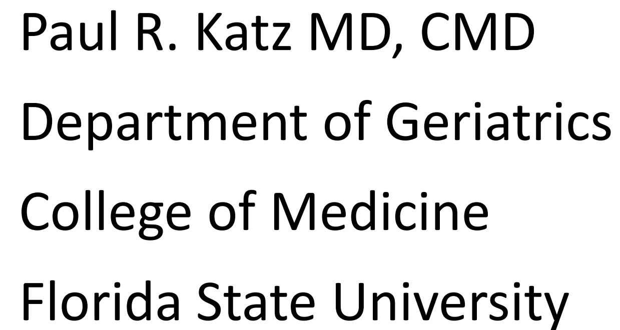
Reimagining Medical Care in Assisted Living



Paul R. Katz MD, CMD
Department of Geriatrics
College of Medicine
Florida State University

Selecting an Assisted Living Community

- Usual considerations
  - Nurse staffing/capability
  - Aesthetics (i.e. room accommodations; dining facility)
  - Food
  - Activities
  - Cost
- Unusual considerations
  - Primary medical care provider (physician)
    - Who, when, how

Why is the Primary Care Provider so Important in AL?

- A geriatric "perfect storm"
  - Older residents with increasing medical complexity/comorbidity/frailty
  - Residents in transition (community/hospital/SNF)
  - Variable social supports
- Clinician experience in geriatrics, and specifically post-acute and long-term care, is extremely variable

Current State of Affairs

- Majority of care is delivered by community-based physician practices
- A small number of practices focus exclusively on PA-LTC
- No large-scale study has yet compared different practice types and impact on quality outcomes (no consensus on quality metrics)
- Most states have rudimentary regulations regarding medical care standards

AL Specialists (ALFists) J Gen Intern Med 2021;36:2514-16

- AL specialist (MD/NP) defined as E&M visits for AL > 80% of total billings
- N=601 (vs 6857 for SNFists)
- More likely female, generalists and foreign trained
- No data on on previous geriatric training or experience in PA-LTC
- No outcomes data

Physician Visits in AL Sloane et al. J Am Geriatr Soc 2011;59:2326-31

- Survey of 165 physicians practicing in 27 states
- Internal Medicine and Family practice equally distributed
- 48% reported visiting the AL community once a year or less
- 19% visited at least weekly

Are these Qualifications Enough to Practice in AL? (personal communication Dr L Hock)

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Does the Physician Make a Difference

- Lessons from the nursing home:
  - Commitment, competence and medical staff organization linked to quality (Katz et al. The Gerontologist 2021;64(4):595-604)
  - Medical direction important
    - Improved quality (Rowland et al. JAMDA 2009;10:431-435)
    - AMDA sponsored Certification

Does the Physician Make a Difference?

- Benefits of On-Site Care
  - Real time observation of resident in their own environment
  - Nurses available to assist exam and provide key information regarding function, behavior etc
- More timely diagnosis and treatment of chronic conditions such as depression and dementia (Kronhaus et al. JAMDA 2016;17:673/ JAMDA 2018;19:914-15)

Proposal 1

- All Residents Must Be Seen On Site in Concert With Nursing Staff
  - Provides valuable insights into resident's social milieu, function, mood and interpersonal relationships
  - Allows for establishment of a rounding schedule with nursing
  - Facilitates scheduled visits for each resident every 3-4 months for exam and medication review

Proposal 2

- AL communities should be staffed by medical providers (physicians/NPs/PAs) that are both committed to and experienced in PA-LTC
  - Factor in what percent of a clinician's practice is devoted to PA-LTC
  - A closed medical staff has potential advantages as regards staff communication, coverage, shared culture and engagement with the medical director
  - Practice size impacts efficiency and rounding schedules

Proposal 3

- Establish an AL Medical Director Position
  - Develop policies and procedures relevant to delivery of medical care
  - Standardization of practice potentially impacts frequency of and content of medical visits, documentation and care guidelines (i.e. infection control; advance directives; behavioral issues with dementia)
  - Set credentialing standards
  - Participate in QI
  - Medical representative on leadership team

Proposal 4

- Medical staff in AL should be actively involved in quality assurance and improvement
  - Led by medical director
  - Work closely with nursing staff to address common problems
  - Audit feedback common approach to assure consistency of practice among clinicians
  - Examples of quality metrics include advance directive discussions, use of psychoactive medications or preventable hospitalizations

Next Steps

- Studies are needed that will provide empiric evidence that the proposed changes to medical care delivery in Al result in quality improvement.
  - What is the optimum physician to resident ratio?
  - What is the ideal frequency of visits?
  - What are the medical director’s most important tasks?
  - Which payment arrangement (salaried or fee for service) with medical staff are most cost effective?
  - What are the roles of the physician/NP/PA

Challenges

- Fear of over-medicalization to detriment of social model
- Too much like a nursing home
  - One size fits all??
- Invites more regulations
- Closed medical staff may disrupt previous physician relationships and continuity

Challenges

- Can smaller communities afford a medical director?
- Is the nursing staff up to the task
  - Competing priorities such as resident assessments; new admissions; communication with families; medication review and administration
- If we build it, will they come?
  - Will AL leadership, nursing, residents and their families appreciate the benefits?
  - What are the potential PR benefits for the AL community?

Challenges

- Lack of quality metrics specific to the medical provider in PA-LTC
- Lack of national data characterizing AL clinicians

End Game

- When you enter an AL community:
  - You will be cared for by a clinician who has the requisite skills and experience to care for an older adult with complex medical needs.
  - The clinician will visit you in your apartment on a regular basis and work closely with the nursing staff to provide needed care.
  - The clinician will understand the PA-LTC landscape and be adept at navigating through it.
  - The clinician will meet high standards of care as defined by quality metrics specific to PA-LTC medical providers