

Primary Drivers	Secondary Drivers	Tactic (illustrative, not an exhaustive list)
1. Clear aims and a context for change (leadership)	Prepare the ground	Conduct survey of staff knowledge and readiness for new aim and changes ahead
		Undertake a leadership listening tour to frame the problem (numeric, logical, and emotional ways), solicit ideas, and increase involvement from team (person centered outcomes)
		Provide ongoing communication about plan to accommodate growth
		Connect net enrollment aim to mission and reiterate the "why" for the work
	Culture that embraces change	Generate diverse case studies -- showing successful enrollment in various settings. Show people what is possible.
		Build will and buy in among employees for growth
		Build will and buy in among participants and family members for growth
		Maintain culture as staff grows
		Establish safe space to share problems and solutions
		Foster transparent process for solving problems
2. Pipeline for Enrollment	Market potential for your specific PACE organization	Conduct analysis of top 5 or 10 referral sources to direct outreach activities
		Identify unmet needs in specific communities and geographies
		Set targets for number of calls/visits for marketing/intake staff and measure effectiveness
	Brand awareness in the community	Create virtual PACE tour
		Create an information toolkit for promotion and education about PACE (talking points, virtual PACE tour, testimonials, participant stories)
		Brand PACE vans with PACE logo
		Market through traditional media
		Establish a marketing budget to support growth
	Targeted outreach	Identify and partner with community based organizations that specialize in specific sub-populations for referrals
		Target potential participants who are known to be eligible (i.e., Medicaid beneficiaries)
		Conduct outreach presentations in the community
		Increase referrals from participants
		Increase referrals from staff
		Increase referrals from participant family members and caregivers
	Qualified leads	Define, test, and implement a process for quickly and efficiently qualifying leads
		Confirm age and geographic eligibility (consider via phone screen, coupling with outreach to "pre-qualify," etc.)
Conduct seamless handoff to assessment, eligibility, and enrollment process		
Minimize wait time between confirming qualified lead and follow up		
3. Streamlined Enrollment and Limited Disenrollment	Efficient assessment to determine if lead is able to live in community and to gather clinical	Minimize burden on family and caregiver (e.g., scheduling, support, transportation)
		Minimize burden on participant prior to enrollment (e.g., eliminate duplication in information requests minimize in person visits, reduce burden of forms for participants)

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	eligibility information requirements	Utilize designated team for assessment, eligibility determination, and enrollment, and outline clear roles and responsibilities Block time on PCP schedules for enrollee assessments Reduce duplication of information collection during the assessment process across settings and team members Have OT or PT join in home assessment to reduce burden Emphasize throughput by focusing PCP assessment on eligibility not care planning	
	Eligibility determination of nursing home level of care and financially eligible	Determine clear responsibility for Medicaid eligibility internally (e.g., Hire eligibility specialist to assist with Medicaid eligibility; pay part of salary for dedicated eligibility specialist at Medicaid) Minimize length of Medicaid eligibility determination process Eliminate barriers to submitting financial eligibility information on Medicaid application Eliminate barriers to assessing nursing home level of care	
	Enrollment in PACE through CMS and Medicaid	Ensure accurate enrollment information Reduce obstacles that occur during enrollment process Clarify ownership of enrollment decision and process Conduct initial care planning assessment after enrollment (unless high acuity) Note: requires high trust among team that appropriate participants are being enrolled	
	Early service relationship	Offer pre-enrollment services while waiting for potential participant to enroll Establish Medicare and Medicaid FFS billing to cover waiting period	
	Limited disenrollment	Analyze reasons for disenrollment. Consider using a fishbone diagram and a pareto chart analysis, then address most common reasons. Develop mitigation plan (e.g., If participant wants to disenroll due to dissatisfaction then leader in PACE program automatically calls participant) Manages concerns about disenrollment (e.g., Create a disenrollment team that is both preventive and reactive; Primary care team addresses concern about disenrollment as they arise) Assign new participants a peer "buddy" Assign staff person to ensure new enrollee satisfaction and rapidly address concerns First day orientation for new participants to make them feel welcome Conduct exit interviews	
	4. Readiness for Growth	Forecasting	Assess the organization's readiness for rapid growth, e.g., with SWOT analysis Translate growth aim into plans for expansion Develop a plan for growth and report to the Board Anticipate finance and investment needs Periodically revise organizational chart to accommodate growth
		Staffing needs (HR)	Increase HR capacity, with more needed during rapid growth and hiring Conduct staffing needs analysis Proactively recruit to maintain optimal staffing ratios Staff to match utilization Hire/contract a dedicated recruiter
		Infrastructure and systems that allow	Automate specific EHR system for PACE – for entire system of care

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	for expansion	Ensure you have a website that is streamlined with the focus of growth (staff and participants)
		Establish clear communication systems (phones, computer systems that can grow, also communication processes)
		Assess departmental workflows for duplication
		Have a main number for the PACE center for all inquiries - which then sources the call to the right provider
		Pilot a community-based team
		Use transportation routing system/software
		Ensure adequate space for new participants (facility)
	Improvement capability among staff	Designate an improvement lead with deep skills
	Real-time data to guide growth	Equip front-line staff with enough knowledge and skills to try changes
		Use a balanced dashboard of measures for improvement to assess changes in net enrollment (i.e., West Coast PACE 2.0 network measures)
Conduct weekly utilization management meetings about participants at risk and rank them		
5. Policy environment that enables change	State policy	Use alternative care setting to manage overflow (temporary)
		Use risk assessment tools (e.g., SDOH) to manage risk and concern
		Plan for service area designation
		State policy incentivizes collaboration
		Collaborate with peers through state association
		Workforce planning
	Federal policy	Share your growth plan with states so states can plan administratively and financially
		Understand limitations in state processing
		Understand what the regs are and are NOT
		Consider waiver opportunities
		Factor in federal policy's role in impacting new sites