Programs of All-Inclusive Care for the Elderly (PACE)

Model’s Evolution & Implications for the Future
No Caregivers
Unique Challenges of Frail Older Adults Throughout Transitions

Evolution of PACE

1st On Lok Center

Balanced Budget Act

PACE Innovations Act


RWJF investment in replication

For Profit PACE authorized

42,000+ served in 122 PACE programs across 31 States
MEDICARE Pays 1/3 of PACE costs

MEDICAID Pays 2/3 of PACE costs
Impact of PACE

LOWER COSTS

Lower costs than NHs, Higher costs compared to other HCBS

BETTER QUALITY

Improved access, Decreased hospitalizations, Lower mortality, Enhanced satisfaction
One Hundred Fourteenth Congress of the United States of America

AT THE FIRST SESSION

Begun and held at the City of Washington on Tuesday, the sixth day of January, two thousand and fifteen

An Act

To amend title XI of the Social Security Act to clarify waiver authority regarding programs of all-inclusive care for the elderly (PACE programs).

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

President Signs PACE Innovation Act

GRAASSROOTS | NOVEMBER 06, 2015

President Obama signed the PACE Innovation Act (PIA) into law on November 5th, 2015. The new law will allow the Centers for Medicare & Medicaid Services (CMS) to develop pilot projects based on the successful PACE Model of Care. On Oct. 21, the PACE Innovation Act of 2015 (S. 1362) was approved by the U.S. House of Representatives.

United States Senate
WASHINGTON, DC 20510

May 11, 2015

The Honorable Sylvia Burwell
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Burwell,

We write today to express our strong support for Programs of All Inclusive Care for the Elderly (PACE) and to encourage the Administration to undertake actions to promote and expand this proven, cost-effective, and high-quality care model.

As you know, PACE programs provide comprehensive, coordinated health and long-term services and supports for some of our nation’s most vulnerable citizens — individuals 55 or older who qualify for nursing home care. These individuals have been diagnosed with a complex mix of chronic illnesses and functional or cognitive impairments, such as dementia, that inhibit their ability to live independently. By enrolling in PACE, however, they access high-quality, integrated care that allows them to maintain their health, avoid costly medical complications, and live in their communities rather than in nursing homes.

As other health care delivery system reform efforts are underway, now is an opportune time to build on PACE’s record of success in providing coordinated, high-quality, cost-effective care for those who rely on Medicare and Medicaid. Current regulations and eligibility limitations, however, are preventing PACE from innovating and growing in order to meet this challenge. We
LIFE (PACE) in Pennsylvania
Cost of LIFE Program vs. Nursing Facility

PA Average Annual Cost Per Participant FY 2014/2015 *

- Nursing Facility: $72,855
- LIFE Program: $43,700

Difference: $29,155
Time for Change - CHC

• While community operations for seniors expanded, it was not enough for Pennsylvania to keep pace with the demand.

• In 2015, Governor Wolf directed the Departments of Human Services and Aging to create a Managed Long-Term Services and Supports program, which would become CHC.
  • One model they have used to develop this program is LIFE.
Serving more people in communities rather than in facilities, giving them the opportunity to work, spend more time with their families, and experience an overall better quality of life.
Intent of CHC

• Enhance opportunities for community-based living.

• Strengthen coordination of long-term services and supports and other healthcare providers, including all Medicare and Medicaid services for dual eligible individuals.

• Enhance quality and access.

• Advance progress innovation.

• Increase efficiency and effectiveness.
LIFE is THE Alternative to CHC for Seniors 55+

If you are 55 and older and are nursing facility eligible, you are eligible for LIFE.

• Both MCOs and LIFE serve as insurance provider and healthcare provider.

• Coordination of Medicare and Medicaid

• Interdisciplinary Team (one team all focused on senior)

• Boutique operation, individualized care (LIFE ‘looks you in the eye.’)
Measures of Success

Luz S. Ramos-Bonner MD, MBA, CMD, FACP, AGSF
Network Medical Director
NewCourtland Senior Services
October 11, 2017
Long Term Care: Deconstructing a Nursing Home

- Complex Health Management
- LIFE Program
- Supportive Living Services
- Housing
- NewCourtland

Financial Integration
Claims Payment
The PACE Model

Philosophy

Honors what frail elders want

• To stay in familiar surroundings
• To maintain autonomy
• To maintain a maximum level of physical, social, and cognitive function
The PACE Model

Services Provided

- nursing
- physical therapy,
- occupational therapy
- recreational therapy
- meals
- nutritional counseling
- social work
- medical care
- home health care

- personal care
- prescription drugs
- social services
- audiology
- dentistry
- optometry
- podiatry
- speech therapy
- respite care

Hospital and nursing home care when necessary
Integrated Service Delivery and Team Managed Care
NewCourtland LIFE Programs in Philadelphia

Zip Codes Served:
191-11, 14, 15, 16, 18, 19, 20, 24, 26, 27, 28, 29, 32, 35, 36, 38, 41, 44, 49, 50, 52, 54

Locations:
NewCourtland LIFE - www.newcourtlandlife.org
1940 W. Allegheny Ave., Philadelphia, PA 19132
6950 Germantown Ave., Philadelphia, PA 19119
6595-C Roosevelt Blvd., Philadelphia, PA 19149
5400 Jackson Street, Philadelphia, PA 19124

Contact:
NewCourtland LIFE - 1-888-530-4913
Deborah Cross - dcross@newcourtland.org
Al Romanelli - aromanelli@newcourtland.org
Lloyd McDonough - lmcdonough@newcourtland.org
LIFE NewCourtland Demographics

- **Insurance:** Duals 91.88%, Medicaid Only 7.28%, Medicare Only 0%, Private Pay 0.17%, Other (VA) 0.68%

- **Living Environment:** Community 60.58%, Senior Housing 31.98%, Nursing Home 7.45%

- **Ethnicity:** Black (not Hispanic) 80%, White (not Hispanic) 13.20%, Hispanic 4.91%, Asian or Pacific Islander 0.85%, American Indian or Alaskan Native 0%, Other 1%

- **Gender:** Female 65.82%, Male 34.18%

- **Age:** 55-64 (14.55%), 65-74 (39%), 75-84 (29%), 85+ (17.43%); **Average Age – 74 years old**

- **Years in the Program:** 2.74
## NewCourtland LIFE Top 10 Diagnoses (HCC)

<table>
<thead>
<tr>
<th>HCC</th>
<th>Description</th>
<th>Percent</th>
<th>PACE Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCC 108</td>
<td>Vascular Disease</td>
<td>50%</td>
<td>40.8%</td>
</tr>
<tr>
<td>HCC 139</td>
<td>Hypertension with CKD</td>
<td>47%</td>
<td>9.5%</td>
</tr>
<tr>
<td>HCC 018, HCC 075</td>
<td>Diabetes with neuropathy</td>
<td>41%</td>
<td>25.2%</td>
</tr>
<tr>
<td>HCC 018, HCC 108</td>
<td>Diabetes with angiopathy</td>
<td>39%</td>
<td>40.8%</td>
</tr>
<tr>
<td>HCC 138</td>
<td>Chronic Kidney Disease 3</td>
<td>39%</td>
<td>23%</td>
</tr>
<tr>
<td>HCC 019</td>
<td>Diabetes without complications</td>
<td>35%</td>
<td>11.5%</td>
</tr>
<tr>
<td>HCC 018, HCC 139</td>
<td>Diabetes with CKD</td>
<td>33%</td>
<td>9.5%</td>
</tr>
<tr>
<td>HCC 111</td>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>25%</td>
<td>29.4%</td>
</tr>
<tr>
<td>HCC 085</td>
<td>Congestive Heart Failure</td>
<td>20%</td>
<td>30.8%</td>
</tr>
<tr>
<td>HCC 052</td>
<td>Dementia without behavioral issues</td>
<td>19%</td>
<td>26.8%</td>
</tr>
</tbody>
</table>
Average Annual Spending
(Inpatient Stays, ER, Physician Offices, Outpatient Visits, Prescription Drugs, Home Care)

Top 5% (Functional and Chronic who received help with ADL/IADL) $38,518.00
NC LIFE Participant $31,632.00

Source: Lewin Group analysis of 2006 Medical Expenditures Panel Survey, 2009 and NewCourtland LIFE
30-Day All Cause Readmission Rates

Integrated care through end of life

• “Hospice-like” services
• How many die at home

Nationally only 25% of Americans die at home even though that's what the vast majority say they prefer.

Places of Death NewCourtland LIFE

- Nursing Home, 27.00%
- Home, 25.00%
- Hospital, 24.00%
- Inpatient Hospice, 9%
- Respite, 12%
- Other, 2.00%
Patient Experience of Care


“Nearly 93 percent of PACE elders say they would recommend the program to a friend or relative.”

NewCourtland LIFE November 2016 Survey

- 95 % would recommend the program to a close relative
- 91% would rate care as good to excellent
Core Components of Population Health for Especially Vulnerable Adults
Transitional Care

Population Health