NPA Update

Peter Fitzgerald, EVP, Policy and Strategy
National PACE Association
April 20, 2018
Goal: 200,000 PACE Participants, by 2028
• PACE results in better self-rated health status
• PACE results in fewer unmet needs
• PACE adds years of life
Without PACE, Participants and their Families are Struggling

<table>
<thead>
<tr>
<th>Frail Elders</th>
<th>Family Caregivers</th>
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</thead>
<tbody>
<tr>
<td>• Isolated</td>
<td>• Worried</td>
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<tr>
<td>• Bored</td>
<td>• Tired</td>
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<tr>
<td>• Dependent</td>
<td>• Running around (to get to care)</td>
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<tr>
<td>• Difficulty accessing care</td>
<td>• Hard to maintain work schedule</td>
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<tr>
<td>• Uncoordinated care</td>
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<tr>
<td>• Fear of nursing home placement</td>
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Source: NPA review of PACE participant and caregiver interviews
But only IF a participant enrolls...
In Most PACE Service Areas, Only One in Ten Eligible Individuals are Enrolled
From Here to There...
PACE 2.0 Growth Streams

Stream 1: Current POs, Dual eligibles
Start: 8/2018

Stream 2: New POs, Dual eligibles
8/2019

Stream 3: Current and New POs, New Populations
8/2020
PACE 2.0 Growth Streams, Current and New POs, Current Population

1. Operating P.O.s, Current Population
2. New P.O.s, Current Population

<table>
<thead>
<tr>
<th>Baseline</th>
<th>3Qtr, 2018</th>
<th>4Qtr, 2018</th>
<th>1Qtr, 2019</th>
<th>2Qtr, 2019</th>
<th>3Qtr, 2019</th>
<th>4Qtr, 2019</th>
<th>1Qtr, 2020</th>
<th>2Qtr, 2020</th>
<th>3Qtr, 2020</th>
<th>4Qtr, 2020</th>
<th>1Qtr, 2021</th>
<th>2Qtr, 2021</th>
<th>3Qtr, 2021</th>
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<tbody>
<tr>
<td>Current Trajectory</td>
<td>45000</td>
<td>46000</td>
<td>47000</td>
<td>48000</td>
<td>48800</td>
<td>49600</td>
<td>50400</td>
<td>51000</td>
<td>51500</td>
<td>52750</td>
<td>53500</td>
<td>54000</td>
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<tr>
<td>Operating P.O.s, Current Population</td>
<td>45000</td>
<td>46000</td>
<td>47000</td>
<td>48000</td>
<td>52000</td>
<td>56000</td>
<td>60000</td>
<td>64000</td>
<td>65500</td>
<td>67000</td>
<td>68500</td>
<td>70000</td>
<td>83600</td>
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<tr>
<td>New P.O.s, Current Population</td>
<td>75</td>
<td>115</td>
<td>150</td>
<td>190</td>
<td>225</td>
<td>350</td>
<td>490</td>
<td>620</td>
<td>750</td>
<td>1000</td>
<td>1300</td>
<td>2000</td>
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<td>Category</td>
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<tr>
<td>Current National Census Estimate</td>
<td>45,000 Participants</td>
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<td>Current Number of PACE Organizations</td>
<td>123 Across 31 States</td>
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<tr>
<td>Interim Growth Goal</td>
<td>100,000 Participants by 2021 (3 years away)</td>
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<tr>
<td>Difference Between Interim Goal and Current National Census</td>
<td>55,000 Participants</td>
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<tr>
<td>Annual Net Enrollment Needed to Meet Interim Goal</td>
<td>18,334 Participants/year</td>
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<tr>
<td>Annual Net Enrollment Needed per PACE Organization to Meet Interim Goal</td>
<td>149 Participants/year</td>
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<tr>
<td>Monthly Net Enrollment Needed per PACE Organization to Meet Interim Goal</td>
<td>13 Participants/month</td>
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PACE 2.0: Research and Development

- Essential Elements
- State Policy Factors
- Growth Stream 1: Growth Model
# Assuring Essential Elements

<table>
<thead>
<tr>
<th>Operations</th>
<th>Personnel</th>
<th>Leadership</th>
<th>Culture</th>
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<tbody>
<tr>
<td>- Effective, on-going</td>
<td>- High-functioning IDT</td>
<td>- Engaged physician leadership</td>
<td>- Commitment to quality services and openness to</td>
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<tr>
<td>care coordination</td>
<td>- Skilled - Skills need to match the need of</td>
<td>- Skilled</td>
<td>change (continuous quality/process improvement)</td>
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<tr>
<td>- Consistent clinical</td>
<td>the organization</td>
<td>- Flexible</td>
<td>- Innovative</td>
</tr>
<tr>
<td>protocols + systems</td>
<td>- Engaged</td>
<td>- Innovative</td>
<td>- Willing to take risks</td>
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<tr>
<td>- Clinical utilization</td>
<td>- Goal-oriented</td>
<td>- Effective advocate/spokesperson of PACE program</td>
<td></td>
</tr>
<tr>
<td>management</td>
<td>- Willing to take some risks</td>
<td>services</td>
<td></td>
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<tr>
<td>- Presence in the home</td>
<td>- Innovative</td>
<td>- Ability to build/maintain strong community</td>
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<tr>
<td>- Efficient transportation</td>
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<td>awareness</td>
<td></td>
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<tr>
<td>system</td>
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<td></td>
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<tr>
<td>- Socialization</td>
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<tr>
<td>opportunities</td>
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<tr>
<td>- Ongoing prof.</td>
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<tr>
<td>development/training</td>
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<tr>
<td>- Strong partnerships</td>
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<td>- Strong outreach/</td>
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<tr>
<td>marketing</td>
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</tbody>
</table>
Essential Elements: Next

• Complete Site Visits
  • CenterLight
  • On Lok
  • PACE Organization of Rhode Island
• Review Literature
• Cross-validate
## State Policy Factors:

### PACE strengths and weaknesses identified by state officials

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “Gold” standard of care</td>
<td>• Low census; lack of scale</td>
</tr>
<tr>
<td>• Comprehensive</td>
<td>• Geographically limited</td>
</tr>
<tr>
<td>• Integrated with Medicare</td>
<td>• Limited visibility, marketing</td>
</tr>
<tr>
<td>• Mission driven</td>
<td>• Hard to explain, market</td>
</tr>
<tr>
<td>• Financially strong sponsors</td>
<td>• Strict federal oversight; rigid model</td>
</tr>
<tr>
<td>• Competition for other models (MCO, HCBS)</td>
<td>• High start up costs</td>
</tr>
<tr>
<td>• Transportation</td>
<td>• Programs want exceptions (e.g., settings rule, reporting); lack transparency</td>
</tr>
<tr>
<td>• Interdisciplinary team</td>
<td>• Not cost effective; value relative to other options not clear</td>
</tr>
</tbody>
</table>
Opportunities offered by states to overcome barriers

- Update federal regulations and process
  - Increase flexibility of the model
  - Reduce duplicative federal and state reviews
  - Further streamline application process

- Address high start-up costs with grants

- Increase visibility with state marketing blasts

- Improve viability in rural areas
  - Use telehealth applications
  - Address transportation issues
  - Expand alternative care sites
Opportunities offered by states to overcome barriers

- Serve additional populations in need
  - Medically fragile children
  - Persons with brain injury
  - Persons at risk of becoming nursing facility eligible
- Offer a model that includes housing
- Allow participants to retain their community physicians
- Demonstrate value relative to other options
Where does PACE fit in your state’s LTSS system?

—Many states found it difficult to answer this question. Answers included:

• It serves HCBS participants with high medical needs

• It adds to HCBS capacity in dense urban areas

• Where available, it offers an alternative to mandatory MLTSS

—Answering this question may be key to expanding PACE
State Factors: Next

- State factor assessment tool
- Apply NPA’s State Almanac/Scorecard
- Model State Policies
Growth Stream 1: Bright Spots*

- AltaMed
- St. Paul’s PACE
- PACE of S.E. Michigan
- Palm Beach PACE
- Piedmont PACE Senior Care
- West Health (experience with 3 PACE organizations)

* 3+ years of operation; DP data; net 10/month and/or 20% market penetration
Growth Stream 1, Growth Strategies

Primary Drivers

- Set clear aims and create context for change (leadership)
- Increase Pipeline for Enrollment
- Streamline Enrollment and Limit Disenrollment
- Build Readiness for Growth
Testing the “Change Package”

Primary Drivers

Secondary Drivers

Tactics
Example: Build Readiness

- Build Readiness
- Space
- ACS
GS1 Strategy: Which Comes First?

Incremental Growth
- Enrollment
- Revenues
- More Capacity

Exponential Growth
- More Capacity
- Enrollment
- Revenues
Measures

Growth
- Contacts/Interest
- Assessments
- Enrollment
- Disenrollment
- Net Enrollment

Balancing
- Satisfaction
- Disenrollment in first 60/90 days
- Increase in Hospitalizations
- Increase in E/R visits
Next: GS1, PACE of the Triad Field Test

• Data-driven Growth Goal
  • Potential Service Population
  • Evidence-Based Growth Potential

• Assure Essential Elements
• Test Growth Strategies
• Address External Growth Factors
• Kick off May 22-23
• 3 Month Field Test
Next: Strategy and Goals

• Revised GS1 Growth Strategy
  • Primary Drivers
  • Secondary Drivers
  • Tactics

• Census Data
  • Income
  • Functional status
  • Current service area

• Medicare and Medicaid Claims Data Analysis
  • GS1 Population
  • Potential New High Need, High Cost Populations
Next: Disseminate GS1 Growth Model

- Break Through Series Learning Collaborative(s)
- “Field Reps” – Peer-to-Peer Exchange
- NPA Conferences
- Other?
Questions and Discussion