



Assisted Living Consult: What's in a Name?



Richard G. Stefanacci, DO, MGH, MBA, AGSF, CMD

As the Founding Executive Director of the University of the Sciences in Philadelphia's Health Policy Institute, Dr. Stefanacci is building on his recent tenure as a Centers for Medicare and Medicaid Services (CMS) Health Policy Scholar. In that role, he spent a year working on policy development and implementation of the Medicare Part D Pharmacy Benefit, particularly regarding access issues for frail elders.

Dr. Stefanacci has a long and passionate history in long-term care. Having served as medical director for several nursing facilities and continuing care retirement communities, he is well versed in the needs of LTC facility residents. Additionally, Dr. Stefanacci's geriatric experience includes over a decade as a medical director of a large primary care private practice, a full risk provider group, a Medicare + Choice HMO (M+C), and—currently—a Program for All-inclusive Care (PACE) program in Philadelphia.

A graduate of A.T. Still University, Dr. Stefanacci completed his clinical training at the University of Medicine and Dentistry of New Jersey in Internal Medicine and a fellowship in geriatrics at the same institution.

Dr. Stefanacci serves on the board of trustees at A.T. Still and for the National PACE Association. He also is an active member of the American Medical Directors Association (AMDA), American Society of Consultant Pharmacists (ASCP), and American Geriatrics Society (AGS). Recently, he was recognized as a American Geriatrics Society Fellow (AGSF). In addition to writing and lecturing extensively, Dr. Stefanacci serves on the editorial boards of *Caring for the Ages*, *LTC Interface*, *Jefferson's Health Policy Newsletter*, and *The Journal of Quality Healthcare*.

From *USA Today* to a wide array of geriatrics and long-term care journals, there is a smattering of clinical information published that pertains to assisted living. Unfortunately, it often just skims the surface or addresses assisted living topics in a superficial way. That changes today with the publication of this first issue of *Assisted Living Consult*, which not only provides a viable resource on assisted living matters but gets to the heart of clinical and care issues in this setting.

Why this publication? Why now? With nearly 36,400 assisted living facilities (ALF) serving approximately one million seniors, this area of health care certainly deserves serious attention. But these numbers only present part of the picture. Consider further that the 65 and older population has increased 10% in the past 12 years alone; by 2030, this population will more than double to 71.5 million seniors. At the same time, there were over 50,000 people age 100 or older in 2002. This is a 35% increase from 1990. And add to this the increasing availability and sophistication of medications and other therapeutic options and major and unprecedented changes in Medicare. What you get is an urgent need for a publication that looks at assisted living from the clinician's and caregiver's viewpoint and offers information, solutions, ideas, and tools that can be successfully translated into practice. What you get is *Assisted Living Consult*.

You may wonder why we chose to call this publication *Assisted Living Consult*. We wanted to address systems that provide "assistance" to seniors where they live. The most obvious of these can be seen at most ALFs, which is one reason that these facilities are the main focus of this publication and featured in its name. We also wanted to address and emphasize an unmet need for information in this setting that can drive us toward best practices and subsequently improve outcomes for assisted living residents and other stakeholders.

This is the first publication that links the assisted living interdisciplinary team. *Assisted Living Consult* will foster team communications and understanding

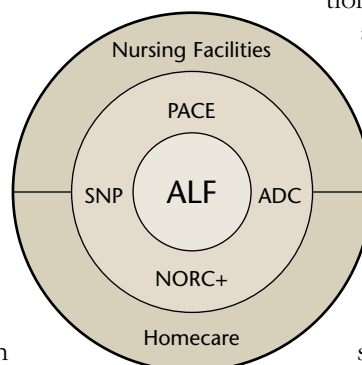
among health care professionals for the betterment of our seniors' health and well-being.

While ALFs will be our main focus, we will broaden our perspective to include models that support care in other settings—including the

Program for All-inclusive Care for the Elderly (PACE), Adult Day Care (ADC), Special Need Population Coordinated Care Plans (SNP), and Naturally Occurring Retirement Communities that include a care component (NORC+).

Hitting Our Target

In addition to thought-provoking features and cutting-edge research articles on a wide variety of topics, we will offer special practice-focused departments and ongoing series. For instance, we will publish



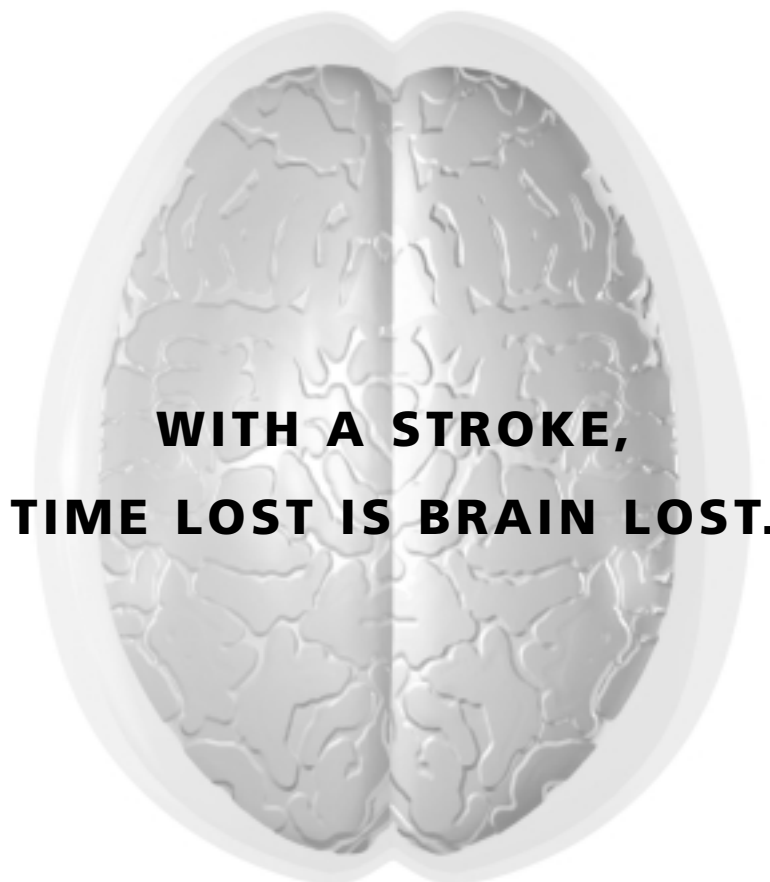
a recurring clinical practice guidelines section that summarizes CPGs published by the American Medical Directors Association with a specific focus on their use in assisted living. A regular section on roles and responsibilities will describe the activities and capabilities of each member of the interdisciplinary team; and a regular legal feature will address some of the regulatory changes that our industry is facing and their impact on facilities, practitioners, and residents alike.

What about the word “Consult” in our title? Well, consider this publication your personal consultation with experienced practitioners and specialists, legal and government affairs experts, researchers, educators, and others. These people will offer answers, evidence-based tools, best practices, and innovative ideas that can improve outcomes in AL and related settings and maximize patient and staff satisfaction.

This journal—the first for assisted living health care professionals—is your publication. We urge you to become engaged in this publication and its content to maximize its value as a forum for you and your colleagues in assisted living. Challenge us to provide you with information on best practices in this setting. Let us know the questions for which you most want answers, the resources and tools you need, the experts you want to hear from, and the information that will enhance the quality of life for your residents and yourselves. We look forward to hearing from you, and we are proud to bring you this important new publication.



Richard G. Stefanacci, DO,
MGH, MBA, AGSF, CMD
Editor-in-Chief
215-596-7466
rstefanacci@assistedlivingconsult.com



**WITH A STROKE,
TIME LOST IS BRAIN LOST.**

If you suddenly have or see any of these symptoms, call 9-1-1 immediately:
Numbness or weakness of the face, arm or leg, especially on one side of the body • Confusion, trouble speaking or understanding • Difficulty seeing in one or both eyes • Trouble walking, dizziness, loss of balance or coordination • Severe headache with no known cause

Learn more at StrokeAssociation.org or 1-888-4-STROKE.



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