

Piloting the MediCaring Model in a Community-Based “Accountable Care Community”

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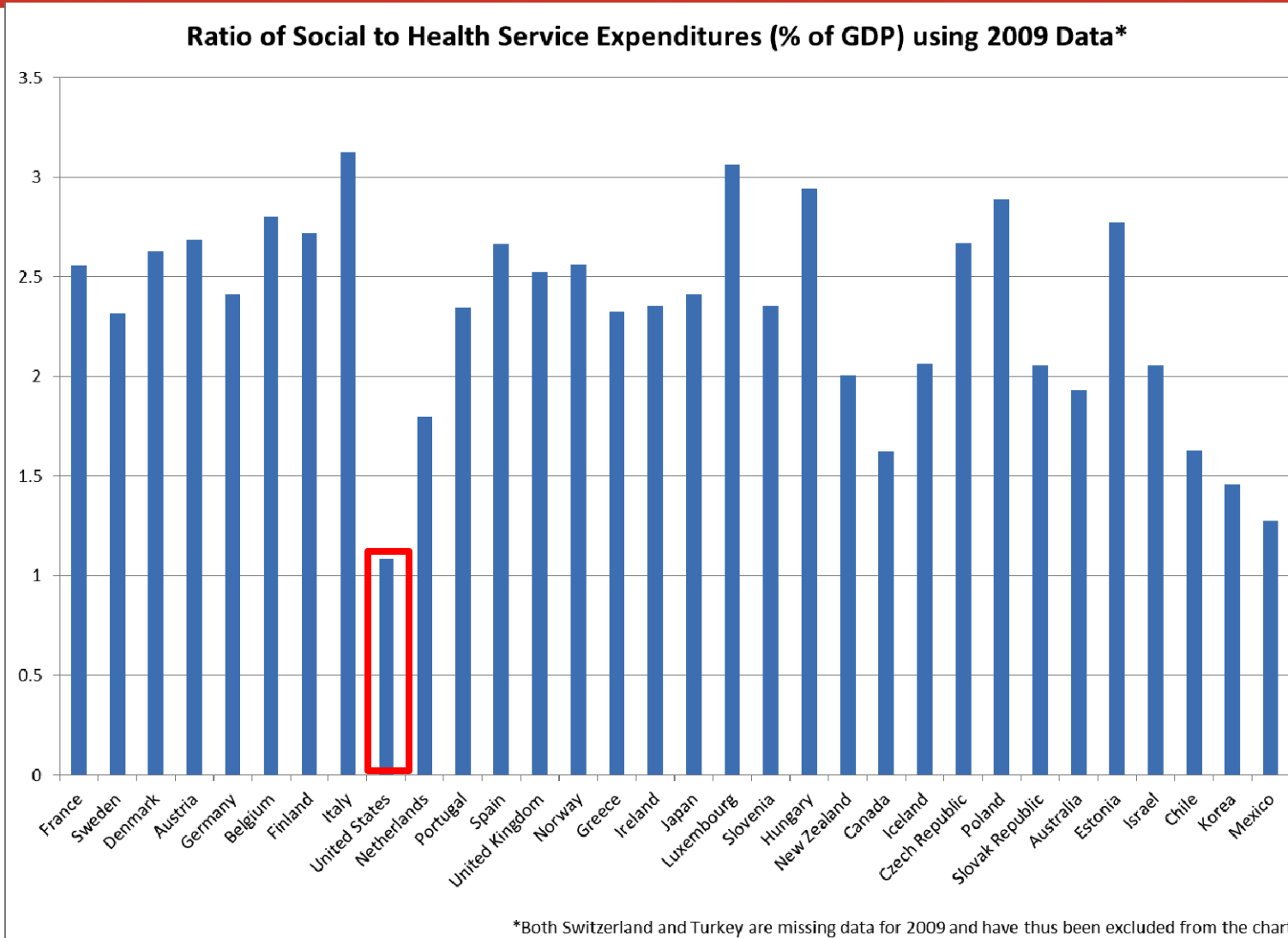
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The MediCaring Service Delivery Model Focuses on:

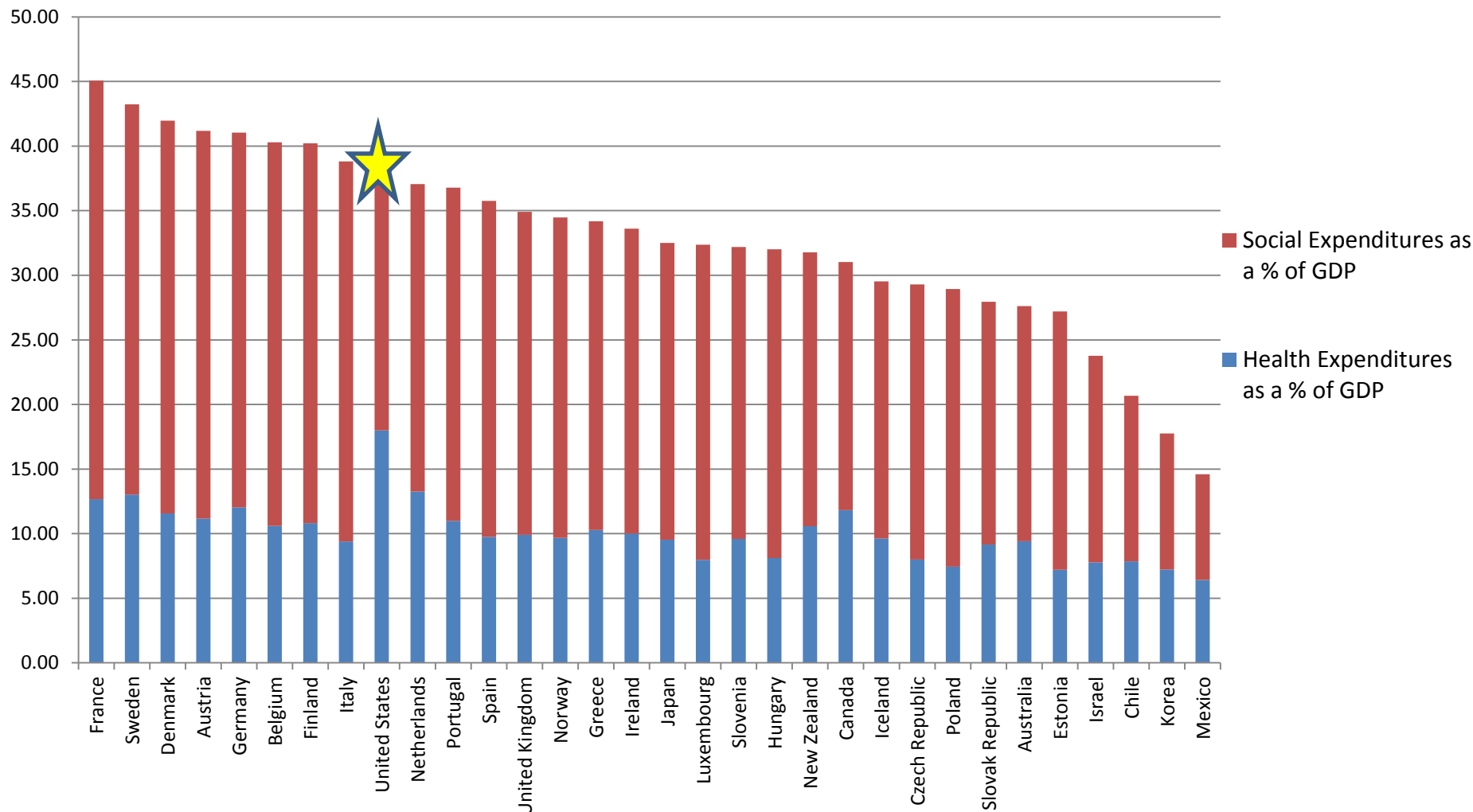
- 1. Frail elders enrolled in a geographic community:
(>65 w/2+ ADLs, dementia, or 80+)**
- 2. Longitudinal, person-driven care plans**
- 3. More efficient medical care tailored to frail elders (including at home)**
- 4. Incorporating health, social, and supportive services**
- 5. Using core funding derived from shared savings in a modified ACO structure – “Accountable Care Community”**
- 6. Ongoing monitoring and improvement guided at the local level by a Community Board**

Ratio of Social to Health Service Expenditures Using 2009 Data



United States Ranking in Health vs. Social Spending

2009 Health and Social Expenditures as Percentages of GDP



MediCaring Community Waiver Package Needed for Pilot Testing

No.	Requirement
1	The 3-day hospital stay rule for SNF benefits.
2	Provisions that prevent a person from being admitted to a PACE program at discharge from a hospital or SNF.
3	Provisions that require separate nursing staff in home care and hospice.
4	Provisions requiring PACE and hospice to be presented as entire packages, rather than being split up into useful menu items that can be purchased and provided separately.
5	The requirement for MDS and OASIS assessments to be conducted in addition to assessments conducted with the CARE tool (if we can use CARE on-line).
6	Provisions for quality reporting which, absent an adjustment, require MediCaring enrollees to be included in standard quality measurement reporting; MediCaring enrollees should be tallied only as part of the proposed quality management.
7	Triggering of “inducement” provisions in Medicare Advantage when the MediCaring initiative provides services outside of Medicare coverage.
8	Medicare “homebound” rule limiting home skilled nursing or therapy services delivery.
9	Allow Nurse Practitioners to order/authorize home care/hospice services (where legal).
10	Allow ACO (or other type of entity) to recruit/enroll only frail elders, and allow geographic concentration of services.