



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

East Boston Neighborhood Health Center

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Agenda

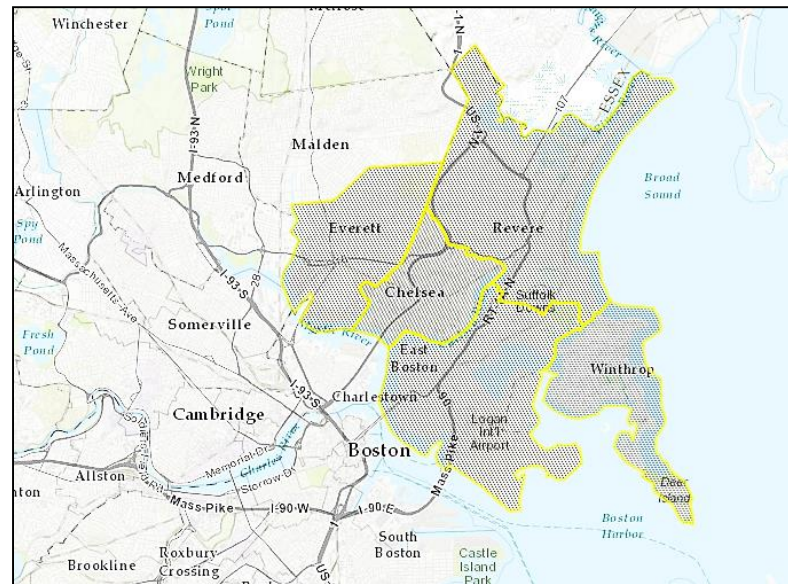
- EBNHC Profile
- PACE Overview
- PACE at EBNHC
- Developing a PACE Program



EBNHC PROFILE

EBNHC Profile

- Major provider of care
 - Geographic isolation
- Diverse, low-income community
 - 71% live below 200% of the federal poverty level
 - 55% are served best in a language other than English
- CREWE is growing
 - 5% growth since 2010 census
 - Growth in the Latino population





EBNHC Profile

- Annual visits: ~330,000
- Annual prescriptions: ~570,000
- Employees: >1,100
- Major health issues
 - Cancer, heart disease, substance abuse, diabetes

EBNHC Services

- Adult Medicine
- Family Medicine
- Pediatrics
- OB/GYN - Women's Health
- Integrated Behavioral Health
- Care Navigation
- Dental
- Emergency Services 24/7
- HIV Services
- Addiction Services
- Interpreter Services
- Insurance Enrollment
- Lab
- Pharmacy
- Radiology
- School-Based Health
- Care for Disabled
- Vision



East Boston – What an awesome place!





PACE OVERVIEW



PACE Overview

- Started 40 years ago
- All-inclusive care
 - To include the social determinants of health - housing, finance, and food
- Community based
- Employs interdisciplinary teams to deliver and coordinate care across care settings
- Bundles Medicare and Medicaid payments to provide a full range of health services
- Fully accountable for the cost and quality of care provided



PACE Eligibility

- 55 years of age or older
- Living in a PACE service area
- Certified as needing nursing home care
- Able to live safely in the community with PACE program services

PACE Model Philosophy

Honor what frail elders want:

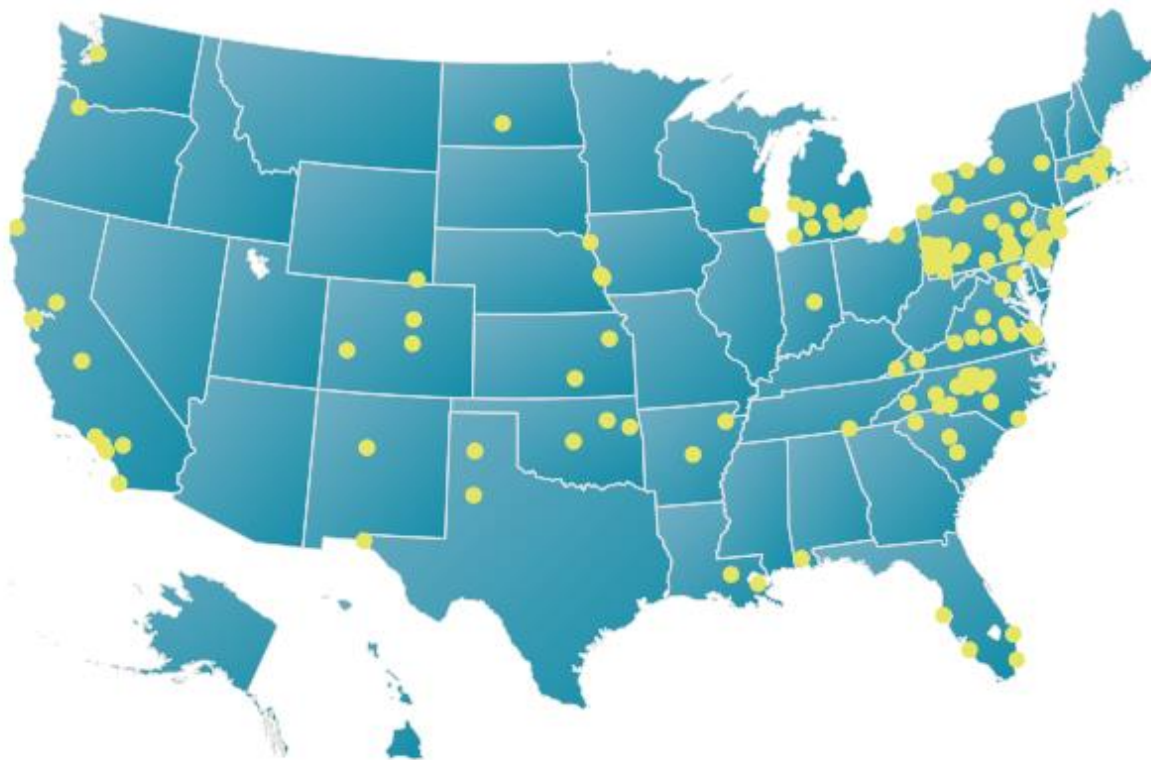
- To stay in familiar surroundings
- To maintain autonomy
- To maintain a maximum level of physical, social, and cognitive function



Who Operates PACE Programs

- Free-standing community agencies
- Community health centers
- Long term care providers
- Hospitals
- Others

PACE Programs





Status of PACE Development

- 119 PACE organizations
- Operating in 31 states
- Serving more than 38,000 participants
- CMS recently announced that for-profit sponsors can apply to develop PACE organizations

PACE Participants

- Average participant is 80 years old
- Seventy-five percent of participants are female
- Top diagnoses include:
 - Vascular disease
 - Diabetes with chronic complications
 - Congestive heart failure
 - COPD
 - Major depressive, bipolar and paranoid disorders
- Nearly 47% of PACE enrollees have dementia



PACE Services (not full list)

- Adult Day Care
- Recreational Therapy
- Meals
- Dentistry
- Nutritional Counseling
- Social Services
- Laboratory/X-ray Services
- Social Work Counseling
- Transportation
- Primary Care
- Hospital Care
- Medical Specialty Services
- Prescription Drugs
- Nursing Home Care
- Emergency Services
- Home Care
- Physical Therapy
- Occupational Therapy

PACE Provider Requirements

- Members of the Interdisciplinary Team (IDT) defined in regulation
- IDT members must primarily serve PACE enrollees
- Direct care providers must have experience with frail elderly or disabled
- 24/7 availability
- Performance Improvement Program (PIP)

Team Managed Care

Interdisciplinary Teams:

- Primary Care
- Home Care
- Transportation
- Nutrition
- Activities
- Personal Care
- Pharmacy
- OT/PT
- Social Services



PACE Care Model

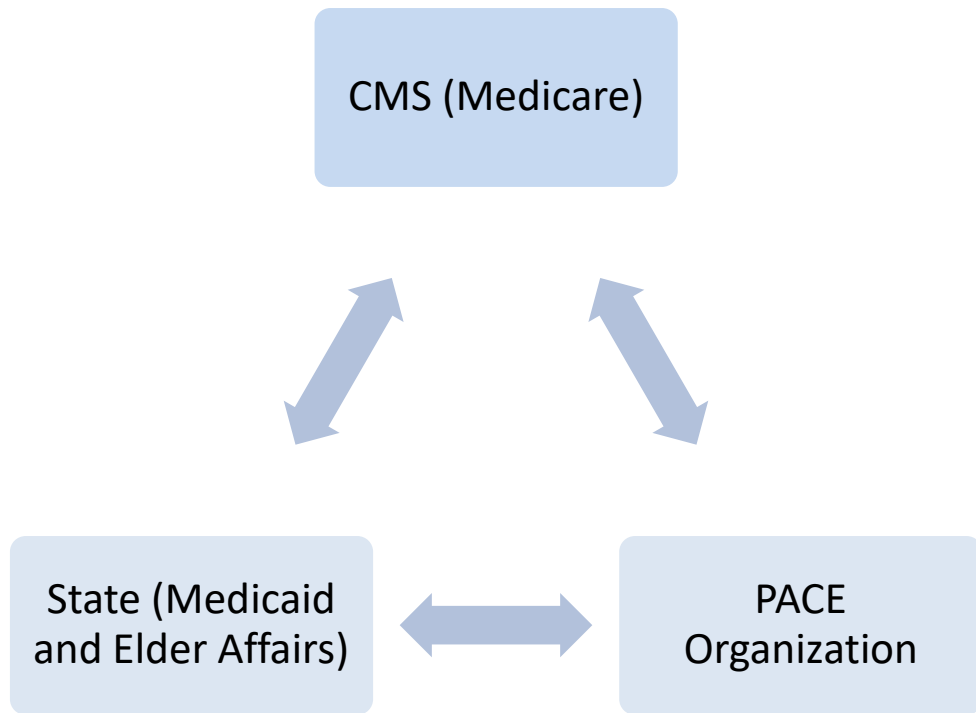
- PACE Center (local to service area)
 - Therapeutic recreation/activities space
 - Ambulatory clinic
 - Rehabilitation gym
- Attendance at PACE Center
 - Appointments only (with any IDT member)
 - 1-7 days/week



PACE Care Model

- Interdisciplinary team
 - Assessing, care planning, treatment, monitoring
 - 24/7 responsibility for provision, coordination, and oversight of care and services
- Morning meeting
- Morning and afternoon huddles
- Handoffs to home nursing, nurse on call, provider on call

PACE Contract – 3-Way Agreement



Source of Revenue

- PACE programs receive approximately:
 - 60% from Medicaid
 - 40% from Medicare
 - Small percentage of revenue comes from private sources or enrollees paying privately
- PACE programs are Medicare D providers

Capitated Payments

- Medicare – adjusted for frailty of participants
 - Medicare A/B
 - Medicare D
- Medicaid – flat rate in Massachusetts
- Private Pay



PACE Insurance Requirements

- Marketing and Sales
- Contracted Network
 - Services other than those provided by staff
 - Competency requirements
 - Coordinate investigation of complaints and manage corrective actions
- Payment of Claims
- Data Submissions
 - Risk adjustment
 - Part D

Financial Solvency Requirements

- Continuation of benefits for a period of at least 45 days from the date of insolvency
- Continuation of benefits to participants who are confined in a hospital until their discharge
- Protection of participants from liability for payment
- Prompt, written notification to CMS and State as soon as PACE organization has reason to believe it or any subcontractor is other than financially sound and stable



Sample Financials

	PMPM
PACE - MEDICARE	3,136
PACE - MEDICAID	3,490
PACE - OTHER	23
OTHER REVENUE	33
TOTAL REVENUE	6,695
PACE CENTER	929
PRIMARY CARE	426
ADULT DAY CARE	419
SOCIAL SERVICES	97
THERAPY	130
HOME CARE	431
MEALS	125
TRANSPORTATION	354
OUTPATIENT SPECIALIST	338
PHARMACY	622
DME & SUPPLIES	88
LABS & DIAGNOSTICS	63
NURSING HOME	589
HOSPITAL	633
SUB-ACUTE REHABILITATION	165
ASSISTED LIVING	192
ADMINISTRATIVE	836
MARKETING	55
INSURANCE	18
DEPRECIATION	65
FACILITY	138
OTHER EXPENSE	46
TOTAL EXPENSES	6,745
OPERATING GAIN/(LOSS)	175

Example:

- Members: 400
- Member Months: 3,600
- Median Gain: \$175
- Total Gain: \$840K



PACE AT EBNHC

(“ESP” - ELDER SERVICE PLAN)

Profile

- Established in 1990
- 484 members (as of June 2016)
- PACE Centers: 3
- Alternative Care Sites: 1
- Represents ~28% of total revenue

"With the Elder Service Plan, it's easy for me to get the help I need. I have a doctor, an oncologist, a foot doctor, a dentist, and an eye doctor, all right here. I don't worry about transportation. I get all these things just for being a part of the Elder Service Plan."

Frank Tripoli, Elder Service Plan member, Lewis Mall PACE Center

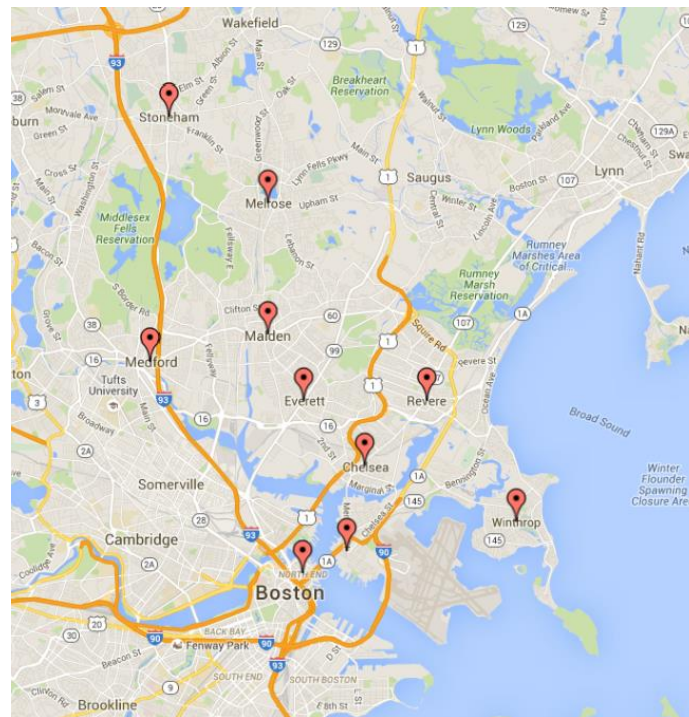


Service Area

- Chelsea
- East Boston
- Everett
- Revere
- Winthrop

Added 10/1/15:

- Malden
- Medford
- Melrose
- Stoneham
- North End



Program Locations

PACE Centers

- Lewis Mall, East Boston
- Barnes School, East Boston
- Sturgis Street, Winthrop

Alternative Care Sites

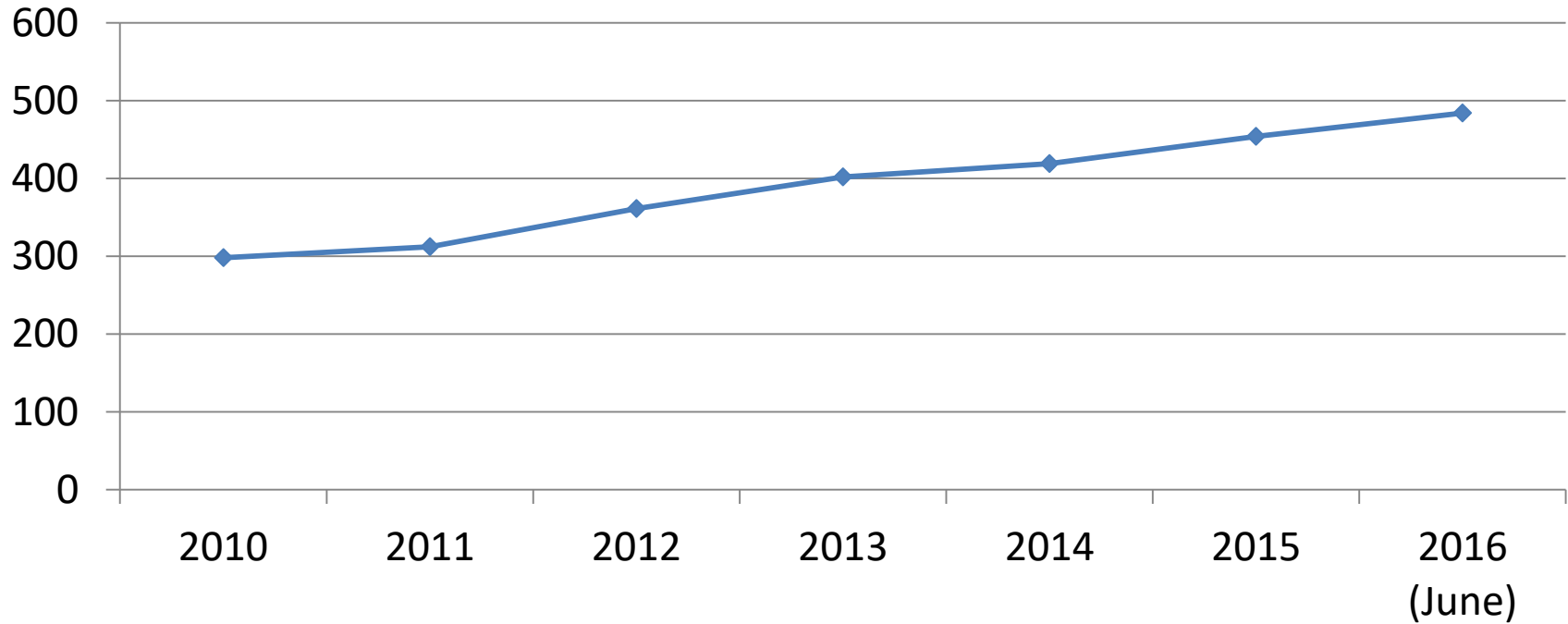
- Addison Street, East Boston

"The program has solved so many problems for me. Everything I need is a block away from my apartment at Lewis Mall. If I can't get here on my power chair, they send a van to pick me up. The Medical Secretary here is the best thing in my life. She coordinates my transportation and medical appointments, and gives me my paperwork a day in advance. If I get a medical bill, I bring it to her. Every month they give me a box with all my medications. I don't have to worry about anything."

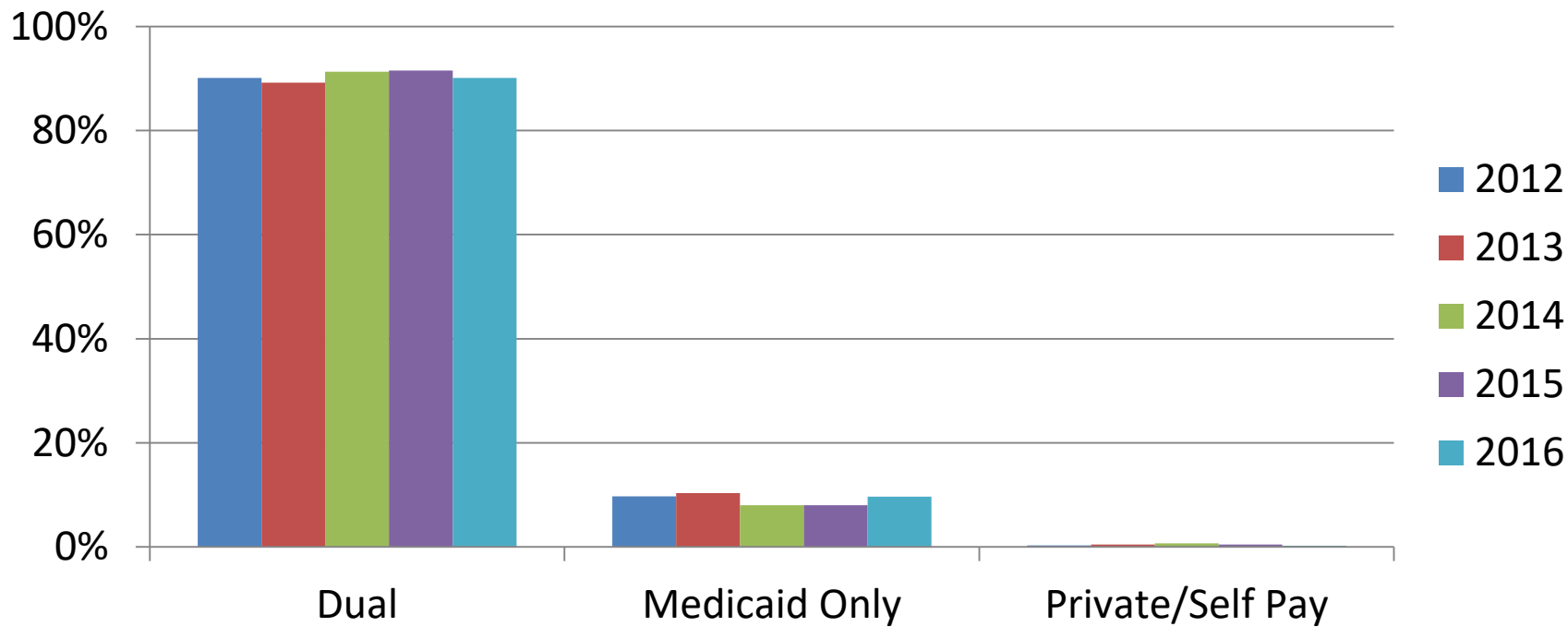
Fred Atkinson, Elder Service Plan member, Lewis Mall PACE Center



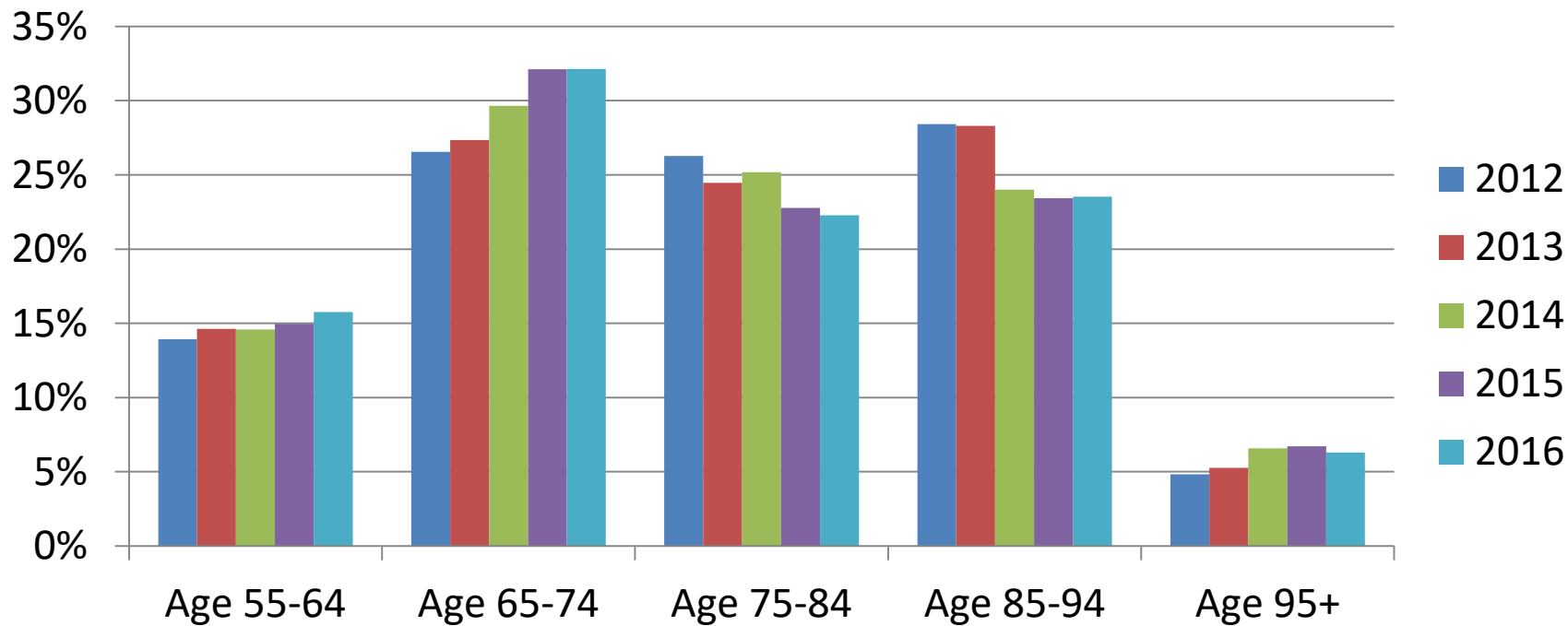
Participants – Census Growth



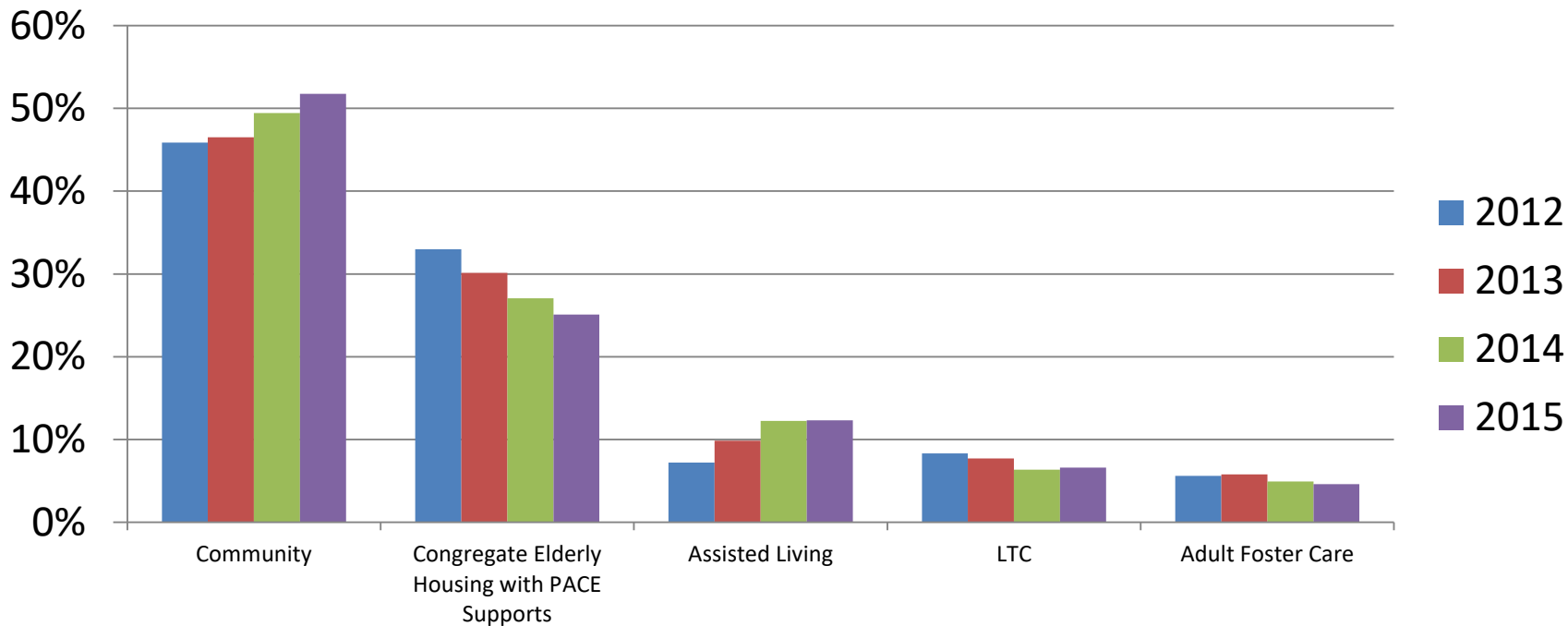
Participants - Insurance



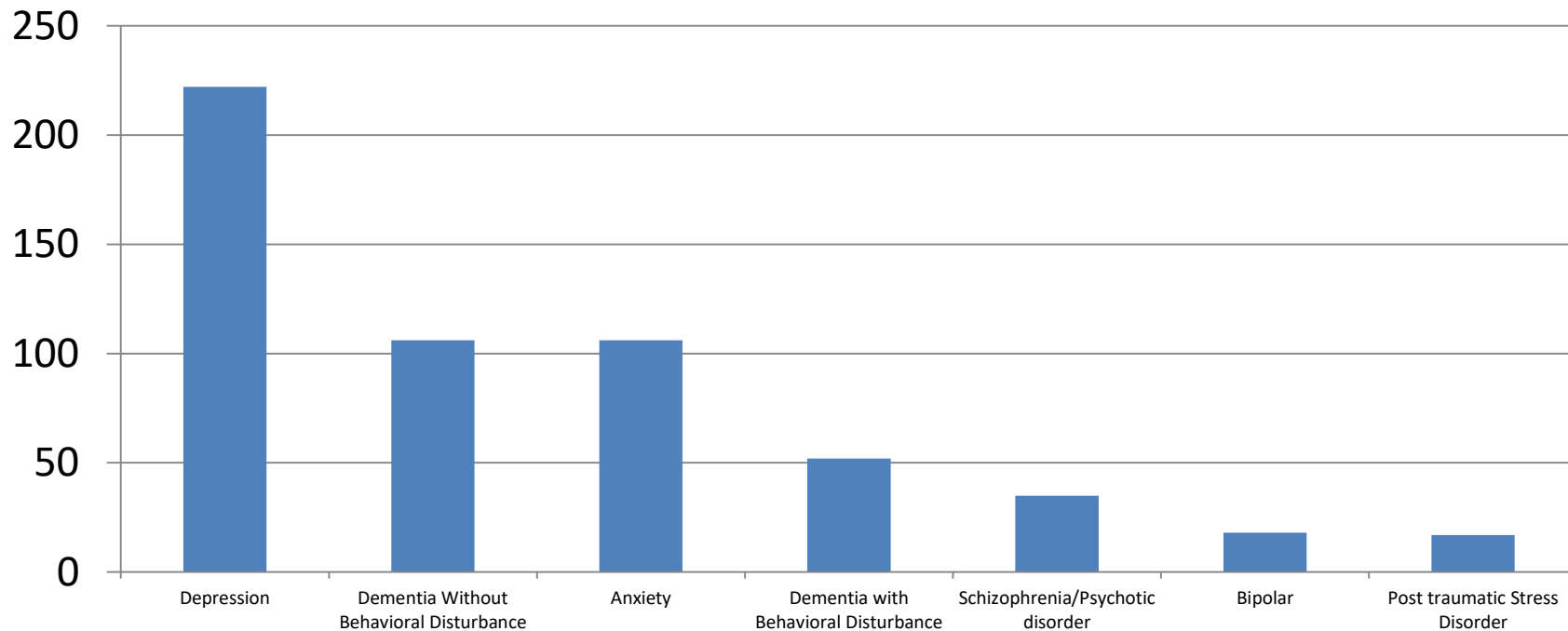
Participants - Age



Participants – Housing Location



Participants – Behavioral Health



Transitions of Care - Hospital

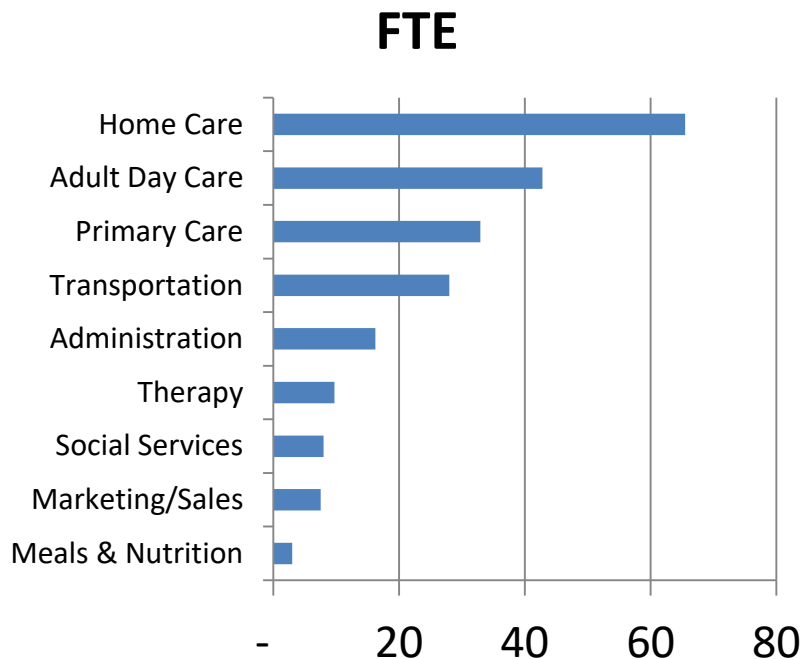
- Boston Medical Center (BMC) is the primary hospital
- Nurse partner
 - Onsite case management, discussion of health wishes, discharge planning, and implementation with IDT
 - Telephonic case management (MGH, Whidden, other)
- Family Medicine rounder coordinates directly with PCP
 - PACE provider on call responses 24/7
 - Includes palliative care



Transitions of Care – Nursing Home

- PCP, NP, and Psychiatric NP provide direct care in nursing homes
- 24/7 response by provider on call
- Collaborative care planning – weekly calls between IDT and nursing home providers
- Participants receive evaluation prior to discharge
- PT/OT/Respiratory – arranges equipment
- PCT/Nursing – arranges medication deliveries

Staffing



- Total FTE = 214
- Members/FTE = 2.26
- Excludes contract services

Keys to Success

- Sufficient demand for PACE services
- Strong State support
- Adequate payment
- Sustained organizational capacity and commitment
- Adequate capitalization
- Link to community housing
- Leverage 340b pharmaceutical pricing
- Partnerships/collaboration – hospital, nursing home, home health agencies, etc.

Challenges

- Census building
- Reaching enrollment efficiency
- Developing the interdisciplinary team
- State certifying agencies
- Families
- Participants

"We were living in Winthrop with my daughter. She stayed with me night and day. Now that I live here, my daughter has a chance to live a life of her own. I've learned to do a lot on my own. It feels good."

Viola Ferullo, Elder Service Plan member, Lewis Mall PACE Center



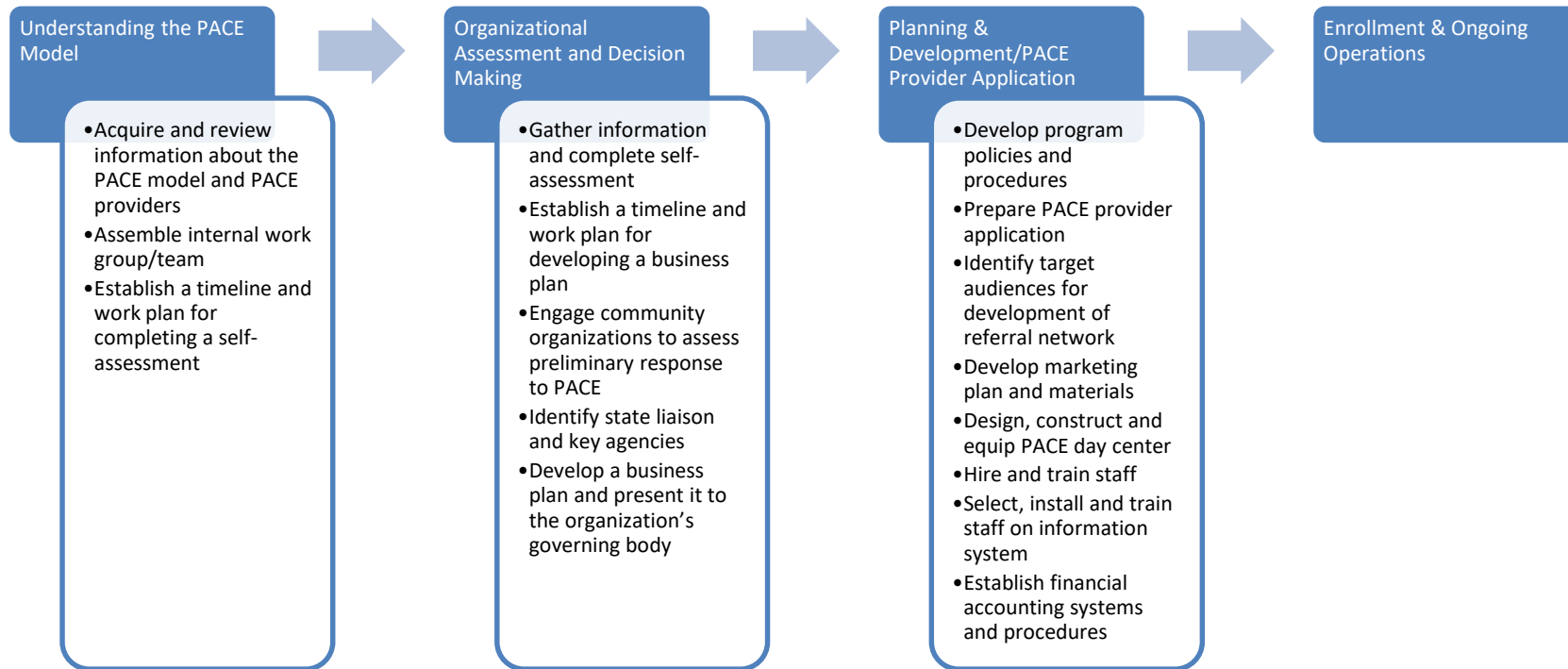


DEVELOPING A PACE PROGRAM

Resources

- National
 - CMS
 - National PACE Association (NPA)
- State
 - State Medicaid Office
 - State Associations (e.g., MassPACE)
- Existing PACE organizations
- PACE technical assistance centers

Developmental Stages



Questions?

