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Sent: Thursday, November 15, 2018 1:23 PM
To: ASPE SES IMPACT Study (OS/ASPE)
Cc: Bauer, Cliff; Garg, Joyita; Chris van Reenen Ph. D. (chrisvr@npaonline.org); miap@npaonline.org; Lombardo, Margaret
Subject: H1043 Florida PACE Centers, Inc. : Response to IMPACT Act Research Study - Request for Population Health Approach to Medicare Beneficiaries

Dear Assistant Secretary for Planning and Evaluation (ASPE), HHS:

As a determinant of health, medical care alone is insufficient for ensuring better health outcomes. Medical care is estimated to account for only 10-20 percent of the modifiable contributors to healthy outcomes for a population. The other 80 to 90 percent are sometimes broadly called the SDoH: health-related behaviors, socioeconomic factors, and environmental factors.

Deloitte Insights states that Social Determinants of Health (SDoH) encompass a wide range of factors and identifies the following as critical elements:

1. **Housing instability/homelessness:** Having difficulty paying rent or affording a stable place of one's own, living in overcrowded or run-down conditions.
2. **Utility needs:** Not being able to regularly pay utility bills (e.g., electricity, gas, water, phone), and or afford necessary maintenance or repairs.
3. **Food insecurity (hunger and nutrition):** Not having reliable access to enough affordable nutritious food.
4. **Interpersonal violence:** Being exposed to intentional use of physical force or power, threatened or actual, that results in or has a high likelihood of resulting in injury, death, psychological harm, etc.
5. **Transportation:** Not having affordable and reliable ways to get to medical appointments or purchase healthy foods.
6. **Family and social supports:** The absence of relationships that provide interaction, nurturing, and help in coping with daily life.
7. **Education:** Not having access to high school or other training that might help someone gain consistent employment.
8. **Employment and income:** Not having the ability to get or keep a job or gain steady employment.

Participants in the Program of All-Inclusive Care for the Elderly (PACE) face the first six identified social determinates of health while the last two (education and employment) are rarely if ever issues with frail older adults. Income is a determinant at every age.

Let us answer the questions posed by the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services (HHS) regarding how PACE programs in general and Florida PACE Centers in particular address these issues.

How plans and providers serving Medicare beneficiaries identify beneficiaries with social risk factors: Every Participant in Florida PACE Centers received a complete medical and psycho-social assessment upon admission. The various members of the PACE interdisciplinary team conduct the assessments and, in consultation with other members of the team, develop a plan of care. The medical and nursing staff complete a comprehensive physical exam (with both vision and dental), additional diagnostic tests are performed or ordered as needed. The Behavioral Health Specialist staff completes a psycho-social assessment that reviews social history, family dynamics, current living situations and social environment. The nutritionist reviews dietary preferences and needs and develops a plan to achieve and maintain healthy weight and meet the nutrition needs of Participant. The home care coordinator visits the Participant's home and assesses the natural environment the home is located in (the neighborhood), the physical condition of the space in which the Participant lives, and the need for any adaptive devices or repairs that would increase mobility and improve safety. The rehab staff assess physical function and mobility and reviews the use and appropriateness of current adaptive devices. If additional assessments needs are identified at this time, referrals are made, and assessments scheduled.

The unique feature of the PACE protocol is the way in which these assessments are reviewed by the interdisciplinary team (meeting as a group), discussed in terms of completeness and accuracy, and then wove into a single comprehensive care plan. The interdisciplinary team meets regularly to review the implementation of the care plan, conduct updated assessments and modify the care of plan as Participant needs change.

Two of the most important factor to capture are the actual physical environment that Participant is living in (regulations require that the Participant be able to live "safely" in the community) and the social (often family) support that is available. These represent questions that should be asked and answered during the assessment process.

Is the neighbor "safe" and the home in good repair? Is the furnishing appropriate and in good repair? Is the physical structure accessible (does meet certain criteria for universal design)? Can the participant use the bathroom and kitchen?

What social supports are available to the Participant? Does the family engage with the Participant, available and willing to help provide care and comfort? Does the Participant engage with friends and neighbors (and do they confirm this)? Does the Participant engage in community or religious organizations that are available and supportive?

Approaches plans, and providers have used to address the needs of beneficiaries with social risk factors: The service configuration of the Program of All-Inclusive Care for the Elderly (PACE) has several features which make it ideal to address the social deterrents of health. Two of the more important features are transportation and the adult day care center.

Florida PACE Centers has a fleet of 32 eight-twelve passenger buses to provide transportation to Participants. These buses provide transportation to and from the adult day center, to and from medical and medically related office visits not located at the PACE Center, to and from special social and recreational events (such as concerts) and when required, will provide transportation for food shopping. The transportation service has a

flexible design to ensure that transportation is not an issues leading to isolation and loneliness. In addition, the individual bus drivers are a continuous source of information on the physical and social environment in which the Participants live.

It is difficult to understand the importance of the adult day center in the PACE program and its benefits to Participants unless you have seen one in action. In addressing the social determinates of health, the adult day center program address two important elements. First, attendance at the adult day center address the element of social support by combating loneliness and isolation. Beyond its capacity to monitor participants physical conditions, it provide opportunities for social and recreational activities. Individuals can play cards and bingo, they can participate in discussion groups, they can watch TV and listen to music, and they do all of this in an environment that encourage interaction and new friendships. Though artificially created, it provides an opportunity for genuine social interaction and friendships.

The adult day center also pays an important role in nutrition. The day center provides a USDA certified breakfast, hot meal and nutritious snacks. It helps ensure that Participants receive appropriate nutrition.

In addition to these two services, the PACE program has an aggressive social work and health education program that engages both Participants and their families. These efforts are designed to have families become our partners in care. The PACE program also provides home modification (through general contractors) for Participants that require additional mobility assistance. Items provided include wheel-chair ramps, grab bars for toilets, bath tubs and showers and under particular circumstances, bathroom and kitchen remodeling. Finally, Florida PACE Centers works with several in-home meal providers to ensure that individuals not regularly attending day care receive nutritious meals on a regular basis.

Florida PACE Center is an active participant in Miami Dade and Broward County's system of elder care. FPC has an extensive provider network that includes hospitals, nursing homes, home care and home health agencies, hospices, assistive living facilities, home meal providers and durable medical requirement suppliers. A large network of specialty physicians is also available, including dental and vision services.

Florida PACE Centers also maintain relationships with the AAA in Miami Dade and Broward County and its organized aging networks to provide services outside of the scope of PACE. These include utility assistance and home repair. Florida PACE also works with the various housing authorities to assist in securing access to either low income housing or low-income housing vouchers. To be candid, Miami-Dade is having an affordable housing crisis and housing assistance is very limited, if available at all.

A modification in the PACE protocol to allow PACE to provide support for non-medicalized supportive housing and limited utility assistance within the PACE program would allow a cost effective (we believe) and appropriate service addition.

Evidence regarding the impact of these approaches on quality outcomes and the total cost of care: Several national evaluations have been conducted on both the cost and quality of care in PACE organizations and have been found to be positive.

We find that PACE programs in Florida have smaller percentages of Participants placement in nursing homes (FPC has \leq 3% in LTC, compared to Miami-Dade County has 22% in LTC) than other LTC programs, which reflects the aggressive primary care provided by PACE. We find that providing both adapting devices and home modification reduces the number of falls, thus reducing hospitalizations; we find that providing nutritional meals (and dentures) increase overall health of participants lower medical costs; we find that transportation

services increase access to primary care and specialists allowing for early identification and prompt treatment, and the adult day center provides a defense against isolation and loneliness, provides nutritious meals and snacks, while providing an opportunity for the PACE Center aides to monitor both physical and mental health of Participants extending the reach of primary care. By addressing these social determinates of health, we improve the health of Participants, thus allowing more early intervention on the primary care side and reducing the need for extensive medical interventions by specialist and inpatient facilities.

Florida PACE Centers has an extensive quality assurance and quality improvement program designed to ensure that the quality of care provide to participants is of the highest quality. Florida PACE Centers regularly monitors contract providers to ensure both contract compliance and the quality of patient care. We participate in CMS, NPA and AHCA quality monitoring program.

The Florida PACE Centers' conducts semi-annual Participant satisfaction survey and our surveys all show 3.8/4.0 satisfaction scores with FPC. The Center also has a Participants council for each of its Center sites and monitors both satisfaction and quality of life. We believe that the range and scope of the high-quality medical services coupled with extensive long-term services supports provided by PACE improve Participants' health status and their quality of life.

Ways in which plans, and providers disentangle beneficiaries' social and medical risks and address each. We believe that the PACE protocol prevents the disentanglement of social and medical risks. We concur with that orientation and believe that disentanglement is not appropriate in providing long term services in supports. What we do believe is that the assessment process should be comprehensive: medical, psych-social, nutritional, and environmental (transportation and housing) and done by individuals who have the training and experience to perform quality assessments. The interdisciplinary team care plan provides the forum in which medical and social risks can be examined and prioritized. By having a complete understanding of both risks, better choices can be made to move forward with care. We also have a firm belief that once risks have been identified and understood, that appropriate licensed, trained staff address those issues. Our Clinical Team as 1 MD/DO and 1 ARNP for every 125 PACE Participants. With the interdisciplinary team and comprehensive care plan both medical needs and social determinants can be sorted and addressed in an appropriate and timely manner.

Sources

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Best Wishes,

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The Mission of Miami Jewish Health Systems is to provide compassionate healthcare through a full range of quality services, guided by research and education, honoring traditional Jewish values of dignity and respect.