


AN E-BOOK BY

A photograph of three women laughing joyfully outdoors. On the left is an older woman with short grey hair wearing a light-colored top and a necklace. In the center is a younger woman with dark hair pulled back, wearing blue scrubs. On the right is another older woman with short grey hair, wearing a dark jacket over a light top. They are all smiling and laughing, with their arms slightly raised. The background is a soft-focus green landscape with trees under bright sunlight.

Providing personalized care in assisted living is a team effort

Tailoring care to one person is not a one-person job

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Delivering personalized care in assisted living is challenging, but it can be achieved by assembling an interdisciplinary team that includes administrators, therapists, pharmacists, nurse practitioners, nurses and nursing support personnel all working on behalf of the resident.

That's the message from Kevin O'Neil, MD, chief medical officer for ALG Senior. O'Neil was speaking during a webinar sponsored by Synchrony Health Services and presented by *McKnight's Senior Living*.

O'Neil noted that assisted living is the largest provider of residential long-term care in the United States, but because assisted living typically is not considered a



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healthcare setting by the government, no guidance has existed to inform care of residents' physical and mental health needs. That situation, however, is changing. A 2021 Delphi consensus statement identified 43 recommendations that provide a pragmatic guide for practice and policy regarding medical and mental healthcare in assisted living, including staffing and staff training, nursing and related services, resident assessment and care planning.

"The item most recommended – and with 100% consensus – was in the domain of staff training on per-



son-centered care," O'Neil said. "Person-centered healthcare recognizes that every person is unique and should be actively involved in their own healthcare decisions."

Providers of person-centered healthcare, he added, focus on building strong relationships with residents, seek to understand their goals and concerns, and tailor treatment plans accordingly. This approach promotes collaboration, empathy and respect, ensuring that residents receive care that not only is medically effective but also aligns with their personal values and priorities.

FOLLOW THE 'FOUR M'S'

The benefits of person-centered care are myriad and include empowering the recipients of the care, promoting their positive well-being, supporting their independence and improving their quality of life.

To reach all of those goals, O'Neil advised following the framework set forth in the "geriatric four M's," which are derived from an initiative of the John A. Hartford Foundation in collaboration with the Institute for Healthcare Improvement, the American Hospital Association and the Catholic Health Association of the United States, related to age-friendly health systems.

The four M's:

- What **matters** most to the person: Know and align care with each resident's specific health outcome goals and care preferences.
- **Mobility**: Ensure that residents move safely every day, to maintain function and do what matters most to them.
- **Mentation**: Prevent, identify, treat and manage dementia, depression and delirium.
- **Medications**: If medication is necessary, then use age-friendly medication that does not interfere with what matters most, mobility or mentation.



Implemented together, O'Neil said, the four M's represent a set of evidence-based elements of high-quality care for older adults.

"Most organizations practice a few of the four M's at some locations and some times, but they really must be practiced reliably for all older adults across all settings and every interaction," he said.

A COLLABORATIVE EFFORT

Synchrony Health Services is committed to a collaborative effort between its pharmacy, rehabilitation and lab services to drive positive outcomes.

Julia Barrett, vice president of senior living services for Synchrony Rehab, noted that many studies support the efficacy of regular movement and healthy aging, and widespread agreement exists about the importance of ensuring that older adults move safely throughout the activities that are meaningful to them, to maintain their functional independence. Therefore, she said, Synchrony's resident assessments are designed to provide a holistic view of each resident and, from there, to determine treatment strategies to help overcome limiting factors.

Those strategies may be straightforward, Barrett said, such as working on balance, strength, flexibility or posture.

"But in some other areas, we must consider cognition and how that affects mobility," she added. "We think about supportive appliances. Are residents wearing hearing aids and eyeglasses and using mobility devices? And, of course, mobility affects mentation, too."



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The role of pharmacy in providing personalized care cannot be overstated.

A robust wellness program helps maintain function when residents have achieved a certain level of independence, Barrett added.

RIGHT MEDS, RIGHT REGIMEN

The role of the pharmacy in providing personalized care cannot be overstated. Medications can improve quality of life and longevity but also may affect mobility and mentation through side effects and drug-drug interactions.



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Rob Leffler, vice president of clinical services for Synchrony Pharmacy, said he focuses on deprescribing as much as possible, with the goal of making sure that residents are taking the right medications for their conditions while considering their other comorbidities. Wellness initiatives also always are front-and-center, as is medication adherence.

"Are the residents taking only the medications that they need, and are they taking them as prescribed?" Leffler asked. "If not, is there something that we can do to simplify their medication regimen to make it easier for them to adhere to? All of these are important factors to consider in a person-centered care model."

A POSITIVE TRANSITION

According to O'Neil, assisted living is transitioning rapidly from fee-for-service healthcare to value-based care, and providers will find that a person-centered care model is beneficial as they prepare for that transition.

"As a geriatrician, I can tell you I'm very happy about that transition," he said. "What does fee-for-service reward? More tests, more procedures, more volume of services. Those really are perverse incentives, especially in the care of older adults when, often, less is more."

O'Neil pointed out that the Center for Medicare & Medicaid Services has put forth a vision for a healthcare system that achieves equitable outcomes through high-quality, affordable, person-centered care. To that end, by 2030, all Medicare fee-for-service beneficiaries



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Care-planning is a vital component of person-centered care.

and the vast majority of Medicaid beneficiaries will be in a care relationship with accountability for quality and total cost of care.

The priorities of CMS' vision align with person-centered care models and include:

- Reducing avoidable emergency department visits, unplanned hospital visits and readmissions – and improving transitions of care.
- Reducing fall rates and fall-related injuries.
- Improving infection prevention and control practices.
- Reducing polypharmacy and use of drugs that are inappropriate or seldom appropriate in the geriatric population.
- Considering nonpharmacologic interventions for the behavioral and psychological expressions of dementia.
- Improving the care experience for residents and staff members.

CARE PLANNING: UPDATE REGULARLY, DOCUMENT DILIGENTLY

Care-planning is a vital component of person-centered care, and care-planning in assisted living includes three important areas of focus:

1. Tailoring care to meet the specific needs and preferences of each resident, as well as promoting their overall well-being and quality of life.

2. Ensuring continuity of care. By regularly updating and documenting care plans, the spectrum of care providers consistently can provide the required services, ensuring a seamless and coordinated approach to care.

3. Developing specific goals and objectives for each resident, and tracking progress over time.

"Assisted living providers who haven't been collecting and tracking data on their residents' progress will need to start collecting that data," O'Neil advised. "If you don't have solid data, you're not going to be a valued partner to the value-based care plans, the accountable care organizations or the managed care organizations."

Finally, O'Neil suggested involving everyone in the community in care by using tools such as "Stop and Watch," which is a part of the INTERACT (Interventions to Reduce Acute Care Transfers) quality improvement program, to observe residents.

"Not just the clinical staff, but also housekeepers, dining services staff and administrators," he said. "They're all living and working with residents every day. They know when something's not right. We're not asking them to make a diagnosis, but their observations are important."



TALENT AND TEAMWORK

Ultimately, O'Neil said, implementing an interdisciplinary, person-centered care model; building it on a solid

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foundation of regular and comprehensive care planning; and involving all staff members in the effort will pay off for both residents and providers alike.

"Michael Jordan once said, 'Talent wins games, but teamwork wins championships,' " O'Neil said. "By working together, we can become champions for quality care in our assisted living and senior care settings." ■