



Continuing Education



Long-term care: Settings

Learning Objectives

Describe how nursing facilities provide long-term care services.

Describe long-term care hospitals, rehabilitation hospitals and assisted living facilities.

Identify options for community-based long-term care.

Describe long-term care pharmacies.

Explain the special responsibilities of long-term care pharmacists.

This second article in a three-part series discusses long-term care settings. Topics include nursing facilities and other institutional settings, community-based long-term care, long-term care pharmacies, and long-term care pharmacists.

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While many people think of nursing facilities when discussing long-term care institutions, chronically ill individuals may be cared for within a range of institutional settings or in their own homes (“community-based” care).

Nursing facilities

Nursing facilities provide comprehensive medical care, particularly to elderly patients with impaired ability to perform daily activities. Most nursing facility residents are quite frail or suffer from the later stages of dementia. Nursing facilities are often owned and operated by large chains.

A typical nursing facility is staffed by a part-time physician who serves as medical director, a nursing home administrator, a director of nursing, at least one registered nurse on the day and evening shifts, and either a registered nurse or a licensed practical nurse on the night shift. Additional registered nurses and licensed practical nurses are employed to treat patients and administer medication and are assisted by nursing assistants. Other staff members can include physical therapists, occupational therapists, pharmacists, nutritionists, recreational therapists and social workers.

In 2003, Medicaid recipients accounted for 65.2% of the nursing home population. Medicare will pro-

vide reimbursement under prospective payment up to a limit, based on the acuity of the patient's condition, for just 20 days. It will then pay a portion of costs for days 21 to 100 if the care needed is skilled and not custodial in nature.

Nursing facilities are heavily regulated and must adhere to federal and state guidelines to obtain certification and licensure. Licensing procedures are established by each state. A major challenge for long-term care is compliance, especially regarding staffing issues. While the basic standards for nursing homes are sound, the surveying and enforcement of the standards have been weak, with great variability from state to state.

The Centers for Medicare & Medicaid Services uses 15 measures to assess a facility's quality of care. For example, it gathers information on the percentage of residents who need more help with activities of daily living (ADLs), who have moderate or severe pain, who are more depressed or anxious, or who have been physically restrained. Also, accreditation by the Joint Commission on Accreditation of Healthcare Organizations, while not required, provides an additional assurance of quality.

Other institutional settings

Other examples of institutional long-term care settings include:

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Long-term care hospitals. Long-term care hospitals provide services to patients with complicated conditions that require acute medical care for 25 days or more. The medical care provided in such hospitals is more intense and complicated than that offered in nursing facilities and includes monitoring and emergency back-up resources. Patients are often admitted to such hospitals directly from the intensive care unit of an acute care hospital. Approximately one-fourth of all U.S. hospitals provide some type of long-term care hospital services, including psychiatric care, burn care units, AIDS services, rehabilitation services and arthritis care. Costs for long-term care hospitals are generally higher than costs for nursing facilities but less than costs incurred in acute care hospitals. Medicaid pays for care in these facilities; under the Balanced Budget Act, this payment may be capped at a certain amount per patient.

Approximately **one-fourth** of U.S. hospitals provide some long-term care services.

Rehabilitation hospitals. Rehabilitation hospitals provide subacute care to patients who have medical complications or frailties that must be overcome to gain independent living. Patients who may require rehabilitative services are those with orthopedic conditions, strokes, degenerative neurological disorders and other complex conditions. Patients admitted to rehabilitation hospitals must be well enough to tolerate intensive rehabilitation therapy for six or more hours per day.

Assisted living facilities. Also called residential care facilities, sheltered care or catered living, assisted living facilities provide room and board for individuals who are incapable of living independently but do not require skilled nursing care. Assisted living facilities may include homes for developmentally impaired and mentally disabled residents and for adults who require some assistance with activities of daily living. Residents are expected to provide most of their personal care needs, including dressing, eating, bathing, toilet use and unassisted ambulation. However, supervision and assistance may be provided for some ADLs. Assisted living facilities usually provide a room or small apartment that often comes with safety devices such as handrails and special bathroom fixtures. In most cases, residents pay rent for their living accommodations and services.

Community-based long-term care

Community-based long-term care programs allow patients to maintain a more preferred and normal life and are often appropriate for patients

who can remain in their homes with minimal house-keeping and medical assistance. Programs include:

Adult congregate living. Congregate housing, also called continuing care communities, integrates private apartment living with congregate meals, supportive assistance and activities. Patients may be charged specifically for rent, services and activities. Access to medical services is usually offered through contractual arrangements with healthcare providers in the community.

Outpatient care. Medicare provides coverage for outpatient services recommended by a physician or other licensed healthcare provider to restore an individual to the best possible functional level. Outpatient care may be offered through hospital units, hospice programs, home healthcare agencies or rehabilitation centers. Some rehabilitation therapy, including physical therapy and occupational therapy, can be offered in a patient's home.

Hospice programs. Hospice programs are designed to provide palliative care to patients with terminal illnesses. Under Medicaid and Medicare guidelines, a terminal illness is considered to be a physician prognosis that the patient has a life expectancy of six months or less. Hospice services are most often provided in the patient's home but may also be provided within a nursing facility or other institution.

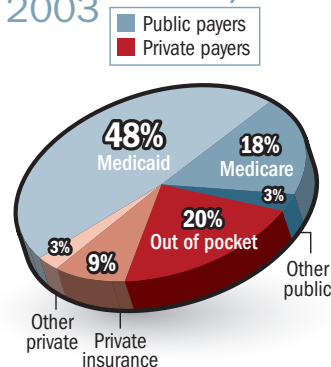
Home healthcare agencies. Home healthcare agencies provide a wide range of therapies and services for individuals in their own residences. Home healthcare can be short-term for patients recovering from acute illness and hospitalization or long-term for those with chronic diseases and disabilities. Most home healthcare agencies also offer high-technology home care such as ventilators, kidney dialysis, intravenous therapy, parenteral nutrition and cancer chemotherapy.

Adult day-care centers. Those attending adult day care live in their own homes and must be transported to the day-care center, where they stay during the daytime hours. Adult day-care center services vary according to the requirements of patients. Different centers may provide social interaction in a safe environment, medical care and therapy, and Alzheimer's or dementia care. Costs may be covered by Medicaid, private medical insurance or long-term care policies, or through private payment by the patient.

Long-term care pharmacies

Pharmacy services for long-term care patients vary depending upon whether care is provided in the community or through an institution. Community-based long-term care patients typically receive pharmacy services through a local pharmacy. Both Medicaid and private managed care programs typically require their patients to use specific pharmacies that have con-

SOURCES FOR LONG-TERM CARE FUNDING, 2003



Note: Amounts do not include unpaid care provided by family members or other informal caregivers; percentages do not add up to 100% due to rounding

Source: Adapted from a Government Accountability Office analysis of 2003 data from the Centers for Medicare & Medicaid Services and the Ann Arbor, MI-based Medstat Group

tracts with the managed care organization.

Managed care organizations also usually maintain formularies that list preferred drugs for their patients. These formularies may be set up so that patients are only reimbursed for approved drugs. In addition, some MCOs, government programs and private insurers may obtain medications through pharmacy benefit management companies. PBMs develop and manage their own formularies and provide a wide range of other pharmaceutical services.

Pharmaceutical arrangements for institutions include:

- On-site pharmacies with staff pharmacists.
- Contracts with local pharmacies.
- National pharmacy services that specialize in delivering pharmaceutical products and services to long-term care facilities.

Federal regulations require that long-term care facilities reimbursed through Medicaid and Medicare use a consultant pharmacist. A consultant pharmacist may be part of an independent pharmacy provider; part of a health maintenance organization, hospital or other company; or a community pharmacist. Consultant pharmacists must understand all state and federal guidelines regulating the long-term care facility and the pharmacy. They should also understand geriatric issues, chronic disease issues, formularies, reimbursement and the use of medications in patients with multiple diagnoses. The consultant pharmacist typically performs pharmacy management, including management of administrative functions and drug distribution. Consultant pharmacists must also be able to monitor drug therapy.

Administrative functions of the long-term care pharmacy include establishment of policies and procedures for drug acquisition and distribution. Administration of pharmacy services often is overseen by certain committees, including the pharmaceutical services committee, the infection control committee, the utilization review committee and behavior committees.

Distribution of drugs is a major focus of the long-term care pharmacy and includes ordering, dispensing, administering and verifying drugs. A 30-day supply of unit dose packaging is most common and most feasible for many long-term care facilities, but smaller amounts are available. Unit dose systems may offer advantages to long-term care facilities, such as a reduced incidence of medication errors, a decrease in the overall cost of medication distribution and more efficient use of the nursing staff.

Long-term care pharmacists

Pharmacists serving the long-term care population should understand the patient population, follow patients through the continuum of care and assist in cost containment.

The long-term care pharmacist should be aware

of the medical history of each patient, with an eye toward medical issues that can affect drug efficacy and safety. Patients with complex medical conditions are at a higher risk for drug interactions and adverse events. Pharmacists must also be aware of pharmacokinetic and pharmacodynamic factors that can affect individual patients (for example, knowing which patients have renal dysfunction that may necessitate lower medication doses or which patients require laboratory monitoring to assess drug plasma levels). Pharmacists can also play a role in educating the patient and providing in-service education to other healthcare providers within the long-term care realm.

The pharmacist is often in a good position to follow patients through the continuum of long-term care. Pharmacists may process prescriptions written by several physicians for the same patient and are thus in the best position to detect potential drug-drug interactions, dosing errors or adverse events. They are also in the best position to provide comprehensive drug regimen reviews for patients to ensure that their medications are still necessary, efficacious, safe and cost-effective. A key role for long-term care pharmacists is to communicate with all healthcare providers. They should keep comprehensive pharmacy records for each patient and describe clinically significant problems to the physician who is prescribing the medication. They are also responsible for communicating clearly with nurses to ensure that the nurses are providing proper education about medication to their patients.

In an effort to control costs, long-term care providers continue to look to the pharmacy for cost-savings. Thus, it often falls to the pharmacist to select and evaluate medications in terms of both their direct and indirect costs. Efforts to control the costs of medications have been put into place through tight formulary controls, bulk buying programs and a reliance on generic drugs when they are available. Consultant pharmacists who work for large chains will participate in group purchasing arrangements, such as group purchasing organizations and contracts with manufacturers and drug wholesalers. Pharmacists in long-term care settings will also increasingly look to pharmacoeconomic data that describe drug therapy in terms of overall patient outcomes to determine the most cost-efficient means for treating patients.

The final article in this series will focus on financing long-term care and selling in the long-term care market.

Article Summary

- Nursing facilities provide comprehensive medical care, particularly to elderly patients with impaired ability to perform daily activities.
- Other examples of institutional long-term care settings include long-term care hospitals, rehabilitation hospitals and assisted living facilities.
- Community-based long-term care services are provided by adult congregate living facilities, outpatient care, hospice programs, home healthcare agencies and adult day-care programs.
- Pharmacy services for long-term care patients vary depending upon whether care is provided in the community or through an institution.
 - Community-based long-term care patients typically receive pharmacy services through a local pharmacy.
 - Institutions may use in-house, community or national pharmacies.
 - Consultant pharmacists often perform pharmacy management.
- Pharmacists serving the long-term care population need to understand the patient population, follow patients through the continuum of care and assist in cost containment.