Application of Sutton’s Law to PACE Growth Strategies: Integrated Care in Assisted Living Facilities

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Disclosures

- We have not financial or ethical conflicts of interest to disclose. Mr. Lewis is the Director of Business Development for the McGregor PACE organization. Dr. DeGolia is the McGregor PACE medical director and one of 2 physician PACE physicians. He is an employee of University Hospitals Cleveland Medical Center and a professor of Family Medicine at the Case Western Reserve University School of Medicine in Cleveland, Ohio.
Learning Objectives

By the conclusion of this session, attendees will be able to:

- Describe the challenges and opportunities facing PACE organizations when working with Assisted Living Facilities;
- Review census and inpatient utilization data relative to McGregor PACE Assisted Living Facility participants;
- Discuss a survey of PACE organizations working with Assisted Living Facilities;
- Describe an Integrated Care Model of Care developed by the McGregor PACE organization.
Mr. S is 83 years old and moved into the WOS ALF 4 years ago. He used his life savings and spent down into poverty after 2 years at the ALF. The facility wanted to retain Mr. S and contacted McGregor PACE. Approximately 12% of this facility's residents are enrolled in the Ohio Medicaid waiver program. Mr. S has vascular dementia with HTN and end stage renal disease. He chose not to pursue dialysis. He has not been hospitalized or sent to the ED.
Case Study #2

Mrs. A is an 89 year old woman with mixed dementia who has aged in place at the MG complex going from independent living to assisted living. Approximately 20% of the ALF residents at MG ALF are on the Ohio Medicaid waiver program. She is dependent in all ADLs except eating where she needs set-up and encouragement only. The staff monitor her 24 hours a day.
Case Study #3

Mr. B was a 77 year old man who lived at LL ALF. LL ALF has nearly 100% Ohio Medicaid waiver residents. He enrolled in the McGregor PACE program in 2012. His PMH included HTN with CKD, diffuse PAD s/p bilateral above knee amputations, emphysema with ongoing smoking, and dementia with behavior disturbances.
Mrs. S is a 76 year old woman who lived at the LL ALF for 3 years before moving to the SG ALF 1 years ago. She has multiple chronic medical problems including HTN with CKD, chronic diastolic heart failure, and DM with complications requiring insulin. Both ALFs have nearly 100% Ohio Medicaid waiver residents. At the LL ALF, Mrs. S was frequently sent to the ED for uncontrolled DM and HF. Since moving to SG ALF, she has been hospitalized once following a fall without injury (followed facility protocol).
Assisted Living Facilities in the long term care continuum

- “assisted living” is an industry term; also called residential care
- Living arrangement in which personal care services such as meals, housekeeping, transportation, and assistance with activities of daily living are available as needed.
- Also provide security, comfort and meaningful activities for residents.
- But unlike nursing homes, residents in assisted living remain independent, living on their own in a residential setting.
- Allowable services vary from State to State.
Most LTC for older adults is provided by unpaid family and friends

- 2006, Medicaid paid for 43%
- Baby boomers have fewer children than their parents, higher divorces, and disrupted family structures

Average cost of a private NH room in 2010: $229/day = $83,585/year

LTC residents are moving out of NF and into Assisted Living Facilities

- 4.5% in 2000 to 3.1% in 2010

Assisted Living Facilities & LTC

- Medicaid funds are shifting away from LTC facilities to Home and Community-based Services
  - 13% of total spending in 1990 to 43% in 2007
- Older adults can’t afford LTC
  - <20% have financial resources to afford NH cost for <3 years
  - 66% cannot afford 1 year of NH costs

Critical clinical components to a PACE organization’s success

- Communication
- Knowing a participant’s baseline status
- Early recognition of a change in a participant’s condition
- Access to care
- Development and follow-through of a team-based care plan
Why should Assisted Living Facilities be interested in PACE?

- Value added proposition – we can help make the care and services offered by these facilities better.
Why PACE in Assisted Living Facilities?

- There are a large and growing number of PACE-appropriate residents residing in Assisted Living Facilities.
Financial Challenges

- ALF business model - we have identified at least 5 no waiver residents
- 12% cap
- Ala cart services
- Maximize census
- Cycle residents through SNF and/or rehabilitation services

- Pressure to use ALF rehabilitation services and SNF

- Matching the Ohio Medicaid waiver costs for room and board limits the funds available to the McGregor PACE program to manage the comprehensive health service needs of this medically complex population.

- Medicaid-only residents
Clinical Care Challenges

- Facility protocols
- Medications dispensing
  - Not consistently dispensed as ordered
  - Lost medications
  - Not notifying PACE of unused medications
- Not using the ALF pharmacy
- Inadequate staffing by some ALF
  - We do not get what we pay for
- Limited activities for participants
- Off-site IDT services
  - a variation of an alternative site
  - Managing availability of being at PACE Center vs. ALF
Opportunities

- Some ALFs have a high census of dual eligible
- There is an even larger census of Medicare only residents who consistently spend down into poverty each year and become dual eligible, and who want to remain in facilities they are familiar with
- Theoretically, ALFs should be an excellent alternative PACE site
  - Provide some level of programming
  - Have nurses and nurses aides
  - Should be able to reduce transportation costs
Survey of PACE Organizations known to be working with ALFs
Census and Utilization Data for McGregor PACE ALF participants
Integrated Care in Assisted Living Facilities

- Oversight
- The 3 C’s
- Comprehensive coordinated services
- Working with ALF leadership
PACE Oversight

- Ensuring that PACE standards for service are met and maintained
  - Activities
  - Personal care services
  - Medication management
Communication

- **PACE Community Liaison**
  - The “face of PACE” in the facility
  - Does not need to be a health professional
    - We are trying out restorative aides
  - Should be a “people person”
    - We are training our liaison to be skilled in motivational interviewing

- **Specific responsibilities**
  - Daily facility rounds
  - Interact with residents and staff
  - Interact with IDT members
Collaboration

- Address facility policies and procedures
  - Activities programming
  - Change in condition notification
  - Falls with and without injury
  - Therapy services
  - Skilled nursing services
- Quarterly meetings between PO and ALF
- Monthly nursing staff meeting with PACE core team
- Selected IDT meetings (SA/ALOC reviews) at selected ALFs
Coordination

- Integrated IDT services
  - Core services
  - Activities
  - Therapy
  - Transportation
- Immediate access to care
- SA and ALOC evaluations
- Appropriate resource utilization
Working with the ALF leadership

- Administration
  - Policies/procedures and joint problem solving
- Medical services
  - Communication and access to care
- Nursing services
  - Daily
  - Skilled
- Pharmacy services
- Activities
- Transportation
Summary

- Safe and appropriate housing is a critical factor in keeping persons at risk for NH placement living in the community.
- Residential care options, such as Assisted Living Facilities, are relatively new options within the continuum of care for older adults.
- Assisted Living Facilities vary in services provided to nursing home eligible residents, and far less regulated than nursing facilities.
- Many PACE-eligible persons now live in residential care facilities.
- Working with many ALFs can represent significant financial risk for PACE organizations.
- Developing and implementing an active plan for integrated care may turn a challenging arrangement into a success story for all involved parties.