



Catered Living



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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 (LTC). 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 (M+C) HMO, and a Program for All-inclusive Care for the Elderly (PACE) initiative 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 previously served on the National PACE Association board. He also is an active member of the American Medical Directors Association (AMDA), American Society of Consultant Pharmacists (ASCP), and the American Geriatrics Society (AGS). Recently, he was recognized as an 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*, *The Journal of Quality Healthcare*, and *Medicare Patient Management*.

On my way back from the annual Center for Excellence in Assisted Living (CEAL) conference, I got to experience what providing assisted living (AL) is really going to mean. We all know the demographics of the aging baby boomers: the over-85 age group is the fastest growing segment of the population. On the train back from Washington, DC, I had the honor to sit across from a senior whom we commonly refer to as the *oldest-old*, those over the age of 85. Harold was a professor for almost 3 decades at one of the country's best-known business schools, and is still actively providing consultation. He spoke the entire trip, telling me about his 4 children, the oldest of whom is now receiving Medicare.

Assistance from Home Depot

I asked about his living situation. He lives at home with his wife on a portion of the land they purchased with their home over half a century ago. They recently downsized, building a more senior-friendly home on their original property, elevator included. My parents actually did the very same thing—they have no elevator, but they did put in a dumbwaiter to get heavy groceries from the lower-level garage to the kitchen above. It's these types of amenities—elevators, dumbwaiters, and other home extras—that will become commonplace in the homes of our seniors. For this reason, companies like Home Depot, Wal-Mart, and other traditional retailers are viewed as major players in the AL market.

Connecting Through the Internet

Not surprisingly, communication is very important to Harold. He told me about writing a letter every Sunday evening to all of his children and grandchildren. He's written sev-

eral thousand and keeps them organized in a book.

Most seniors of tomorrow will increase their use of computers and the Internet. These tools are not just fantastic resources for keeping in touch with family. We are also seeing communication and technology companies entering the healthcare field to provide assistance in living to seniors so they can remain in their own homes. These driving forces include¹:

- 21st century healthcare consumers
- Consumer experiences with other industries
- Characteristics of the Internet
- Market forces in health care

Seniors will continue to use the Internet, seeking information about health and health care and creating communities and support groups.

- *Consumer Health Information Services*. Consumers will seek information from the thousands of Web sites dedicated to health and health care. The number of healthcare Web sites will continue to proliferate as established healthcare organizations, new Web-oriented health start-ups, and interested individuals put their content online. A number of approaches, including ratings services and trusted brands, will help consumers sort through the noise. Online purchases of both prescription drugs and over-the-counter (OTC) items will increase.
- *Online Support Groups for Patients and Caregivers*. Online support groups for patients with a given disease and the people who care for them will continue to develop rapidly. Patients participating in the groups will feel more in control and, for many diseases, have better outcomes. There will be points of strain, however, between patients and some physicians who

feel a loss of control over their patients' care.

- *Provider-Patient E-mail.* Consumer pressure will push physicians to overcome their fears of being overwhelmed with electronic messages, breaches in security, and liability. In most places, however, physicians will be reluctant to embrace E-mail with their patients. In time, despite the lack of reimbursement for E-mail communications, physicians will come to embrace it as they once did the telephone.
- *Electronic Medical Records.* Healthcare providers are near the beginning of a slow transition to electronic patient records. One approach to overcoming the fragmented nature of existing electronic records is to use Web technologies as a "front end" to a range of clinical systems. In those applications, the Web browser displays content from several information systems in a common, but usually not well-integrated format. We forecast that although there will be a lot of activity in Web-based front ends, they will not be capable of providing the type of decision support that the eventual full electronic medical record will give providers.
- *Funding Caregivers.* Other resources not traditionally thought of as providing assistance in living include those that Harold used to make his trip to DC possible: Red Cabs (Amtrak baggage handlers) and car service providers. Of course the most widely used assistants are the traditional caregivers—both formal and informal family members who care for an increasing number of seniors at home (Table 1). Congress has recently added financial support for these services through the *Lifespan Respite Care Act of 2006 (HR 3248)*.² This act authorizes \$300 million in grants over the next 5 years that will give aid to families

Economic Value of Caregivers in Some States

State	Caregivers (No. in millions)	Economic Value (\$ in billions)
California	3.4	36.3
Texas	2.1	22.3
New York	1.9	20.4
Florida	1.7	18.7
Pennsylvania	1.2	13.4
Illinois	1.2	13.1
Ohio	1.1	12.1
Michigan	1.0	10.5
New Jersey	0.8	9.1
North Carolina	0.8	8.9

Source: National Family Caregivers Association; 2006.³

hiring temporary help to relieve primary caregivers. These monies are administered through state agencies and are sure to allow a greater number of seniors to remain in their homes longer before moving to care facilities such as AL or skilled nursing.

Catering Life

So what's the lesson from Harold? It's actually the same lesson that was preached at CEAL. Seniors want to live at home, and they want to live independently. In short, they want "catered living." This is a term I had not heard before the CEAL meeting. I think it really captures what seniors like Harold, my parents, and someday myself really want. We all want to be catered to so that we can continue to do what we love to do.

What's needed to provide catered living? Clearly more service providers—from Red Cabs, baggage handlers, and cabbies to greater use of the Internet and technology that connects seniors in their homes to the outside world. This move to cater to seniors' needs at home will affect AL by increasing the acuity of those residents who find the services provided in the AL environment greater than those provided in their own homes. As the CEAL meeting

pointed out, this change will involve greater clinical involvement as well as regulatory and financial reform that is sure to transform AL into much more of a healthcare environment. In the end, it really is all about catering to the needs of consumers by providing them exactly what they want and expect. The AL industry will witness some revolutionary changes over the next decade as the baby boomers reshape the field. Get ready for a fantastic journey with *Assisted Living Consult's* road map to the future of AL!

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