

## POPULATION HEALTH FORUMS

### Re-envisioning Population Health for Vulnerable Older Adults: LIFE Story Today & Tomorrow

**Mary D. Naylor, PhD, RN, FAAN**

*Marian S. Ware Professor in Gerontology  
Director, NewCourtland Center for  
Transitions and Health  
University of Pennsylvania School  
of Nursing*

**Pam Mammarella**

*Vice President of Marketing and  
Government Affairs  
NewCourtland Senior Services*

**Luz S. Ramos-Bonner, MD, FACP, AGF, CMD**

*Medical Director  
NewCourtland Primary Care Practice*

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JCPH's October Population Health Forum and Special Grandon Session featured a topic that is becoming more important to our field each day: managing the health of older adults with multiple chronic conditions. According to the [Pew Research Center](#), in the United States 1,000 people turn 65 each day. This Forum brought those numbers closer to home by focusing on an innovative model called LIFE (Living Independence for the Elderly), which is operated in 6 different sections of Philadelphia. The session provided a glimpse into this incredibly effective, yet not well-known, population health management system that, over the past 40 years, has helped thousands of American elders remain in the community for as long as possible. (Note: In other areas of the country, this program is known as PACE. The name LIFE is specific to Pennsylvania, in order to avoid confusion with the Commonwealth's prescription assistance program for seniors, which is also called PACE – Pharmaceutical Assistance Contract for the Elderly).

Speaking about the service model and its implications were three accomplished women affiliated with [NewCourtland Senior Services](#): Mary D. Naylor, PhD; Pam Mammarella and Luz S. Ramos-Bonner, MD. NewCourtland Senior Services is one of two LIFE program operators in Philadelphia (the other being Mercy Health System). NewCourtland began serving older adults in 1871 and today provides home- and community-based services, affordable housing, and skilled nursing care in the city.

NewCourtland Board Member Dr. Mary Naylor began the program by outlining the climate of aging services in our country and discussing the particular challenges inherent in serving this population. Dr. Naylor is a world renowned researcher who currently directs the [NewCourtland Center for Transitions and Health](#) at the University of Pennsylvania. In this capacity she has influenced the integration of evidenced-based transitional care models in the 2010 Affordable Care Act, most notably with the Transitional Care Model, for which she and several other researchers and clinicians have received multiple federal grants to design, develop, evaluate and scale. Dr. Naylor focused her Forum introduction on the great difficulty of improving the health outcomes of older adults with chronic conditions (which means also supporting their caregivers) while reducing costs, given our country's fragmented health care system.



*Forum and Grandon session speakers from left: Dr. Luz S. Ramos-Bonner, Pam Mammarella, and Dr. Mary Naylor.*

Dr. Naylor described the key characteristics of the national PACE model, which is designed to address this fragmented system through a person-centered and financially responsible approach. This Medicare regulated program was originally created for older adults 55+ who are eligible for both Medicare and Medicaid (dual eligible); as of 2015, people who are younger than 55 can now enter the program. The majority of participants are chronically ill, low-income elders who can reside safely in the community yet are nursing home-eligible. They receive a comprehensive service package through a PACE center that they are assigned to, which is a physical location that serves as the "heart" of the program. An interdisciplinary team of 11 professionals (a nurse; doctor; dentist; physical, recreation and occupational therapists; social worker; dietician; driver; personal care attendant; center manager; and home care aid) provide services at the center and in the home. Financing for the program is capitated (as opposed to fee-for-service), enabling services to be catered to the individual. The

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program serves as both the health plan and service provider, receiving payment directly from Medicare.

The PACE program has its roots in San Francisco at On Lok Senior Health Services (On Lok is Cantonese for “peaceful, happy abode”), which opened in 1973. The model was replicated at 10 sites in 1986 and its success as a population health management model can be inferred by the existence of 122 PACE programs in 31 states today. Currently, the largest program has more than 2,500 enrollees, yet the majority serve a few hundred people on average.

Following this overview, Pam Mammarella, discussed the program within the context of policy at the state level. Ms. Mammarella is responsible for NewCourtland Senior Services corporate communications, marketing, community outreach, public and government relations, strategic planning, as well as operations for the Network’s senior centers. She began her talk discussing the savings provided by the PACE/LIFE program to Pennsylvania taxpayers: in 2014-2015, NewCourtland calculated that the annual cost of a nursing home per person was \$72,855, while the LIFE program was \$43,700. This represents a savings of \$29,158 per person.

Pennsylvania is currently undergoing a critical paradigm shift in long-term care services and supports, and will implement a new program, Community HealthChoices (CHC), in 2018. CHC will engage three managed care organizations (AmeriHealth Caritas, Pennsylvania Health and Wellness (Centene), and UPMC for You) to coordinate health care and long-term services and supports (LTSS) for elders, persons with physical disabilities, and Pennsylvanians who are dual eligible. The CHC program, formerly a fee-for-service program, has traditionally been primarily administered by area agencies on aging. The PACE/LIFE program, which has existed as a capitated alternative to the CHC program since 1998, will remain an alternative in the 32 counties where it currently exists. Ms. Mammarella serves as the Chair of the Commonwealth of Pennsylvania’s committee that made recommendations to policy makers about the implications of the new effort.

Dr. Luz S. Ramos-Bonner, the Medical Director for the NewCourtland Primary Care Practice, described the PACE/LIFE model in Philadelphia. Dr. Bonner is a Fellow of both the American College of Physicians and the American Geriatric Society, and was previously was the medical director of the PACE program in Trenton, NJ. NewCourtland serves 1,200 seniors at three centers:

Allegheny, Roosevelt Plaza and Germantown Senior Services. The average participant is 74 years old and their stay within the program is 2.74 years. 95% said they would recommend the program to someone they know and care about.

Dr. Bonner provided measureable outcomes of the program, illustrating its use of data and its success as a population health management program. The PACE/LIFE population is high risk, and stratifying the population by reviewing participants’ conditions as well as their hospital, emergency room and PACE/LIFE clinic visits has enabled her staff to design interventions that are more effective.

In summing up the presentation, Dr. Naylor reiterated the importance of thinking about long-term services and supports from a population health management perspective that uses data, coordinated care transitions, a patient-centered approach and an integrated financing system, all of which are key to The Triple Aim.

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**Kate Clark, MPA**

*Assistant Director, Center for Population Health Innovation  
Jefferson College of Population Health  
[Katherine.Clark@jefferson.edu](mailto:Katherine.Clark@jefferson.edu)*