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There's plenty to think about before stepping into the long-term care market

In for the long haul

By Sonya Felix

When a long-term care facility requires an after hours medication delivery, Jean-Marie Beaudin, a pharmacy owner/manager in Keswick, N.B., is happy to jump in his car and make the delivery. It's the kind of service that Beaudin, together with his wife and business partner, are proud to offer to long-term care clients. "We believe it is part of pharmacies' responsibility to provide meds and services to homes," he explains. "Often the people running them need a lot of help—and we like helping people."

Beaudin and his pharmacist wife (*Pharmacy Post* columnist Jeannie Collins Beaudin) have provided medication and pharmacy services to long-term care facilities for approximately 10 years. "We started by contacting the provincial government for a list of different special care homes in the area," Beaudin says. He then made a few phone calls and set up visits to a few facilities. Once his foot was in the door, he offered to bring in a pharmacist to speak with clients about their specific needs.

"Whenever I mentioned bringing in a pharmacist, I got a great response," he recalls, adding that his small independent pharmacy differentiates itself by offering personalized service like medication reviews, consultations with staff and after hours delivery. But is it worth being available at all hours? "Oh yes," he declares. "This is a very profitable business and there is money to be made."

Considering current demographic trends and the fact that the vast majority of people living in long-term care facilities are seniors, pharmacies will have many opportunities to provide long-term care services in the coming years. By 2031, it is estimated that Canada will need between 560,000 and 740,000 long-term care beds for seniors, according to a 2004 survey completed by the Canadian Healthcare Association. In 2002, the country had only 157,500 beds.

Although long considered an under-funded sector of health care, provincial and territorial governments appear to be preparing for the coming demographic challenge. In Ontario, for example, the government is considering a change in the compensation model for long-term care pharmacy services. The province recently announced new money to upgrade existing long-term care beds and add new ones. Nova Scotia plans to add 1,320 long-term care beds over the next few years and B.C. wants to add 5,000 new beds by 2008. The same trends are taking place in other jurisdictions, as well.

With renewed emphasis on long-term care for seniors, the demand for pharmacy services at nursing homes, retirement homes and assisted-living residences should continue to grow as well. But pharmacies must consider the pros and cons before getting into this specialized business. "It can be a good money maker, but it definitely need to develop a business plan."

Getting involved in long-term care is definitely worth doing, says Kasumi Oda, director of product management for Catalyst Healthcare Ltd., a Kelowna, B.C.-based company that owns two central supply pharmacies and provides information technology systems to pharmacies servicing healthcare facilities. But she adds that it is critical to study feasibility based on the different rules and regulations in each province and territory as they impact revenue. "Get the information you need before making the decision," she advises. "Take a look at what others are doing and find a company that will share their experience."

There are many questions to think about before considering the provision of long-term care services. Some of these considerations are outlined below.

What do you want out of the business?

Although regulations governing the long-term care industry—including compensation for providing medications—vary across jurisdictions, pharmacies are typically paid a flat fee per bed. "Some pharmacies may get into long-term care with the objective of processing a lot of scripts to maximize profit," says John Webster Jr., vice-president sales and marketing for Manrex Ltd., a supplier of medication delivery systems based in Winnipeg, Man. "Others want a greater role in patient health and put their focus on providing medication reviews and other cognitive services."

Independent pharmacies may believe they have an edge in the market by providing personalized service, but competition is fierce with big retailers like Sobeys and Katz Group expanding into long- term care. As Beaudin discovered, bigger players can usually offer lower prices and "…the dollar sometimes speaks louder than anything else." Still, Webster insists that the industry is beginning to recognize the importance of pharmacy services, and payment for these services will follow. "It takes a lot of work to provide medication management services to long- term care facilities," he notes. "But independent pharmacists who want to establish a niche for themselves can find this very rewarding. And they will reap the rewards down the road. Sure, cost is always an issue, but I think nursing homes should be picking pharmacies based on the clinical skills of the pharmacists."

What resources do you need?

The staff, space and equipment required for long-term care services ultimately depends on whether the pharmacy or the facility is dictating the style of medication delivery system. Do they want 30-day unit or multi-dose blister cards? Do they prefer seven-day multi-dose strips? Can they be convinced to use your own preferred system? "Once the type of system is decided, then you can figure out the level of technology you may or may not need," says Caverly. "And that's when you need to make staffing decisions. Will pharmacy technicians package meds for long-term care in between performing other duties in the dispensary, or will they be dedicated to the task full-time?"

Whether staff are devoted to the long term care side of the business on a part- or full-time capacity determines the design of the work space. "Are you going to do it in a back room or in the middle of everything else?" Caverly asks, add ing that duplicate stock is required if the packaging is processed in the backroom. If the same stock is going to be used for regular and long-term care customers, he suggests designing a counter for servicing ambulatory customers at one end with shelving leading back to another counter for long term care use. Stock can then be shelved and shared in between the two counters.

What are the pros and cons of blister packs versus strips?

Many different packaging styles exist; however, most nursing homes currently use 30-day blister cards in single or multi-doses, Caverly says. "The problem with dos-sette or blister cards is that they are extremely labour intensive for technicians to package and pharmacists to check. I've stood in a lot of pharmacies and watched the process and so many things can go wrong. There is a lot of potential for errors." Since many patients take more than a dozen different medica-tions, blister cards are also labour intensive for the nursing staff.

With strip packages, medications come in rolls of single or multi-unit pouches, often marked with the patient's name, date and administration time. "I'm a big believer in strip packaging, not just for nursing homes but for regular consumers as well," Caverly says. "Studies show that strip packs can save time and errors." But there is a downside. For one thing, unlike blister cards, which are usually put together manually, strip

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packaging is always processed by a machine. If a prescription is changed, the whole strip must be replaced to avoid errors, resulting in additional wastage. "That's one of the reasons that nursing homes stay with unit doses," says Caverly. "Then if one med is discontinued, they just have to pull the one card." Caverly suggests dispensing for shorter periods to avoid the issue of potential wastage with strip packaging.

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use of technology" says Oda at Catalyst Healthcare. "At the 250-bed mark most pharmacies begin to think about whether to keep doing what they are doing or to expand and grow with automation. To continue with blister cards, space restraints and staffing numbers become an issue."

do more clinical services. The other benefit is that you reduce errors and improve health outcomes."

But automation isn't necessarily the right solution for everybody, warns Caverly. "Not many pharmacies really need a robot to package scripts. If you throw technology at bad staff

beds serviced over time.

Long-term care providers must also appreciate that changing from blister to strip technology may be a hard sell to clients, and should be carefully considered. "If they want blister cards and you have strips, they may say no to your business," Caverly says. "You must be prepared to go to them with an information campaign on the advantages of strips and be prepared to teach staff at the nursing homes how to use it. If you decide to buy a strip machine, ask the supplier to help you convince the nursing home that it is the right packaging."

care yields better and safer care. In-depth reviews of patients' medications identified an average of 2.5 drug-related problems for each senior.

As a consulting pharmacist working in a geriatric setting in Winnipeg, Man., Cathy Smart emphasizes the need for pharmacists to understand how to work with the elderly. "The formulary is different than for acute adults,and the frail elderly often respond differently to medications," she says. "Long-term care pharmacists need to know how to assess renal function for drug dosing, how to speak to the elderly and how to assess pain in people with dementia." As well as making rounds with physicians and performing medication reviews, pharmacists may be required to train nursing staff on medication delivery systems and act as a liaison between clients and their families.

When is it time to invest in technology?

There is no definitive line identifying the best time to automate medication packaging, and there are different opinions regarding when it makes the most sense. "The break-even point is about 250 beds, depending on efficiencies gained by the

Webster at Manrex says at least 1,200 beds are needed before the cost justifies automation. "Once you get into higher end technology, capacity isn't limited by personnel—you don't need to hire more technicians to grow the business. So you save on labour and free up the pharmacist to

and a bad workflow, then you'll just make the situation worse. You really have to sit down and analyze your needs." And, with medication dispensing machines ranging in price from $15,000–$250,000, it's important to understand the return on investment based on the number of long-term care

What other services are needed?

It is essential for pharmacists to offer medication reviews and consultations with residents and staff when servicing long-term care homes. A year-long study by the Health Quality Council in Saskatchewan found that involving pharmacists more closely in the drug treatment of seniors living in long-term

To obtain specialized knowledge on working with the elderly, pharmacists should consider geriatric courses offered by faculties of pharmacy or through voluntary provincial associations. The Ontario Pharmacists' Association, for example, re-cently added a new education program aimed at preparing pharmacists for the U.S. Certified Geriatric Pharmacist Exam to become credentialed as a Certified Geriatric Pharmacist (CGP). For more information about CGP, contact the Canadian Society of Consultant Pharmacists (www.cscpharm.com). ■