

# Comprehensive Care Delivery: The PACE Model of Care

David Wensel, D.O. FAAHPM, Medical Director  
Midland Care PACE

Session Four: Providing High-Quality Comprehensive Care  
National Academy of Science, Technology and Medicine  
Roundtable on Quality Care for People with Serious Illness: Models and  
Strategies to Integrate Palliative Care Principles  
into Serious Illness Care—A Workshop

# Outline

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- Describe the PACE Model of Care
- Outline of the quality measures used for PACE
- Scale and Spread Challenges
- Average PACE Participant
- Integrated Palliative Medicine and End-of-Life Care
- Top Policy Priorities
- Discussion

# PACE - A Proven Model of Care for Frail Older Adults

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A FULLY integrated system of care for the frail elderly that is:

- Community-based
- Comprehensive
- Capitated
- Coordinated

# Integrated, Team Managed Care

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- An interdisciplinary team
- Team managed care vs. individual case manager
- Continuous process of assessment, treatment planning, service provision and monitoring
- Focus on primary, secondary, tertiary prevention
- Integrated Palliative Medicine and End-of-Life Care

# Capitated, Pooled Financing

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- Medicare capitation rate adjusted for the frailty of the PACE enrollees
- Integration of Medicare, Medicaid and private pay payments



# PACE Scale and Spread Challenges



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- Limitations on the type of people it can serve – 55+, Nursing home level of care
  - Time and investment for service delivery capacity – Reliance on PACE Center requires significant lead time and capital investment
  - Inconsistent support by state and federal programs - Federal and state focus on Managed Care has drawn resources away from PACE
  - Providers' reluctance to assume financial risk – Health care providers wary of financial risk of capitated payments

# PACE Scale and Spread Opportunities



- Expanded service populations - PACE Innovation Act authorized PACE pilots to serve an expanded range of populations
- Options for increasing service capacity - proposed federal regulations will increase the ability to integrate community resources into the PACE care model's delivery system.
- Federal and state policy interest – there is heightened Medicare and Medicaid interest in capitated, provider-based solutions, including PACE
- Health Provider Interest - providers see risk-bearing as a strategy to be positioned for direct payment, rather than operate as a contracted network provider to a managed care organization.

# PACE Quality Reporting: Level I and Level II Incidents

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PACE organizations are required to report all Level I and Level II incidents:

- Level I Reporting Requirements: *refer to those data elements used for monitoring that are regularly reported by PACE Organizations via the Health Plan Management System (HPMS) PACE monitoring module.*
  - Data elements are reported via HPMS, and must be submitted no later than 30 days after the end of a quarter.
- Level II Reporting Requirements: *apply specifically to unusual incidents that result in serious adverse participant outcomes, or negative media coverage related to the PACE program.*
  - Incidents must be reported via the Division of Medicare Advantage Operations (DMAO) Mailbox System, and a copy must be sent to both the CMS Regional Office and the State Administering Agency, within 3 working days.

# Types of Level I and Level II Incidents



## ➤ Level I Incidents:

- Census Data
- Grievances
- Appeals
- Immunizations
- Falls Without Injury
- Medication Administration Errors Without an Adverse Effect
- Kennedy Terminal Ulcer (KTU)
  - This data element is *under review*
- Burns
- Emergency Room Visits
- Other Incidents

## ➤ Level II Incidents:

- Abuse
- Adverse Drug Reactions
- Adverse Outcome of Care
- Burns
- Deaths and location
- Elopement
- Equipment-Related Occurrences
- Falls
- Fires/Other Disasters
- Food-borne Outbreak
- Infectious Disease Outbreak
- Media-related Event
- Medication-related Occurrences
- Motor Vehicle Accident
- Pressure Ulcer
- Restraint Use
- Suicide and Suicide Attempts

# New PACE Quality Measures



- 2013 CMS contract with Econometrica to Develop Quality Measures for PACE
- Measures Endorsed by NQF in January 2017:
  - PACE-Acquired Pressure Ulcer/Injury Prevalence Rate (Econometrica, Inc.)
  - PACE Participant Fall Rate (Econometrica, Inc.)
  - PACE Participant Falls with Injury Rate (Econometrica, Inc.)
- Additional Measures under Development
  - Depression: Percent with Depression Receiving Therapy
  - Living in the Community: Percent of Participants Not in Nursing Home
  - Advance Directives: Percent with Advance Directives and Percent with Annual Review of Advance Directives

Source: CMS PACE Conference

# *Potential* Changes to Level I and Level II Reporting

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CMS issued a Federal Register notice on December 2, 2016, on PACE Quality Data Entry in the CMS Health Plan Monitoring System:

- Level I and Level II requirements to be referenced to as *PACE Quality Data*
- NPA sought clarification regarding whether CMS plans to replace current falls and pressure ulcer measures with NQF endorsed measures

# The Average PACE Participant

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- 72 years of age
- Has average of 15 diagnosis submitted to Medicare
- Takes 10.5 medications daily
- Lives on average 32 months from time of enrollment
- Has deficits in at least 2 ADL's

# Integration of Palliative Medicine

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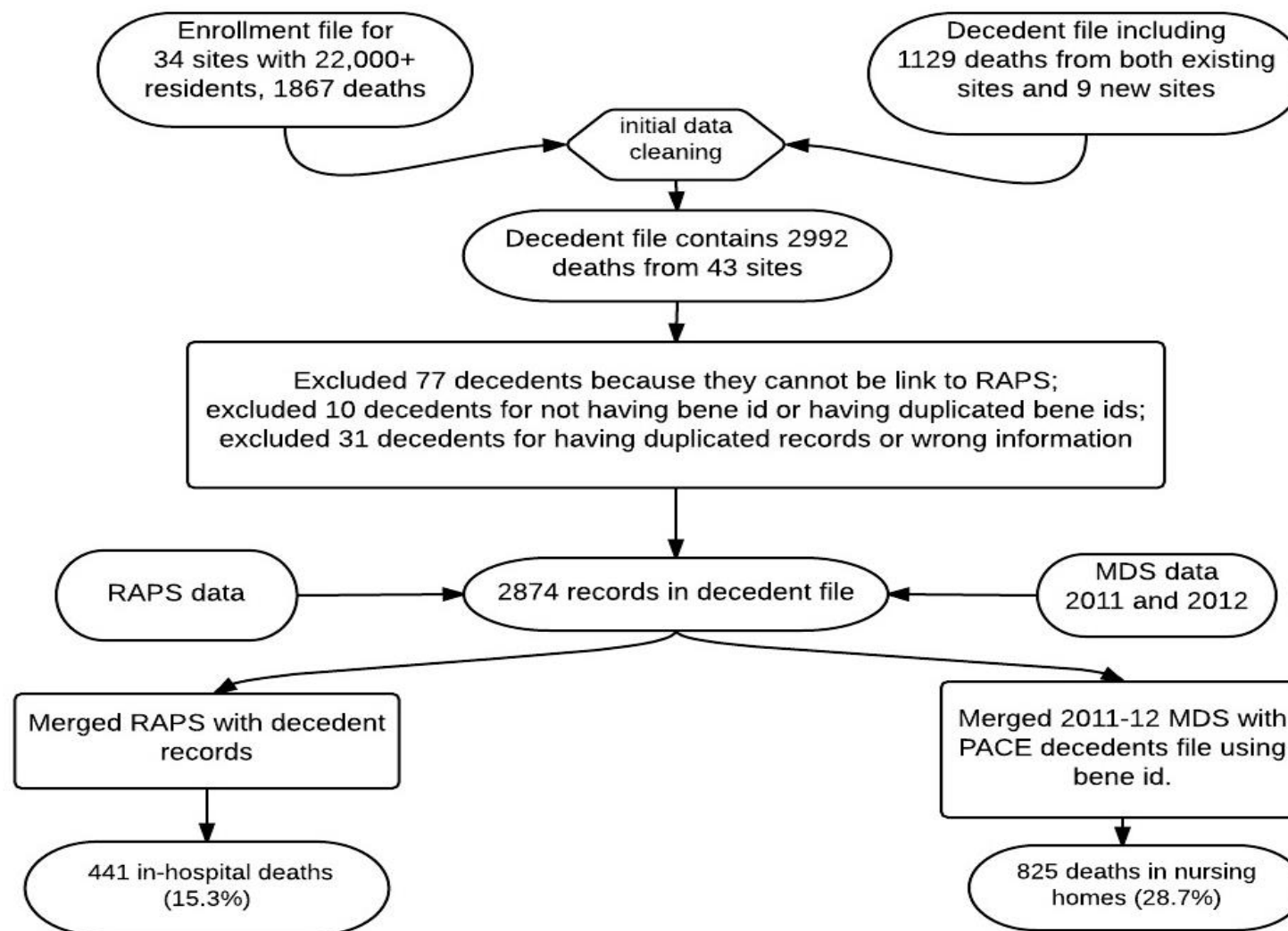
- On enrollment we complete Advanced Directives
- IDT meets with patient and caregivers to determine “Goals of Care”
- Complete POLST form, in Kansas this is TPOPP
- Review documents at every 6 month and Annual Assessment (Medicare requires these as minimum assessments)
- Aggressively treat any symptoms that impact Quality of life

# PACE Organizations End of Life Care Outcomes

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- Place of Death – JAGS 50:125-135, 2002
  - “Probability of death at home is twice as great (45%) for PACE participants as for the general population of older Americans”
  - 21% of PACE participants die in the hospital compared with 53% of Medicare beneficiaries
  - 45% of PACE participants die at home compared with 20 % of Medicare beneficiaries



# Characteristics Predictive of Place of Death in PACE: Marginal/Incremental Effects

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Incremental site effects: probability of death compared w/average site in:

- Hospital:
  - 6 sites with significantly higher probability of deaths (12.6% to 25.5% higher)
  - 10 sites with significantly lower probability of deaths (-9.7% to -16.6% lower)
- Nursing Home:
  - 16 sites (9.9% to 58.5% higher)
  - 1 site (-11.8% lower)
- Home:
  - 2 sites (9.9% to 17.8% higher)
  - 10 sites (-14.8% to 52.5% lower)

# Top PACE Policy Priorities

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- Enhance PACE Affordability and Access for Medicare-only Beneficiaries
- Ensure Any Medicaid or Medicare Congressional Reforms Continue to Support Vulnerable Populations
- Release by CMS of Final PACE Rule
- Issuance by CMS of PACE Pilots Request for Proposals

# Questions?

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