

From the Editor

A Simpler Life and Death

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Dr. Stefanacci continues to build on his work as the 2003-2004 Health Policy Scholar at the Centers for Medicare & Medicaid Services (CMS), where he helped develop and implement the Medicare Part D Pharmacy Benefit. He is currently creating a LTC Management Degree Program for undergraduate and graduate students in the Geriatric Health Program, Center for Medicare Medication Management (cm³), Mayes College, University of the Sciences in Philadelphia (USP).

As a geriatrician, Dr. Stefanacci has worked in LTC for decades as medical director for several nursing facilities and continuing care retirement communities. He has also served as a medical director for primary care private practices, full-risk provider groups, Medicare + Choice HMO (M+C) programs, and the PACE (Program for All-inclusive Care for the Elderly) program in Philadelphia. Dr. Stefanacci provides direct patient care for the St. Agnes LIFE program and works with Newcourtland on innovative LTC services such as electronic dispensing and prescribing systems for the company's facilities. He also serves as executive director of HepTREC, the Delaware Valley Hepatitis Treatment, Research and Education Center.

A graduate of A.T. Still University, Dr. Stefanacci completed his clinical training at the University of Medicine and Dentistry of New Jersey in Internal Medicine and earned a fellowship in Geriatrics at the same institution.

Dr. Stefanacci participates actively in the American Medical Directors Association (AMDA), Academy of Managed Care Pharmacy, American Society of Consultant Pharmacists (ASCP), and the American Geriatrics Society (AGS). He is a fellow in both the College of Physicians of Philadelphia and AGS and an honorary lifetime member of ASCP. He is editor-in-chief of *Assisted Living Consult* and *Medicare Patient Management* and serves on the editorial boards of *Consultant Pharmacist*, *American Psychiatry News*, *LTC Interface*, *Managed Care*, and *Jefferson's Health Policy Newsletter*.

Dr. Stefanacci's proudest accomplishment is as founder and member of the board of directors of www.Go4TheGoal.org.

The KISS principle stands for "Keep It Simple Stupid." However, all too often we go out of our way to complicate matters—despite the fact that "simple" oftentimes is much better. Sometimes it takes time for the evidence to reveal this fact. Take, for example, the recently released clinical guidelines for cardiopulmonary resuscitation (CPR). The new guidelines call for the elimination of mouth-to-mouth resuscitation and the simple use of just hands (see the American Heart Association at www.americanheart.org/handsonlycpr).

Hands-only CPR calls for uninterrupted chest presses—100 a minute—until paramedics take over or an automated external defibrillator is available to restore a normal heart rhythm. Experts hope bystanders will now be more willing to jump in and help if they see someone suddenly collapse. For the lay person, hands-only CPR is simpler and easier to remember and removes a big barrier for people who are skittish about the mouth-to-mouth breathing. It's believed that this simpler approach will save lives.

Simple High-Tech

Technology can also help make provider lives simpler while improving outcomes. Take, for example, e-prescribing. By providing information on formulary and benefits, medication history, fill status notification, and identification of individual healthcare providers, healthcare providers can prescribe and encourage more appropriate treatment plans.

While we have talked for over a decade about the use of these types of technology in which data are shared more freely—such as e-prescribing and electronic health records (EHRs)—it seems like we are no closer today to implementation. Barriers such as cost considerations and lack of connectivity continue; until we overcome these limitations, the technology will be poorly accepted. Implementation of cool high-tech products—such as home monitoring that can detect an individual's movement within the home so that caregivers can be notified if the person falls, does not adhere to medication regimens, or misses meals—is still in our future.



Of course the technology that has the greatest ability to help individuals, caregivers, and healthcare providers today is at our fingertips, yet not fully used. Of course, I am referring to the Internet. The Internet is increasingly being used by our patients and hopefully by us as well. For instance, *Medicare Patient Management* is available on the Web so that content can be quickly retrieved from anywhere our readers are.

Simpler End-of-Life Care

The article by Dr. Miller titled “Issues Related to Utilization of Health Care at the End of Life” reports that researchers from the Dartmouth Atlas Project found large variations in the amount of care received by patients during their last 6 months of life, while concluding that providing more care does not necessarily mean providing better care. The bottom line is that providers can do a number of simple things for their patients to improve their end-of-life care, including encouraging their patients to think about how aggressively they want to be treated.

In this issue we also asked a group of experts (see “Ask the Experts” on page 39) to address the issue of hospice, specifically what could be done to improve patient access to hospice services. Hospice continues to be a Medicare benefit that is often too infrequently utilized during the dying process. Studies have demonstrated the benefit to patients and family through the involvement of hospice. Despite the proven benefits,

hospice continues to be underused.

These benefits include the involvement of a hospice nurse case manager. These case managers can ensure:

- Coordination among the patient’s care providers who may include social workers, chaplains, volunteers, and physicians
- Appropriate utilization of resources such as physical and occupation therapy, nutritional counseling, and pharmacy
- Provision of skilled nursing as determined by the interdisciplinary plan of care

Despite the simplicity of referring patients for hospice care, providers are not taking the step as often or as soon as appropriate. To this end the Geriatric Assessment and Chronic Care Coordination Act (see www.americangeriatrics.org/news/gca_goto.shtml) calls for improvement in information about and referral to hospice care, including patient and family caregiver education and counseling about hospice care, facilitating transition to hospice care when elected, and other end-of-life care planning services. Even the simplest of concepts take some prompting.

Taking Simple Steps

In the end it is often the simplest things that make the biggest differences. Malcolm Galdwell in his book *The Tipping Point* explains that the reason for improvement in the New York City crime rates is that there was a focus on the “little things.” By cleaning the streets and repairing buildings, a sense of law and order was restored and the crime rate fell. So too, by bringing the practice of medicine back to basics, we can improve patient outcomes.

To this end *MPM* will continue to fight the forces that would complicate our world by publishing content to improve Medicare patient management, highlight critical thinking through our Provider Action Plans, and listen carefully to you, our readers. Every good clinical examination starts with listening; so too should our examination of care policies aimed at improving the care provided to our Medicare patients. Let’s aim to make our lives simpler. *MPM*

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