Using the PACE 2.0 Growth Model

Strategies & Tools for Achieving Your Growth Aim

January 31, 2019
NPA and our partners have developed tools to help support PACE programs in growing exponentially.

<table>
<thead>
<tr>
<th>Supporting NPA Tools &amp; Resources</th>
<th>Description</th>
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</thead>
</table>
| **PACE 2.0 Growth Model**       | • Set of strategies and tactics demonstrated to support exponential PACE growth  
• Developed based on best practices of 6 high-growth PACE organizations¹  
• Field tested with PACE of the Triad in Greensboro, NC  
• Refined through West Coast PACE 2.0 Collaborative with 10 PACE organizations  
• Includes measure strategy to support monitoring growth as well as quality |
| **Essential Elements**           | • Key elements, as well as considerations for alternatives, to help ensure continued high quality service for PACE participants  
• Based on PACE organization site visits, member focus groups, and literature review |

¹. High-growth PACE organizations (termed “Bright Spots”) identified as those with 10-15 average net monthly enrollment and/or 20% market penetration.
Growth Drivers & Tactics
About the Growth Model

5 key drivers support exponential growth

- Growth drivers identified based on lessons learned from 6 PACE “Bright Spot” organizations that have grown exponentially
- Tactics and methodology field tested with PACE of the Triad in Greensboro, North Carolina
- Tactics and methodology further refined with 10 PACE Organizations through the West Coast PACE 2.0 Collaborative

1. Bright Spots: PACE organizations with 10-15 average net monthly enrollment and/or 20% Market Penetration
Primary Growth Drivers

Tested Tactics Answer Key Questions to Support Growth

1. Set Clear Aims & Create a Context for Change
   - How do we define our growth aim?
   - How do we communicate to and engage staff, participants, and external partners to support growth?

2. Increase Pipeline for Enrollment
   - How do we develop estimates of market potential and of benchmarks for contacts, qualified leads, etc.?
   - How do we build community awareness of PACE?
   - How do we identify, prioritize, and engage community sources to increase referrals?

3. Streamline Enrollment & Limit Disenrollment
   - How do we decrease enrollment time & resources needed to enroll?
   - How do we ensure initial and continued satisfaction of participants while we grow exponentially?

4. Build Readiness for Growth
   - How do we forecast staffing, system, and facility needs to support growth?
   - How do we develop staff to be change leaders?

5. Foster Policy Environment That Enables Change
   - How do we apply or change state policies impacting growth?
   - How do we apply or change federal policies impacting growth?
3 Month Field Test of Growth Model

• Field Test Site: PACE of the Triad
  - Greensboro, North Carolina
  - Established in 2011
  - Census: 230

• Timing: June – August 2018

• PACE of the Triad “Growth Driver” teams conducted ≥ 100 rapid-cycle tests of Growth Model tactics
September net enrollment was 4x June net enrollment
Continued Spread & Refinement of Growth Tactics through the West Coast PACE 2.0 Learning Collaborative

West Coast Learning Collaborative:
- Includes 10 PACE organizations from California, Washington, and Oregon
- Kicked-off with an in-person learning session on October 3, 2018
- Will continue for 12-months
- Participants conduct rapid cycle tests of tactics, collect data, and share lessons learning

Learnings will be incorporated in the driver diagram and shared with the broader NPA membership
What is a Driver Diagram?

• Tree Diagram organized to depict a Theory of Change
  o Shared view of what the new system will include
  o Prediction that chosen drivers will result in progress towards your aim
  o Depicts a causal relationship between the drivers and the aim
  o What elements or drivers will cause a desired effect

• Not static
  o Updated regularly as we learn what is needed to reach the aim
What is a Driver Diagram? (Continued)

• Explains a project’s purpose and how project activities will deliver that aim
• Reinforces desired project outcomes, or aim
• Defines:
  o Key leverage points, or “drivers,” in the system
  o How project progress and results should be measured and monitored
• Links specific project activities and changes - (the “Hows”) to key components in the system
What is a Driver Diagram? (Continued)

There are two types of drivers

Primary Drivers

• Factors or components of a system that influence the achievement of the aim
• Some are well known causes or levers in a system, some are more innovative

Secondary Drivers

• Actions, interventions or lower-level components that achieve primary drivers
• Measurable and align with specific process measures
• Used to identify changes that can be tested in order to affect the primary drivers
What is a Driver Diagram? (Continued)

Tactics support a series of growth drivers that are key to achieving aim

Adopted from the Institute for Healthcare Improvement (IHI) collaborative model for achieving breakthrough improvement
1. Set clear aims & create context for change
2. Increase pipeline for enrollment
3. Streamline enrollment & limit disenrollment
4. Build readiness for growth
5. Foster policy environment that enables change
## Primary Driver 1: Clear Aims & Context for Change

<table>
<thead>
<tr>
<th>Secondary Drivers</th>
<th>Tactics (Illustrative, not an exhaustive list)</th>
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</table>
| **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 |                                                                                                                                                                                                                                                                                                                                                                                                   |

As of October 18, 2018
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| 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 |

As of October 18, 2018
### Secondary Drivers Tactics
(Illustrative, not an exhaustive list)

<table>
<thead>
<tr>
<th>Secondary Drivers</th>
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<tbody>
<tr>
<td>Qualified leads</td>
<td>Define, test, and implement a process for quickly and efficiently qualifying leads</td>
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<tr>
<td></td>
<td>Confirm age and geographic eligibility (consider via phone screen, coupling with outreach to &quot;pre-qualify,&quot; etc.)</td>
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<tr>
<td></td>
<td>Conduct seamless handoff to assessment, eligibility, and enrollment process</td>
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<tr>
<td></td>
<td>Minimize wait time between confirming qualified lead and follow up</td>
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As of October 18, 2018
Secondary Drivers | Tactics (Illustrative, not an exhaustive list)
--- | ---
**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*
| Offer pre-enrollment services while waiting for potential participant to enroll
| Establish Medicare and Medicaid FFS billing to cover waiting period

**Early service relationship**
**Secondary Drivers** | **Tactics**  
---|---
**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

As of October 18, 2018
Primary Driver 4: Readiness for Growth

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<tbody>
<tr>
<td><strong>Forecasting</strong></td>
<td>Assess the organization's readiness for rapid growth, e.g., with SWOT analysis</td>
</tr>
<tr>
<td></td>
<td>Translate growth aim into plans for expansion</td>
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<td></td>
<td>Develop a plan for growth and report to the Board</td>
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<td></td>
<td>Anticipate finance and investment needs</td>
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<td>Periodically revise organizational chart to accommodate growth</td>
</tr>
<tr>
<td><strong>Staffing needs (HR)</strong></td>
<td>Increase HR capacity, with more needed during rapid growth and hiring</td>
</tr>
<tr>
<td></td>
<td>Conduct staffing needs analysis</td>
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<tr>
<td><strong>Improvement capability</strong></td>
<td>Designate an improvement lead with deep skills</td>
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<td>among staff</td>
<td>Equip front-line staff with enough knowledge and skills to try changes</td>
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As of October 18, 2018
## Secondary Drivers Tactics

(Illustrative, not an exhaustive list)

<table>
<thead>
<tr>
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| Infrastructure and systems that allow for expansion | Automate specific EHR system for PACE – for entire system of care  
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)  
Use alternative care setting to manage overflow (temporary) |
| Real-time data to guide growth | 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  
Use risk assessment tools (e.g., SDOH) to manage risk and concern |

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## Primary Driver 5: Policy Environment That Enables Change

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<tr>
<th>Secondary Drivers</th>
<th>Tactics (Illustrative, not an exhaustive list)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State policy</td>
<td>Plan for service area designation</td>
</tr>
<tr>
<td></td>
<td>State policy incentivizes collaboration</td>
</tr>
<tr>
<td></td>
<td>Collaborate with peers through state association</td>
</tr>
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<td></td>
<td>Workforce planning</td>
</tr>
<tr>
<td></td>
<td>Share your growth plan with states so states can plan administratively and financially</td>
</tr>
<tr>
<td>Federal policy</td>
<td>Understand limitations in state processing</td>
</tr>
<tr>
<td></td>
<td>Understand what the regs are and are NOT</td>
</tr>
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<td></td>
<td>Consider waiver opportunities</td>
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<td></td>
<td>Factor in federal policy’s role in impacting new sites</td>
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Additional NPA state policy tools include: [State Growth Factors Checklist (Excel)](State Growth Factors Checklist (Excel)), [State Growth Factors Checklist (Word)](State Growth Factors Checklist (Word)), NPA State Almanac, NPA State Scorecard

As of October 18, 2018
Additional Growth Driver Tools & Templates from the Collaborative

- Growth Driver Diagram
- Measure Strategy Template
- Change Package Self-Assessment
- Action Plan Template
- Growth Tactic Test Tracker (Plan, Do, Study, Act [PDSA] Library)

See the PACE 2.0 Resource Library to download documents
How to Use the Driver Diagram

• Review potential tactics for each driver

• Before implementing tactics, we recommend conducting small-scale tests to confirm and make site-specific refinements, including:
  o Plan – Define specific plan for testing a tactic as well as a prediction of the test’s outcome
  o Do – Test the growth tactic
  o Study – Compare results to prediction
  o Act – Based on the study of the test
    • Further refine and test if results did not meet improvement expectations
    • Or, test with a larger audience until evidence of positive improvement on a smaller scale demonstrates readiness for broad-based implementation

• We strongly recommend that organizations track key change measures to help:
  o Assess impacts from tactics
  o Identify potential focus areas for supporting growth
Example of Testing Tactic Before Large-Scale Implementation

**Driver 3 - Streamline enrollment & limit disenrollment**

- **Tactic**: Reduce obstacles that occur during enrollment process
- **Plan** → Transport 2 potential participants for an assessment visit without family.
  - **Prediction**: We think that providing transport will reduce enrollment time for potential participants due to family scheduling conflicts/not having transport.
- **Do** → Arranged transportation for 2 sisters, who did not have transport of their own or available family transport, for their assessment visits.
- **Study** → Both participants came to PACE and successfully completed assessment visit in less than average time. Family members provided positive feedback when we called for follow-up.
- **Act** → Continue to provide/offer transportation for those who need transport to attend assessment visit (with or without family). After 1 week assess what challenges arise before moving to larger scale test or implementation.
Growth Model Measures
While Using the PACE 2.0 Growth Model

**Why are measures important?**

- **Evidence-Based Growth Tactics** - As PACE organizations test and implement tactics to support exponential growth, regular tracking and review of key data will allow organizations to assess whether tactics are positively supporting growth.

- **Quality** - As programs grow exponentially, key “balancing” measures will help ensure that any unintended negative consequences of exponential growth are identified early so that they can be addressed.

- **Capacity Planning** - Data will help PACE organizations more effectively plan for growth and anticipate what capacity (staff, facilities, systems, etc.) will be needed so that they can have the lead time needed to put resources in place.
• The list of measures to help PACE organizations support PACE 2.0 growth are noted in the following with their definitions
• Some measures are monthly and some are weekly
• Each measure is related to the aim or specific primary driver (PD)
• There are three types of measures:
  o Outcome measures – A measure of how the overall system is performing
  o Process measures – A measure of whether steps/parts of the system that we are changing are performing as predicted
  o Balancing measures – A measure of whether the changes are having unintended consequences (both good and bad) on the system
# PACE 2.0 Measures

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<tr>
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<th>Frequency</th>
<th>Measure Definition &amp; Calculation</th>
<th>Recommended or Optional?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim</td>
<td>Gross new enrollment</td>
<td>Outcome; Primary Driver (PD) 3</td>
<td>Monthly</td>
<td>Total number of all new enrollments in a month. For December enrollments, report participants whose first day of coverage is December 1.</td>
<td>Recommended</td>
</tr>
<tr>
<td>Aim</td>
<td>Voluntary Disenrollment</td>
<td>Outcome/Balancing</td>
<td>Monthly</td>
<td>Total number of voluntary disenrollments in a month. Disenrollments: first day participants don’t have coverage. If covered through Dec 31, then considered a participant a January 1 disenrollment because it will affect your January census.</td>
<td>Recommended</td>
</tr>
<tr>
<td>Aim</td>
<td>Total Disenrollment</td>
<td>Outcome/Balancing; PD3</td>
<td>Monthly</td>
<td>Total number of all disenrollments, including voluntary and deaths, in a month. For December disenrollments, this means participants whose last day of coverage is November 30.</td>
<td>Recommended</td>
</tr>
<tr>
<td>Aim</td>
<td>Net enrollment</td>
<td>Outcome; PD3</td>
<td>Monthly</td>
<td>Gross new enrollments minus total disenrollments (all types, including death) from previous month. First through last day of the month. December Net Enrollment = December enrollments – December disenrollments</td>
<td>Recommended</td>
</tr>
<tr>
<td>Aim</td>
<td>Census</td>
<td>Outcome</td>
<td>Monthly</td>
<td>Previous month census plus net enrollment</td>
<td>Recommended</td>
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As of January 20, 2018
### Measure of

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Aim</td>
<td>Hospital admissions</td>
<td>Balancing</td>
<td>Monthly</td>
<td>Per 1000 participant days. Any admission (excluding ED visits and planned procedures). Admissions to a hospital must be ‘officially’ admitted (do not count ‘observation only’ as admissions). If an ED Visit ultimately results in an admission only count it as an admission, not as an admission and an ED Visit. Calculation guidance: Hospital admissions that month/(participants that month * days in that month)</td>
<td>Recommended</td>
</tr>
<tr>
<td>Aim</td>
<td>Emergency room visits</td>
<td>Balancing</td>
<td>Monthly</td>
<td>Per 1000 participant days. Any ED visit (including urgent care). If an ED visit ultimately results in an admission, only count it as an admission, not as an admission and an ED visit. Counted by DC Date. Calculation guidance: ED visits that month/(participants that month * days in that month)</td>
<td>Recommended</td>
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<tr>
<td>Aim</td>
<td>Participant satisfaction</td>
<td>Balancing</td>
<td>Monthly</td>
<td>Supplement yearly “would recommend PACE” measure with qualitative feedback from monthly participant rounding.</td>
<td>Recommended</td>
</tr>
<tr>
<td>Aim</td>
<td>Caregiver satisfaction</td>
<td>Balancing</td>
<td>Monthly</td>
<td>Supplement yearly “would recommend PACE” measure with qualitative feedback from monthly caregiver rounding.</td>
<td>Optional</td>
</tr>
<tr>
<td>PD1 - Clear aims and a context for change (leadership)</td>
<td>Employee awareness of aim</td>
<td>Process</td>
<td>Monthly</td>
<td>Survey question: A. I am aware of [org name's] goal to [insert goal]. Monthly survey via email to 1/3 staff (first third of alphabet, second third of alphabet, etc.). 1-5 Likert scale. Graph percent of respondents answering &quot;5&quot; to each question. Allow free text responses as well. Exclude no response from denominator</td>
<td>Recommended</td>
</tr>
<tr>
<td>PD1 - Clear aims and a context for change (leadership)</td>
<td>Employee engagement in aim</td>
<td>Process</td>
<td>Monthly</td>
<td>Survey questions: B. I have contributed to the goal in the last month. C. The goal positively impacts our PACE organization. D. The goal positively impacts my work. E. The goal positively impacts the community we serve. Monthly survey via email to 1/3 staff (first third of alphabet, second third of alphabet, etc.). 1-5 Likert scale. Graph percent of respondents answering &quot;5&quot; to each question. Allow free text responses as well. Exclude no response from denominator</td>
<td>Recommended</td>
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<tr>
<td>PD1 - Clear aims and a context for change (leadership)</td>
<td>Leadership ownership of aim</td>
<td>Process</td>
<td>Monthly</td>
<td>Survey questions: F. The following leaders of our PACE organization have taken personal responsibility for ensuring success in meeting the net enrollment goal. Their words and actions demonstrate that the goal is a priority. Executive director (1-5) My direct supervisor (1-5) What are examples of the leaders listed above demonstrating that the goal is a priority? Monthly survey via email to 1/3 staff (first third of alphabet, second third of alphabet, etc.). 1-5 Likert scale. Graph percent of respondents answering &quot;5&quot; to each question. Allow free text responses as well. Exclude no response from denominator</td>
<td>Recommended</td>
</tr>
<tr>
<td>PD1 - Clear aims and a context for change (leadership)</td>
<td>Time allocated to the work to achieve the aim.</td>
<td>Process</td>
<td>Weekly</td>
<td>Survey &quot;timecard&quot; question. Core team members answer weekly on Fridays (send email with embedded Google form at 4pm). The question will read: How many hours of time did you spend working towards [org name’s] net enrollment goal this week (i.e., both planning and executing)? ____ hours. Average number of hours spent working towards net enrollment goal per week. Calculate weekly.</td>
<td>Optional</td>
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As of January 20, 2018
## PACE 2.0 Measures (Continued)

<table>
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<tr>
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<th>Recommended or Optional?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD2. Pipeline for Enrollment</td>
<td>Number of new inquiries</td>
<td>Process</td>
<td>Weekly</td>
<td>Number of unique inquiries about the PACE program (phone calls, emails) per week. Week is Sunday through Saturday. Note: Over time this measure can be predictive of conversion rate to enrollment.</td>
</tr>
<tr>
<td>PD2. Pipeline for Enrollment</td>
<td>Number of new qualified leads</td>
<td>Process</td>
<td>Weekly</td>
<td>A lead is qualified when a potential participant passes an initial screen of basic eligibility requirements for age and living within the service area. Whether the potential participant is approved by the county or state is not a requirement to be a qualified lead, nor is an assessment of the potential participant’s ability to live safely in the community. Count number of qualified leads in a week as Sunday through Saturday.</td>
</tr>
<tr>
<td>PD2. Pipeline for Enrollment</td>
<td>Conversion rate to enrollment (from qualified lead)</td>
<td>Process</td>
<td>Monthly</td>
<td>From qualified lead to actual enrollment. Numerator: number of enrollments in a calendar month Denominator: Number of qualified leads in total pipeline (i.e., determined to live in your service area and be age 55 or older; you may know more about them including their Medicaid status but that is not necessary for them to be considered “qualified”)</td>
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As of January 20, 2018
## PACE 2.0 Measures (Continued)

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</thead>
</table>
| PD2. Pipeline for Enrollment | Conversion rate to enrollment (from inquiry) | Process | Monthly | From inquiry to actual enrollment  
Numerator: number of enrollments in a calendar month  
Denominator: Number of unique inquiries about the PACE program (phone calls, emails) per week. Week is Sunday through Saturday. | Optional |
| PD2. Pipeline for Enrollment | Participants assessed and ready to submit for eligibility | Process | Weekly | Numerator: all qualified leads that are submitted for eligibility approval (e.g., ability to live safely in the community; eligible for nursing home level of care; financially eligible for Medicaid)  
Denominator: all qualified leads | Optional |
| PD3. Streamlined Enrollment and Limited Disenrollment | Time to enrollment | Process | Monthly | Days from identification of a qualified lead to the effective date of enrollment. Graph the monthly average. | Recommended |
### PACE 2.0 Measures (Continued)

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<tr>
<th>Measure of Measure Type</th>
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<tbody>
<tr>
<td>PD3. Streamlined Enrollment and Limited Disenrollment</td>
<td>Number of voluntary disenrollments within the first 90 days of enrollment</td>
<td>Balancing Monthly</td>
<td>Any participants who chooses to leave within 90 days of enrollment, counted monthly.</td>
<td>Optional</td>
</tr>
</tbody>
</table>
| PD4. Build Readiness for Growth | Staff voluntary turnover rate | Balancing Monthly | Percent of employees who leave of their own accord. \[
\frac{\text{ [# of employees who leave voluntarily during the month]}}{\text{[(number of employees on the first day of the month + number of employees on the last day of the month)/2]]}} \times 100
\] Consider stratifying by direct care providers and non-direct care providers. | Recommended |
## PACE 2.0 Measures (Continued)

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<tbody>
<tr>
<td>PD4. Build Readiness for Growth</td>
<td>Utilization of critical systems per member per month</td>
<td>Process Monthly</td>
<td>Average utilization of critical services per member per month (PMPM). Define the three critical systems most impacted by your growth plans to track. Systems tracked based on those that are most meaningful and critical for your organization. Examples of potential critical systems include: • Meals PMPM • Day center attendance PMPM • Primary care visits PMPM • Attendance days PMPM • Home care hours PMPM • Long term care days PMPM • Transportation PMPM Indicates how growth is impacting areas you select.</td>
<td>Recommended</td>
</tr>
<tr>
<td>PD4. Build Readiness for Growth</td>
<td>Average time to fill a job posting</td>
<td>Monthly Monthly</td>
<td>Time to fill = number of calendar days from a job posting going live to a candidate accepting a job offer. Include weekends and holidays in count. [Sum of number of days of all open jobs] / [total number of open jobs during that month]</td>
<td>Optional</td>
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</tbody>
</table>

As of January 20, 2018
<table>
<thead>
<tr>
<th>Measure of Measure</th>
<th>Measure Type</th>
<th>Frequency</th>
<th>Measure Definition &amp; Calculation</th>
<th>Recommended or Optional?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD4. Build Readiness for Growth</td>
<td>Caseloads by role</td>
<td>Social work RN Personal Care Attendants Physician Hours Total FTE by member month NPA has data orgs can reference for case load by role. Might be applicable state requirements. How do you adjust for complexity?</td>
<td>Optional</td>
<td></td>
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</table>
Essential Elements
Essential Elements

• NPA identified elements of the PACE care model that are essential to its effectiveness through:
  o Focus groups with PACE organizations
  o Site visits to PACE organizations
  o Review of relevant literature

• Essential elements of PACE programs should be monitored as PACE organizations grow exponentially to ensure the continued delivery of high quality service to all PACE participants

• To support monitoring service quality, PACE programs can utilize the Measure Strategy Template (referenced in the Growth Driver Diagram & Tactics Section of this toolkit), which includes growth measures as well a key quality control measures
## Essential PACE Elements for Consideration

### Operations
- Effective, ongoing care coordination
- Consistent clinical protocols & systems
- Clinical utilization management
- Presence in the home
- Efficient transportation system
- Face-to-face contact with participants/trusted relationships with participants & families
- Socialization systems
- Ongoing professional development/training
- Strong partnerships
- Strong outreach/marketing

### Personnel
- High functioning IDT
- Skilled - Skills need to match the need of the organization
- Engaged
- Goal-oriented
- Willing to take risks
- Innovative
- Diversity, reflective of communities served

### Leadership
- Engaged physician leadership
- Skilled
- Flexible
- Innovative
- Effective advocate/spokesperson of PACE program services
- Ability to build/maintain strong community awareness

### Culture
- Commitment to quality services and openness to change (continuous quality/process improvement)
- Innovative
- Willing to take risks

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IDT: Interdisciplinary Team
Additional Essential Elements Resources

- Essential Elements & Innovations: Site Visit Reports
- PACE Essential Elements: Literature Review
- Essential Elements Focus Groups Summary

See the PACE 2.0 Resource Library to download documents.
The National PACE Association would love to assist your PACE organization in achieving your growth aim.

**LET US KNOW YOUR AIM & HOW YOU WILL HELP MEET THE PACE 2.0 GOAL OF SERVING 100,000 PARTICIPANTS BY 2021!**

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The National PACE Association (NPA) is dedicated to advancing the efforts of Programs of All-Inclusive Care for the Elderly (PACE®). NPA launched the PACE 2.0 initiative with support from The John A. Hartford Foundation and the West Health Policy Center. The initiative will expand access to PACE® for many complex high-need, high-cost populations across the country. For more information about PACE 2.0, contact Peter Fitzgerald or visit www.npaonline.org.

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The John A. Hartford Foundation, based in New York City, is a private, nonpartisan philanthropy dedicated to improving the care of older adults. Established in 1929, the Foundation has three priority areas: creating age-friendly health systems, supporting family caregiving, and improving serious illness and end-of-life care. For more information, visit www.johnahartford.org and follow @johnahartford

West Health is dedicated to lowering healthcare costs and enabling seniors to successfully age in place with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life and independence. For more information, visit www.westhealth.org and follow @westhealth.