



The Government's Heavy Hand



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As a geriatrician, Dr. Stefanacci has worked in LTC for decades as medical director for several nursing facilities and continuing care retirement communities. He has also served as a medical director for primary care private practices, full-risk provider groups, Medicare + Choice HMO (M+C) programs, and PACE (Program for All-inclusive Care for the Elderly) program in Philadelphia. Dr. Stefanacci provides direct patient care for the St. Agnes LIFE program and works with Newcourtland on innovative LTC services such as electronic dispensing and prescribing systems for the company's facilities. He also serves as executive director of HepTREC, the Delaware Valley Hepatitis Treatment, Research and Education Center (HepTREC).

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 earned a fellowship in Geriatrics at the same institution.

Dr. Stefanacci participates actively in the American Medical Directors Association (AMDA), Academy of Managed Care Pharmacy, American Society of Consultant Pharmacist (ASCP), and the American Geriatrics Society (AGS). He is a fellow in both the College of Physicians of Philadelphia and AGS and an honorary lifetime member of ASCP. He is editor-in-chief of the *Assisted Living Consult* and *Medicare Patient Management* and serves on the editorial boards of *Consultant Pharmacist*, *American Psychiatry News*, *LTC Interface*, *Managed Care*, and *Jefferson's Health Policy Newsletter*.

Dr. Stefanacci's proudest accomplishment is as founder and member of the board of directors of www.Go4TheGoal.org.

All too often we feel that the only way to make changes is through government action. While we march toward our Presidential elections in November and debate about issues and actions, those of us working daily to assist older adults are feeling the hand of government—a hand that at times may feel oppressive, but also offers support.

The Office of the Inspector General (OIG), for example, recently released its Fiscal Year 2008 Work Plan. This work plan will impact those providers assisting older adults in several ways—one of which is the OIG's focus on medication management and payment. In particular, because of the implementation of Medicare Part D in long-term care (LTC), the OIG will review whether dually eligible beneficiaries (those with Medicare and Medicaid) are receiving necessary medications and what factors are contributing to drug utilization. The OIG will also focus on payment for drugs under Medicare Part D during Part A skilled nursing stays. As part of the latter focus, the OIG plans to review the extent to which payments are being made by Medicare Part D for drugs already paid by the Medicare Part A program. The OIG also plans to review Medication Therapy Management (MTM) Programs to determine whether prescription drug plans (PDPs) and Medicare Advantage prescription drug plans (MA-PDs) are enrolling beneficiaries into these programs. The OIG will determine if costs are supported, reasonable, and allowable.

Not everything the government does is regulatory; sometimes the government actually provides incentives for programs it believes

would benefit the health and well-being of older adults. Such is the case with the more-than \$500 million of grant money that is being provided to states to build Medicare LTC programs designed to keep people out of institutions such as nursing homes. Specifically, the objective is to transition almost 40,000 nursing home residents to noninstitutionalized settings that include assisted living (AL) facilities.

This is the second round of grants now totaling almost \$2 billion dollars. Medicare's objective is to shift Medicaid's emphasis on institutional care to a system that offers greater choices in home and community-based services. These programs fit under the umbrella "Money Follows the Person" initiative that was included in the Deficit Reduction Act of 2005 (Table 1). The 4 major objectives are as follows:

1. Increase the use of home and community-based LTC services to reduce reliance on institutional LTC services
2. Eliminate barriers or mechanisms that prevent Medicaid-eligible individuals from receiving appropriate and necessary LTC services in the setting of their choice
3. Increase the ability of the state Medicaid program to ensure continued provision of home and community-based LTC services to eligible individuals who choose to move from an institutional to a community setting
4. Improve quality assurance and quality improvement initiatives for Medicaid home and community-based LTC services

Government-like Influencers

Beyond the traditional governmental influencers like Medicare and

the OIG are those that sit between government and professionals. I am referring to groups like the National Commission for Quality Long-Term Care (NCQLTC). This group recently released a report titled, “From Isolation to Integration: Recommendations to Improve Quality in Long-Term Care” (see www.quality-longtermcarecommission.org/pdf/final_report_NCQLTC_20071203.pdf). The report focuses on 4 areas for reform in LTC that include quality, technology, finance, and workforce. This last area of workforce is also the focus of the latest Institute of Medicine (IOM) report that specifically addresses the workforce issue in terms of care of older adults (more information will be forthcoming once the report is released). See also our “Experts Roundtable,” page 36, for more discussion of quality issues.

One researcher who influences the Washington-issued policies and regulations is Dr. David Grabowski of Harvard Medical School. Dr. Grabowski is focusing on the impact of AL growth on the market for nursing home care—in particular, the policy implications if individuals exhaust their savings on AL prior to nursing home entry. The question is whether AL facilities serve as lower-cost substitutes for nursing home care or complement the care of individuals who do not require institutional services. As noted in Figure 1, evaluation of these issues focuses on who is utilizing these services, why these AL services are being utilized, and what the effect is on length of stay in nursing homes. Lots to think about....

Way-Out Influencers

While the government and quasi-government institutions heavily influence those providing assistance in living for older Americans, there are several influencers far outside the Washington/Beltway group who

Table 1.
Money Follows the Person Awarded Grants by States

State	# persons for transition	5-year award (in million \$)	State	# persons for transition	5-year award (in million \$)
AR	305	21	NC	552	17
CA	2000	130	ND	110	9
CT	700	24	NE	900	28
DC	1100	26	NJ	590	30
DE	100	5	NY	2800	82
GA	1347	34	OH	2231	101
HI	415	10	OK	2100	42
IA	528	51	OR	780	114
IL	3357	56	PA	2600	98
IN	1039	21	SC	192	6
KS	934	38	TX	2616	143
KY	431	50	V	1041	29
LA	760	31	WA	660	20
MD	3091	67	WI	1322	56
MI	2500	68			
MO	250	18	TOTAL		1,436

Details of these programs are available through Medicare at www.cms.hhs.gov/newfreedom/.

Influencers inside and outside government direct how assistance is provided.

have even more impact on policies. Take for example the impact being felt by a film made by a 19-year-old freshman film student at New York University. Andrew Jenks spent a month living in an AL facility to produce a film on his experiences. His 89-minute film depicts the joy and intimacy and the feeling of alienation during his time at Harbor

Place. Titled “Andrew Jenks, Room 335,” the film is available at www.andrewjenksroom335.com. Andrew states that his film has prompted high school kids to visit their grandparents or volunteer at LTC facilities. This is just one example of how nongovernmental influencers affect our world. In this case, the negative view that many young people feel about AL facilities and other LTC settings can be replaced by positive views—thereby increasing the opportunities that all of us know exist for the care of older adults.

Other influencers include older consumers’ desires to travel (see “Travel Assistance and Medical Tourism” on page 28). There is a growing trend to provide assistance to seniors who travel for leisure

Figure 1. Possible Paths to Assisted Living: Is AL a lower-cost alternative or a complementary care option to SNFs?



and to provide information for those who seek medical care outside the US for services not available or too costly in our country.

Other influencers have originated from the needs of seniors for better care. More and more, technology is being used to more efficiently and safely meet the needs of seniors. On

page 19 we address electronic medication management systems that can increase the safe distribution of medication, especially to those with chronic comorbid conditions.

Staying Ahead of the Curve

Clearly baby boomers are demanding a host of services that fall under

the heading “assistance in living.” Also clear is that many influencers inside and outside of government are directing how this assistance is provided. Staying ahead of this ever-moving curve requires not only the knowledge but also the tools to accomplish the needed changes. Staying ahead of the governmental and quasi-governmental influencers and others who sometimes don’t appear on our radar screens requires us to constantly discuss the opinions of key leaders to provide you with the resources you need to assist older adults in living well. *ALC*

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For more information about submitting a manuscript for publication, please contact: Joan Horvath, Editorial Director, at jhorvath@healthcommmedia.com.

