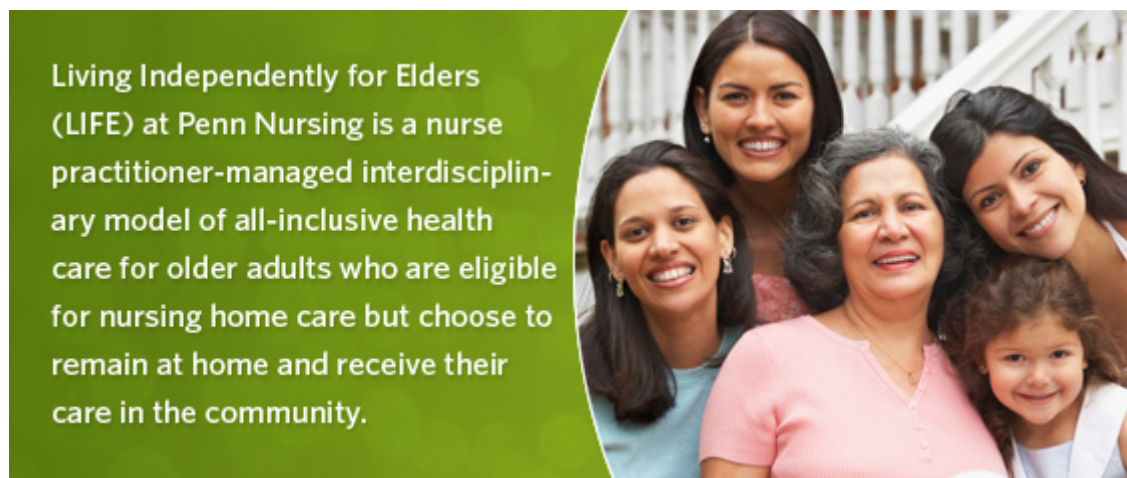


Living Independently for Elders

For More Information

For any questions not answered by materials provided within this profile, please contact Wayne Pendleton, CEO of LIFE, at wayned@nursing.upenn.edu.

Or contact Shawn Bloom, President and CEO of the National PACE Association, at shawnb@npaonline.org.



LIFE is modeled after the national PACE program; Programs of All-inclusive Care for the Elderly (PACE) serve seniors with chronic care needs by providing access to the full continuum of preventive, primary, acute, and long term care services.

Target Patient Population

LIFE targets older adults who are eligible for nursing home level of care. Specifically, individuals must meet the following criteria to be eligible for LIFE:

- Aged 55 or older
- Have health problems that make it hard to live at home, but prefer to remain in their own home
- Live in specific geographic areas served by the program
- Need medical care and supportive services and are able to live in the community safely with the services provided through this program
- Determined to be clinically eligible for nursing home level of care
- Are eligible for Medicare and/or Medicaid or able to pay privately

Organizational Background

LIFE is a not-for-profit Medicare health care plan and provider. LIFE is a service of the Penn Nursing Network (PNN), a division of the University of Pennsylvania's School of Nursing. PNN is a multi-practice health care delivery network that provides community-based health care and consultation. LIFE is the only PACE program in the country to be owned and operated by a school of nursing. LIFE operates under a tri-partite mission of excellence in healthcare practice, education, and research.

Intended Setting of the Model

LIFE and PACE are designed to provide health care in the home and community to older adults who otherwise would likely reside in nursing homes or other institutional settings.



Drivers and Goals of the Model

Living Independently for Elders (LIFE) was developed to offer frail seniors the opportunity to remain in their homes and communities rather than be placed in a nursing home. Programs of All-Inclusive Care for the Elderly (PACE) and LIFE seek to reduce the health care costs and care fragmentation of frail elders by more effectively managing and integrating all of the care needs of those frail elders.

Origin and Evolution of the Model

LIFE began in 1998. The vision for the program came from a group of faculty from Penn Nursing, who saw the need for a program providing all-inclusive care to frail, elderly residents of West Philadelphia. Today, the LIFE program has an active census of 335 participants with plans to grow its census to up to 500. LIFE is recognized as an important part of the Penn Compact for Improving Public Health of vulnerable and underserved individuals and families in the West Philadelphia community.

PACE began formally in 1990 when Medicare and Medicaid granted waivers to the first programs to operate, although its roots can be traced to the early 1970s when San Francisco Chinatown-North Beach community leaders formed a nonprofit corporation, On Lok Senior Health Services, to create a community-based system of care to address the pressing needs for long-term care for the community's elders. The Balanced Budget Act of 1997 established the PACE model as a permanently recognized provider type under both the Medicare and Medicaid programs.

Since LIFE is a health plan, they receive capitated payments from Medicare and Medicaid for the majority of their enrollees. With this dual benefit coverage, LIFE participants incur no costs for their all-inclusive care. In addition, participants without Medicare and/or Medicaid can pay privately for LIFE.



Implementation Timing and Staging Considerations

The development and implementation of a new PACE program typically takes between 12 and 24 months. Implementation of a PACE program requires a significant investment of time and capital resources to evaluate and demonstrate community need for a program, develop a plan and funding for the infrastructure to provide comprehensive services, and complete an application. Specifically, a prospective PACE sponsoring organization needs to complete the following steps:

- Discussions with state representatives
- Market analysis and feasibility study
- Site selection and design
- Development of comprehensive provider network
- Community education
- Application development and review by state and federal agencies

In addition, a prospective PACE sponsoring organization will need to work with state and federal agencies, internal and external funding sources, community organizations and healthcare providers to assemble an operational PACE program.

Resources to help evaluate PACE are available from the National PACE Association.

<http://www.npaonline.org/website/article.asp?id=65>

Recruitment of Staff for New Nursing Roles

PACE has national guidelines for required staff credentials, competencies, and roles. In addition to seeking these basic requirements, LIFE looks for individuals who have educational, professional, or substantial personal experience with the aged population and experience functioning on an interdisciplinary team.

Medicare requires orientation and training for all staff and contracted staff involved with all PACE programs. At LIFE, training is provided by the Director of Education and Training, an MSN and the founding clinical director of the program. In addition to using training materials developed by the National PACE Association, LIFE also employs an internally-developed training and orientation program.

LIFE provides behavioral health training to all direct service providers—nurse, caregivers and drivers.

In 2007, LIFE oriented 22 new staff members and provided 50 on-site educational programs. In addition, LIFE complied with annual training requirements for 95 staff.

Patient Selection Process

Since LIFE serves as a dually-capitated Medicare and Medicaid health plan, the enrollment process involves multiple steps and assessments that are presented below.

1. Telephone screening to determine eligibility. If not eligible, the enrollment team will offer information and referrals
2. Within 24 hours of the telephone screening, a LIFE Penn enrollment specialist will conduct a face-to-face meeting in the patient's home to assess home environment, caregiver, and patient needs, financial eligibility, and discuss services provided by the program.
3. Complete home and community needs assessment by Area Agency of Aging (AAA)
4. Financial assessment done by County Assistant's Office
5. LIFE nursing, social work, and home care assessments of potential member in adult day center or in individual's home.

For every ten referrals, LIFE Penn enrolls three to four new members.

Replication Sites and Variation

LIFE is a replication of the PACE model. Currently, there are 43 PACE programs operational in 23 states. By the end of 2008, the National PACE Association expects a total of approximately 60 PACE programs operating in 32 states. A significant portion of this growth will come from rural PACE sites that have received financial support from Congress, in large part as a response to significant concerns about the insufficient supply of health care professionals and providers in rural areas.

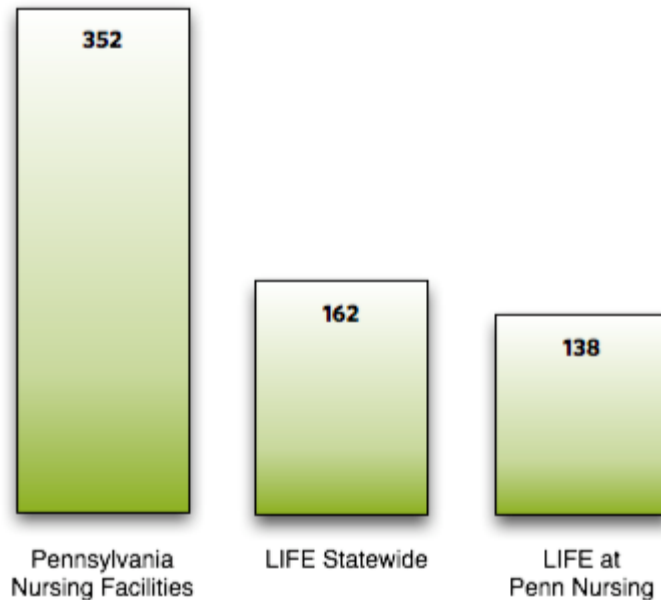
Considerations for Replication

Since LIFE and PACE require the development of a comprehensive care model plus state and federal approval, replication of this model is difficult. One particular challenge of developing a new PACE program is working with the relevant state as each state approaches the programs differently. States in which PACE programs already operate are likely to be easier to work with.

Utilization and Cost Savings

Compared to nursing facilities, where most of LIFE patients would reside without the program, LIFE has posted impressive utilization figures. According to data collected by the Pennsylvania Department of Public Welfare, LIFE's statewide rate of preventable hospitalizations per 1000 people, 168.07, is less than half the rate at Pennsylvania nursing facilities, 352.18. LIFE at Penn Nursing has posted even better results, with 138 preventable hospitalizations per 1000 enrollees.

Lowering Preventable Hospitalizations per 1000



In fiscal year 2006, LIFE achieved the following utilization figures.

- Lower-than-targeted ER utilization—2.9 ER visits per 100 member months
- Lower-than-targeted homecare utilization—33.6 average hours per member per month
- Higher-than-targeted hospital utilization—5.1 admissions per 100 member months, although 5.1 is considered a good outcome given the acuity level of LIFE participants, which is 2.9 compared to national PACE average of 2.1
- Higher-than-targeted nursing home residents—14.9 nursing home residents per 100 member months

Patient Safety and Quality Outcomes

For fiscal year 2006, LIFE achieved the following quality outcomes.

- Lower than targeted pressure ulcers--3.7 members with pressure ulcers per 100 member months
- Lower than targeted falls resulted in fractures or hospitalizations—0.64 falls per 100 member months.
- Better-than-targeted medication safety standard—97 members not taking potentially inappropriate medications (based on Beers criteria as categorized by Zhan) per 100 member months.

Nationally, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) has approved the PACE model as an evidenced based model of care. (Please see www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=117 for more information.)

Provider Satisfaction and Retention

For the fiscal year 2006, LIFE achieved a lower-than-targeted staff turnover rate of 9.09 percent.

Anecdotally, nurses and nurse aids particularly enjoy working in PACE programs. Many of the caregivers believe in the model and the way care is delivered. In addition, in most PACE programs, being a nurse or a nurse aid is an 8 to 5 job. The focal point of delivery, the adult day center, is structured around daytime hours.

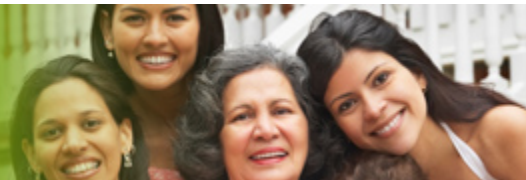
Patient and Family Satisfaction

For the fiscal year 2006, LIFE achieved a better-than-targeted member satisfaction rate of 92.9 percent.

Impact on Long-Term Acute Care Nursing Demand

By reducing preventable hospital admissions in the elderly population, LIFE should help to reduce the long-term demand for acute care nurses.

Lessons Learned



Challenge of Being Both Provider and Payer

A unique aspect of the PACE model is that an organization becomes a payer as well as a provider. However, most of the staff are used to being providers only. The staff needs to be trained on the dual role of managing care and cost and how to find the best allocation of resources for a given patient's care.

Establish Well-Developed Marketing and Outreach Plan

Since LIFE is a health plan, they face a need to grow membership in order to remain financially solvent and be in a position to reinvest in the program. Having a strong marketing and community outreach plan and staff is critical to making a PACE program work.

Start Electronically, if Possible

The information needs of running an at-risk health plan serving Medicare/Medicaid patients are large, and tracking the information electronically can help run the business more smoothly.

Collaboration among Programs a Significant Benefit

As a PACE program, LIFE has the opportunity to collaborate with other PACE programs throughout the state of Pennsylvania and the nation. Typically, each state will franchise PACE programs so that there is only one PACE site per area; so PACE sites do not compete on territory. This fact enables PACE programs to share ideas and provide assistance to each other.

Leader Profile



Wayne Pendleton, LSW, ACSW, ASW-G Executive Director

Leader Bio

A graduate of Temple University's School of Social Administration, Wayne currently serves as Chief Executive Officer of Living Independently For Elders (LIFE), a Medicare managed health plan and practice of the University of Pennsylvania School of Nursing. He has also earned an academic appointment as a Clinical Associate in Penn Nursing's Family and Community Health Division. Wayne is currently leading efforts to further expand the largest LIFE/PACE health plan in Pennsylvania.

Wayne has a 20 year background in the delivery in health and human services. Before coming to LIFE, Wayne served as Director of Long Term Care Options at the Philadelphia Corporation for Aging, the largest Area Agency on Aging in Pennsylvania and the fourth largest in the country. Prior to this he served as Executive Director for Northwestern Human Services of Chester County.

Why did you join LIFE at Penn Nursing to continue to refine and expand this evolving care delivery model?

Coming from the traditional fragmented health care delivery system, I was excited to lead an academically-based health plan for seniors that is nurse-driven and fully integrated from a care delivery and financing perspective.

What was the most important thing you learned from enhancing this evolving care delivery model?

That it is all about quality of care, participant satisfaction with care, and empowering your staff to lead. The degree to which you remain focused on these three areas will determine your success in virtually all other aspects of developing and administering an innovative health care program.