

# Survey Paints Portrait of Senior Care Practitioners

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**U**nderstanding how various health professionals who work think, collaborate, and communicate in a variety of long term care settings helps create a picture of where the industry is heading, what trends are likely, how patient care functions, and where changes are needed. Now in its third year, the *Novartis Senior Care Source: An Interdisciplinary Survey of Long-Term Care Health Professionals* has painted a clear portrait of these professionals who are passionate about quality, committed to serving the elderly, proud of their work, and informed about the issues that affect them.

Some of the results of this study are presented here. They offer insight into the thoughts and actions of the physicians, pharmacists, nurse practitioners, and directors of nursing who serve nursing facilities, assisted living residences, and other long term care settings.

## **AL Medical Directors on the Grow**

Medical directors reported spending only 3% of their time in assisted living facilities (Figure 1). Hospice is the only long term care setting where they spend less time. This isn't surprising, as physician medical directors are not mandated in assisted living to date; and few facilities have chosen to have a physician working in this capacity. This is likely to change as more facilities adopt a model that in-



volves nursing and medical care and they see the benefits of a physician leader in helping residents age in place.

In fact, this trend already is starting to some degree. Twenty-three percent (23%) of respondents reported serving as medical directors in ALFs, although 58% of these said that the ALF is part of a nursing facility. Predictably, it is common for physicians to follow their patients from the community into an assisted living facility, and more than half (54%) said they serve as attending physicians in this setting.

While responding physicians

expressed concerns about the current malpractice insurance crisis, only 3% of respondents said that they plan on retiring within a year or two. Eighty-four (84%) said that they do not plan to retire for at least five years. Nonetheless, 16% of respondents said they plan on retiring sooner than they had originally planned; and malpractice/liability concerns were cited most commonly as the main reason for this decision.

## **Pharmacists in ALFs: On the Grow?**

Not surprising, over 80% of pharmacist respondents said they practice

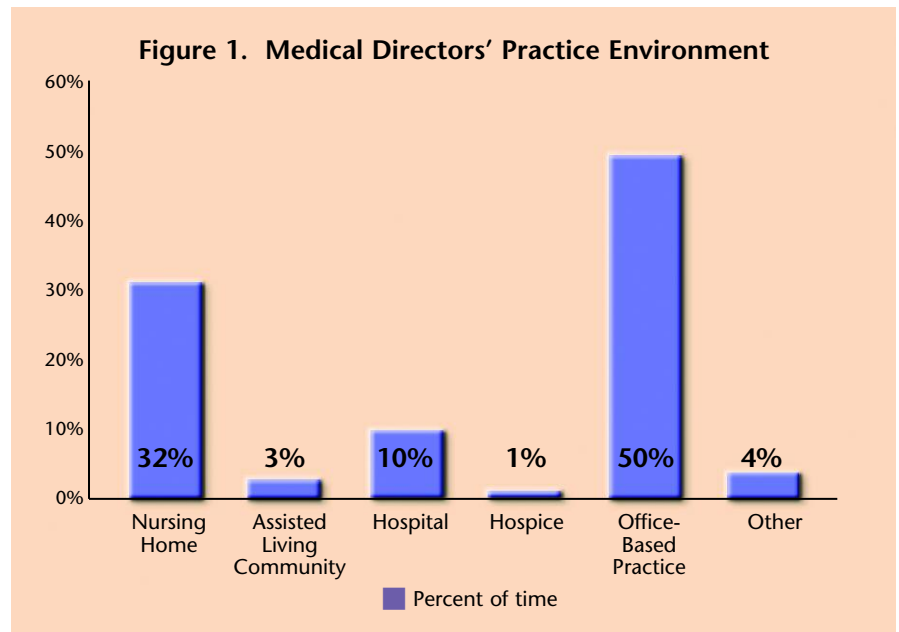
in one or more nursing facilities (Figure 2). However, it was interesting that more than half (52%) of pharmacists indicated that they practice in assisted living facilities. Sixty-six percent (66%) of these reported serving only one facility, 11% serve two facilities, and 14% practice in six or more facilities.

Actually, the role for pharmacists in assisted living is a natural one. As residents have much the same profile as nursing facility residents (eg, comorbid conditions, taking multiple medications), the need for medication management and pharmaceutical care services is apparent in this setting as well. While few states mandate pharmacy services in assisted living, ALFs increasingly are seeing the value of consultant pharmacist involvement and have established professional relationships with these practitioners. It is likely that opportunities—and demands—for pharmacists in assisted living will grow in the years to come as their ability to minimize the likelihood of medication-related problems becomes more widely recognized.

Nearly three-quarters (73%) of pharmacists reported working as a salaried employee of a pharmacy provider on either a full- or part-time basis. Twenty-five percent (25%) reported being self-employed full or part time. Eight percent of pharmacists who reported being full-time employees of a pharmacy provider also said that they are self-employed in some capacity.

Consultant pharmacy services such as drug regimen review and a variety of cognitive services make up the largest portion of pharmacists' activities. A smaller amount of time is spent on administrative activities, dispensing, meetings or inservice programs, or other activities.

The survey results clearly suggest that pharmacists serving assisted living and other long term care facilities have considerable knowledge and experience regarding this patient population. In addition to



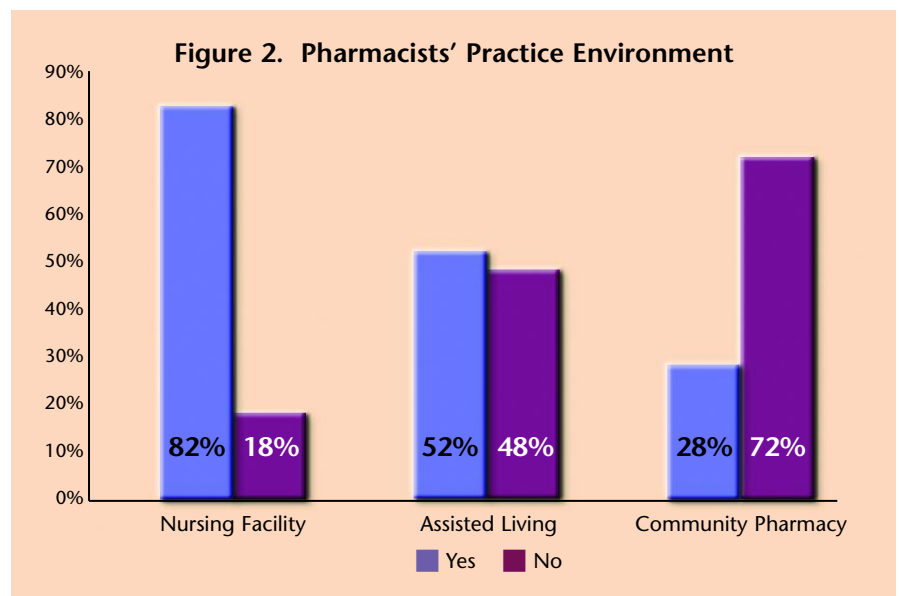
spending a large percentage of their time practicing in this setting, responding pharmacists also reported—almost unanimously—being members of the American Society of Consultant Pharmacists; and over one-third indicated that they are Certified Geriatric Pharmacists (CGP), a certification offered by the Commission for Certification in Geriatric Pharmacy (CCPG). Interestingly, 6% of responding pharmacists reported being members of the American Medical Directors Association, suggesting an appreci-

ation of the interdisciplinary nature of quality care in this setting.

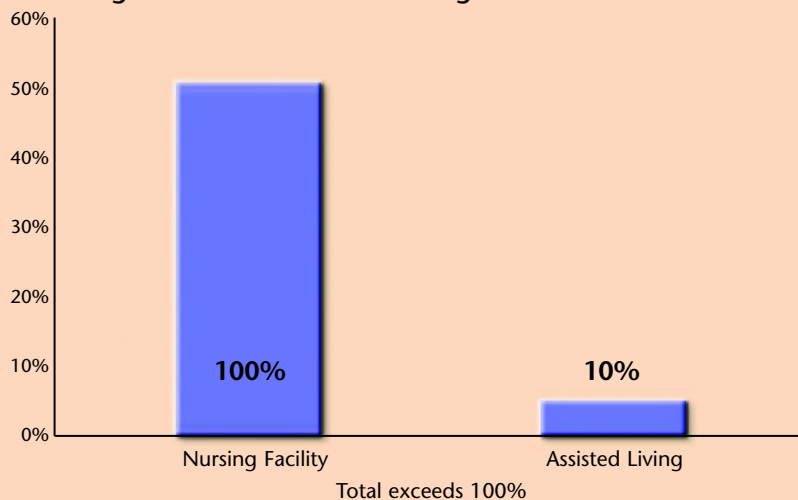
#### **DONs and Nurse Practitioners**

Directors of nursing have a clear—albeit small—role in assisted living. The survey showed that only 10% of DONs practice in this setting; and of those, 91% said that the ALF was attached to a nursing facility. Only 9% said they serve in a free-standing ALF (Figure 3).

Nurse practitioners (NPs) play an increasingly important role in long term care, and assisted living



**Figure 3. Directors of Nursing Practice Environment**



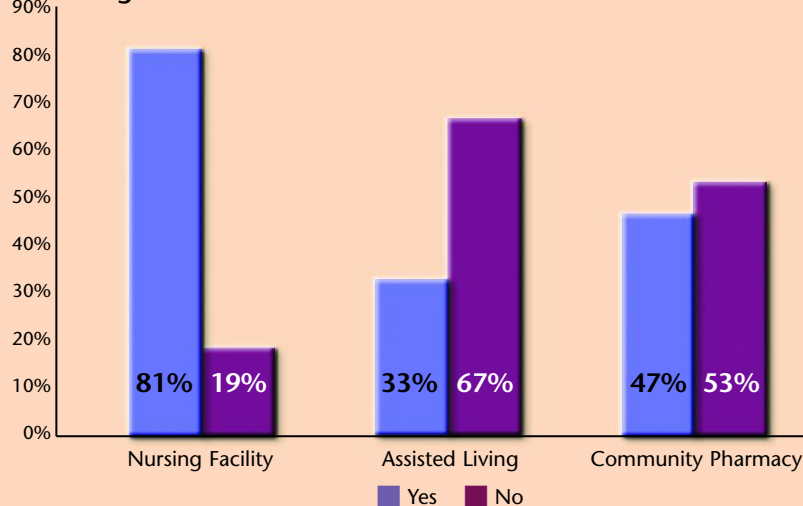
is no exception. A third (33%) of NPs responding to the survey reported working in ALFs (Figure 4). Most commonly, NPs reported practice activities such as handling acute events, meetings with families, annual physicals, and referral of patients to acute care sites.

Over 80% of respondents indicated that they bill for visits to ALF residents. Nearly half of these individuals said they bill these as a domiciliary visit, 19% reported billing AL visits as a house call, and 15% billed for them as outpatient visits.

The selection of particular billing method likely is influenced by AL regulations in the states where these NPs practice. Alternatively, payment systems could be based on payor source or other factors.

These data raised—but did not answer—a question about the 18% of NPs who said that they don't bill for AL visits. While it is possible that these visits are part of volunteer work or free services, it is more likely that billing is being done by a physician colleague involved in a group practice with the nurse practitioner.

**Figure 4. Nurse Practitioners' Practice Environment**



### Two Rs of Inservice Education: Responsibility and Resources

Across the continuum—in ALFs and nursing facilities alike—quality, consistent, ongoing staff education is essential. The survey data clearly indicated that education is a priority in long term care settings and that the entire care team is involved in these activities.

One interesting finding is that education comes in a variety of formats. DONs indicated that facilities commonly utilize live programs, videotape, or written presentations and self-learning programs alike. Respondents indicated that ideally these programs are 30 minutes in length.

While DVDs and other cutting-edge technology may be popular elsewhere, DONs say that long term care facilities still depend on VCRs and videotapes for inservice educational purposes. Nearly 100% said that they had and used this resource in the facility; and 68% identified VCR tapes as a preferred method of providing inservice education. DONs identified the next most popular resource as Power Point presentations; about a third of DONs said that have and use these tools, although only 16% call them their preferred means of education.

While DONs indicated that they most often are the providers of educational programs (90%), they clearly indicated that other team members are involved in providing education. These include consultant pharmacists (73%), nurse educators (70%), health product sales presentations (71%), pharmaceutical company sales reps (56%), and medical directors (29%).

### Disease Focuses: Similar and Different

The survey asked practitioners to identify—in no particular order—three diseases or conditions that they had focused on in their respective practices during the past year. The responses are summarized in Table 1.

**Table 1.**  
**Diseases/Conditions Focused on During Past 12 Months**

Medical Directors	Pharmacists	DONs	NPs
Diabetes	Diabetes	Wound care	Diabetes
Dementia	Dementia	Dementia	Dementia
Hypertension	Osteoporosis	Urinary Tract Infections	Heart failure

**Table 2.**  
**Most Difficult to Manage Drug Categories**

Medical Directors	Pharmacists	DONs	NPs
Pain control/narcotics	Antipsychotics	Antipsychotics	Antipsychotics
Antipsychotics	Antianxiety agents	Pain control/narcotics	Anticoagulants/warfarin
Antianxiety agents	Pain control/narcotics	Antianxiety agents	Pain control/Narcotics
Wound therapy products	Anticoagulants/warfarin	Anticoagulants/warfarins	Insulin/antidiuretics

Medical directors, pharmacists, and nurse practitioners all focused on diabetes for a common reason—the “prevalence” of the condition (76%, 80%, and 84%, respectively). Pharmacists identified “undertreatment” as the second most common reason for making diabetes a priority (48%), followed by “personal interest” (47%). Nurse practitioners identified “personal interest” (42%) as the second most common reason, followed by “undertreatment” (41%). The second reason for medical directors was “personal interest” (51%), followed by “new guidelines released” and “risk management” (tied at 39%).

DONs’ greatest focus was on wound care, mostly because of “risk management” concerns (70%), “QI [Quality Improvement] data” (69%), and “cost” (60%). It is not surprising that DONs indicated a different focus than the other team leaders. This likely is a reflection of their involvement in and responsibility for facility QI scores and risk management performance.

These data do not represent a

true statistical sample of focus areas of all long term care practitioners nationally. However, this information does suggest that these clinical conditions are of heightened concern in this setting and that practitioners want and need resources to help them manage these diseases in a way that maximizes outcomes.

### Difficult Drugs Present Challenges

The survey asked clinicians to identify the first, second, and third most difficult categories of drugs to manage in the long term care setting. The responses are summarized in Table 2.

Clearly, antipsychotic medications present difficulties for all practitioners; however, the challenges are different for each discipline. Physicians face the challenge of identifying the psychiatric condition, matching it with the most appropriate medication, and modifying the therapy to achieve optimal response. Nurse practitioners must deal with the resident’s clinical response and his or her response to these medications. DONs are concerned with the resi-

dent’s clinical condition, as well as QI and quality assurance implications of antipsychotic drugs.

Pharmacists deal with antipsychotics in a variety of ways. They track the QIs that pertain to antipsychotic therapy, monitor the effects (both positive and negative) of ongoing antipsychotic therapy, and make periodic recommendations for therapy reductions or other alterations when appropriate. They also ensure that the facility staff is properly documenting the resident’s response to the medication and the outcomes of therapy.

While each category of drugs identified as difficult to manage is unique in the clinical indications for its use, they all share several characteristics:

- The condition, or its clinical manifestation, being treated by the category of medication often varies significantly between patients.
- Response to the category of drugs can be highly variable.
- Each drug category must be closely monitored for therapeutic or adverse outcomes.
- Each category can have a direct effect on the nursing facility’s QI scores.

### Taste in Technology Varies

The use of technology is increasingly common in long term care settings, including assisted living. The survey asked practitioners to identify the high-tech tools that they use most commonly.

The most interesting finding here was the striking variation in preferences between disciplines. Pharmacists clearly favor the use of laptop computers for preparing reports (64%) and providing inservice education (62%). They also reported using these portable computers for clinical activities including patient assessment/management and drug information/drug interaction identification.

Medical directors and nurse practitioners, on the other hand, indicated that they more frequently use

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