

National Survey of Long-Term Health Professionals by Novartis Reveals Shifts in Providers' Needs and Practices

For Immediate Release

Novartis Pharmaceuticals announces the release of “*The 2005 Senior Care Source: An Interdisciplinary Survey of Long-Term Care Health Professionals*,” its annual survey of long-term care health professionals.

The survey is undertaken to help identify and address the unique challenges of medical directors, pharmacists, directors of nursing, and nurse practitioners who work in the long-term care environment.

Representatives from each discipline were asked a series of questions on such issues as clinical practices; the use of formularies and preferred drug lists; reimbursement issues; the evolving role of consultant pharmacists and collaborative practice by pharmacists; Medicare payment for medication management services provided by pharmacists; and the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

Some key findings published in the report include:

- Medical directors cite increased risk of malpractice/liability, over-regulation of the nursing facility environment, stress, and burnout as major problem areas in their long-term care careers. Their feedback indicates serious concerns that the quality of care offered by their facilities may impact their own risk of being named in a lawsuit. They report that, in some cases, insurance carriers are discouraging or even preventing physicians from serving as nursing facility medical directors.
- The use of formularies will likely increase and play a key role in Medicare Part D prescription drug benefit. The survey data indicated that a portion of medical directors, nurse practitioners, and directors of nursing do not agree with—and perhaps not fully understand—the implications of the formulary process. Yet, compared to some hospital formularies, which may be very strict, or “closed,” and offer little or no alternative drug selection, formularies developed by pharmacies serving nursing facilities tend to be very “open,” allowing prescribers to override recommendations for preferred products with relative ease.
- Long-term care health professionals will rely increasingly on technology to perform their duties. Close to 100% of directors of nursing and MDS nurses had computer access this year, compared to only 82% of MDS nurses in last year’s report. This indicates that adoption of computers in nursing facilities, at least by MDS nurses, has increased rapidly.

- Medical directors, pharmacists, and nurse practitioners were asked to express their opinions on the potential impact that proposed formulary restrictions of the Medicare Modernization Act would have on the therapeutic outcomes of their patients. Approximately two-thirds of each discipline indicated that limitation of the use of certain drug products would have a negative impact on patient outcomes.
- Nurse practitioners employed by a physician group, paid by salary, and working in the nursing facility environment exemplify an employment model that has grown in popularity. Nurse practitioners named acute events (87%), meetings with family (85%), monthly visits (78%), referral of patients to acute-care sites (70%), and annual physicals (67%) as their most common practices.

Executive Editor William Simonson, PharmD, FASCP, CGP says, “This survey takes an interdisciplinary look at the entire long-term care spectrum. Our goal in releasing this survey publication is to encourage dialogue and promote problem solving among the various constituents in the long-term care profession. This tool brings all of the issues to the table in a constructive way and enables people to collaborate more effectively. Such collaboration always improves the quality of care that we ultimately provide to our long-term care residents.”

To obtain a complimentary copy of this report, call 800-456-4994. For questions, call Executive Editor William Simonson, PharmD, FASCP, CGP at (757) 238-7707, or e-mail him at wsimonsonpharmd@aol.com. Publisher Peter Sonnenreich may be reached at (202) 246-2525.

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