

# PACE 2.0 Project Overview

# Why Do We Need PACE 2.0?

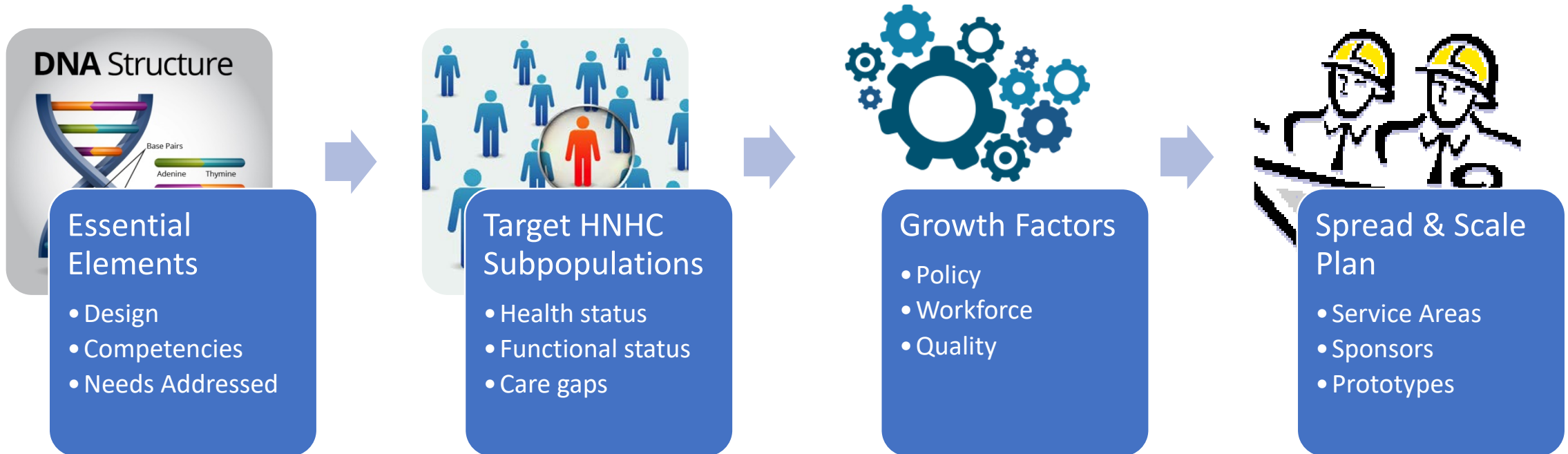
- 2M plus Dual-eligibles need Long Term Services and Supports; PACE serves 2% of them
- Seniors, and potentially others, in PACE
  - Live longer
  - Have reduced chronic illness complications
  - Live in the community
  - Have fewer unmet needs
  - Have a higher quality of life
- PACE has the attributes of a high performing health care delivery system
  - Fully integrated
  - Person centered
  - Holistic
  - Accountable

# What Will PACE 2.0 Do?

Chart a course for a 5X exponential growth in PACE through:

- Expanding current PACE organizations' operations and service areas
- Initiating new PACE organizations' to serve new areas
- Serving more currently eligible individuals
- Serving newly eligible individuals

# PACE 2.0: Project Work Flow

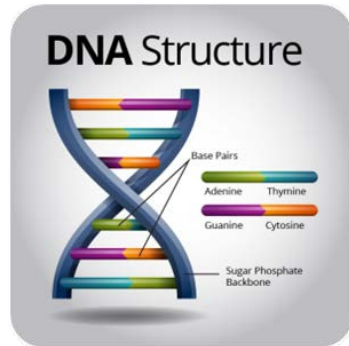


August 1, 2017

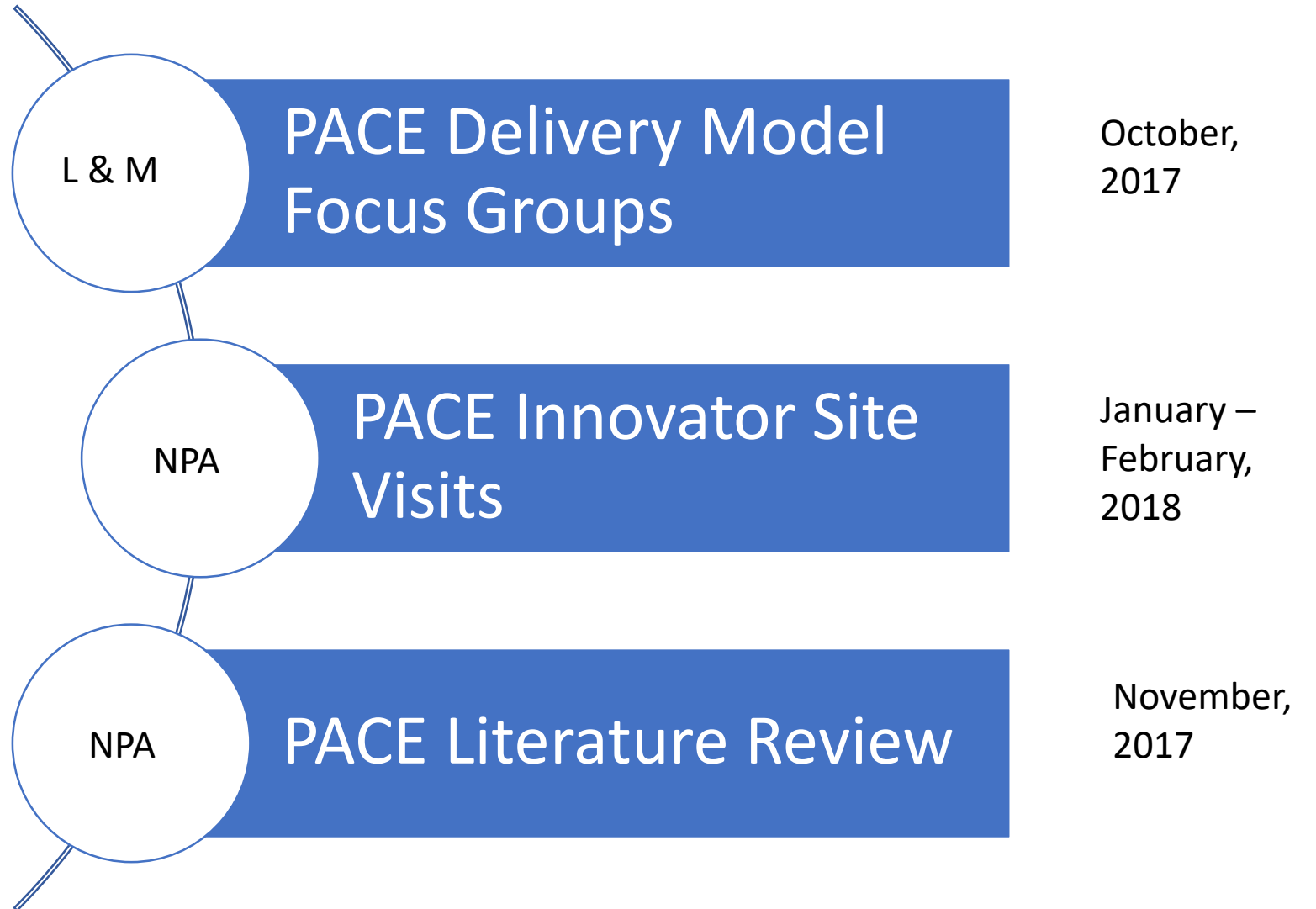
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July 30, 2019

# Essential Elements



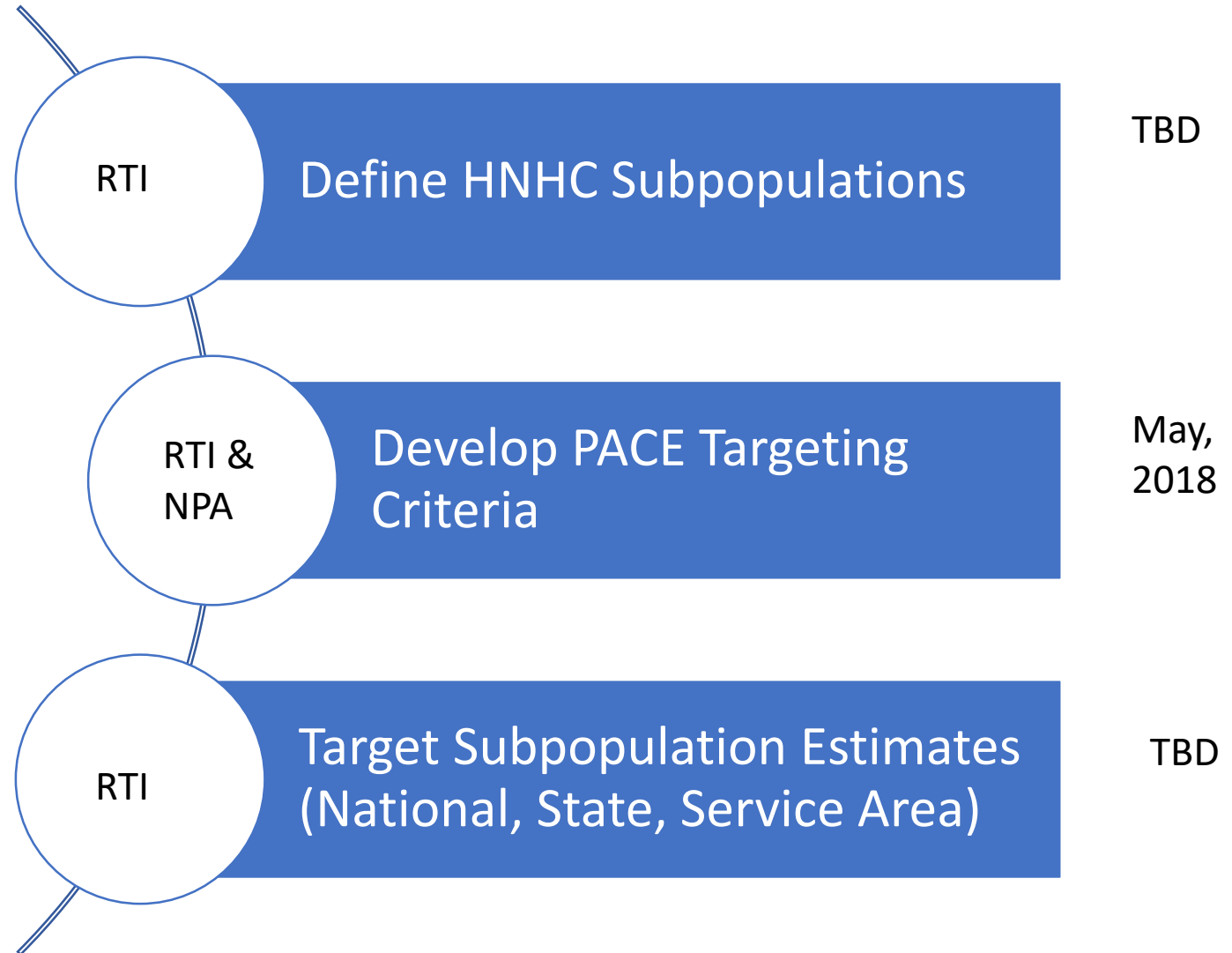
- Design
- Competencies
- Needs Addressed



# Target High Need, High Cost Populations



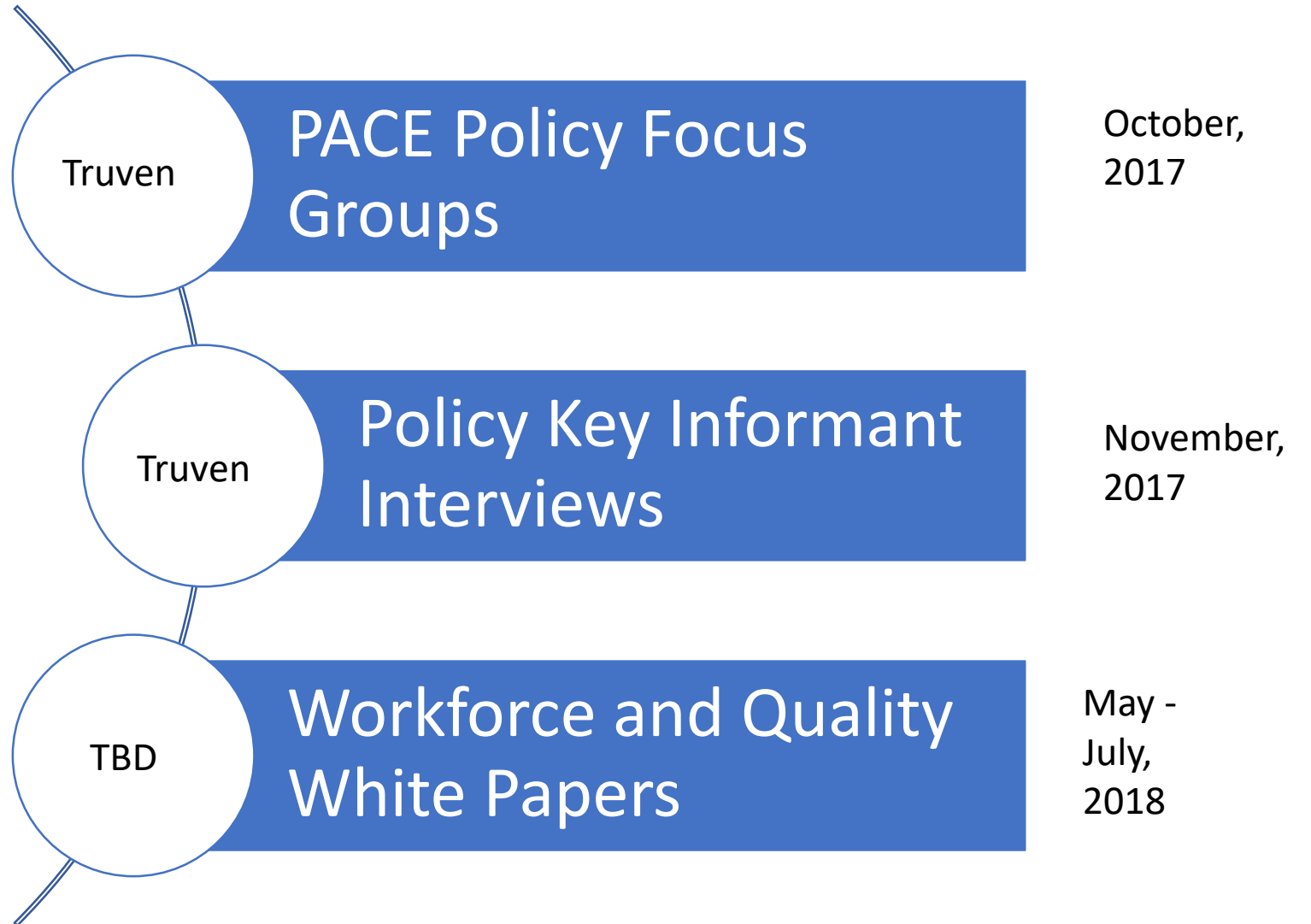
- Health Status
- Functional Status
- Care Gaps



# Growth Factors



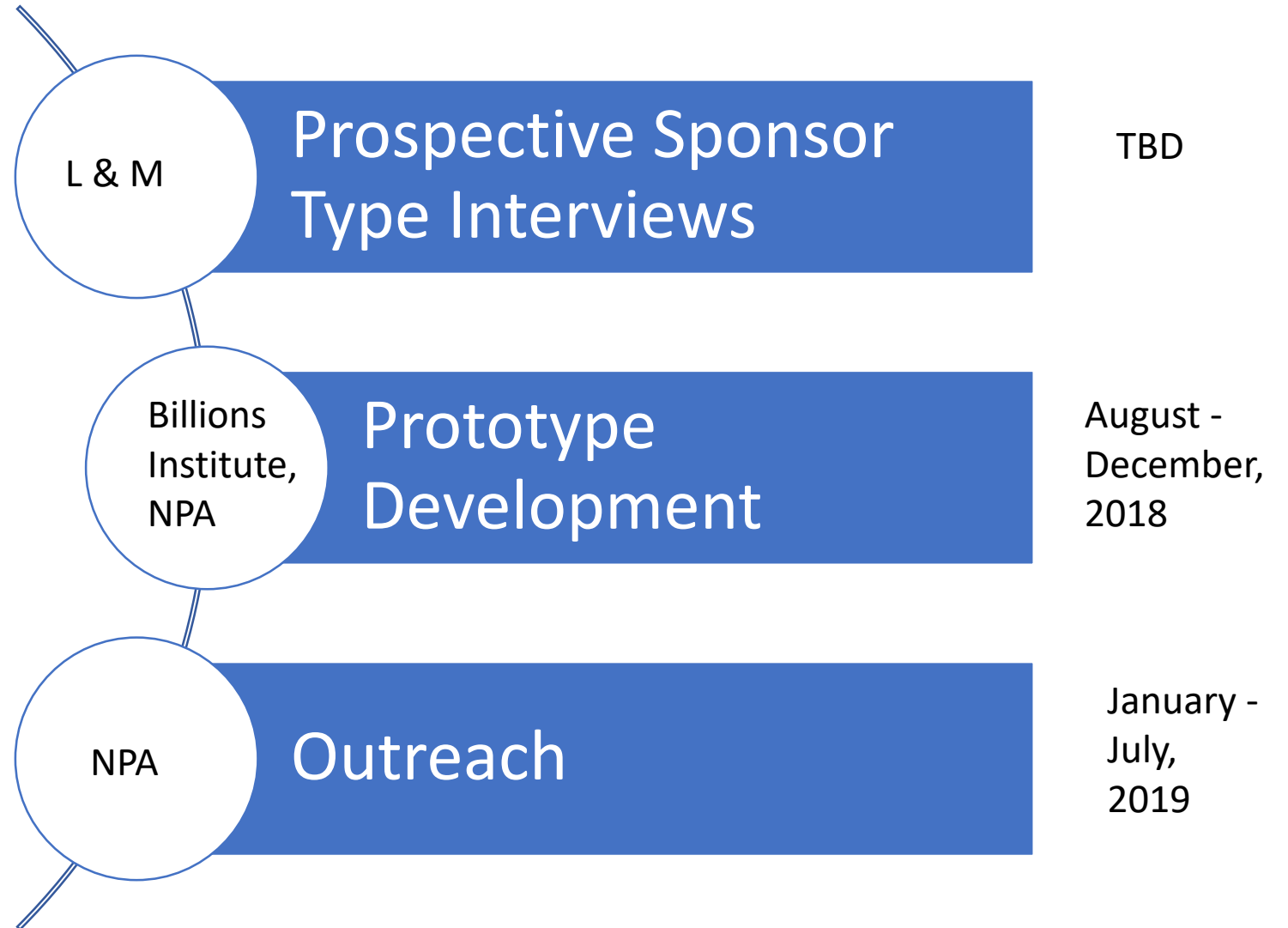
- Policy
- Workforce
- Quality



# Spread and Scale Plan



- Service Areas
- Sponsors
- Prototypes







# Project Deliverables

# 1: Report: PACE 2.0 Projected Impact Estimates

## Required Steps:

- Essential Elements
- Targeted High Need High Cost Populations

## Related Project Team Members:

- L&M Policy Research
- RTI
- NPA



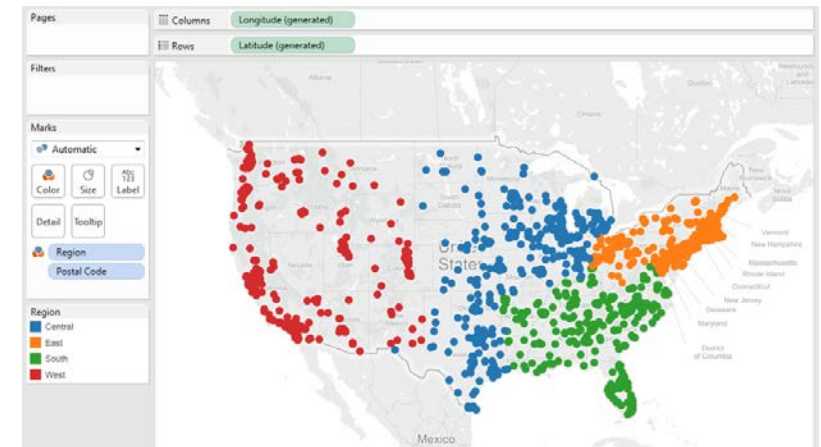
# 2: Chart E-Book: PACE 2.0 Projected Impact Estimates by State and Service Area

## Required Steps:

- Essential Elements
- Targeted High Need, High Cost Populations
- State and Federal Policy Scenarios

## Related Project Team Members:

- L&M Policy Research
- RTI
- Truven
- NPA



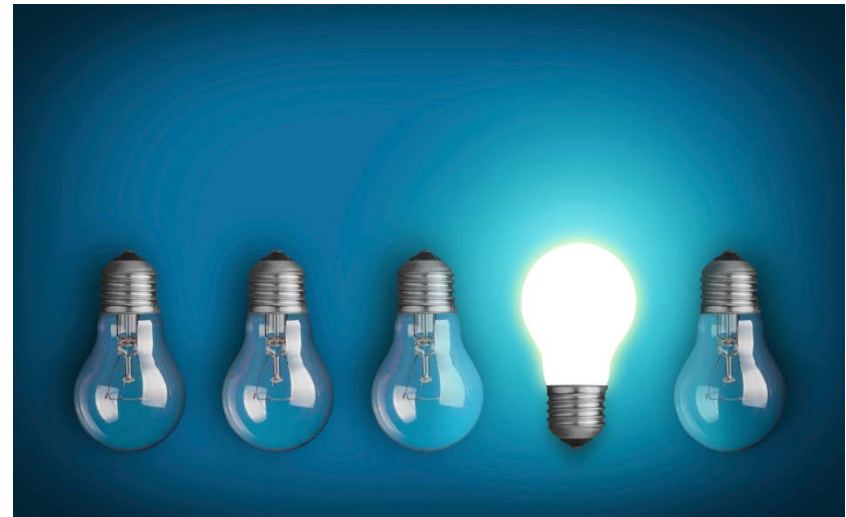
# 3: Assessment: What Can We Learn from PACE Innovations

## Required Steps:

- L&M Focus Groups
- PACE Innovator Site Visits
- Literature Review

## Related Project Team Members:

- L&M Policy Research
- NPA



# 4: Growth Plan: Scale and Spread Strategies for PACE 2.0

## Required Steps:



## Related Project Team Members:

- L&M Policy Research
- RTI
- Truven
- NPA
- Billions Institute
- TBD White Paper Authors

# 5: Provider Action Guide: Prioritizing and Planning for PACE Growth Opportunities

## Required Steps:

- Growth Plan (and its preceding deliverables)
- Prospective Sponsor Key Informant Interviews
- Prototype Development

## Related Project Team Members:

- NPA
- Billions Institute
- L&M Policy Research



# 6: Outreach

## Required Steps:

- Provider Action Guide
- Outreach Plan



## Related Project Team Members:

- NPA
- All – opportunities to present/disseminate project findings



# Project Questions and Concepts



# Underserved and Unserved: HNHC populations

- Underserved – currently eligible
  - Duals
  - Medicare-only
  - Veterans
- Unserved – pilot populations
  - Age
  - Level of Care

# Underserved and Unserved: Service Areas

- Underserved
  - Rural
  - Current Programs, limited growth
  - Current States, limited access
- Unserved – States without PACE
  - Potential for Medicare Only



# Policy Scenarios



- Federal
  - Pilots
  - Medicare-only changes
    - Part D Plan Choice
    - Health Status Adjusted Rates
    - 2-way (Medicare-only) Program Agreements
- State
  - Enrollment Caps
  - Program Caps
  - New States

# Sponsors

- Current PACE Organizations
- New Sponsors
  - Health Systems
  - Health Plans
  - ACOs
  - FQHCs
  - LTSS Providers

- Sponsor Partnerships
  - Acute care and LTSS
  - Current PACE and new PACE
  - Delivery and Risk Management



# Prototypes

Payers

- MCOs

- ACOs

Providers

Participant Pathways

- FFS entry points

- Care management

