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ElderPlace

An Innovative Program Keeping Older Adults Independent in the Community

Unlike other Medicare/Medicaid managed care programs operated in the State of Oregon…. PACE is unique

- **Provider Based Program**
- **Interdisciplinary team approach**
- **Assumes full risk until death or discharge – meeting long term needs**
- **20 years of experience managing medically complex care with capitation**

Unlike other Medicare Advantage programs, PACE serves a subset of the most frail beneficiaries….

- **Creates a "medical home" built on a long term relationship with a PCP who manages chronic and urgent care needs.**
- **Provides access to an integrated Medicare & Medicaid benefit package**
- **PACE organizations are health care providers, not large insurers**
- **Fully accountable for cost AND quality**

Cully	126 participants
Glendoveer	98 participants
Gresham	330 participants
Irvington Village	60 participants
Lambert House	48 participants
Laurelhurst	194 participants
Marie Smith Center	56 participants
Total 2/1/11	912 participants

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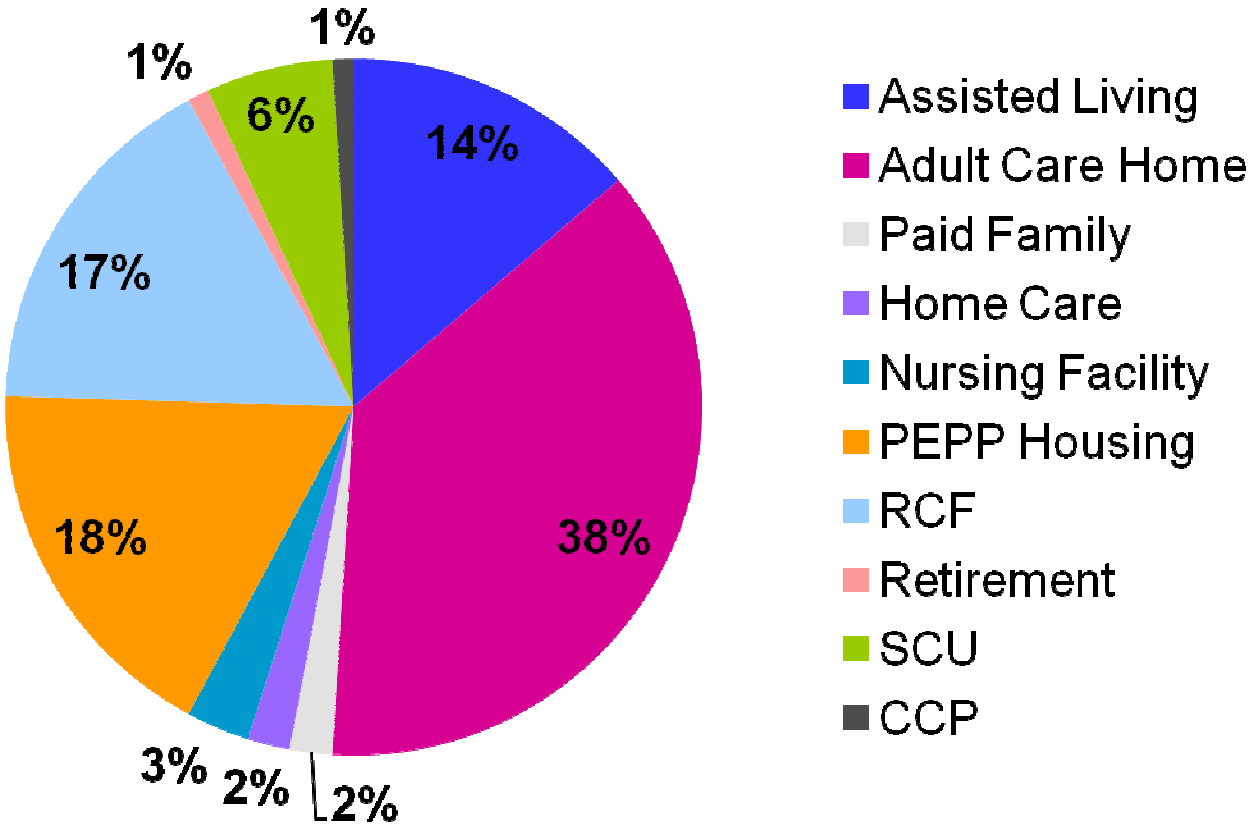
Integration of long term care residential services with coordinated medical care is critical to the success of PACE.

The frailty of our PACE cohort is demonstrated by the fact that 87% require Assisted Living, Adult Care Home, PEPP Housing or Residential Care settings.

Participant Living Situation
February 1, 2011 (N=912)



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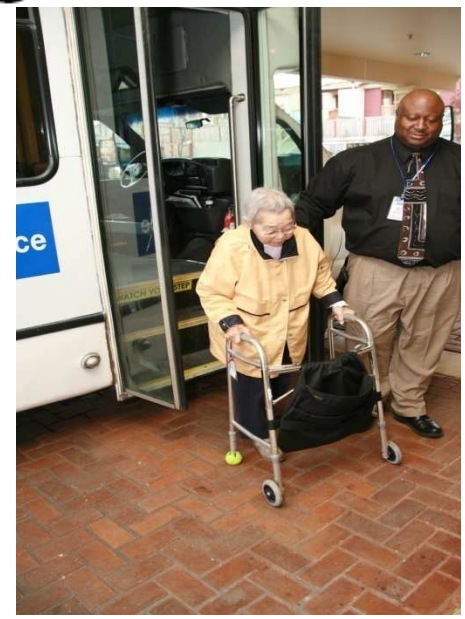
PACE Center Services



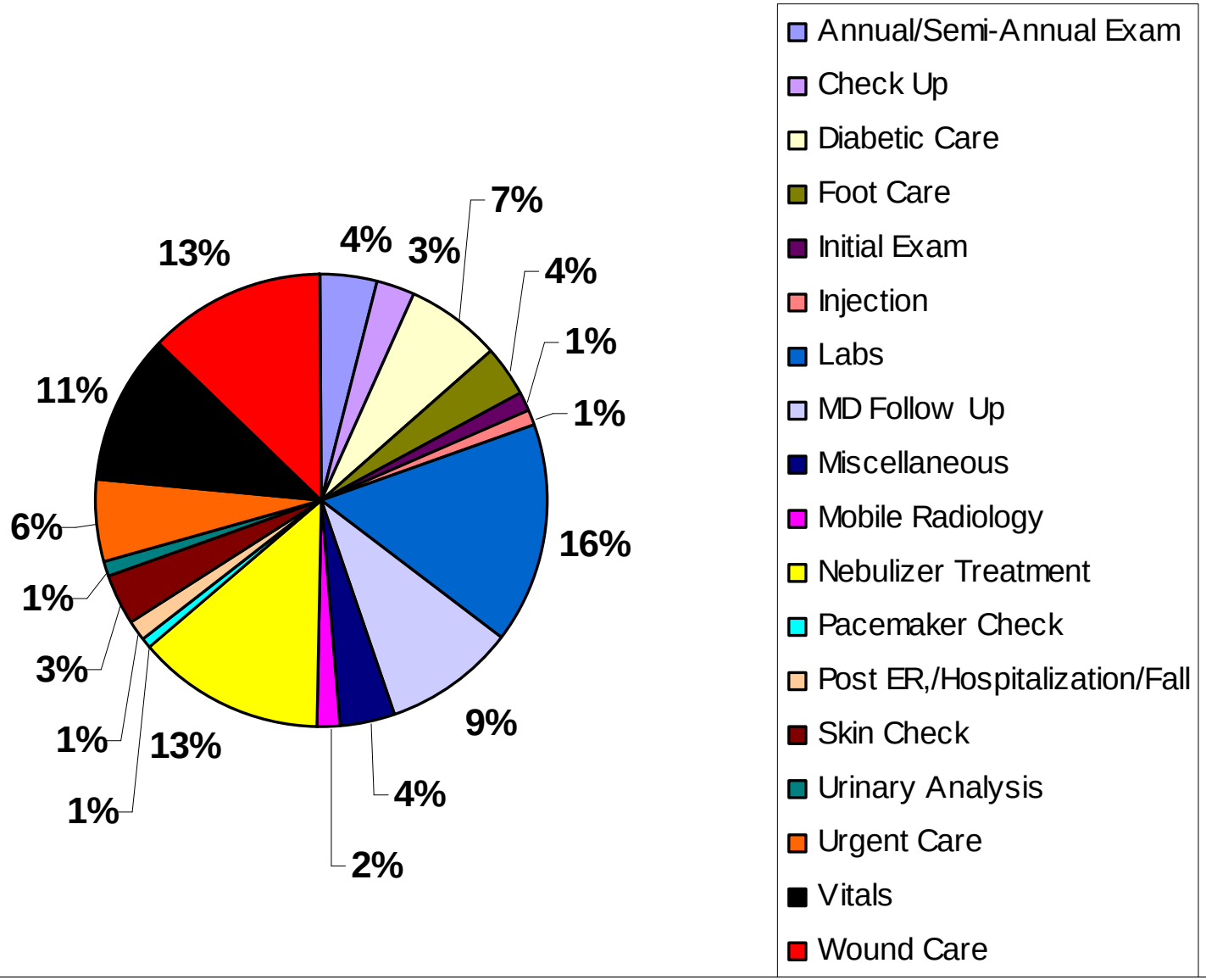
Transportation

In a PACE model, the role of the PCP is critical for prevention & utilization mgmt.

- **Currently, our ratio is 1:100 enrollees per PCP –**

This Drives our Quality

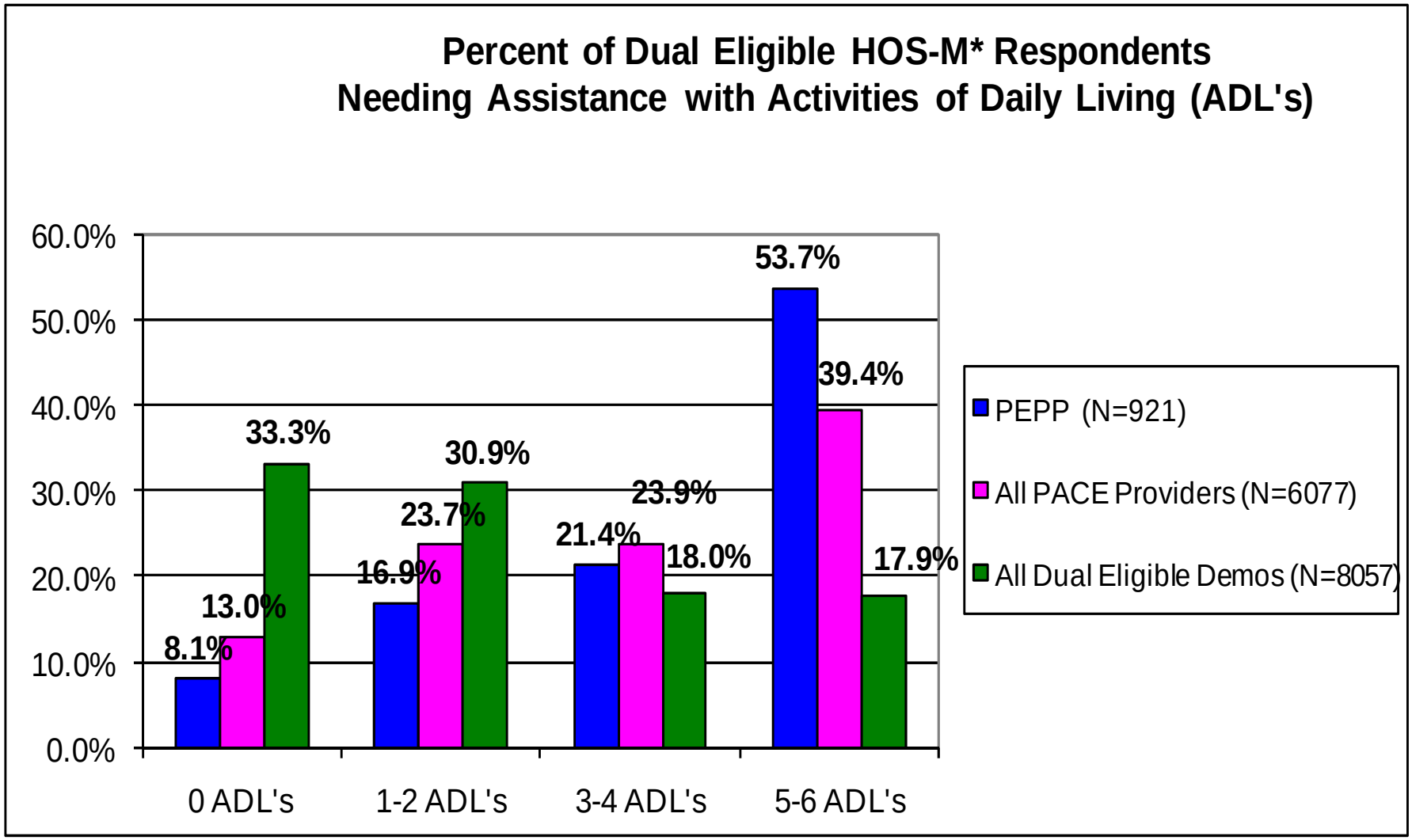
Type of PEP Primary Care Visit March, 2008 (N=825)



Like other Medicare managed care programs our rates are risk adjusted to reflect the frailty of the population we serve….Our scores show we're serving a medically complex group with significant functional needs.

As of 2010, our current Frailty Score is 0.408. (National Range = .237 – .555. Source PDAC)

HOS-M measures both Activities of Daily Living and Instrumental ADLs to create this frailty score which is used by CMS to calculate risk score for payment



*2007CMS Health Outcomes Survey – Modified administered by RTI International

HCC (Diagnostic) Category	PEPP %	All PACE Programs %
Drug & Alcohol Psychoses	6.9	1.64
Congestive Heart Failure	25.1	21.17
Major Depression, Bipolar & Paranoid	31.4	21.23
Renal Failure	32.6	29.07
Vascular Disease	21.6	28.18
Polyneuropathy	15.8	12.35
Hemiplegia/Hemiparesis	12.2	10.74
Source – Population Health Mgmt Review 2010 of PEPP clinical documentation		

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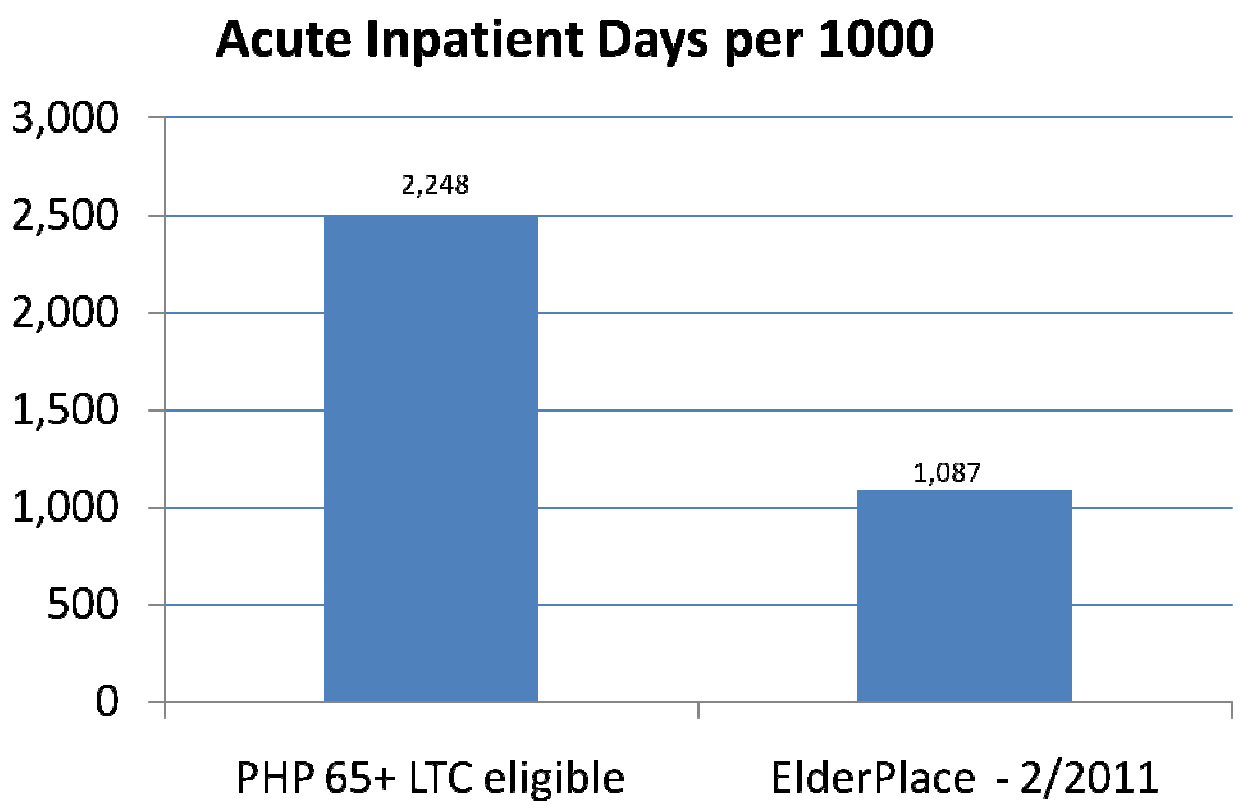
We monitor a comprehensive set of quality metrics for our PACE Population

In January 2011, we had a 7% hospital re-admission rate

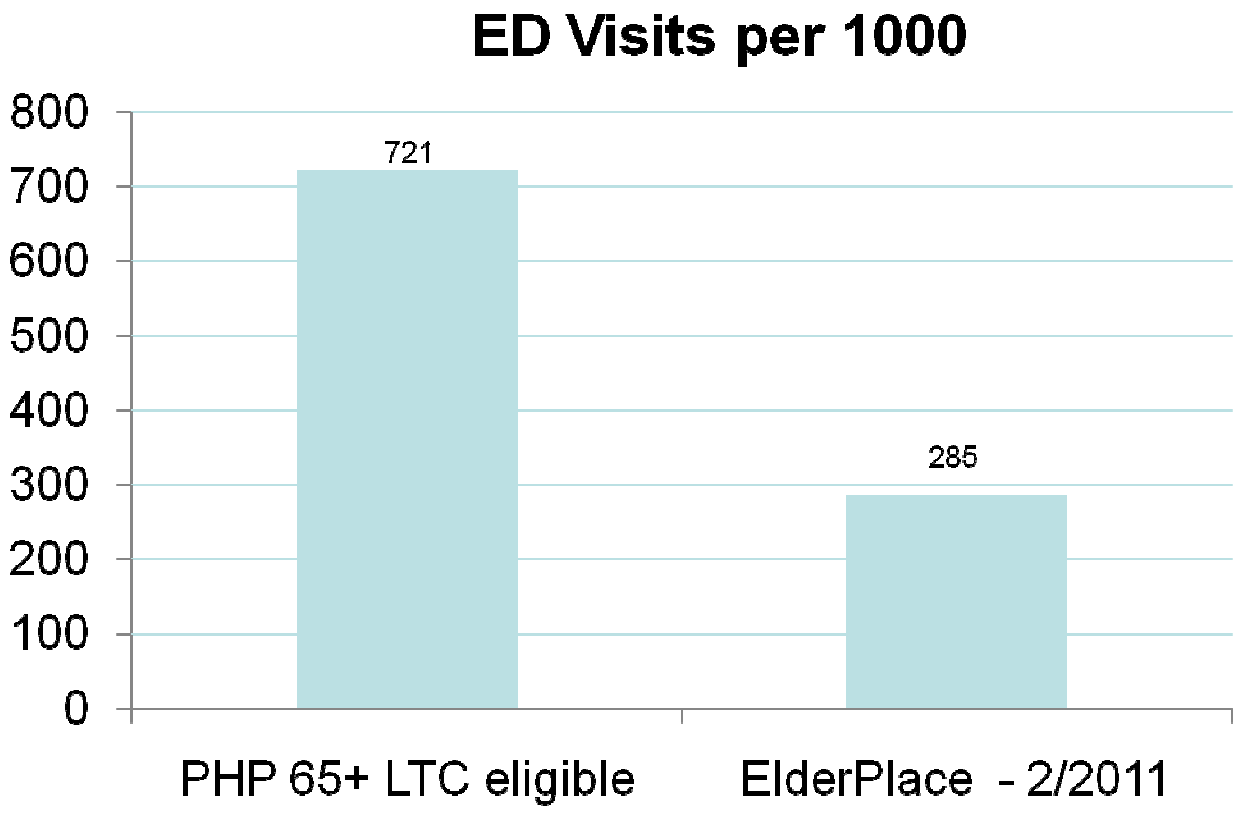
Pneumovax immunization rate = 97%

Influenza immunization rate = 95%

Inpatient Hospital Utilization



Emergency Department Utilization



PEPP provides palliative and end of life care to our enrollees.

143 Deaths Occurred in 2010
126 Deaths Occurred in 2009

Only 12% of these deaths were in an acute hospital.

98% had POLST forms delineating wishes.

Quality Care Leads to Longer Life Expectancy

"**PACE clients have a significantly lower risk of dying**, compared to similar clients who receive care in other home and community based service (HCBS) modalities. In the first 12 months after enrollment only 13 percent of PACE clients died, compared to 19 percent of HCBS clients. **By year three, 29 percent of PACE enrollees had died, compared to 45 percent of HCBS clients".**

Source: Mancuso, D., Yamashiro, G., Felver, B. PACE An Evaluation, Washington State Department of Social and Health Services Research & Data Division, Report Number 8.26, June 29, 2005.

When responding to Health Care reform – consider the following hallmarks of a PACE Program

- **Importance of Prevention**
- **Interdisciplinary Team Managing Complex Care across Entire Continuum**
- **Palliative Care**
- **Focus on Quality Outcomes**

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