



An **Innovative Program**
Keeping Older Adults
Independent in the Community

Objectives

- Provide an Overview of Providence ElderPlace Oregon
- Describe some key elements of a PACE -Program of All Inclusive Care for the Elderly
- Dialogue about our experience in providing PACE in a Rural setting

Scope of Our Program

- Providence ElderPlace is a PACE Program –
Program of All Inclusive Care for the Elderly
- Currently serving **1401** frail elders in Multnomah, Washington, Clackamas, Clatsop and Tillamook Counties, OR
- 97% are dually eligible – Operational for 27yrs
- 9 Health and Social (PACE) Centers
- 1 ALF and 2 Residential Care Facilities
- 124 PACE programs in 31 states

Scope of Our Program

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

40+ years of experience managing medically complex care with
capitation

Scope of Our Program

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 organization are health care providers, not just insurers

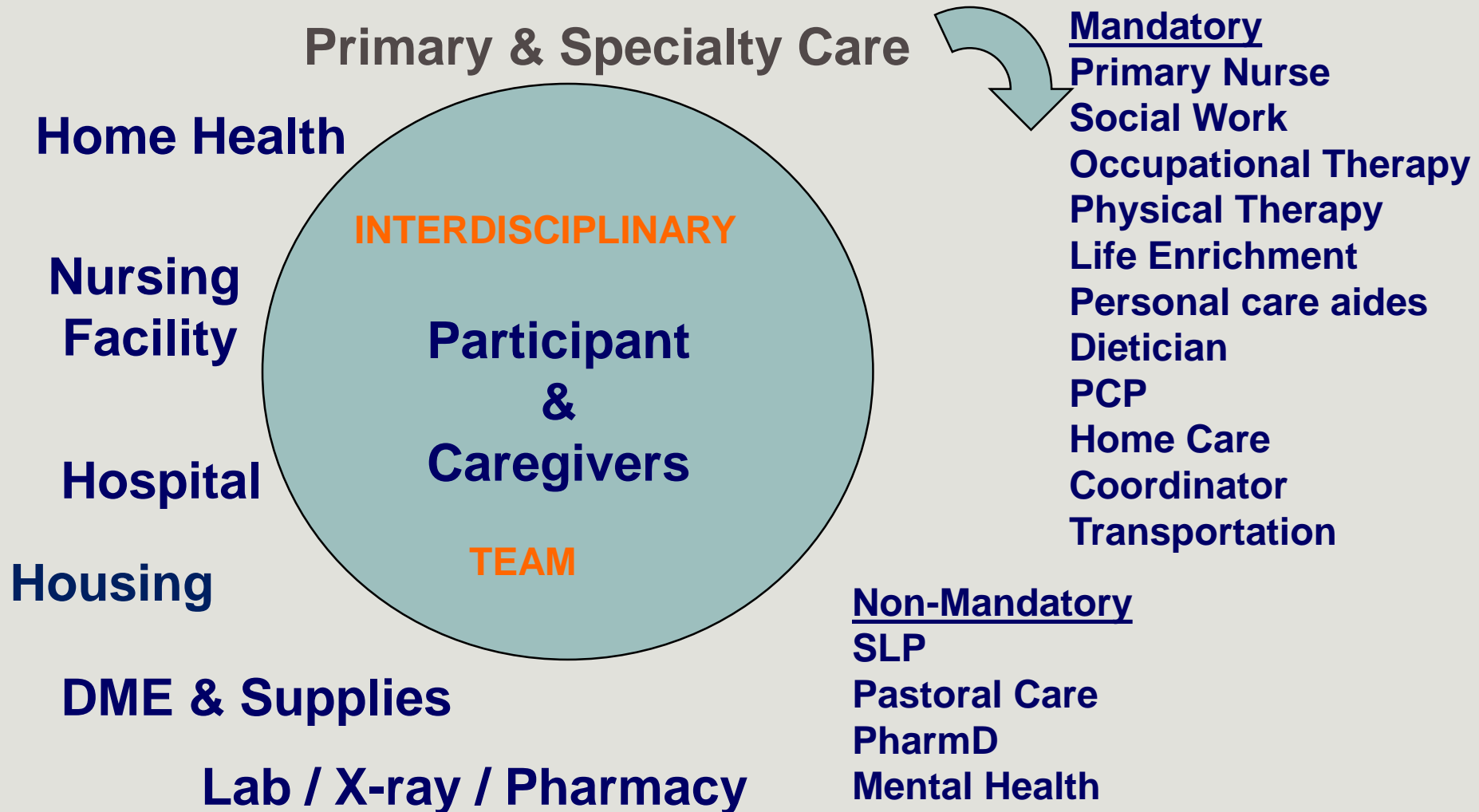
Fully accountable for cost AND quality



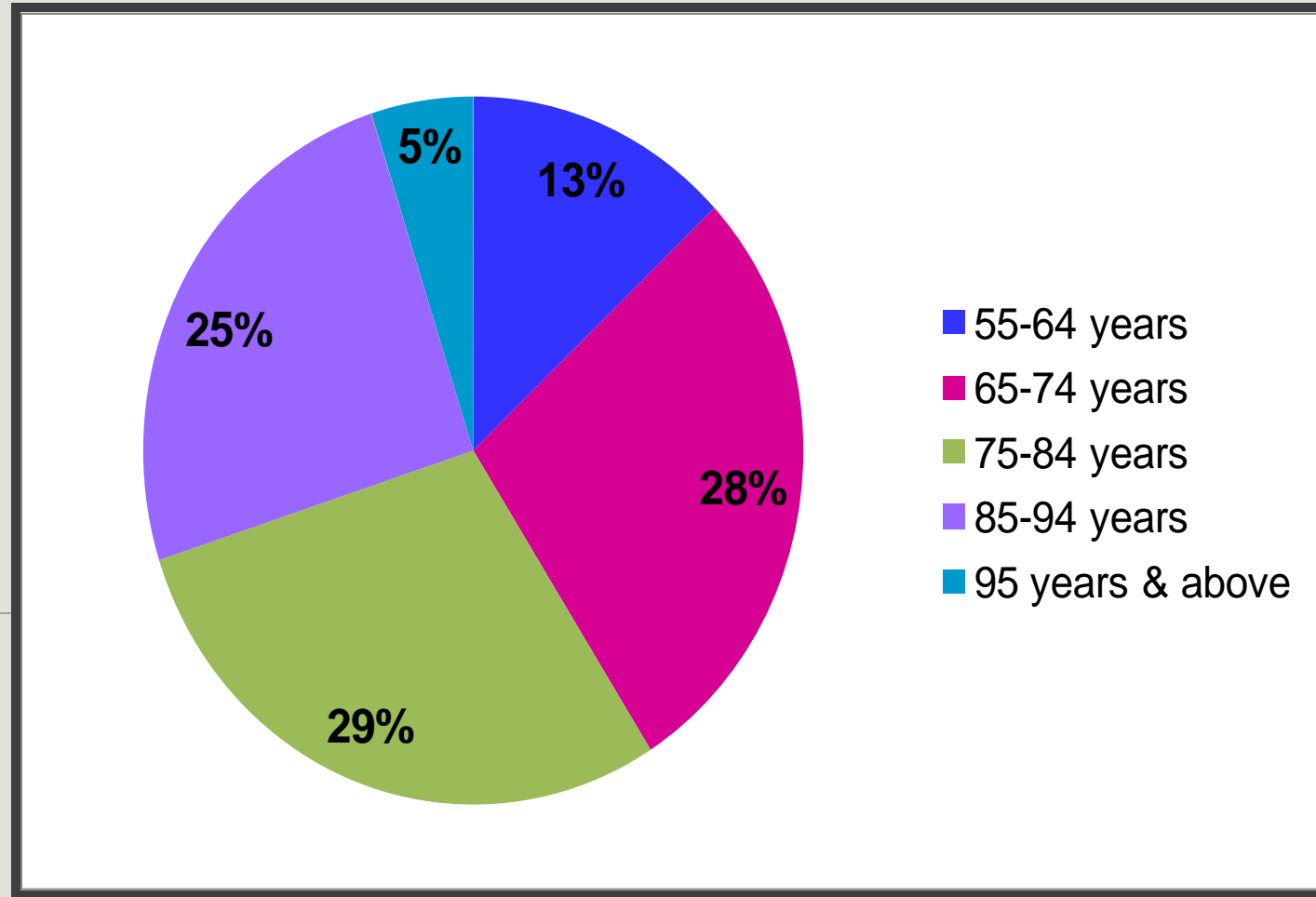
Who Does PACE serve?

- 55 years and older
- Nursing Facility eligible
- Able to live in the community
- Reside in our service areas

ElderPlace Care Model



Participant Age - December 31, 2017



ElderPlace Participant Characteristics

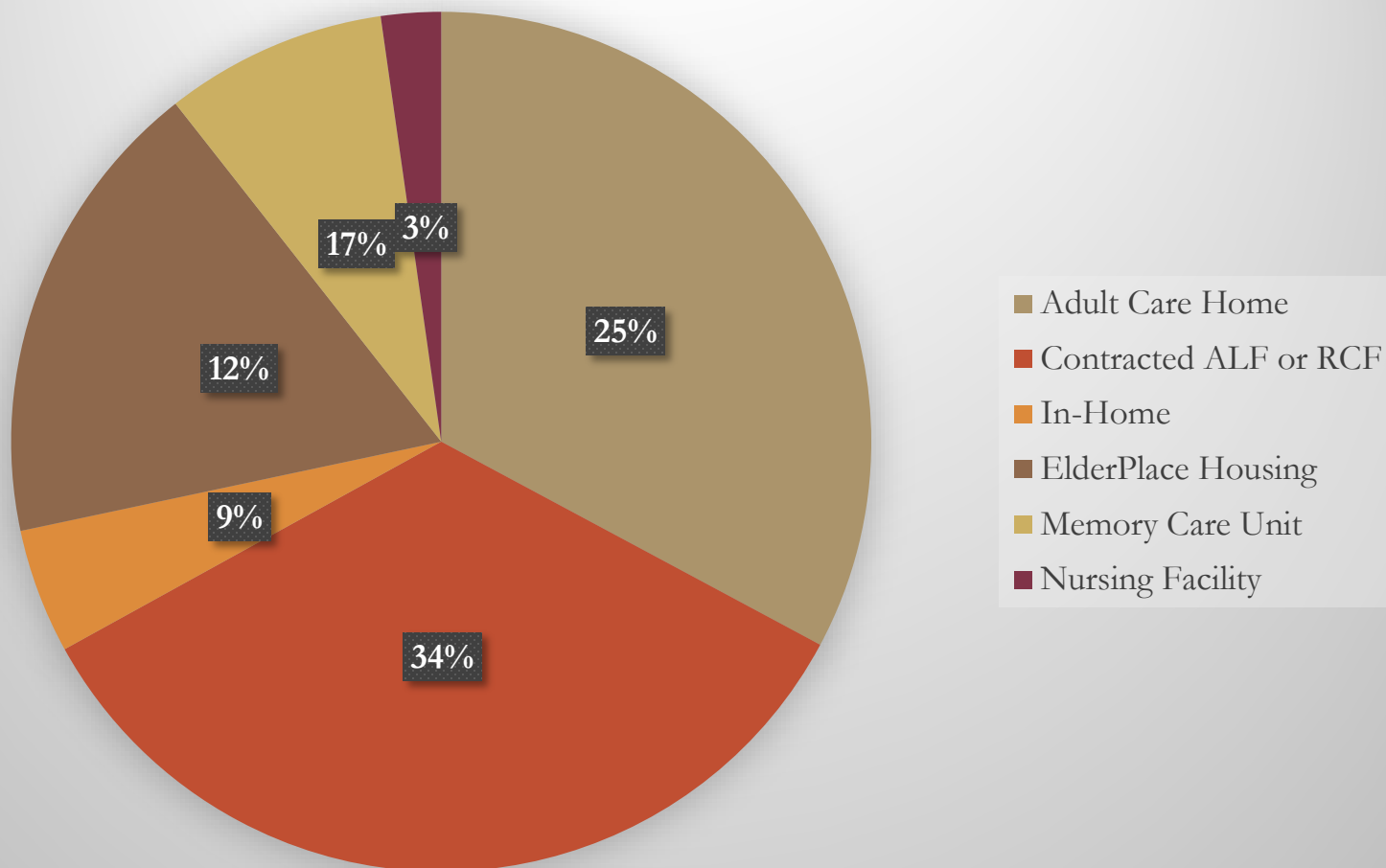
- Average age 78 yrs
- Average length of time in EP 3.9 yrs
- Participants with dementia diagnosis 72%
- Participants with mental health diagnosis 69%

DataPACE 2 comparative stats 2017

	PEP- OR	NPA Peer Group
Permanent Nursing Home Placement	2.26%	4.69%
% Medicaid enrollees w/ 5-6 ADLs	52.4%	35.85%
Average Age	78.00	76.73
Years in Program	3.53 years	2.48 years

HCC (Diagnostic) Category	PEPP %	All PACE Programs %
Drug & Alcohol Misuse	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

Participant Living Situation 2017



PACE is responsible for all Medicare & Medicaid benefits. We receive capitated, prospective payment.



PEP-OR employs nurse practitioners and physicians board certified in internal medicine, geriatrics and/or palliative care.

PACE Center
activities offer
opportunities for
socialization.

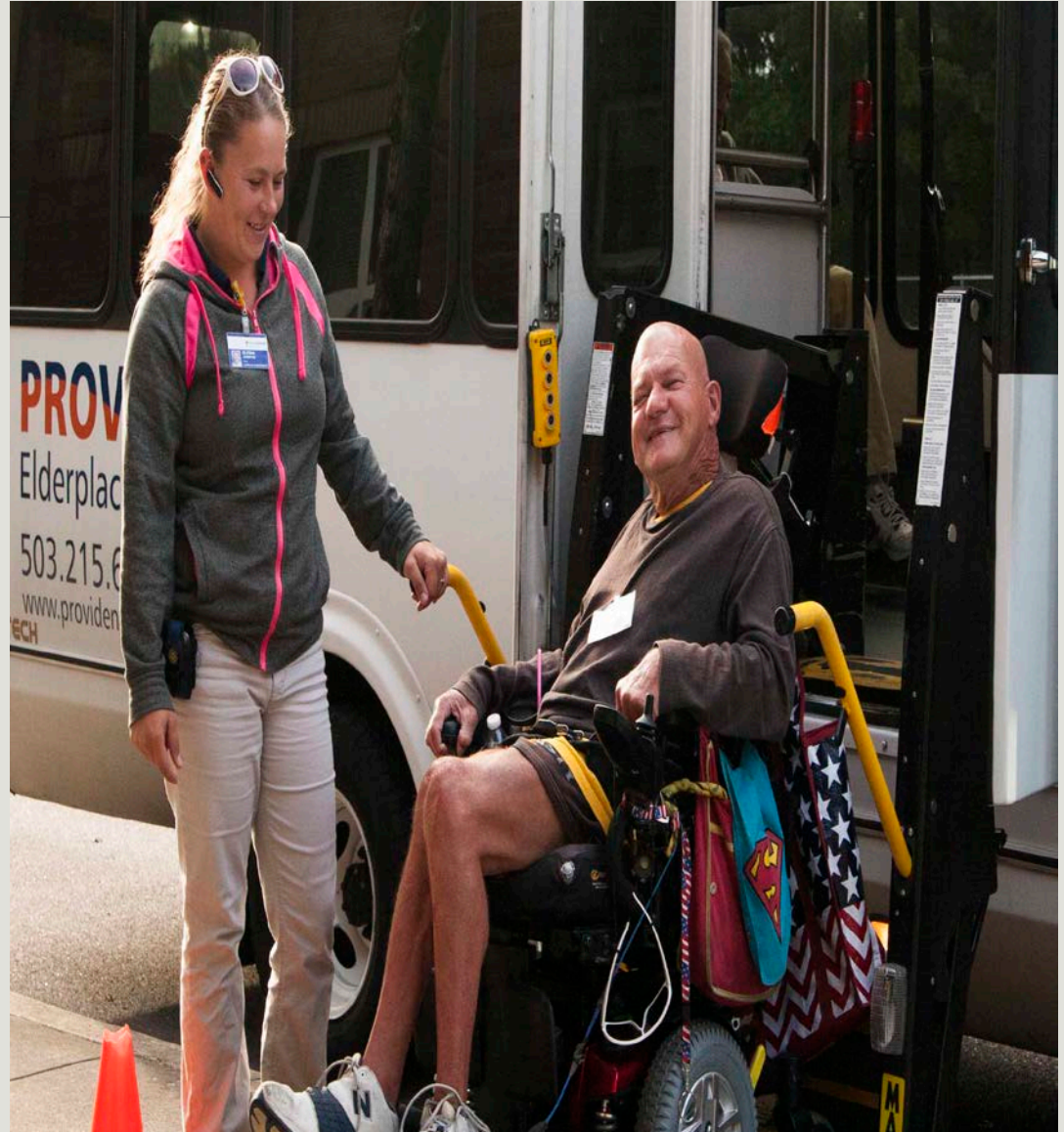
Addressing
isolation in a
meaningful way for
our elders.



Transportation is a vital
component of the PACE
program.

Assuring access and compliance
with medical care.

This is especially challenging in
rural settings



PACE serves individuals across the continuum.



PACE focuses on prevention and maintaining function.

PEP-OR sites currently range in size from 69 to 378 participants. Our newest site is in Beaverton, OR.



PACE program offers
intensive social work case
management.

Social Workers offer
mental health counseling;
coordinate D/Cs &
transfers; assist in
accessing resources; are
instrumental in
end of life care.

We staff at 1 MSW: 65
participants.

Integrated Mental Health Services

- *Intake and Enrollment consultation and transition planning
- *MH embedded in unique way with primary care
- *MH treatment integrated into overall POC
- *PHQ-9 screening q 6 months
- *Site groups-changes group, chronic pain, life skills etc

ElderPlace Mental Health Team

PMHNP

LCSW-Mental Health Case Manager

Consulting Psychiatrist

Contract providers:

- Behavior Specialist Support, Neuropsychologist



Participants have improved health status & quality of life, lower mortality rates, increased choice in how time is spent, and greater confidence in dealing with life's problems.

(Recent Abt Associates Study)

Outcome from Price, Waterhouse, Cooper Actuarial Report of 2006 – ElderPlace is 86% of avg. LTSS costs for comparable population in Multnomah County.

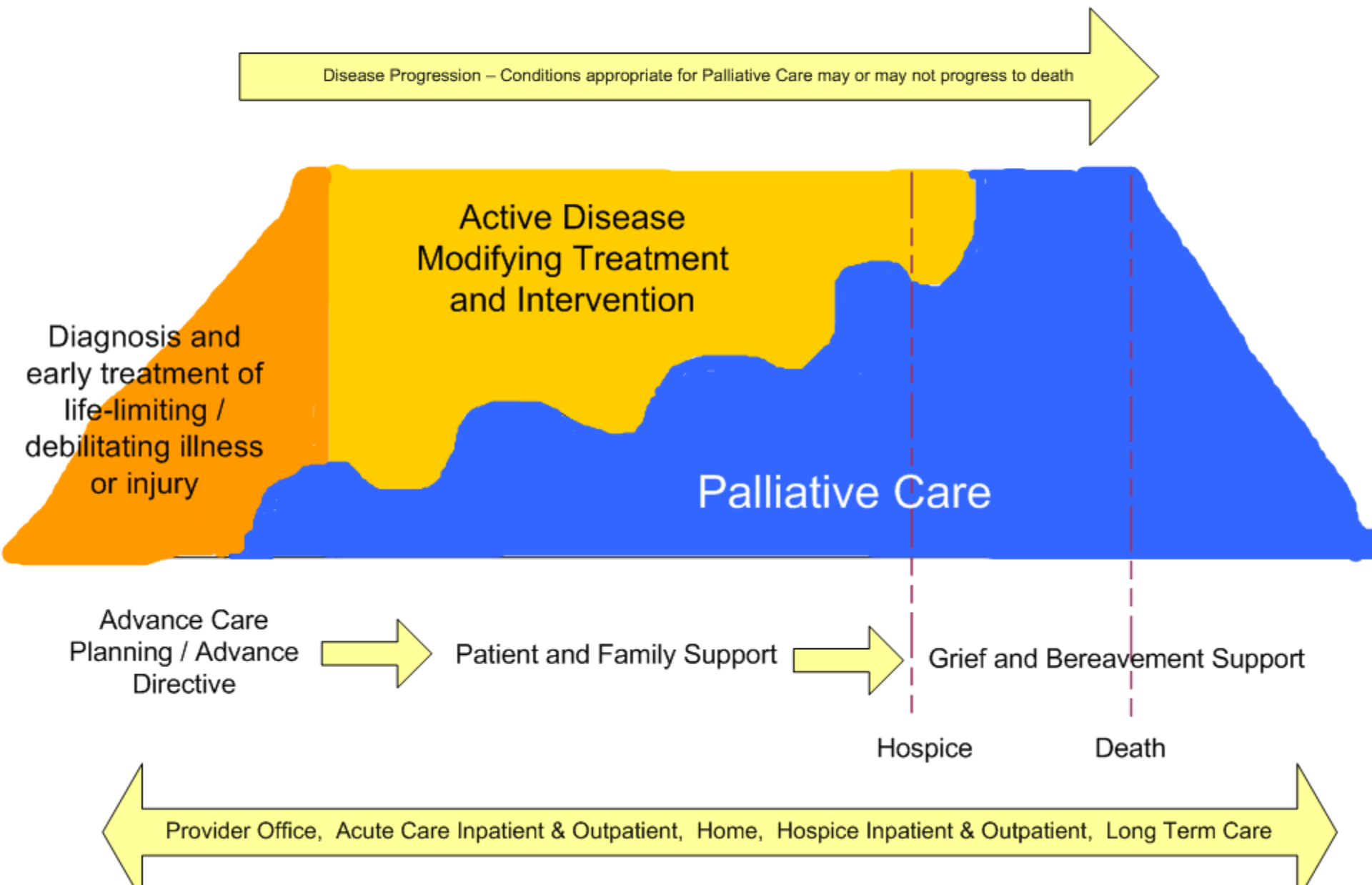
Providence ElderPlace provides palliative and
end of life care to our enrollees

236 Deaths Occurred in 2017

- 95.8% had POLST forms delineating wishes
- 93.4% had POA for health care
- 89.4% were receiving palliative care at death
- 98% had bereavement follow up

(*Q1 – Q4 2017 averages)

Providence Palliative Care



Quality and Outcome Performance

Palliative Care at death (Goal $\geq 75\%$) 90.7%

POLST Completion Rate ($\geq 95\%$) 96.1%

Power of Attorney Health Care ($\geq 80\%$) 95.7%

Pneumovax ($\geq 95\%$) 95%

Influenza ($\geq 95\%$) 95%

30 Day Unplanned Readmissions ~ same cause ($< 10\%$) 6.4%

Pressure Ulcer Prevention(95%) 99%

Q1 2018 Results

Staying Healthy

Provider Access

80% of participants see their Primary Care Provider or PCP (physician or nurse practitioner) each month

- ElderPlace averages 2 visits per month
- Medicare averages 5 visits per year
- Average caseload for EP PCP is 116 participants

Staying Healthy

93% of participants see their RN in the clinic each month

Participants see their Social Worker on average 4 times per month

Direct Care Access

Participants, families, caregivers have direct access 24 hours per day/7 days per week

Satisfaction Measures

Participant Satisfaction - Overall – 92.4%

- Based on interview of 359 participants - 2017
- Completed annually

End of Life Overall Satisfaction - 92%

- 2016 – 58 Surveys completed - instrument mailed 6 weeks after death
- Completed q 2 years

Family Satisfaction “Would Recommend” -94%

- 2016 – Annual mailed survey with 112 Responses
- Completed q 2 years

* percentages include agree + strongly agree

Supplemental Payments for Performance Incentive Measures

Measure	Target	Current Quarter Results (Q1 2018)	Met ?
Palliative Care identified at time of death	Equal or > 82.5%	90.7%	Yes
Participants with a Dementia Diagnosis are prescribed a Dementia Specific medication	Equal or > 50%	51.27%	Yes
Percentage of population with an ICF stay greater than 90 days	< 3.5% of total population served	1.9%	Yes
Emergency Department Follow-up by PCP/ MHNP/ RN	Equal or > 75%	96%	Yes
Pressure Ulcer Prevention	Equal or > 98%	99%	Yes

Providing PACE in a Rural Setting

- Providence ElderPlace North Coast –
Opened – April 2015
- Currently serving **72** frail elders from Astoria to North Tillamook Counties, OR
- Established a small PACE Center on Hwy 101
- **Collaborate closely with Providence Seaside Hospital and Providence Medical Group**

Our North Coast Rural Experience

Community

- ❑ Routine meetings with RCF & ALF housing partners, NF's, NWSDS, Networking groups
- ❑ Primary referral sources include housing partners, NWSDS, local hospital care management, local providers, local home health agencies, walk-ins
- ❑ Positives
 - Small town feel
 - People know each other – participants / staff / families
 - Work very closely with fewer partners
 - High volume of potential referrals with limited services and demographics
 - Ability to provide our services and transportation to a rural population in need

Our North Coast Rural Experience

Community Physician Waiver

- ☐ CMS approved a waiver to allow us to use local Providence Medical Group Physicians
- ☐ Has allowed participants to keep their physician
- ☐ Have supported us when we had vacant provider position
- ☐ Have folded our program / participants into their after hours coverage
- ☐ Challenge with their involvement with care planning and completing the Epic Care Plan ~ a CMS requirement
- ☐ Relationship with our permanent provider has been / is KEY
- ☐ In surrounding areas ~ other health systems not covered by waiver ~ challenges with having prospective participants change providers

Our North Coast Rural Experience

Rural Experiences / Challenges

Geography

- ❑ Significant geographic spread limits access ~ RN, SW, NP visits in the community take away from staff being in center / clinic ~ fewer community visits & lots of costly windshield time
- ❑ Geographic spread extends participants time on bus

Living Situations

- ❑ Limited adult care homes
- ❑ Cost of rentals is prohibitive ~ affordable = poor condition / area of town
- ❑ Affordable hotel rooms not equipped adequately
- ❑ Rentals don't allow recommended home modifications
- ❑ High turnover in residential, assisted living, and nursing facilities

Our North Coast Rural Experience

Rural Experiences / Challenges cont.

Staffing

- ☐ Fortunate initially with fairly good retention
- ☐ Low candidate pools for new positions needed for growth
- ☐ Challenge filling on-call positions

Working with hospitals ~ primarily one Providence and one external

- ☐ Not familiar with model
- ☐ Different electronic health records outside of Providence
- ☐ Support of local Providence hospital has been key sharing staff in kitchen, rehab, home health, facilities and dieticians
- ☐ Referrals from area hospitals
- ☐ Routine meetings / communication / collaboration

Our North Coast Rural Experience

Rural Experiences / Challenges cont.

Other

- ☐ Lack of housing options occasionally results in moves to Portland
- ☐ Some specialty services not available, which results in high cost transport
- ☐ Occasional hospitalizations in Portland costly, and also result in NF stays in Portland
- ☐ Growth ahead of target ~ business plan was 80 in 5 years
- ☐ Performance exceeding targets, financially, quality, utilization

Dialogue



PACE

For more information about PACE do the following:

Visit www.npaonline.org on the web. This website is sponsored by the National PACE Association.

Visit www.medicare.gov/Nursing/Alternatives/PACE.asp on the web.

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

www.providence.org/elderplace