REPORT OF THE COUNCIL ON MEDICAL SERVICE

CMS Report 9-A-15

Subject: Medication Administration in Assisted Living Facilities (Resolution 201-A-14)

Presented by: Jack McIntyre, MD, Chair

Referred to: Reference Committee G (Courtland G. Lewis, MD, Chair)

At the 2014 Annual Meeting, the House of Delegates referred Resolution 201, "Medication Management in Assisted Living Facilities," which was sponsored by the Illinois Delegation. Resolution 201-A-14 asked:

> That our American Medical Association (AMA) create a national policy in support of medication management and administration by appropriately trained facility staff for residents of assisted living, sheltered care, and dementia care facilities; and
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> That our AMA support or cause to be introduced federal legislation fostering medication management and administration by appropriately trained facility staff for residents of assisted living, sheltered care, and dementia care facilities.

This report provides background on medication administration in assisted living facilities; highlights the issue of Alzheimer's and dementia care in assisted living facilities; summarizes relevant AMA policy; and presents policy recommendations.

BACKGROUND

Assisted living facilities represent the range of facilities in the long-term care continuum between independent living and nursing homes. There is no singular definition of assisted living facilities. Such facilities, depending on the state, are also referred to using other terms, such as personal care homes, sheltered care facilities, supportive living arrangements and community residential settings. Assisted living facilities are regulated at the state level. As of 2012, there were approximately 22,200 assisted living facilities in the United States, providing care to 713,300 residents. Ninety-three percent of residents of assisted living facilities are ages 65 and over.[1]

Medications are an essential element of care for many residents of assisted living facilities. A care plan or assessment is typically carried out prior to a resident moving into an assisted living facility. Depending on the results of the care assessment, residents are either allowed to self-administer their medications, or staff members of the facility may be required to administer their medications to them to ensure that they take the correct dose of the medications at the right time. While some residents who self-administer their medications may be deemed to be able to do so without oversight, others may require medication reminders or other supervision. Seventy-seven percent of residents of assisted living facilities need help with taking their medications, including opening the bottle, remembering to take medications on time, and taking the prescribed dosage.[2] Ninety-one

percent of assisted living facilities reported having to manage, supervise or store medications or provide assistance with self-administration of medications for at least 75 percent of their residents.[3]

Approximately 70 percent of assisted living facilities reported having a pharmacist or physician review the medications that residents receive for appropriateness.[4] More than 90 percent of assisted living facilities offer pharmacy or pharmacist services.[5] In terms of medication services offered to residents of assisted living facilities, 94 percent of assisted living facilities provide a central location where medications are stored prior to administration. Eighty percent of facilities provide medication reminders that prompt residents to take medications, with 91 percent of assisted living facilities providing oversight and cueing to ensure residents actually take their medications. Registered nurses and/or licensed practical nurses administer medications to residents in more than half of assisted living facilities. Certified medication aides, medication supervisors, or medication technicians also administer medications in half of assisted living facilities.[6] State laws and regulations differ in how they define medication assistance and administration, including who can assist with medications, who can administer medications, and the extent of staff training, supervision, and licensure required.

ALZHEIMER'S AND DEMENTIA CARE

Approximately 40 percent of assisted living facility residents have Alzheimer's disease or other dementias.[7] Individuals with dementia living in assisted living facilities either live in designated dementia care units, or in the traditional assisted living setting. In 2010, 17 percent of assisted living facilities had designated dementia units, the beds of which accounted for 13 percent of all assisted living beds.[8] Many states require assisted living facilities with designated dementia care units to have specially trained staff to care for residents with dementia, including unique requirements for medication management for residents of dementia/Alzheimer's units of assisted living facilities. Regarding medication management in designated dementia care units, many states have limited medication administration to registered nurses, physician assistants, licensed practical nurses and physicians.

RELEVANT AMA POLICY

Policy H-280.999 outlines guidelines for physicians attending to patients in long-term care facilities, including that the attending physician should be aware that the pharmacist may review the drug regimen of each patient at least monthly and report his comments to the medical director and administrator. In those instances where the medical director and the pharmacist question the appropriateness of the drug regimen, the question should be brought to the attention of the attending physician. Policy H-120.955 advocates that prescriptive authority include the responsibility to monitor the effects of the medication and to attend to problems associated with the use of the medication. This responsibility includes the liability for such actions. Policy H-280.963 states that the AMA will work closely with the American Medical Directors Association and other appropriate organizations to improve outcomes of drug therapy in nursing homes and to encourage CMS to review the issue of appropriate professional resources needed to provide optimal prescription use in nursing facilities.

Policy H-280.957 states that medical directors in nursing homes should be strongly discouraged from taking over the routine medical care of a physician's patient without the request of the patient, the patient's family, or the patient's physician. Policy H-280.967 encourages state medical associations to carefully evaluate the relevant practice acts in their jurisdictions and to identify any modifications needed to allow the most effective use of nurse practitioners and physician assistants in improving care in nursing homes and long-term care facilities while assuring appropriate

physician direction and supervision of such practitioners. Policy H-160.906 states that within a physician-led team environment, physician leaders are focused on individualized patient care and the development of treatment plans, and non-physician practitioners are focused on providing treatment within their scope of practice consistent with their education and training as outlined in the agreed upon treatment plan or as delegated under the supervision of the physician team leader.

Considering care for patients with Alzheimer's disease and other forms of dementia, Policy H-25.991 encourages: 1) physicians to make appropriate use of guidelines for clinical decision making in the diagnosis and treatment of Alzheimer's disease and other dementias; 2) studies to determine the comparative cost-effectiveness/cost-benefit of assisted in-home care versus nursing home care for patients with Alzheimer's disease and related disorders; and 3) studies to determine how best to provide stable funding for the long-term care of patients with Alzheimer's disease and other dementing disorders. Policy H-25.989 states that the AMA will collaborate with appropriate national medical specialty societies to create educational tools and programs to promote the broad and appropriate implementation of non-pharmacological techniques to manage behavioral and psychological symptoms of dementia in nursing home residents and the cautious use of medications; and supports efforts to provide additional research on other medications and non-drug alternatives to address behavioral problems and other issues with patients with dementia.

DISCUSSION

Because states regulate assisted living facilities, the Council believes that supporting a federal approach to medication administration provided to residents of these facilities may conflict with and potentially undermine existing state laws and regulations on the issue. Rather, the Council believes that our AMA should support medication administration by appropriately trained facility staff for residents of assisted living and dementia care facilities who require assistance in taking their medications, which takes into consideration differences between patients and in state laws. The Council notes that medication administration is different from medication management and monitoring, the topics of the latter being addressed by Policy H-120.955, which advocates that prescriptive authority include the responsibility to monitor the effects of medications and attend to problems associated with the use of medications. The Council believes that, as outlined in Policy H-280.999, physicians in assisted living facilities should review and manage medications, noting that pharmacists may review the drug regimen of each patient at least monthly.

RECOMMENDATIONS

The Council on Medical Service recommends that the following be adopted in lieu of Resolution 201-A-14, and that the remainder of the report be filed.

1. That our American Medical Association (AMA) reaffirm Policy H-280.999, which outlines guidelines for physicians attending patients in long-term care facilities. (Reaffirm HOD Policy)

2. That our AMA reaffirm Policy H-120.955, which advocates that prescriptive authority include the responsibility to monitor the effects of medications and attend to problems associated with the use of medications. (Reaffirm HOD Policy)

3. That our AMA support medication administration by appropriately trained facility staff for residents of assisted living and dementia care facilities who require assistance in taking their medications. (New HOD Policy)

Fiscal Note: Less than $500.

REFERENCES

[1] Harris-Kojetin, L, Sengupta, M, Park-Lee, E, Valverde, R. Long-term care services in the United States: 2013 overview. National health care statistics reports; no 1. Hyattsville, MD: National Center for Health Statistics. 2013.
[2] 2010 National Survey of Residential Care Facilities. Data dictionary: Resident public-use file.
[3] 2010 National Survey of Residential Care Facilities. Data dictionary: Facility public-use file.
[4] Ibid.
[5] Harris-Kojetin, L, Sengupta, M, Park-Lee, E, Valverde, R. Long-term care services in the United States: 2013 overview. National health care statistics reports; no 1. Hyattsville, MD: National Center for Health Statistics. 2013.
[6] 2010 National Survey of Residential Care Facilities. Data dictionary: Facility public-use file.
[7] Caffrey, C, Harris-Kojetin, L, Rome, V, Sengupta, M. Characteristics of Residents Living in Residential Care Communities, by Community Bed Size: United States, 2012. NCHS data brief, no 171. Hyattsville, MD: National Center for Health Statistics. November 2014.
[8] Park-Lee, E, Sengupta, M, Harris-Kojetin, L. Dementia Special Care Units in Residential Care Communities: United States, 2010. NCHS data brief, no 134. Hyattsville, MD: National Center for Health Statistics. November 2013.