### **ElderPAC**

- integrated, interdisciplinary team care for 12 years
- combines home and community based services through Philadelphia Corporation on Aging (the Area Agency on Aging for Philadelphia county) with medical care in an IAH-type program (In-Home Primary Care Program)
- ElderPAC team:
  - NP/MD, SW from University Pennsylvania Health System
  - case manager from PCA
  - community nurse from Home Health Agency
- serves both Waiver (dual) and Options (non-dual) nursing-facility clinically eligible consumers

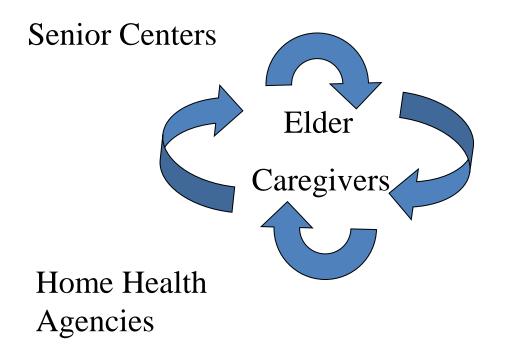
## Question:

- PACE links IDT-driven practice with an integrated financing model to support the IDT.
- EPAC doesn't have a financing model to support IDT integration.

or

Can you get PACE outcomes if you don't have a spare \$5M to start a PACE program?

### Elder-PAC



Philadelphia Corporation for Aging

In-Home Primary
Care Program

### Cement

- Weekly team meeting for In-Home Primary Care Team (NP/SW/MD)
  - Scheduled attendance with Physical Therapist, community Nurse
- Monthly team meeting with PCA
- Care Plans (PCA, Home Health Agency)
- Daily electronic communication: Text, email, phone, EMR

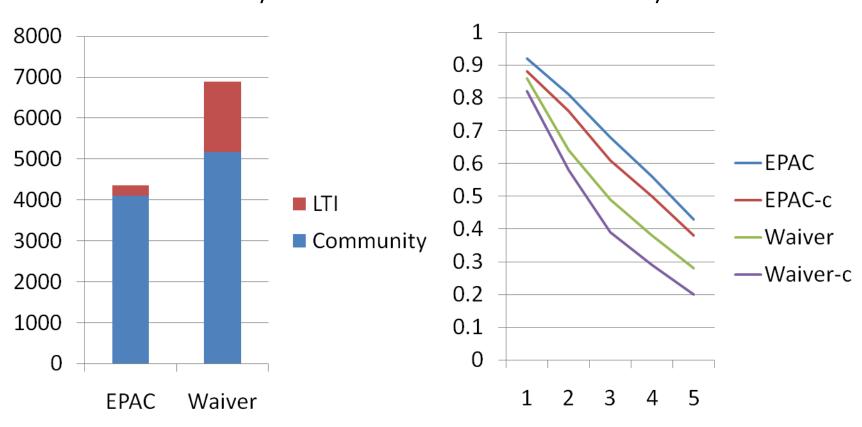
## **Dollars and Cents**

	E-PAC 2 (2004-2009) (N=92/4360 Member-months)	Waiver/Options Controls (N=216/6910 Member-months)
Hospital	3.8 /100 mm	7.2/100 mm
Long-term Nursing Home	5.90%	24.90%
Community Survival/	38%	20%
Survival 5-year	43%	28%
HCBS Care Plan mean cost/month	\$1942+/- 1117	\$1084+/- 477
Est. mean HCC	3.55	n/a
Annual/ 5-yr Total	\$41,962/\$15.3M	n/a

Gerontological Advanced Practice Nurses Association

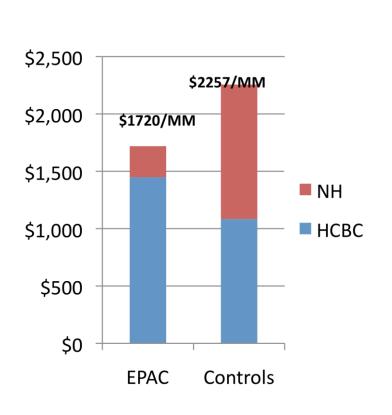
# ElderPAC Increases both Survival and Community Survival compared to usual HCBS

Community months of survival/total months survival EPAC 44.3/46.8 months Waiver 24.2/31.9 months

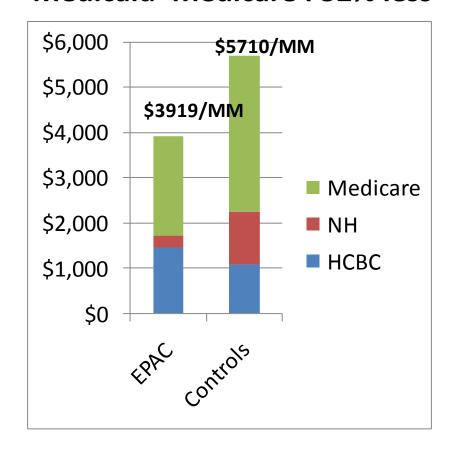


# EPAC reduces Average Monthly Costs Compared to Waiver Controls

#### Medicaid: EPAC 24% less



#### **Medicaid+Medicare: 32% less**



**EPAC**: \$20,640; **Waiver** \$27,084

**EPAC** \$47,028 **Waiver** \$68,520

# What's missing—the rest of the On Lok structure!

- Financing structure to cover the cement that keeps the bricks together.
- Currently dependent upon individual commitment and effort to keep patients connected with all team members
- Need for new models of financing integrated care beyond single all-inclusive organizations e.g., Independence at Home

Clearly drawn incentives that align: Good patient outcomes, with Clinical effectiveness and cost efficiency, with Meaningful quality and performance metrics, with A supportive work environment, with A competitive financial reward for clinicians, with Fiscally responsible investment by payers

# IAH Eligible Housecall Patients are More Costly and Complex than other Housecall Patients Mean HCC 2.84 v 1.31

