents, multi-dose packaging, customized compliance packaging, emergency medication delivery and medication management systems.

## Future state

Innovation is brisk in the field of medication management, and many experts agree it has not come close to peaking.

Many observers see the patient-centered era as a much-needed stimulus that will vastly improve the ways medications are prescribed, dosed and administered. One example is the field of pharmacogenetics, which use patients' DNA to tailor the most efficacious medication therapy possible.

Proven technologies like automation will continue to offer means for reducing human error.

Around the corner, observers agree a new era of “big data” approaches to safer medication regimens is near. And as health information and financial systems increasingly reach interoperability, those charged with managing seniors' medications will for once be empowered to make the most effective and safe decisions.

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