

# Assisted Living: Where Are We Now and Where Are We Going?

Assisted living is a rapidly changing environment. An increase in the numbers of elderly assisted living residents, who have more medical and care needs, has prompted many facilities to adopt a higher standard of care. Increasingly, pharmacists are being called on to help assisted living residents manage their medications—even in states where this service is not mandated—and they are finding that serving assisted living facilities often requires a unique approach.

**Key words:** Assisted living, Dementia, Elderly, Long-term care, Medication, Pharmacist.

Most consultant pharmacists are very comfortable practicing in the nursing home environment, which is well defined by both state and federal regulations. But things haven't been as comfortable—or as clear—in assisted living, an environment lacking substantial federal regulation and, until recently, much state regulation. But, today, assisted living is changing rapidly, and many states are scrambling to make regu-

latory adjustments. In fact, in 2006 about a third of the states revised their assisted living regulations, and seven states made major regulatory changes.<sup>1</sup> And, while assisted living used to be exclusively private pay, payment options also are evolving, with all but a handful of states providing Medicaid coverage for assisted living.

Why all the changes? Mostly as a result of demand, a demand

expected to increase dramatically in the coming years as baby boomers retire. Consider these statistics from the American Association of Homes and Services for the Aging (AAHSA):<sup>2</sup>

- There are 39,500 assisted living facilities and 2,240 continuing care retirement communities in the United States.
- More than 900,000 individuals live in assisted living residences.
- By 2026, the population of Americans ages 65 and older will double to 71.5 million.
- Between 2007 and 2015, the number of Americans ages 85 and older is expected to increase by 40%.
- Approximately 60% of Americans who reach age 65 will need some form of long-term care at some time in their lives.
- In 2020, 12 million older Americans will need some form of long-term care.

Changes also are occurring because of increased acuity and care needs. In the past year, for example, New Hampshire and Missouri created new licensure categories for health care providers in part to accommodate higher resident acuity levels. One recent study, which took into account the many different types and sizes of assisted living facilities, found that 15% to 37% of

assisted living residents required assistance with at least one of the activities of daily living and that 23% to 42% of residents had moderate to severe dementia.<sup>3</sup> In addition, 37% to 49% of residents were found to have at least one form of inappropriate or dangerous behavior, such as being verbally or physically abusive, or demonstrating socially inappropriate behavior, wandering, or resistance to care<sup>3</sup> (see Table 1). Assisted living residents are also known to have medication-use rates similar to nursing home patients (see Table 2).

Responding to an 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 years. One study found no differences between assisted living facilities and nursing homes in health care outcomes such as mortality; incidence of new or worsening health conditions; or rate of change in functional dependency, cognition, behavior problems, or social function. One conclusion is that many persons with dementia can be served equally well in either setting,<sup>4</sup> and many facilities have established spe-

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**Table 1. Characteristic of Residents in Assisted Living Facilities vs. Nursing Facilities**

	Assisted Living*	Nursing Facility
Age 85 and older	52%	49%
White	91%	89%
Female	76%	72%
Impaired in at least one activity of daily living	26%	83%
Moderate-to-severe dementia	33%	51%
Behavior problems	42%	30%

\*Represents nonweighted mean of all types of facilities studied.  
Source: Reference 1.

**Table 2. Medication Use in Assisted Living vs. Nursing Facilities**

	Assisted Living	Nursing Facility
Routine medications*	6.2 (+/- 3.4)	6.69 (+/- 1.12)
Antidepressants	39.8 %	34.5%
Antipsychotics	12.8%	16.9%
Anxiolytics	10.7%	10.1%

\*Mean (+/- Standard deviation).  
Source: References 6, 7.

cialized care units for residents in all stages of Alzheimer’s disease and other dementias.

One recent study of 35 assisted living facilities in four states found that, on average, almost one-third of beds were characterized as dementia-specific.<sup>5</sup> These care areas were found to be more accepting of problem behaviors and encouraged activities more frequently. Recognizing the need for a higher standard of care, some states are now adding requirements for staffing and staff training in assisted living facilities.

**What Are the Requirements?**

One of the major obstacles that many consultant pharmacists face in providing services to assisted living facilities is figuring out just what are the requirements and regulations for providing medication management. “It can be difficult for consultant pharmacists to access information about each state’s rules regarding assisted living facilities because the governance of these facilities may fall under a different department in each state,” explains Carla Saxton-McSpadden, RPh, CGP, assistant director of policy and advocacy for the American Society of Consultant Pharmacists (ASCP). For example, in Florida, the agency that regulates assisted living is the Agency for Health Care Administration, while in Iowa it is the Iowa Department of Elder Affairs. To make accessing information a little easier, the National Center for Assisted Living

has compiled a list of who to contact in each state (available at [http://www.ncal.org/about/state\\_review.cfm](http://www.ncal.org/about/state_review.cfm)). “However, even when consultant pharmacists are able to read the requirements, many find the wording to be ambiguous at best, often lacking clear definitions or parameters—especially compared with nursing facility regulations with which most consultant pharmacists are more familiar,” notes Saxton-McSpadden.

Over the past few years, ASCP’s Assisted Living Task Force has been attempting to help clarify some of these issues. “We thought it was important for ASCP to set the standard regarding the types and the manner of services pharmacists should provide to assisted living facilities, rather than wait for the government to hand them to us,” says Alexander Pytlarz, PharmD, director of pharmacy, Vanguard Advanced Pharmacy Systems, who served as cochair of the task force and current cochair of ASCP’s Assisted Living Forum, a group of the society’s leaders. The task force revised the ASCP *Guidelines for Providing Consultant and Dispensing Pharmacy Services to Assisted Living Residents*, partly to help members of nonpharmacy organizations, such as the Assisted Living Federation of America and AAHSA, to understand what to expect from pharmacy providers and consultant pharmacists. (The guidelines are available at: <http://www.ascp.com/resources/policy/upload/Gui98-Assisted%20Living.pdf>).

“These guidelines can serve as a starting point for consultant pharmacists trying to provide services to assisted living facilities,” says Saxton-McSpadden. “Since approximately one-third of states don’t require any sort of medication regimen review or services of a consultant pharmacist, pharmacists can use these guidelines to help sell their services to the facility.” Pytlarz explains, “We want to get the assisted living facility to understand that partnering with a consultant pharmacist is a good thing, even if it’s not required. We want to show them that using consultant pharmacists can benefit their facility by helping keep their residents there, healthier and longer.”

Medicare’s new prescription drug benefit (Medicare Part D) also gives consultant pharmacists the opportunity to show assisted living facilities the benefit of working together. Part D’s program for providing individual drug therapy for qualified beneficiaries—Medication Therapy Management (MTM)

services—is available to individuals who live in all settings, including assisted living facilities, says Saxton-McSpadden.

“In states that do not have a regulatory requirement for consultant pharmacist services in assisted living



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### How Consultant Pharmacists Can Help Assisted Living Facilities:

- Reconcile medication-related information, including all over-the-counter medications, medications from multiple prescribers, and expirations of prescriptions so that new orders or prescriptions can be obtained.
- Assist with determining which residents may be able to administer their own medications and provide compliance tools, labeling, record-keeping, and risk management for residents who self-administer.
- Determine storage that is safe and complies with manufacturer specifications and state-specific rules/regulations.
- Be easily accessible to answer questions from residents, families, and prescribers.

facilities, MTM could be a huge opportunity for pharmacists to get their foot in the door," she says. "Pharmacists then can expand beyond just providing MTM services to qualified beneficiaries and offer their services to other residents and to the facility as a whole."

### Key Problem Areas

While the requirements for pharmacy services vary greatly among the states, there are several problems that seem to be pervasive. "Many members call us asking for advice regarding storage and labeling of medications," reports Saxton-McSpadden. Assisted living facilities often receive medications from more than one pharmacy, and state laws often prohibit repackaging of medications. Additionally, there may be no state regulations on how or where medications can be stored in an assisted living facility.

Adding to the challenge is the emphasis on the "hospitality" model in assisted living facilities. Pharmacists can find themselves caught in the middle in a struggle between this model—focusing on privacy, independence, and flexibility—and the more traditional "medical" model, which is characteristic of nursing homes. "For example," says Saxton-McSpadden, "I recently spoke with an ASCP member having difficulty with assisted living residents purchasing over-the-counter (OTC) products and keeping them in their rooms. On the one hand, the facility wants the residents to feel like

they have certain freedoms in the facility and that they should treat the facility as their home. On the other hand, some assisted living facility surveyors require that there be an order for, and a resident-specific label on, each OTC medication.”

Self-administration of medications is also an area that can be tricky to navigate. “A majority of residents enter an assisted living facility because they need assistance with their medications, so determining which residents are able to self-administer is an ongoing challenge,” says Saxton-McSpadden. “This is an area where pharmacists can help facilities create policies and procedures for determining appropriateness of self-administration.” Pharmacists can also help observe the residents and identify proper ways for them to take their medications, she says. Additionally, many residents may benefit from “creative medication labeling,” such as color-coded labels or larger size print, as well as other compliance tools to help residents administer medications themselves.

The areas where pharmacists are experts, i.e., medication adherence, accurate administration, and appropriate medication management, can lead to improved or stabilized health status, say Saxton-McSpadden. This allows residents to stay where they are—often referred to as “aging in place”—rather than having to be discharged and admitted to a skilled nursing facility.

### Tapping into the Assisted Living Facility Niche

For consultant pharmacists entering the assisted living arena, the differences between assisted living facilities and skilled nursing facilities often require a change in basic assumptions. “The approach in an assisted living facility is much different than in a nursing facility,” says Jag Hatter, chief operations officer of SeniorMed LLC in Aurora, Colorado, and cochair of ASCP’s Assisted Living Forum. “In the assisted living environment your focus is much more on the resident, families, and caregivers instead of on regulations.”

Adapting a long-term care or retail pharmacy to provide services to the assisted living facility also can be challenging because each facility has different needs. That’s why pharmacies, such as Pytlarz’s, based in Bradenton, Florida, have chosen to focus exclusively on assisted living facilities. “The approach of our pharmacy is to know cus-

tomers, provide a solution to their current needs, and anticipate future enhancements,” he explains. “We place a lot of emphasis on performing an in-depth needs assessment for each assisted living facility.”

Pytlarz’s staff spends time at each



**Self-administration of medications is an area that can be tricky to navigate in an assisted living facility.**

facility, observing their medication passes, ordering and storage processes, charting, and other procedures to help identify where improvements can be made. "For some, packaging is their biggest concern, so we work with them to determine which of our different packaging types best serves their needs. For others, we've been able to make tremendous progress by focusing our efforts on education of staff."

Vanguard also employs numerous nurses who travel throughout the state to provide nearly 100 of their educational programs, both for care staff and for assisted living facility managers. "Many pharmacists find that the most rewarding part of working in assisted living facilities is that they are truly viewed as an expert and educator," says Hatter.

### Setting the Standard and Keeping Informed

Keeping informed about assisted living facility issues can be challenging. In addition to several assisted living facility organizations, ASCP members can also use the ASCP assisted living facility listserv. "The goal of this listserv is to allow ASCP members to communicate with each other about assisted living facility issues, sharing ideas and information as we all try to navigate this somewhat uncharted territory," says Saxton-McSpadden.

Since many states are now just beginning to regulate assisted living

facilities, consultant pharmacists can and should play a major role in helping the states create appropriate regulations, she says. "ASCP can help individuals and organizations needing assistance with formulating comments or suggestions to proposed regulatory changes in the assisted living facility setting," says Saxton-McSpadden. "Be knowledgeable about your state regulations, know which entity licenses and surveys assisted living facilities in your state, and stay abreast of any proposed changes they have in the 'works.'" ☞

### For More Information:

- ASCP's assisted living listserv: <http://www.ascp.com/lists>

- ASCP's Assisted Living Web page: <http://www.ascp.com/advocacy/briefing/assistedliving.cfm>

- Medication Therapy Management services under Medicare Part D: ASCP's Web site: <http://www.ascp.com/mtms>

- American Association of Homes and Services for the Aging (AAHSA): [www.aahsa.org](http://www.aahsa.org)

- Assisted Living Federation of America (ALFA): <http://www.alfa.org>

- National Center for Assisted Living (NCAL): <http://www.ncal.org>

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