Center for Elders’ Independence

PACE
Program of All-inclusive Care for the Elderly

Peter Szutu
CEO
What is PACE?
Program of All-inclusive Care for the Elderly

Aging in Place
- Alternative to a Skilled Nursing facility

Interdisciplinary Team Approach
- Physician, RN, Therapists, Dietitian, Social Worker, Home Care, Activities, Transportation, Specialists, Psychiatry

Comprehensive Care Plan
- Updated every 6-months
What Services Does PACE Provide?

Everything is Covered
No Shell Game Here!

100% Risk-Based
Capitated Program
Predictable Cost to State/Fed Gov’t
Dual Eligibles (medi/medi)
Pay No Out-of-Pocket Cost
Pre-Existing Conditions Required
Who does PACE Serve?

Must be 55 years of age or older

Be certified by the state to need nursing home-level care

Typical PACE participant similar to a nursing home resident

- She is 80 years old
- 7.9 medical conditions
- Limited in at least three activities of daily living (ADLs)
- 49% have been diagnosed with dementia

79 PACE programs in 29 states
Evolving Health Care Industry

Current Landscape for Health Care

- Fragmented, Silo-based Care
- Provider Driven Demand
- Misaligned Payment Incentives: Fee-For-Service System
Evolving Health Care Industry

Future Landscape for Health Care

• State and Federal Goal-Triple Aims:
  – Improved Outcomes
  – Lower Costs
  – Improved Patient Satisfaction

• Solution: Enhanced Care Coordination
Care Coordination

Lessons Learned From PACE

- Patient Centered
- Fully Integrated-BH/SU/PH
- Payment Reform that Incentivizes Wellness
- Capitated, Full-Risk Continuum of Care
State’s Solution to Health Care Reform

- Duals and SPD Enrollment into Managed Care – Alameda Alliance, Blue Cross, PACE
- Dual Pilot Initiative
  - To be launched in 2012 in 4-10 Counties
  - All Duals in Managed Care by 2015
Alameda Alliance for Health – Dual Pilots Initiative

Participating Plan Partners – Steering Committee

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<th>Kaiser SNP</th>
<th>Health Net SNP</th>
<th>Alliance SNP</th>
<th>Alliance FFS</th>
<th>CEI PACE</th>
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- Single Point of Entry – No Wrong Door
- Common Assessment Tool
- Full Continuum of Care
AAH Dual Pilots Initiative

Single Point of Entry → Common Assessment Tool →
- Option 1
- Option 2
- Option 3
Current Initiative for CEI

Program of All-inclusive Care for the Elderly

Case Management for High Risk Individuals

Risk Based Interdisciplinary Care Model

High Utilizers / Disabled / Chronic Conditions of All Ages

Specialized Managed-Care Preventive Based Model

Bends Long-Term Care (LTC) Cost Curve
Recommendations for Alameda County

- Facilitate On-going Task Force on Duals
- Support AAH’s Dual Pilot Initiative
- Utilize CEI’s Expertise in Person-centered Care Coordination
- Support PACE Expansion