Looking at PACE…

An Opportunity for Community Health Centers

Presented by: Capital Link & The Galway Group

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Introducing Today's Presenters

- Capital Link
  - Allison Coleman, CEO
- The Galway Group
  - Jack Cradock, Principal
  - Dan Driscoll, Senior Consultant
  - Judy Baskins, Senior Consultant

This webinar is offered as part of the PACE@CHCs training series, developed in collaboration with the National Association of Community Health Centers, the National PACE Association, Capital Link and The Galway Group, with support from The Retirement Research Foundation

Why were you invited to attend this webinar?

- Demographics
- Patients
- Location

What is PACE?

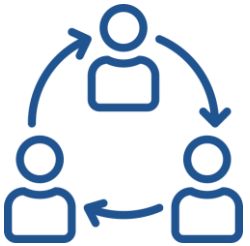
Program of All-Inclusive Care for the Elderly

- PACE is both a service provider and an insurer
- PACE is community-based: an alternative to nursing home care
- PACE is comprehensive: all Medicaid and Medicare eligible services must be provided or paid for
- PACE is a reimbursed through capitation payments from Medicaid and Medicare

Why Would a CHC Consider PACE?

- Mission compatibility
- Diversification of services
- Diversification of funding
- Build capacity to manage risk



How Does PACE Work?

The PACE model provides either directly or through contract:

- Primary Care
- Dental Care
- Behavioral Health
- Specialty Care
- Adult Day Health Center
- Home Care
- Prescription services
- Nutrition and meals
- Physical and Occupational Therapy
- Hospital, nursing home, rehabilitation and hospice services

How Does PACE Work? *(continued)*

The PACE services are provided using:

- An interdisciplinary team that meets daily and is responsible for 150 – 200 patients.
- A continuous process of assessment, treatment and coordination of care among all providers, in house and off site.
- A focus on prevention and maintaining the elder in her/his community.

How is PACE Managed Financially?

- PACE receives monthly capitation payments from Medicaid and Medicare to cover services authorized by the Interdisciplinary Team.
- Some participants must share in the cost.
- PACE can provide needed services not covered by Medicaid or Medicare, e.g., a home wheel chair ramp.
- PACE is financially at risk for the cost of all services. Stop loss insurance is available.

Benefits of PACE

- Documented record of good care outcomes, high level of participant satisfaction and low disenrollment rates.
- All services are closely managed by a team with small patient case load and with input from the elders themselves.
- Services a difficult to serve group but prov a higher level of care than fee for service.
- Greatly reduces nursing home placements.

The Challenges

- Only elders deemed eligible for nursing home level of care are eligible.
- Most PACE patients must leave their community provider and use PACE primary care staff.
- This is a different model of care than typically provided by most CHCs and there is a learning curve.
- PACE operates as both provider of care and as a small insurance plan…new skills needed.
- PACE is financially at risk for the cost of care. Excellent care management is essential!

The Challenges *(continued)*

- Start-up and capital costs can be significant!
- Start-up:
  - Working capital requirements
  - Required reserves
- Bricks & Mortar
  - A PACE Center is required (inclusive of space for adult day health care, a primary care clinic and rehabilitation areas)

Who PACE Serves – Urban and Rural

- 129 PACE Programs nationally, operating 260 PACE Centers
- 112 in Urban markets
- 17 in Rural markets – Wyomia, New York, California, Colorado, Indiana, Texas, North Dakota, Kansas, Pennsylvania, Oklahoma, Virginia (4), North Carolina (3)

Diversity of sponsorships:

- FQHCs
- Tribes
- Home Care & Hospice

Challenges & Opportunities in Serving a Rural Market

Challenges:

- Geographical service area is extensive
- Transportation and use of the PACE Center as a substitute for services and care becomes a challenge
- Access to a workforce in a rural community is challenging

Opportunities:

- Aging population in rural markets do not have access to care and services
- Use of home care and alternative care sites
- Leverage technology
- Use of consumer directed care if allowed by state to employee family members to provide care

New Opportunities for CHCs to formalize relationships with PACE programs

- **PACE Final Rule: Effective as of August 2, 2019**
  - In addition to PACE primary care physicians, expands the definition of primary care provider (PCP) on PACE IDT to include:
    - Community-based Physicians
    - Nurse Practitioners (NPs)
    - Physician Assistants (PAs)
  - The PCP member of the PACE IDT may be a PACE primary care physician, community-based physician, NP or PA
  - Eliminates requirements for staff with direct participant contact to have at least one year of experience working with frail or elderly population upon hire; allows applicants to receive appropriate training from the PACE organization upon hire
  - Eliminates the "primarily served" requirement for all IDT members

How Can a CHC Assess Feasibility?

The staff at Galway Group and Capital Link have decades of experience developing and financing PACE as part of a CHC agency.

- CHCs invited to this webinar have attributes which mean developing PACE may be a good choice.
- Galway Group and Capital Link work with CHCs in assessing feasibility looking at market demand, state regulatory environment, organizational resources and financial capability.
- Once you decide to move ahead to establish a PACE, we can also assist you with the design of your clinical and operational practices and policies; state and federal application development and licensure processes; and capital raising.

Next Steps

Training Opportunities:

- Completed first 2-day “pilot training” in Los Angeles in April
- Hope to offer one or more additional 2-day trainings in the next year

Individualized Feasibility Analysis and Assistance:

- Capital Link and Galway Group would be pleased to speak with you about your assistance needs

Contact Us

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