

InnovAge PACE Quickly Pivots from Center Based Care to Home Based Care

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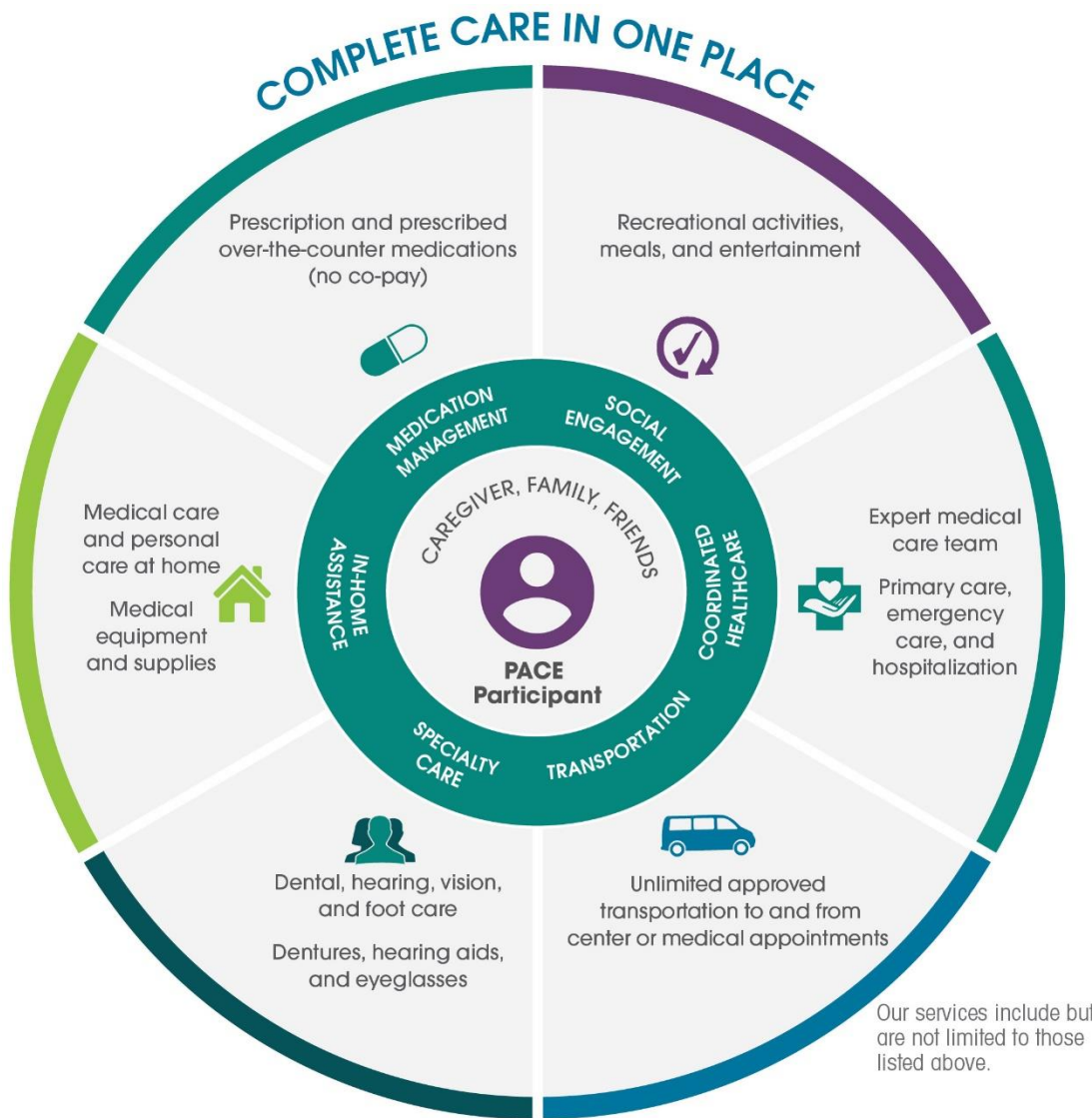


HCBS Conference December 8, 2020

Introduction to the Session

- Integrating and coordinating care for dually eligible and frail seniors mattered even more in the face of COVID-19
- ***After attending this session, attendees will be familiar with key concepts related to:***
 - What is the Program of All Inclusive Care for the Elderly (PACE)
 - The creative medical care methods utilized, including telehealth and other home based care services to safely deliver primary and long term care for Medicare/Medicaid members in their homes
 - How to support and keep employees during this COVID-19 pandemic
 - How to reopen the Adult Day Health Center safely for participants and staff

What is PACE?



Interdisciplinary team directed care delivered from an adult day center

Preferred option to nursing facilities

There are **131 PACE providers** with **263 PACE centers** in **31 states**

Integration of Medicare and Medicaid funds allows whole person focused care

PACE programs serve **>53,000** nursing-home eligible seniors nationwide

Who is InnovAge?



Paid Actor Portrayal



1989
Established as one
of the original PACE
pilot programs

16 PACE centers
6,400+
InnovAge PACE Participants

WE OPERATE IN 5 STATES



**We're the
Largest**

PACE provider in the
country based on the
number of participants
served



**WE ARE A LEADER IN SENIOR
CARE SERVICES**

How has InnovAge taken PACE to the next level?

1. Why do you think PACE should be part of every state's strategic plan for Medicaid managed long term services and supports?
2. InnovAge is the largest PACE organization by numbers of participants served, why do you think states embrace your model?

How Did InnovAge Respond Quickly to COVID-19?

Three Major Actions:

1. Implemented 100 percent in-home care model and built full telehealth capability.
2. Shifted enrollment strategy to 100% online.
3. Redeployed staff to meet evolving needs.



PACE Service Delivery during COVID Pandemic

Quadruple Aim

Improved Participant experience of care

- Safe, evidence-based
- Participant and family needs met
- Timely and accessible
- Participant /Care-giver Satisfaction

Quality and population health

- Improved individual physical and behavioral health
- Minimize disease burden
- Improve health outcomes

Sustainable value

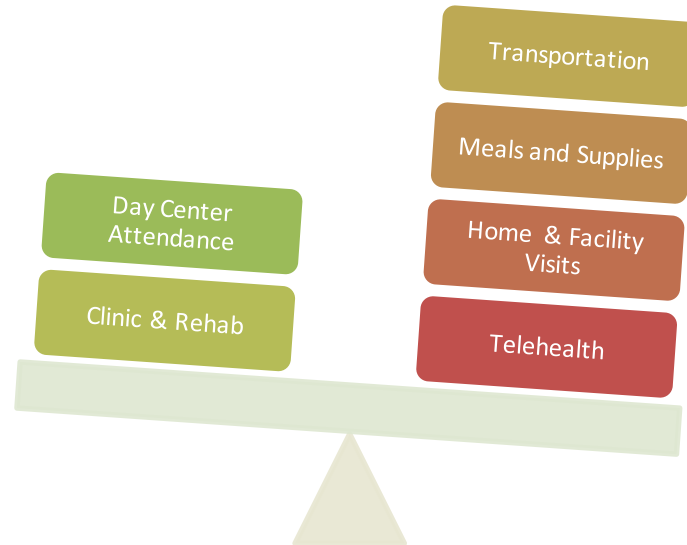
- Efficiency
- Effectiveness
- Appropriately resourced and managed

Improved Care Team satisfaction

- Leadership and teamwork
- Engaged culture of continuous improvement
- Satisfied multidisciplinary providers

Centers Closed

Community Based Care from Interdisciplinary Team



What are some examples of medical/home care changes you made?

- Leadership and Monitoring
- Daily Command Posts/SWAT teams
- FACETIME with IPADS with IDT
- Wellness Calls
- Quality Measures/ Tracking/Reporting
- Follow all state and federal guidelines on COVID-19
- Telehealth
- Collaboration with nursing facilities/assisted living
- Essential one on one direct home care, wound dressing, personal care
- Solo transportation to specialists, such as dialysis
- Delivering groceries/meals
- Keeping safe and at home!

What are some lessons learned?

1. Dually eligible individuals who use HCBS (including PACE enrollees) face many challenges. How have these been exacerbated by COVID-19?
2. How does enrollment in an integrated Medicare-Medicaid program like PACE support dually eligible individuals who use HCBS in the face of COVID? What benefits did integration provide to them?
3. Are there federal or state-level policies that could be changed to better align incentives and/or program rules between Medicare and Medicaid to better serve dually eligible HCBS users?
4. How have existing racial inequities exacerbated the effects of COVID-19 for dually eligible individuals in communities of color? What can be done to address the disparate impacts of COVID-19 in those communities?

How did you keep and support staff?

- Leadership and Monitoring
- Communication at all levels: Leadership, supervisory
- Wellness calls with chaplain
- No furloughs or layoffs
- Trained and fully equipped with Personal Protective Equipment
- Opportunity to learn new skills
- Extra paid days off
- Incentive Payments

What are the lessons learned for retaining staff?

1. Did you have enough staff to seamlessly transition from center-based care to home care?
2. How has InnovAge addressed staff members who are at higher risk of complications from COVID-19 and reluctant to go into participants' homes?
3. Have you had many participants contract COVID-19? How have you handled care for these individuals?
4. Have you lost any participants to COVID-19? How have you supported staff who may have experienced multiple losses?
5. Have you had any staff members contract COVID-19? How have you handled this?
6. How has InnovAge helped staff manage childcare responsibilities during this pandemic?

How will you reopen the Adult Day Centers Safely?

Phased Re-entry for Participants and Staff

Phase 1:

Transport participants to outside specialty appointments and elective procedures

Phase 2:

Center open by appointment only

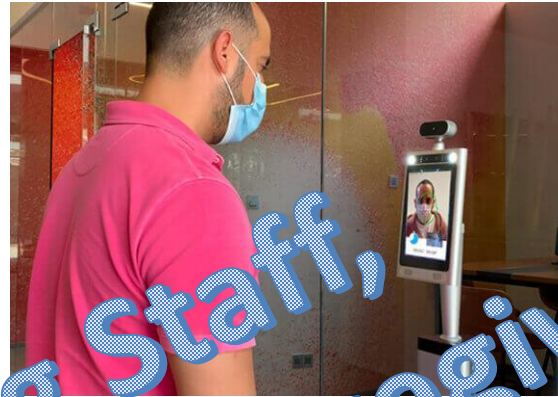
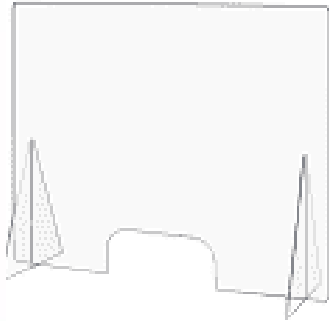
- Primary care
- Rehabilitation
- Dentistry

Phase 3:

Add gradual half-day center attendance with limited capacity (10%,25%,50%)



Environmental & Testing



Training Staff, Participants & Caregivers



What other considerations are important?

COVID-19 Vaccination

Operation Warp Speed

- 300 million doses of safe and effective vaccines January 2021
- Development, Manufacturing and Distribution
- 54 vaccines in clinical trials in humans, 87 preclinical vaccines under active investigation in animals

Source: <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html?auth=login-email&login=email>

Advisory Committee on Immunization Practices is considering four groups to possibly recommend for early COVID-19 vaccination if supply is limited:

- Healthcare personnel
- Workers in essential and critical industries
- People at high risk for severe COVID-19 illness due to underlying medical conditions
- People 65 years and older

Source: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>

What other considerations are important?

1. What are your plans for vaccinating participants and staff?
2. Everyone is growing very tired of the pandemic, but older adults and front-line workers have been especially hard hit. How do you keep up the spirits of participants and staff?