

Rising resident acuity is transforming the assisted living sector

The long-term care landscape was a very different place when the first assisted living community opened its doors in Portland, OR, back in 1981.

Stellar Living, an independent living community in Utah, aptly describes the scene this way on its website. “Before the 1970’s there weren’t many options for aging seniors. You could have someone come to your home to provide in-home care, or go to a nursing home, which at that time were not very pleasant places to be. During this period, nursing homes were institutions where lower income seniors were sent to... die out of sight. These communities were cold and sterile, and the entire institution was known for neglecting and abusing elders.”

Indeed, assisted living provided a long-desired alternative to what many perceived to be a dour place for retired seniors to spend their remaining years. In short order, assisted living communities began sprouting up everywhere, most notably in the Western states, providing unheard of things like social activities and fine dining. Many communities today even offer spectacular resort-style amenities.

Those seniors with the resources to afford it helped fuel demand for this new lifestyle, and today, over 1.2 million American seniors, mostly over the age of 80, call the nearly 31,000 assisted living communities home.

But a development unforeseen back in the early ‘80s is now changing the face of assisted living: a massive critical mass of 65-year-old-plus Baby Boomers, 60 million of whom will be needing long-term care in just the next four years (by 2023). National expenditures to care for them are expected to explode nearly 30% by then.

Where are they to go, and who will care for them? Mostly healthy ones will likely age in place, at home or with relatives. With available (and very expensive) skilled nursing home beds in short supply, those with pressing medical needs will seek shelter in assisted and independent living communities.

Only recently has the assisted living industry truly realized the magnitude of the changes ahead as it braces to care for an increasingly sicker resident population than ever before. As one leading physician consultant admits, “I would say that within recent months, rising acuity levels have definitely been acknowledged in non-skilled senior living environments, which is forcing more communities to tackle this issue head first.”



The aging of the Baby Boom population necessarily means that individuals living in non-skilled settings face increasingly complex health care issues.

Another clinician consultant says one of the biggest effects he's observed from these rising acuity levels "is the amount of preparation being put into minimizing legal risks within various communities," adding, "many communities are becoming more critical of their initial assessment of potential residents just to make sure the community is realistically capable of meeting their needs."

Meanwhile, statistics from the National Center for Assisted Living (NCAL) clearly show how the industry has already begun to adapt to these demographic changes:

- Most assisted living residents only need help with a few key activities of daily living, but nearly half of them suffer from cardiovascular disease. Nearly half struggle with some form of dementia.
- Over half (58%) of all assisted living communities offer programs to manage Alzheimer's and diabetes.
- Nearly half (48%) of them offer programs to treat depression.
- Nearly 60% coordinate with nearby skilled nursing centers to provide certain kinds of services for the chronically ill. Even more (around 70%) coordinate with outside firms that provide various kinds of speech, occupational and physical therapy.
- Nearly 83% of assisted living communities today coordinate with outside pharmacy management and services providers.

And, according to NCAL, about two out of every three residents will move out of assisted living to transition to a skilled nursing center after a median stay of around 22 months.

The challenges of the chronically ill

But for those 22 months, these communities are grappling with more and more issues that once were exclusive to nursing home care.

Nowhere is that more evident than in medication management. The typical assisted living resident today is on nine prescription medications to manage everything from hypertension and diabetes to chronic pain and insomnia. Compounding the challenge is that unlike skilled care, assisted living residents enjoy the freedom of sourcing their medications from various retail pharmacies. **The issue of polypharmacy can create nightmares around medication documentation and coordination.**

Unknown medication errors from side effects and overdose, as well as unforeseen interactions from the bevy of over-the-counter and supplement remedies seniors buy as a result of direct-to-consumer advertising only add fuel to the fire.

Polypharmacy issues have prompted many assisted living operators to enter into preferred or exclusive pharmacy provider relationships. **Providers and their pharmacy partners have also responded with solutions around packaging and staff training, but experts say only robust electronic health record**

(EHR) implementation can truly provide clinicians with the kind of transparency they need to meet such challenges head-on.

Still, there are even more complex dynamics at work around reimbursement and payor rules. Nothing is set in stone, and the ground below the feet of owner operators has been known to shift in unpredictable and at times, unfavorable ways. Says one physician consultant, “Even in settings like assisted living that typically don’t accept residents whose health care is covered by government payment programs, the residents are program beneficiaries and government policy decisions have a significant impact on the care and services they receive, particularly regarding pharmacy services.”

As they increasingly deal with more and more chronically ill residents, many assisted living providers are beginning to look more closely and critically at transitions of care. It’s not uncommon for seniors to leave a hospital after a lengthy stay and enter a community without an accurate accounting of their medication regimen or continuity plan of care. Much falls through these proverbial cracks, and it has become incumbent for providers to ensure these critical issues are communicated and coordinated before accepting discharged seniors as residents.

As one large pharmacy management executive bemoans, “From an operations standpoint, navigating all the communication methods to the pharmacy is complex and, at times, more information, more data, equates to more room for error.”

And as assisted living communities grapple with rising acuity in their resident population, many find themselves either fearing or welcoming government scrutiny and regulation. The so called massive “mega rule” promulgated by the Centers for Medicare & Medicaid Services sidestepped assisted living in its oversight, but some observers say that could change at some point in the near future.

For example, observers say many assisted living communities use unlicensed personnel to assist residents with medications – a situation rife with risk. While consultant pharmacists do provide some measure of oversight, many say more is needed.

Which exposes an even bigger challenge now and to come: what many see as a clinical vacuum in assisted living, and the acute need for a caregiving workforce with the same or at least similar competencies as those in skilled nursing centers. Most assisted living communities are lacking.

Of course, complicating those matters is the ongoing problem of workforce shortages, attrition and turnover, as well as mounting wage pressures, that plague long-term care in general.

While most owner operators are not ready to recruit full-time nursing directors, they do acknowledge the need for staff credentialing and certification, as well as training.

Tech to the rescue

Technology, meanwhile, is providing a much needed enhancement in the level of care, whether custodial or clinical in nature, that assisted living communities are able to offer. More and more residents are actually expecting, if not demanding it.

Here's a look at some of them:

- Automated workflow systems. Says one vendor, "Anything that allows the resident to communicate, or for the limited staff to automate their day to day has to be at the top of their list."
- So-called "smart" tech solutions that help owner-operators configure the kind of labor needed for specific acuity level of their residents at any given time.
- Improved life safety technology around resident security, elopement, and fall detection.
- Resident-centered tech. One example is personal health and wellness monitoring, which empowers residents to assume more control over their basic health like weight management, heart health and exercise.
- Internet-enabled solutions that facilitate unfettered access to social media and other outlets. Experts say there is mounting evidence this kind of engagement can stave off things like depression and even dementia, as well as provide a vital communication conduit between thinned staffs and their charges.
- Electronic medication administration record (eMAR) systems to enable providers to integrate billing and CRM with pharmacies, labs and hospitals.

As senior living communities struggle with increasing acuity levels, most rely on external experts to manage pharmacological needs. ValueMed's resident-centric approach eases your burden with timely medication management, comprehensive reporting, geriatric care expertise and resident-focused technology. Contact us at ValueMed@PharMerica.com or 866-628-2583 to learn more.