

The MediCaring Communities Reform

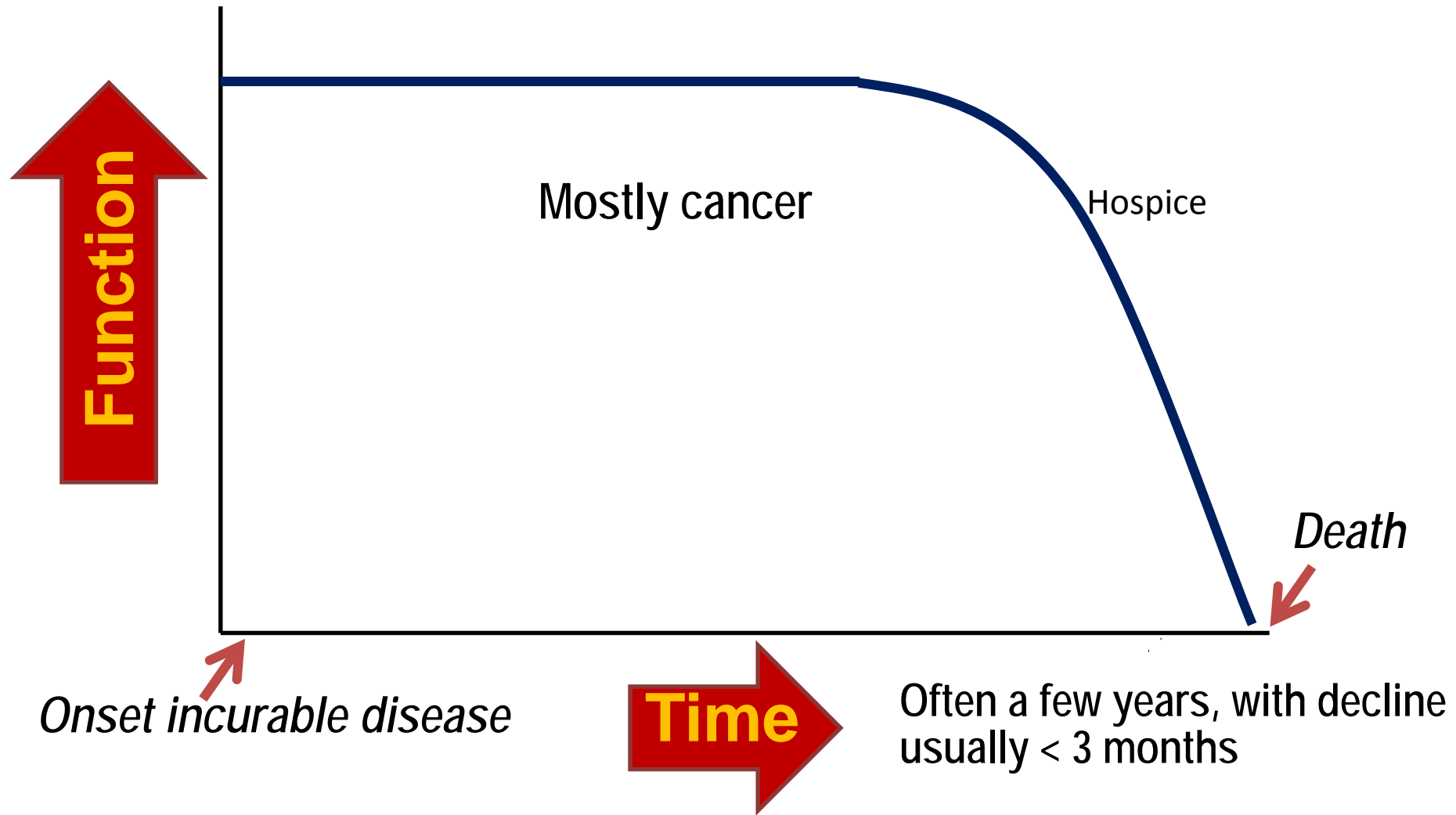
Building from PACE

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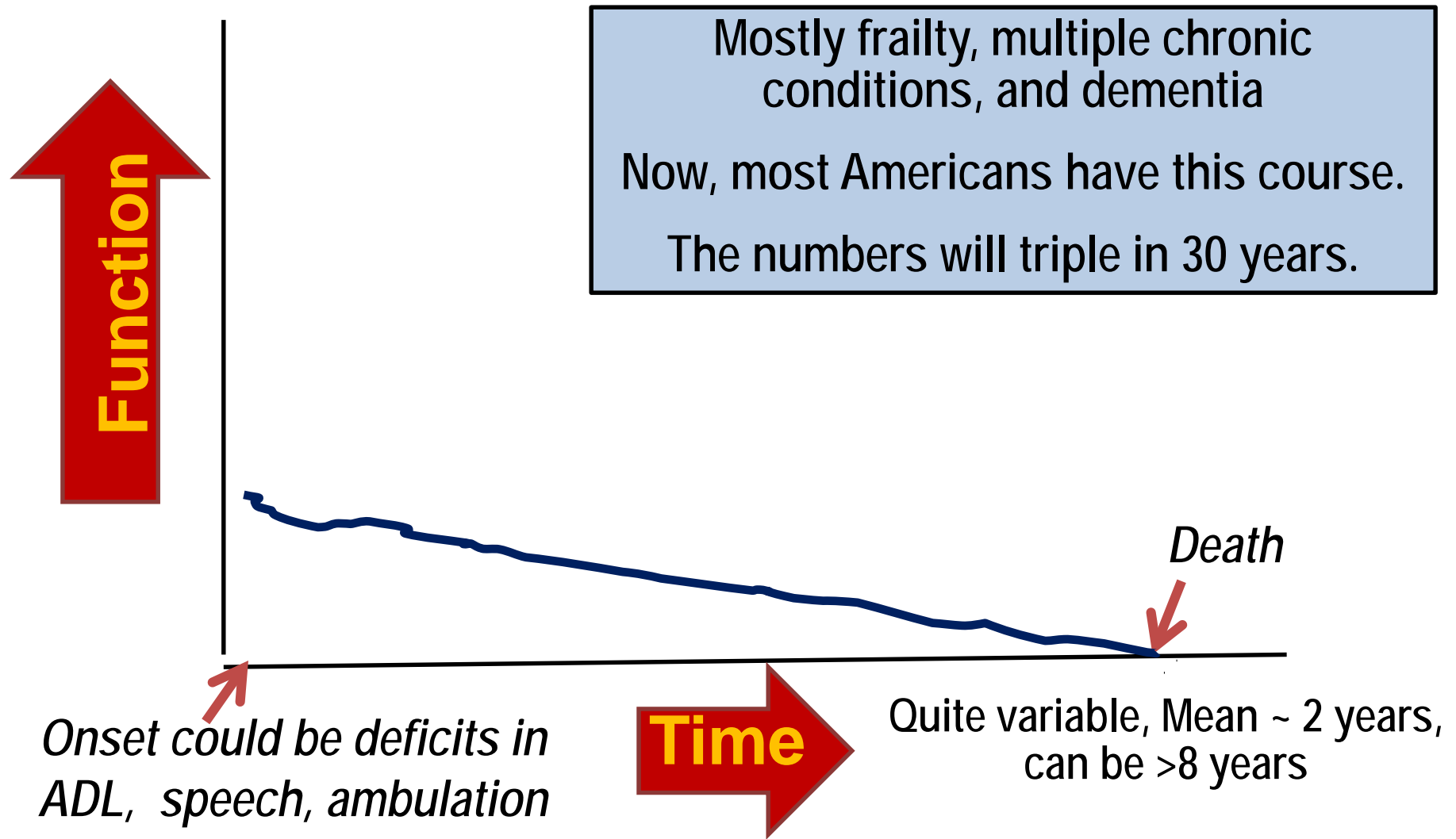
Director

Center for Elder Care and Advanced Illness

Single Classic “Terminal” Disease



Prolonged dwindling



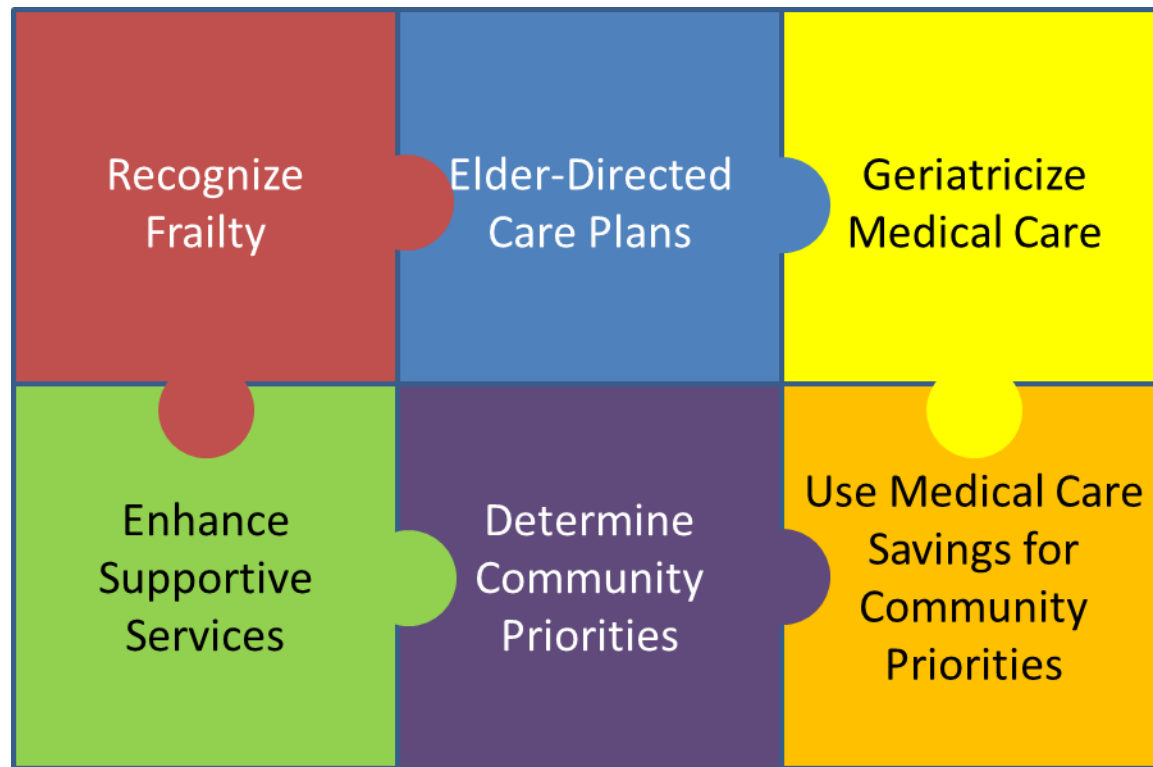
Sad Tale – NY Times Sept 28, 2014

Fighting to Honor a Father's Last Wish: To Die at Home

By NINA BERNSTEIN SEPT. 25, 2014



The MediCaring Community Components



J Lynn, [MediCaring Communities: Getting what We Want and Need in Frail Old Age at an Affordable Cost.](#) Altarum Institute, 2016. Available on Amazon.com

Frail Elderly People Need Some New Spending...

\$ Housing

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\$\$\$

\$ Nutrition

\$ Personal Care

\$ Caregiver training, respite, income

\$\$\$

\$ New drugs and other treatments

\$\$\$

Where will it come from?

\$\$\$

\$\$\$

My Mother's Broken Back



“The Cost of a Collapsed Vertebra in Medicare”

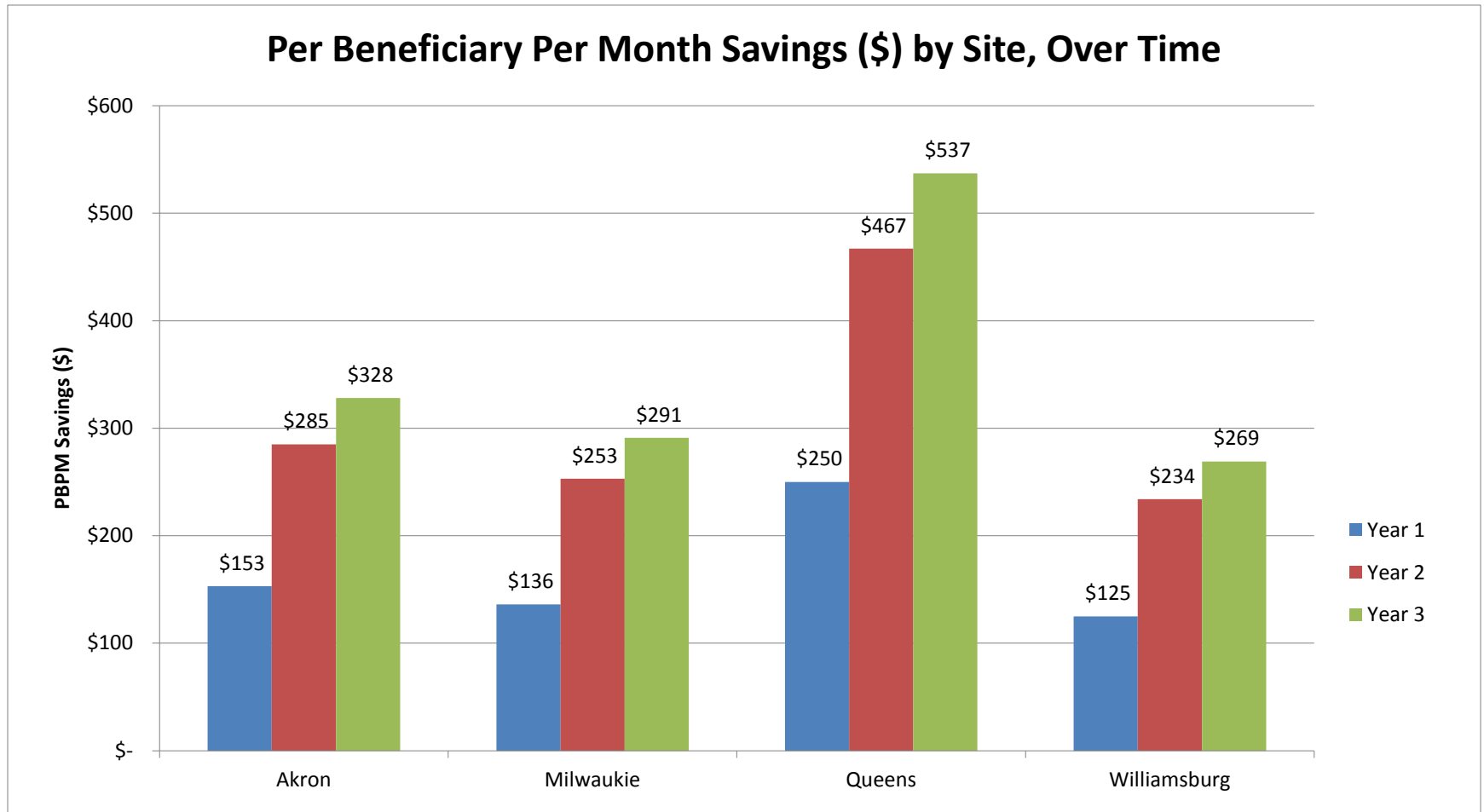


[Better Care & Lower Cost] for Advanced Illness

- PACE – 75% lower hospitalizations; 14% lower nursing home
- Aetna Compassionate Care – 22% lower net costs
- GRACE – net savings 23%
- Independence at Home – saving \$3070 per person per year
- Sutter's AIM – Medicare saved \$760 per person per month
- Veteran's HBPC– VA + Medicare costs reduced 11.7%

Summary in J Lynn, [MediCaring Communities: Getting What We Want and Need in Frail Old Age at an Affordable Cost](#). Altarum Institute, 2016, pp 57-66.

MediCaring Communities Financial Simulation

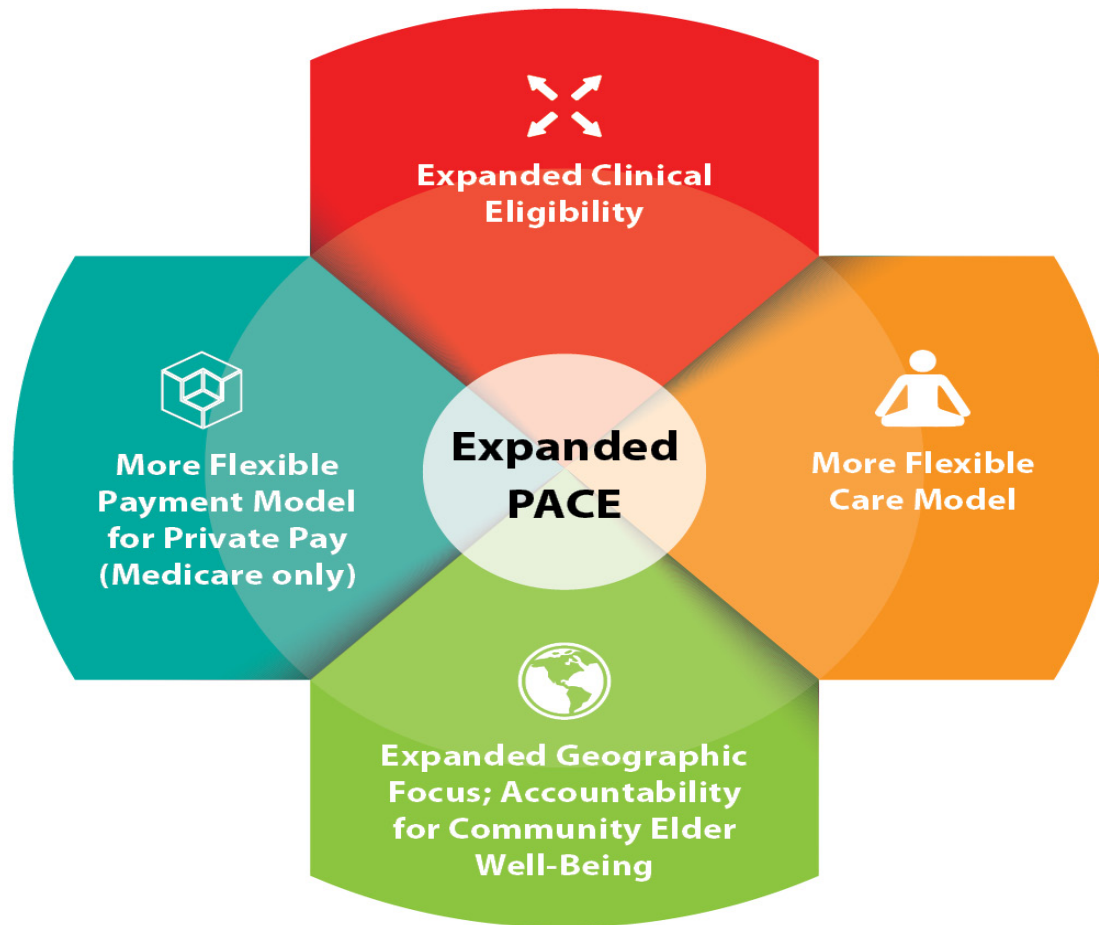


<http://www.milbank.org/the-milbank-quarterly/early-view-articles>

Piloting the MediCaring Community

- Use a flexible “Accountable Care Community”
 - Serve all eligible and willing frail elders
 - Define geographically
 - Account for co-existing shared savings models and demos
- Many communities with leadership organizations interested
 - Raising start-up funds appears feasible
 - Best practices emerge from testing in diverse settings
 - Can build revenue model from MCO, ACO, SNP, or PACE, with waivers
- Successful piloting requires
 - Rapid cycle improvement with technical assistance
 - Sustaining the endeavor through shared savings

Components of the Frail Elder Expanded PACE Program



	MEDICARE ONLY	DUAL ELIGIBLE	MEDICAID ONLY
ELDER NEEDS NURSING HOME LEVEL OF CARE	Expansion #1: Poor, but not in Medicaid Not usually possible in current PACE Expansion #2: Adequate Assets Possible but rare in current PACE	Current PACE	Current PACE Small numbers
ELDER HAS WORSENING DISABILITIES BUT DOES NOT NEED NURSING HOME LEVEL OF CARE	Expansion #3	Expansion #3	Expansion #3 Small numbers

The Opportunity to Care for the Pre-Dual Medicare Only Population



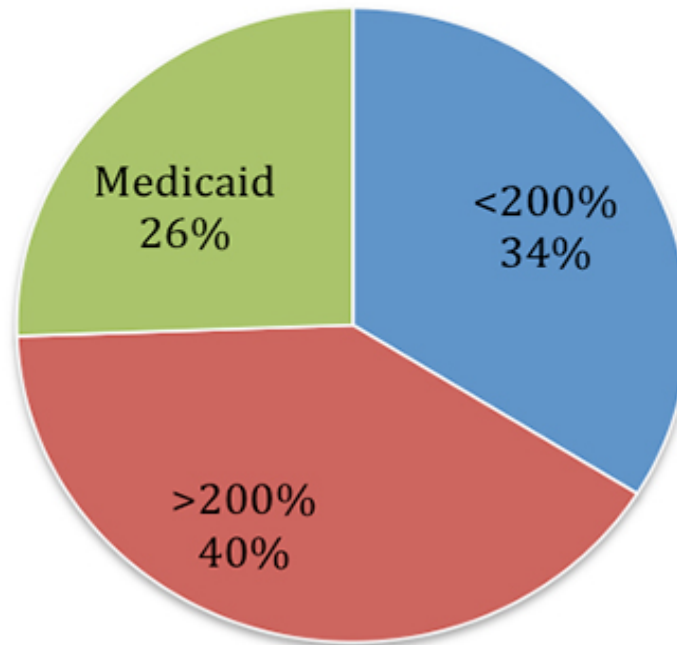
**Increasingly frail, needing ready access to comprehensive care and coordination --
Many are not eligible yet for nursing home level of care; virtually all have Medicare, but many not yet financially eligible for Medicaid.**



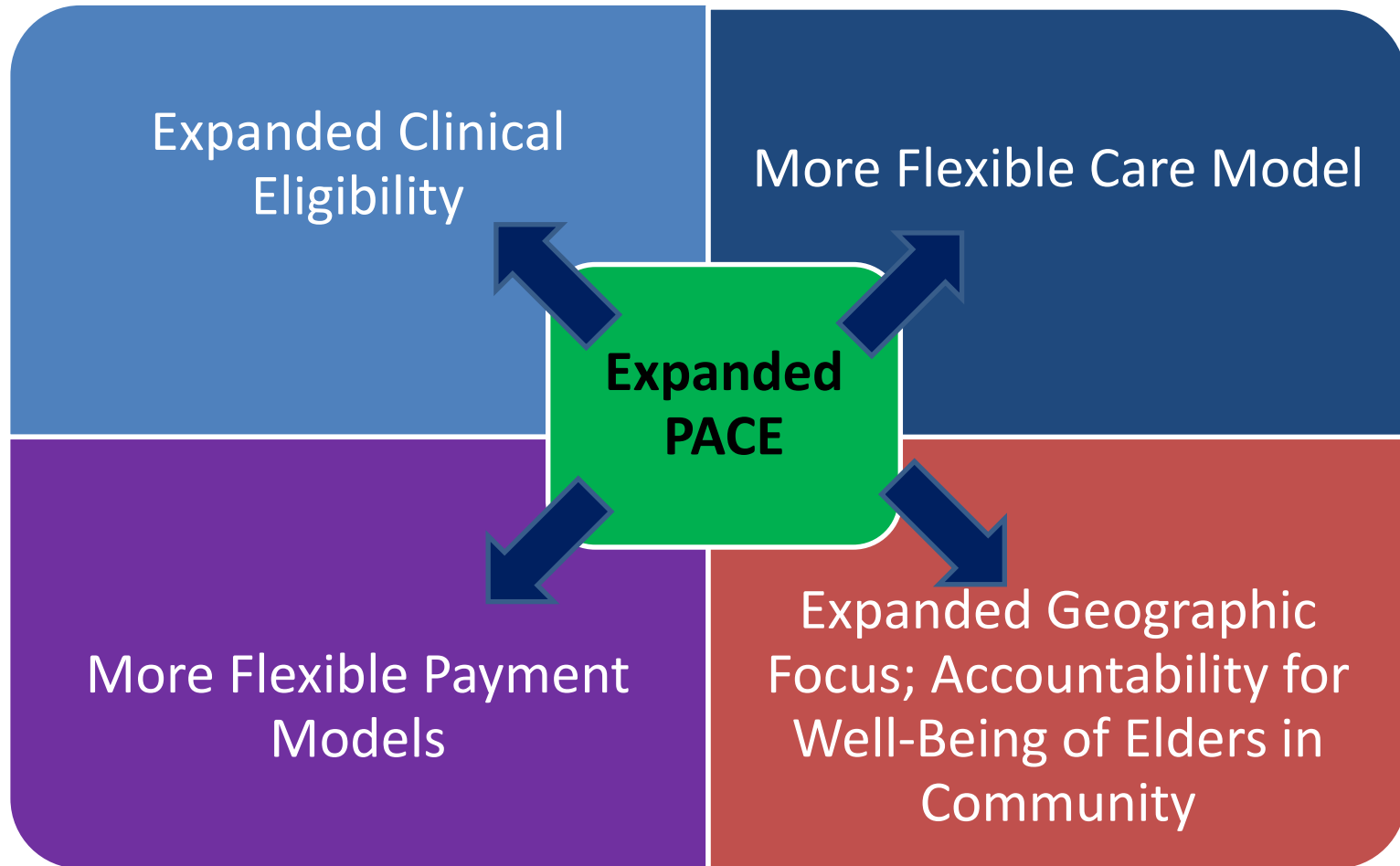
These patients can pay privately for risk-stratified LTSS services.

Medicare “Help at Home” (Davis, Willink, Schoen)

**Poverty Distribution of those with
Integrated Care Needs**
**19% of Medicare Beneficiaries Have Integrated Care
Needs**



Components of At Risk PACE Expansion



A Proposed Set of LTSS Tiers



Tier 0

- Introductory package with comprehensive assessment, care planning and navigation
- Available to Medicare beneficiaries for a modest fee (before PACE enrollment)



Tier 1

- Ongoing comprehensive assessment, care planning, navigation, caregiver training and support, medication management
- Short-term day care, short-term respite, adapted transportation, 24/7 on call assistance



Tier 2

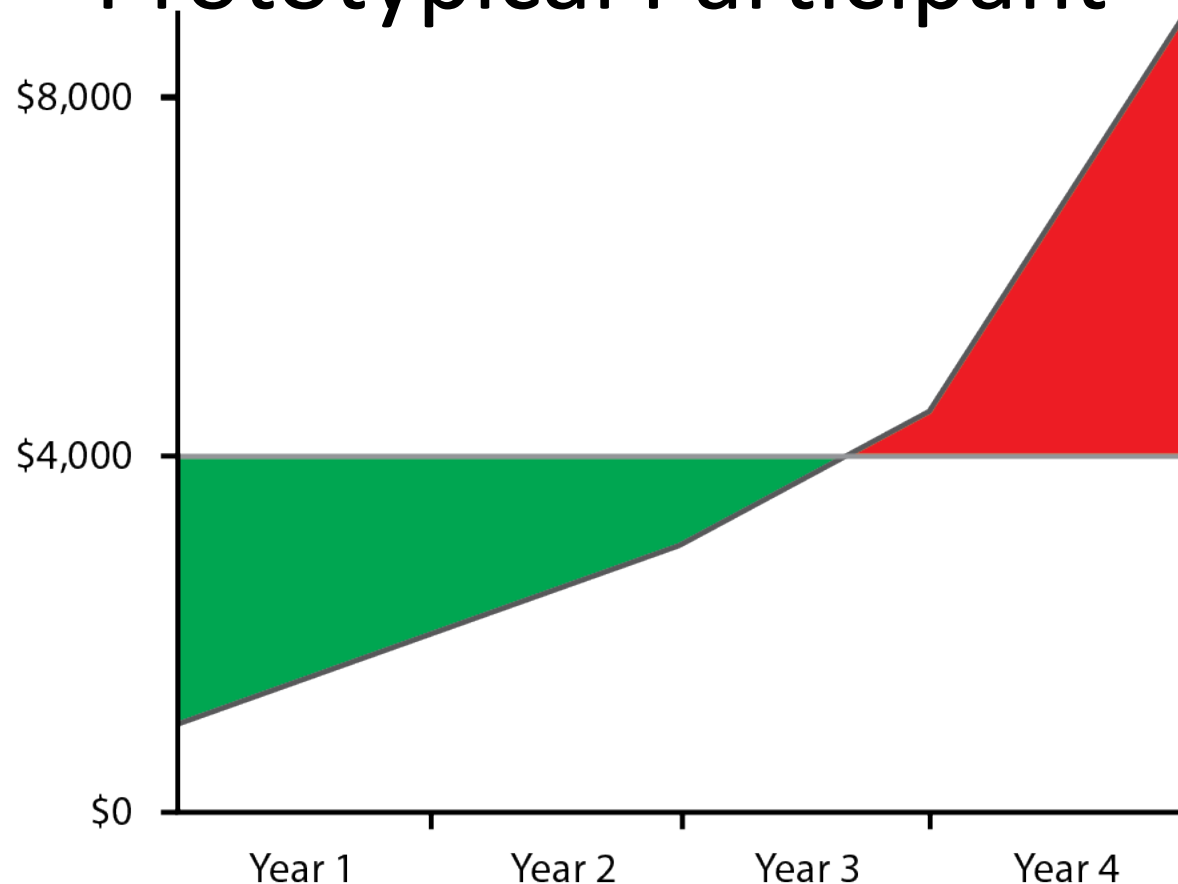
- All of the above plus personal care services of up to 45 hrs per week, including regular day care
- More bundles or a menu for some services may be better



Tier 3

- All of the above plus personal care of more than 45 hours per week or long term nursing home placement

PACE Medicaid Revenue, Prototypical Participant



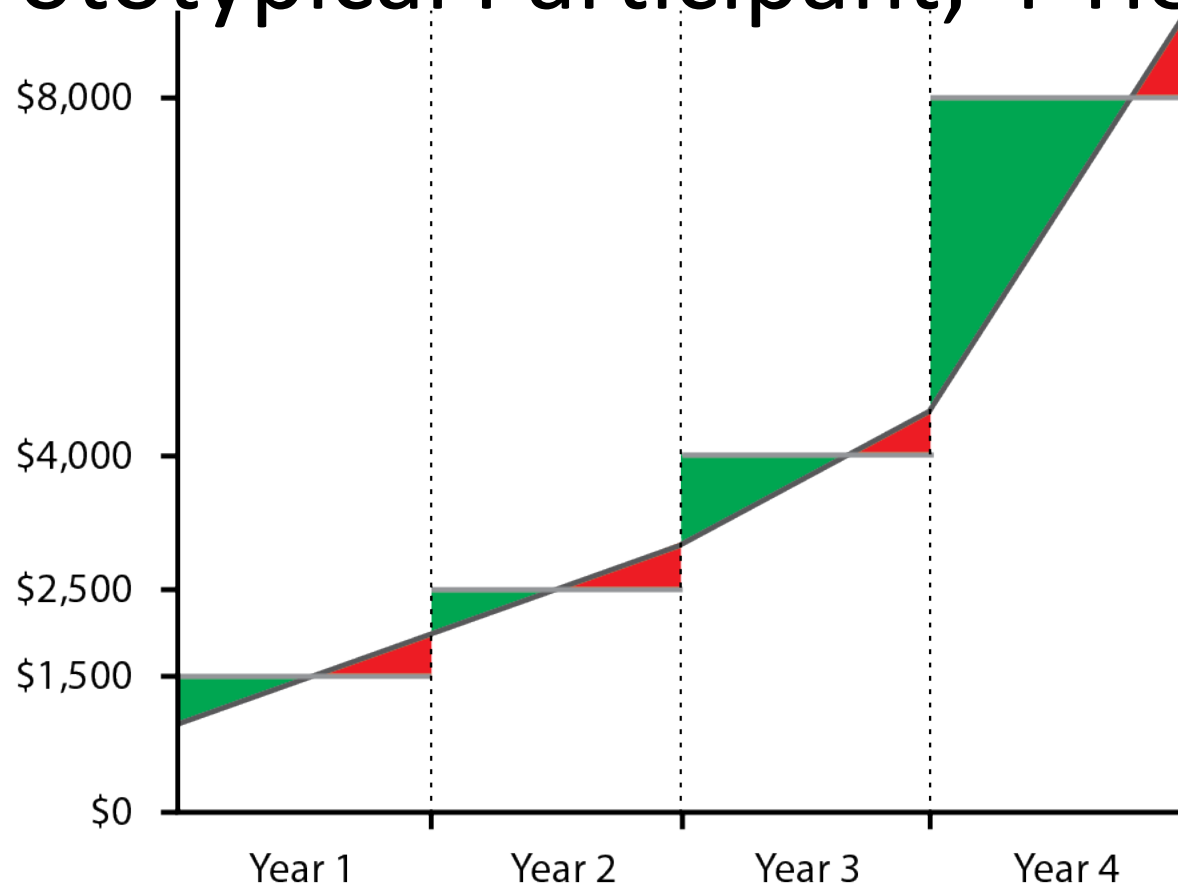
Green area = PACE retaining revenues

Red area = PACE spending more than current income

Aim – do a little better than balancing

PACE Private Payment Revenue

Prototypical Participant, 4 Tiers



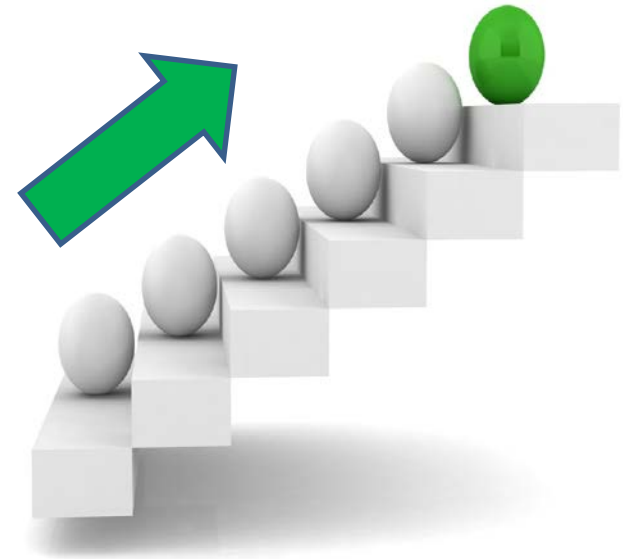
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Next Steps to Operationalizing PACE Expansion

- Working with National PACE Association, interested states, PACE organizations, Aging Network, other experts and stakeholders to garner support
- Either get waivers or
- Work with MCOs or ACOs
- Get the first few sites operational
- Learn and evaluate!



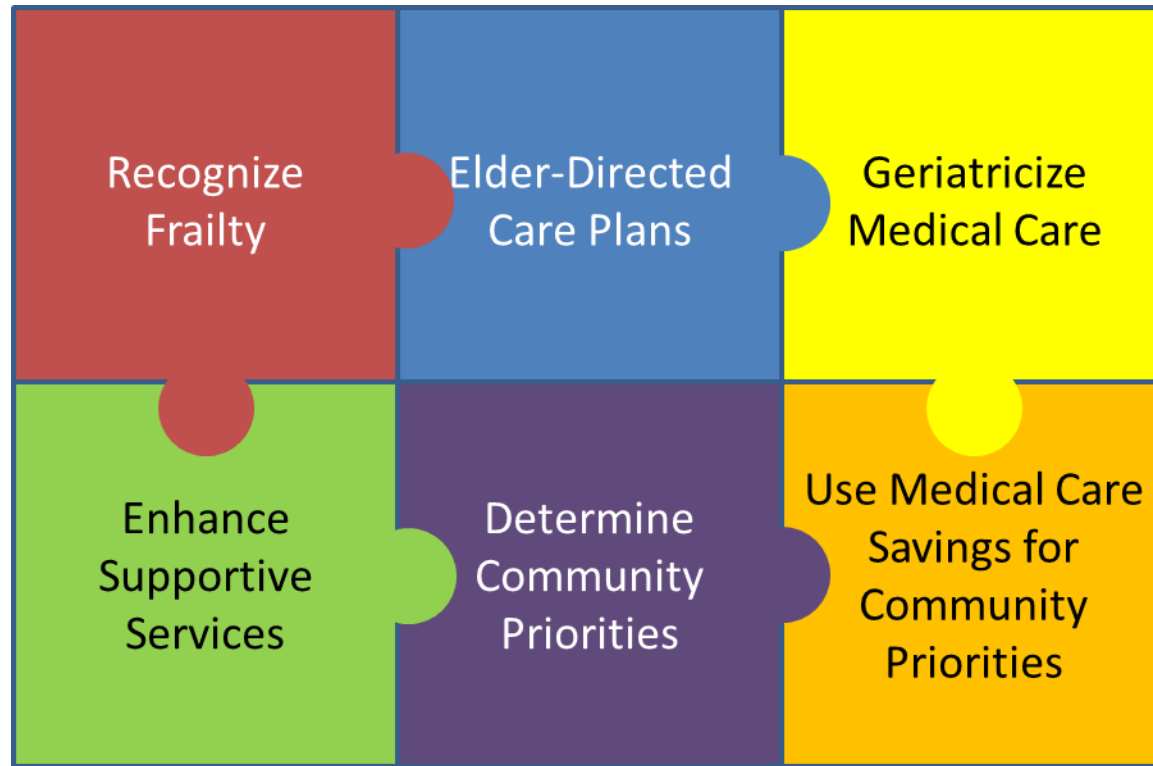
PACE Expansion: Broader Effects

- Savings from careful use of high-cost Medicare services would be used to address:
 - Service supply gaps and quality problems
 - Workforce development
 - Community planning and management, dashboard implementation
- State savings would accrue from slowing Medicaid spend-down rates
- Frail elders (Medicare-only and duals) would have longitudinal, integrated care plans, more flexible service availability, and slower spend-down, enhancing the last years of life

PACE to Anchor MediCaring Communities

- *Enabling all frail elders and their families to get long-term care services, mostly at home*
- *Delivering and/or managing services that reflect each elder's situation and goals*
- *Supporting an independent community board that reflects community priorities on behalf of community-dwelling frail elders, and monitors progress*
- *Re-investing savings from better medical care and the effects of adequate social supports in community priorities.*

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**Interested in Research in this Area,
Or in Broad ElderCare Reform
in Your Community?**

Contact us!

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