

Development, Implementation, and Maintenance of Quality Measures for the Programs of All-Inclusive Care for the Elderly (PACE)

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Technical Expert Panel Summary

December 9, 2015

In attendance:

Technical Expert Panel (TEP) Members: Meenu Arora (TEP Chair), Mary Austin, Jennifer Dingman, Theresa Edelstein, Christine Filippone, Jade Gong, Anne Lewis, Grace Li, Jay Luxenberg, Michael Maller, Kathleen Mashanic, Luke Reynolds, Lorie Thomas, and Lisa Zavorski.

TEP Members Not Present: Hazel Crews, Lisa Eible, Faisal Abdoul Enein, Jill Graziano, Jennie Hansen, Karen Madden, Daniel Ochylski, Sarah Payne, Dawn Poeller, and Stephanie Smith.

Econometrica Team Staff: Greg Daphnis, Glenna Davis, Nancy Dunton, Trevor Johnson, Lisa Nickel, Danielle Olds, Barbara Resnick, Monique Sheppard, Jennifer Smyth, and Mark Stewart.

■ Open Discussion of Potential Future Measures (Attachment A)

➤ Days in the Community.

- A goal of PACE is to keep participants in community and there is evidence that PACE reduces hospital usage. During one (1) of the initial TEP convenings, a member suggested the employment of a “days in the community” measure, similar to what might be used by behavioral health providers in the mental health community because current readmissions measures may not capture quality of care provided to elderly seniors in the PACE program adequately.
- As a result of the initial Testing Phase, the 30-Day All-Cause Readmissions measure showed insufficient reliability due to the low numbers of readmissions. Econometrica proposes to not proceed with this measure but instead to move forward with the TEP’s suggestion to explore a measure of Days in the Community to give due consideration to the providers’ efforts to prevent hospital admission by employing alternative settings while also considering the participants’ absences from their primary home-based setting.
- In the following discussions on Days in the Community, there were some agreements that Programs of All-Inclusive Care for the Elderly (PACE) organizations were already tracking days participants live in their independent environment. The TEP members argued that this information could be used to track any placement outside of participants’ homes.
- One of the main reasons why PACE was created was to provide a way to provide a way for caregivers and professional health care providers to be able to meet the health care needs for older adults and people over age 55 living with disabilities and help them continue to live in the community. J. Dingman, a PACE caregiver,

mentioned that it was a valuable measure to consider from the perspective of the family caregiver.

- Another topic of discussion centered on how to classify assisted living. L. Reynolds' PACE organization considers participants living in an assisted living facility as being part of the PACE community, which could negatively affect the measure's accuracy. M. Austin stated there was no assisted living in Pennsylvania, so nursing home rates are higher compared to other PACE organizations. J. Gong wondered whether assisted living should be excluded in such a measure.
- There was discussion but no agreement on what should be classified as Days in the Community in the context of the PACE population. K. Mashanic reconfirmed that the ultimate goal is to manage the disease processes within the PACE environment as opposed to the hospital environment. She added that she was not sure how much Days in the Community was indicative of the quality of care provided by PACE organizations. However, K. Mashanic agreed that looking at what is keeping them at the hospital might be more useful.
- M. Stewart added that, under Data PACE 2 calculations, the percentage of participants not living in the community or permanent placement is defined as "the number of participants not living in the community as the numerator over total number of active participants on the last day of the quarter times 100." The TEP members were in agreement regarding J. Luxenberg's comment that it would be ideal to make this measure simpler than its current design.

TEP members were in agreement to make the Days in the Community measure simpler than its current design.

➤ Depression Screening.

- In the discussion on Depression Screening, there were some agreements that the majority of PACE organizations performed some form of depression screening during mandatory six (6)-month assessments. J. Dingman considered depression screening to be very important since so many patients live alone and deal with loneliness when they are out of a PACE center.
- Another topic of discussion centered on whether there was a standard tool for depression screening used by PACE organizations. Several members stated that their organizations use the Geriatric Depression Scale (GDS). Another tool mentioned during discussions was the Patient Health Questionnaire (PHQ-9). J. Luxenberg added that PHQ-9 was a questionnaire that had not been well-validated for screening for dementia. With the majority of PACE participants having some degree of dementia, it was discussed that some PACE programs use the Cornell Depression Scale for people with dementia and the GDS for those without dementia.
- J. Luxenberg suspected that there was currently no good measurement tool to quantify how depression is affecting the lives of PACE participants, given the varied settings they live in and the high incidence of dementia. However, he agreed that it would be good to measure the response to depression treatment, whether the treatment used is environmental, cognitive, or medication.

- L. Thomas noted that Data PACE 2 does not gather information specific to depression, but it does gather information specific to the number of psychiatric hospitalizations and the number of psychiatric days.
- There was agreement that the important question in the context of the PACE population is whether instances of depression across PACE organizations were being treated effectively.

There was a consensus by TEP members to move forward with Depression Screening as one (1) of the future measures.

➤ Advance Directives.

- In the discussion on Advance Directives, there was some agreement that it is difficult to develop an advance directive in the first six (6) months of a PACE participant's enrollment because it takes time to develop trust and get a participant to discuss and feel comfortable with it. M. Austin suggested that during the initial enrollment period, administration could say there was an advance directive suggested and documented as part of the first semiannual assessment.
- M. Maller believes this measure could be tracked as either a yes or no answer. If yes, the document is completed and put in the participant's records. The document is not completed until the patient and family agree to it and execute the document.
- J. Luxenberg noted that a number of things that have been discussed in Phase One and Phase Two are going to require chart review for thousands of PACE participants. He suggested standardizing the intervals to reduce the burden of data collection. Percentages of participants have been used in other hospital reports, but the team is not sure that PACE organizations would consider using a sample of the population.

The TEP also agreed on the importance of the Advance Directive metric. There was a consensus that the team should move forward with development of this measure.

➤ Other potential measures.

- J. Gong asked if the team could look at what is being measured for the comparable nursing facility–eligible populations across the financial alignment demonstrations to see if there are any measures that have been developed that PACE could consider using. She mentioned the “Independence at Home” measure and the “Documentation of Care Patient Preferences.” The response was that the PACE project encompasses multiple years and that consideration for these measures will be included in the scanning activities.
- J. Luxenberg referred to the nursing home Minimum Data Set measures, which PACE does not use. The Minimum Data Set has a date of assessment, which the look-back period is based upon. PACE would need to do something analogous.
- It was noted that medication reconciliation and functional status assessment were discussed during the June TEP meeting. J. Dingman asked whether—if those measures were resurrected—there would be room for other innovative measures in the future with regard to the present measures that might be an offshoot of the other measures. M. Stewart replied yes and said these can be resurrected.

The consensus seems to be that the team should move forward with the three (3) potential measures (Days in the Community, Depression Screening, and Advance Directives).