

Program for All-inclusive Care for the Elderly: Care Planning Guidance

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Overview

- Background
- Interdisciplinary Team
- Health Assessments
- Care Plans
- Summary

BACKGROUND

Background

- PACE Care Planning: holistic process
- IDT holistically assesses the participant's
 - Medical
 - Functional
 - Psychosocial
 - Cognitive needs
 - Develops plan of care to address these needs

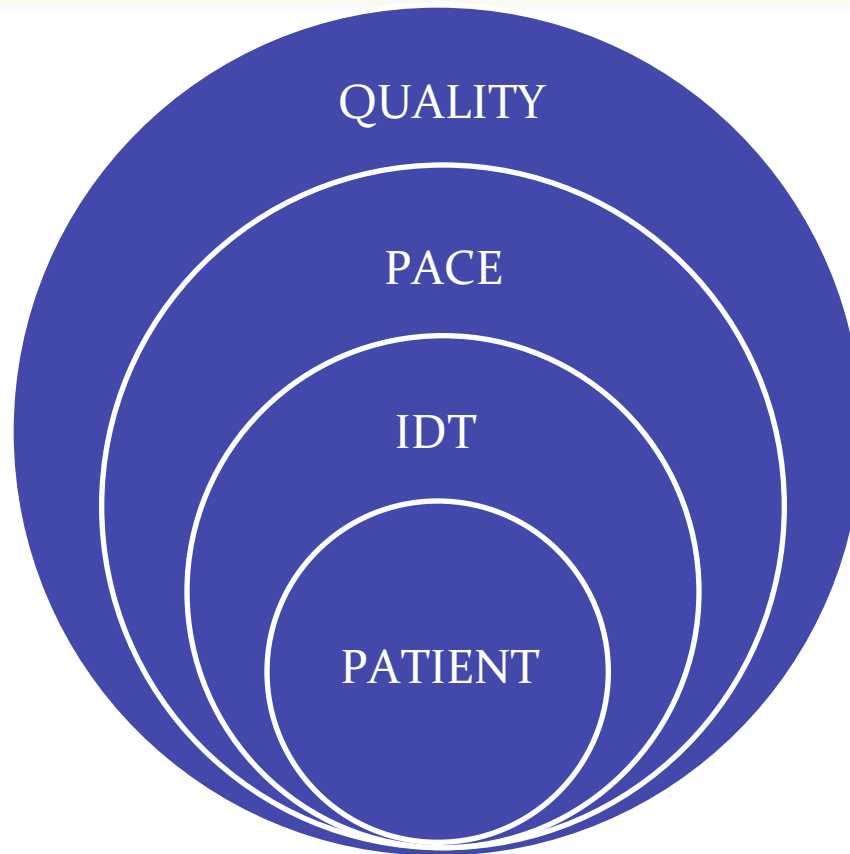
Purpose of Care Planning Guidance

- Guidance document developed to
 - Provide an in-depth description for implementing the PACE regulations
 - Examine each aspect of care planning to clarify CMS expectations
 - Assist PACE Organizations as they self-assess and improve their individual care planning processes

Impact of Care Planning Guidance

- Provide a tool for on-going assessment of health status for patient
- Improve patient care
- Improve quality of life for patient
- Improve quality of care

Quality is Multidimensional



INTERDISCIPLINARY TEAM (IDT)

IDT Members

- Primary care physician
- Registered nurse
- Master's level social worker
- Physical therapist
- Occupational therapist
- Recreational therapist or activity coordinator

IDT Members (cont' d)

- Dietician
- Home care coordinator
- PACE center manager
- Personal care attendant or representative
- Driver or representative

IDT Roles (cont' d)

- A collaborative team approach is the hallmark of the PACE experience
- Eight of the eleven IDT members must conduct assessments

IDT Roles and Responsibilities

- Responsible for
 - Health assessments
 - Delivery of 24 hour care
 - Documenting care in medical record
 - Informing/receiving information from other IDT members on participant's condition
 - Caring for PACE participant

IDT Contract Staff Roles and Responsibilities

- Contracted IDT staff members must meet the same personnel requirements
- Must perform the same responsibilities as IDT members employed directly by the PACE Organization

IDT Roles and Responsibilities (cont' d)

- Responsible for the PACE care plan
- Provide direct patient care
 - At PACE Center
 - Alternative settings
 - ▶ Homes
 - ▶ In-patient facilities
 - ▶ Other

HEALTH ASSESSMENTS

Types of Health Assessments

- Comprehensive initial assessment
- Pre-enrollment
- Periodic assessments
- Unscheduled assessments

Initial Comprehensive Assessment

- Must be done promptly following enrollment
- Should be performed within 30 calendar days
- In person for each enrolled participant
- Must be conducted by 8 members of IDT

Initial Comprehensive Assessment (cont' d)

- IDT might identify other specialists to conduct additional assessments
- These specialists must also perform assessments in person
- Each IDT member uses a discipline-specific standardized health risk assessment form developed by the PACE Organization

Pre-enrollment Assessment

- Can fulfill “Initial Assessment” when
 - No health status change since the pre-enrollment assessment
 - If health status has changed, participant **MUST** be re-assessed (per reg. 460.106)
- Must be done in person (by IDT)
- No substitute assessments from non-PACE providers
- No substitute reports in previous medical records

Periodic Assessment

- Semi-annual at a minimum
- Can be conducted more often depending on situation
- In-person
- Must be conducted by 4 and possibly 5 members of IDT

Home Assessments

- Safety of the home environment
- Capacity of participant to have an optimal quality of life while in the home
- Assess barriers that will limit how the participant functions in the home
 - Self-administration of medication
 - Adherence to therapeutic regimen

CARE PLANS

PACE Care Plan

- Takes into account participant's unique characteristics, needs, preferences
- Anticipates potential problems by identifying risks

PACE Care Plans (cont' d)

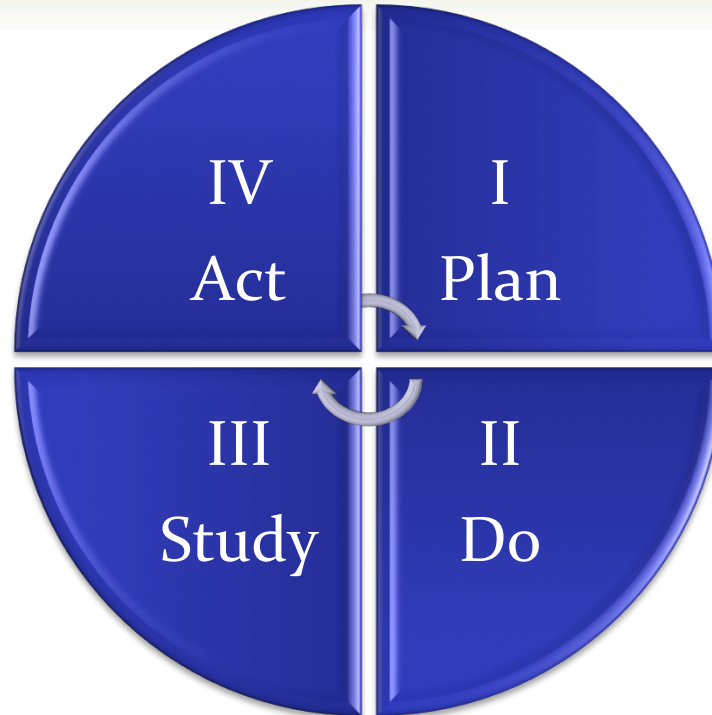
- Developed and implemented through integrating the discipline-specific assessments from IDT members
- Plan of care allows for coordinated and continuous evaluation of efficacy

PACE Care Plans (cont' d)

- Re-evaluates the participant's status at prescribed intervals
- Re-evaluates the participant's status at episodic reassessments prompted by changes in health status

SUMMARY

Continuous Quality Improvement



Source: Berwick, DM *Annals of Internal Medicine* 1998;128(8); 651-. 656

Summary

- Goal is to use the Care Planning Guidance to assess and re-assess patients as needed
- Goal is to monitor and improve patients' health outcomes
- Provide PACE patients with high quality care at all times

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Thank you!