

NEW YORK STATE DEPARTMENT OF HEALTH
Office of Quality and Patient Safety

**PLAN – Technical REPORT
FOR
ARCHCARE SENIOR LIFE**

Reporting Year 2012

May 2015

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Section One: About This Report

New York State (NYS) is dedicated to providing and maintaining the highest quality of care for enrollees in managed long term care (MLTC) plans. MLTC enrollees are generally chronically ill, often elderly enrollees and are among the most vulnerable New Yorkers. The New York State Department of Health's (NYSDOH) Office of Quality and Patient Safety (OQPS) employs an ongoing strategy to improve the quality of care provided to plan enrollees, to ensure the accountability of these plans and to maintain the continuity of care to the public.

The MLTC Plan-Technical Reports are individualized reports on the MLTC plans certified to provide Medicaid coverage in NYS. The reports are organized into the following domains: Plan Profile, Enrollment, Utilization, Member Satisfaction, SAAM Quality of Clinical Assessments and Performance Improvement Projects (PIPs). When available and appropriate, the plans' data in these domains are compared to statewide benchmarks.

The final section of the report provides an assessment of the MLTC plan's strengths and opportunities for improvement in the areas of service quality, accessibility, timeliness, and utilization. For areas in which the plan has opportunities for improvement, recommendations for improving the quality of the MLTC plan's services are provided.

There are three (3) MLTC plan types:

- a) Partially Capitated
- b) Program of All-inclusive Care for the Elderly (PACE)
- c) Medicaid Advantage Plus (MAP)

A description of each of the plan types follows:

Partially Capitated- A Medicaid capitation payment is provided to the plan to cover the costs of long term care and selected ancillary services. The member's ambulatory care and inpatient services are paid by Medicare if they are dually eligible for both Medicare and Medicaid, or by Medicaid if they are not Medicare eligible. For the most part, those who are only eligible for Medicaid receive non MLTC services through Medicaid fee for service, as members in partially capitated MLTC plans are ineligible to join a traditional Medicaid managed care plan. The minimum age requirement is 18 years.

PACE- A PACE plan provides a comprehensive system of health care services for members 55 and older, who are otherwise eligible for nursing home admission. Both Medicaid and Medicare pay for PACE services on a capitated basis. Members are required to use PACE physicians. An interdisciplinary team develops a care plan and provides ongoing care management. The PACE plan is responsible for directly providing or arranging all primary, inpatient hospital and long term care services required by a PACE member. The PACE is approved by the Centers for Medicare and Medicaid Services (CMS).

Medicaid Advantage Plus (MAP)- MAP plans must be certified by the NYSDOH as MLTC plans and by CMS as a Medicare Advantage plan. As with the PACE model, the plan receives a capitation payment from both Medicaid and Medicare. The Medicaid benefit package includes the long term care services and the Medicare benefit package includes the ambulatory care and inpatient services.

An MLTC plan can service more than one of the above products and where applicable, the report will present data for each product.

In an effort to provide the most consistent presentation of this varied information, the report is prepared based upon data for the most current calendar year available. Where trending is desirable, data for prior calendar years may also be included. This report includes data for Reporting Year 2012.

Section Two: Plan Profile

ArchCare Senior Life (ArchCare) is a regional MLTC plan servicing the Programs of All-Inclusive Care for the Elderly (PACE) population. The plan is an affiliate of ArchCare, a comprehensive geriatric health care organization comprised of skilled nursing and managed care organizations. The following report presents plan-specific information for the PACE product line.

- Plan ID: 03114514
- Managed Long-term Care Start Date: 2009
- Product Line(s): PACE
- MLTC Age Requirement: 55 and older
- Contact Information: 1432 Fifth Avenue
New York, NY 10026
(866)263-9083

Participating Counties and Programs

Bronx

PACE

New York

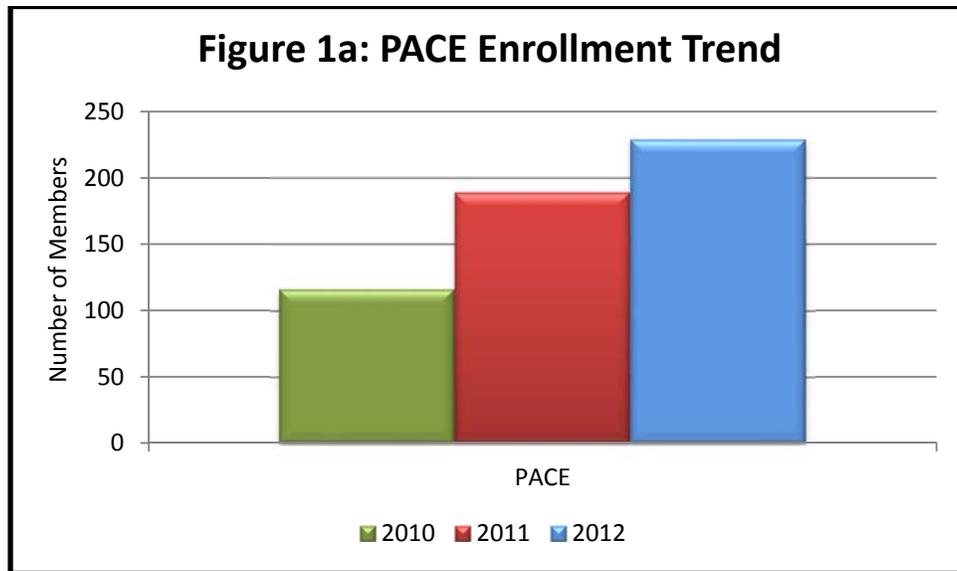
PACE

Section Three: Enrollment

Figure 1 depicts membership for the plan's PACE product line for calendar years 2010 to 2012, as well as the percent change from the previous year. Membership grew over this period, increasing by 62.9% from 2010 to 2011 and by 21.2% from 2011 to 2012. It should be noted that the percent change from 2009 to 2010 is inflated since there were only 4 members enrolled in 2009. Figure 1a trends the PACE product line enrollment.

Figure 1: Membership: PACE- 2010-2012

	2010	2011	2012
Number of Members	116	189	229
% Change From Previous Year	2,800.0%	62.9%	21.2%



Section Four: Utilization

Figure 2 represents ArchCare Senior Life’s utilization of managed long term care services in 2011 and 2012. The services presented are those covered under the plan’s PACE product line. The 2011 data are from the NYSDOH’s MEDS II program and the 2012 data are from the MEDS III program.

Figure 2: Encounter Data (Per Member Per Year PMPY) 2011-2012

PACE MLTC Services	2011 Averages			2012 Averages		
	ArchCare	PACE	Statewide	ArchCare	PACE	Statewide
Home Health Care- Nursing (visits)	20.30↓	38.13	12.13	3.29↓	33.45	7.16
Home Health Care- Physical Therapy (visits)	0.01↓	4.80	1.63	1.00	2.06	0.91
Personal Care (hours)	8.10↓	119.46	132.80	1.20↓	94.61	90.64
Transportation (one-way trips)	0.92↓	45.36	23.73	0.66↓	28.63	15.65
Nursing Home (days)	0.50	0.81	0.40	0.10	0.33	0.11
Dental (visits)	1.60↑	0.27	0.73	1.75↑	0.34	0.52
Optometry (visits)	0.91	0.41	0.45	0.05↓	0.16	0.25
Podiatry (visits)	1.70	3.00	0.80	0.73	0.94	0.45
Primary Care (PCP) (visits)	5.90↓	10.53	10.98	2.43↓	4.05	5.80
Physician Specialist (visits)	7.07	10.55	10.98	4.57	4.11	5.70
Emergency Room (discharges)	0.40	0.31	0.56	0.25	0.16	0.46
Hospitalizations (days)	2.80	3.07	3.21	1.62	0.75	1.18

↓ Indicates MEDS encounter data results below PACE and/or statewide averages

↑ Indicates MEDS encounter data results above PACE and/or statewide averages

ArchCare 2012 vs. PACE and Statewide Averages:

Home nursing visits, personal care hours and transportation services were substantially below PACE and statewide averages. Optometry visits and PCP visits were also below PACE and statewide averages, but to a lesser extent.

Dental utilization was slightly above both PACE and statewide averages (1.75 visits per member per year compared with 0.34 and 0.52, respectively).

ArchCare 2011 vs. ArchCare 2012:

The utilization of many services had decreased from 2011 to 2012, with the most notable decrease in home nursing visits, personal care hours and PCP visits.

Section Five: Member Satisfaction

I PRO, in conjunction with the NYSDOH, conducted a member satisfaction survey in 2012. The NYSDOH provided the member sample frame for the survey, which included the primary language for the majority of members. From this file, a sample of 600 members from each plan was selected, or the entire membership if the plan's enrollment was less than 600. Of the 9,959 surveys that were mailed, 613 were returned as undeliverable due to either mailing address issues or the member was deceased. This yielded an adjusted population of 9,346. A total of 2,522 surveys were completed, yielding an overall response rate of 27.0%.

The response rate for ArchCare Senior Life's PACE product line was 22.4% (34 respondents out of 152 members in the sample).

I PRO had conducted a similar survey in 2011. Figure 3a represents data from the 2011 and 2012 satisfaction survey results from ArchCare Senior Life and all other PACE plans throughout the state, in the areas of plan rating, quality ratings for key services, timeliness of critical services, access to critical services, and advance directives.

Figure 3b represents data from the 2011 and 2012 satisfaction survey results from ArchCare Senior Life and all other MLTC plans statewide, in the areas of plan rating, quality ratings for key services, timeliness of critical services, access to critical services, and advance directives.

Figure 3a: 2011/2012 Satisfaction Survey Results ArchCare and PACE Plans	ArchCare		Overall PACE 2011 (N=409)		ArchCare		Overall PACE 2012 (N=446)	
	2011 (N=7)				2012 (N=34)			
Description	Denomi nator	%	Denomin ator	%	Denom inator	%	Denom inator	%
Plan Rated as Good or Excellent	7	71.4%	403	89.8%	32	78.1%	430	85.8%
Quality of Care Rated as Good or Excellent								
Regular Doctor	5	100.0%	381	88.7%	31	87.1%	405	90.1%
Dentist	5	80.0%	280	76.8%	29	75.9%	291	73.2%
Eye Care-Optometry	6	66.7%	338	83.4%	27	63.0%	355	80.0%
Foot Care	5	80.0%	275	85.8%	27	63.0%	278	77.3%
Home Health Aide	6	66.7%	313	86.6%	24	70.8%	337	84.9%
Care Manager	7	85.7%	365	90.1%	27	70.4%	366	86.3%
Regular Visiting Nurse	6	100.0%	339	91.2%	29	72.4%	360	87.2%
Medical Supplies	5	100.0%	343	93.0%	25	84.0%	355	91.8%
Transportation Services	7	100.0%	371	86.3%	33	75.8%	387	86.1%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	7	71.4%	310	78.7%	22	86.4%	319	77.1%
Care Manager	6	66.7%	327	76.8%	27	63.0%	341	68.0%
Regular Visiting Nurse	7	57.1%	325	77.5%	26	53.9%	340	71.2%
Transportation TO the Doctor	6	100.0%	346	77.5%	30	73.3%	370	71.0%
Transportation FROM the Doctor	6	100.0%	345	76.2%	30	76.7%	366	68.3%
Access to Routine Care (Less Than 1 Month)								
Regular Doctor	5	80.0%	315	74.6%	26	65.4%	343	69.7%
Dentist	4	25.0%	221	49.3%	25	36.0%	229	42.4%
Eye Care/Optometry	4	25.0%	254	48.4%	23	43.5%	282	44.7%
Foot Care/Podiatry	5	40.0%	208	54.8%	24	45.8%	223	48.0%
Access to Urgent Care (Same Day)								
Regular Doctor	4	75.0%	289	62.6%	26	61.5%	324	48.5%
Dentist	4	0.0%	158	13.3%	18	11.1%	173	14.5%
Eye Care/Optometry	3	0.0%	178	16.9%	16	6.3%	200	13.0%
Foot Care/Podiatry	5	20.0%	160	16.3%	17	29.4%	163	22.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	7	71.4%	398	77.9%	30	66.7%	389	81.5%
Member has legal document appointing someone to make decisions ++	7	85.7%	402	83.1%	28	82.1%	395	82.5%
Health plan has copy of this document ♦ ++	6	66.7%	325	76.9%	17	100.0%	269	91.4%

N reflects the total number of members who completed the survey. Denominator values reflect the total number of responses for each survey item.

♦ Item based on a skip pattern

++ Represents new question in 2011

Figure 3b: 2011/2012 Satisfaction Survey Results ArchCare and MLTC Plans Statewide	ArchCare 2011 (N=7)		Statewide 2011 (N=1,845)		ArchCare 2012 (N=34)		Statewide 2012 (N=2,522)	
	Denomi nator	%	Denom inator	%	Denom inator	%	Denom inator	%
Plan Rated as Good or Excellent	7	71.4%	1,816	85.2%	32	78.1%	2,458	84.2%
Quality of Care Rated as Good or Excellent								
Regular Doctor	5	100.0%	1,664	88.6%	31	87.1%	2,247	88.9
Dentist	5	80.0%	1,148	71.7%	29	75.9%	1,530	70.2%
Eye Care-Optometry	6	66.7%	1,462	82.4%	27	63.0%	1,951	81.3%
Foot Care	5	80.0%	1,248	82.9%	27	63.0%	1,640	80.2%
Home Health Aide	6	66.7%	1,529	86.7%	24	70.8%	2,056	87.1%
Care Manager	7	85.7%	1,612	87.0%	27	70.4%	2,108	84.3%
Regular Visiting Nurse	6	100.0%	1,583	85.8%	29	72.4%	2,132	83.7%
Medical Supplies	5	100.0%	1,373	86.7%	25	84.0%	1,844	85.9%
Transportation Services	7	100.0%	1,450	80.8%	33	75.8%	1,916	77.7%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	7	71.4%	1,383	78.9%	22	86.4%	1,897	78.2%
Care Manager	6	66.7%	1,407	73.0%	27	63.0%	1,876	69.3%
Regular Visiting Nurse	7	57.1%	1,493	72.7%	26	53.9%	2,027	69.1%
Transportation TO the Doctor	6	100.0%	1,315	71.9%	30	73.3%	1,766	68.5%
Transportation FROM the Doctor	6	100.0%	1,318	68.6%	30	76.7%	1,742	66.9%
Access to Routine Care (Less Than 1 Month)								
Regular Doctor	5	80.0%	1,483	58.5%	26	65.4%	2,104	58.7%
Dentist	4	25.0%	916	44.5%	25	36.0%	1,234	46.2%
Eye Care/Optometry	4	25.0%	1,196	41.8%	23	43.5%	1,647	42.9%
Foot Care/Podiatry	5	40.0%	1,043	44.1%	24	45.8%	1,390	44.9%
Access to Urgent Care (Same Day)								
Regular Doctor	4	75.0%	1,234	51.0%	26	61.5%	1,755	45.4%
Dentist	4	0.0%	656	25.5%	18	11.1%	920	25.8%
Eye Care/Optometry	3	0.0%	853	24.2%	16	6.3%	1,195	22.3%
Foot Care/Podiatry	5	20.0%	763	23.1%	17	29.4%	1,039	25.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	7	71.4%	1,763	62.5%	30	66.7%	2,087	68.2 %
Member has legal document appointing someone to make decisions ++	7	85.7%	1,802	59.1%	28	82.1%	2,145	61.1%
Health plan has copy of this document ♦ ++	6	66.7%	1,045	60.5%	17	100.0%	956	77.4%

N reflects the total number of members who completed the survey. Denominator values reflect the total number of responses for each survey item.

♦ Item based on a skip pattern

++ Represents new question in 2011

ArchCare 2012 vs. PACE and Statewide Survey Results:

Although the survey sample size was quite small (n=34), it should be noted that members who responded to the questions relating to quality of care were not as satisfied with their eye care, foot care, home health aide, care manager or regular visiting nurse as members in other plans:

- 63% of ArchCare Senior Life respondents rated quality of care as good or excellent for their eye care providers, compared to 80% of respondents from other PACE plans and 81.3% from all plans statewide.
- 63% of ArchCare Senior Life respondents also rated foot care as good or excellent, compared with other PACE plan members (77.3%) and statewide plan members (80.2%).
- About 70% of members rated their health aide, care manager and regular visiting nurse service as good or excellent, which is 15 percentage points lower than those in other plans.

With the exception of their regular physician, less than half of members indicated that they were able to see a doctor (dentist, optometrist or podiatrist) within 30 days for routine care. These figures were on par with members in other PACE and statewide plans.

More ArchCare Senior Life members (61.5%) indicated that they had same-day access to a regular doctor for urgent care compared with other PACE plan members (48.5%) and those enrolled in other plans statewide (45.4%). This is in contrast to the 11% of ArchCare Senior Life members who had same-day access to a dentist, and the 6% who had same-day access to an optometrist.

ArchCare 2011 vs. ArchCare 2012 Survey Results:

There were several notable differences between the survey results from 2011 compared with those from 2012. Positive differences include the following:

- The perceived timeliness of the home health aide improved, as there was a 15 percentage point increase in the number of respondents who indicated this service was always or usually on time (from 71.4% to 86.4%).
- Access to routine care for optometry increased by more than 18 percentage points (from 25% to 43.5%), while access to routine care for a dentist increased by 11 percentage points (25% to 36%).
- The percent of respondents who indicated their health plan had a copy of their advance directive increased by more than 33 percentage points (from 66.7% to 100%).

Other observations between survey results from 2011 and 2012 were as follows:

- Quality of care ratings decreased for each service listed in Figure 3a with the exception of home health aides (which saw a modest increase of 4.1 percentage points).
- The perceived timeliness of transportation to and from the doctor was rated less favorably in 2012, as evidenced by the 23 percentage point decrease in the number of respondents who indicated this service was always or usually on time.
- Access to routine care for a primary care physician decreased over 14 percentage points, from 80% to 65.4%, while access to urgent care for a primary care physician decreased over 13 percentage points, from 75% to 61.5%.

Section Six: SAAM-Quality of Clinical Assessments

The Semi Annual Assessment of Members (SAAM) is the assessment tool utilized by the MLTC plans to conduct clinical assessments of members, at start of enrollment and at six month intervals thereafter. There are fifteen (15) care categories, or domains in SAAM, as follows:

Diagnosis/Prognosis/Surgeries	Falls
Living arrangements	Neuro/Emotional Behavioral Status
Supportive assistance	ADL/IADLs
Sensory status	Medications
Integumentary status	Equipment Management
Respiratory status	Emergent Care
Elimination status	Hospitalizations
	Nursing Home Admissions

SAAM data are submitted to the NYSDOH twice annually, in January and July. The January submission consists of assessments conducted between July and December of the prior year, the July submission consists of assessments conducted between January and June of the same year. Twice annually, following submissions, the NYSDOH issues plan specific reports containing plan mean results and comparison to statewide averages.

In 2007, the SAAM was expanded beyond its role as a clinical assessment tool, to determine MLTC plan eligibility. An eligibility scoring index was created; the scoring index consists of 13 items/questions, as follows:

Urinary Incontinence	Bathing
Urinary incontinence frequency	Toileting
Bowel incontinence frequency	Transferring
Cognitive functioning	Ambulation/Locomotion
Confusion	Feeding/Eating
Anxiety	
Ability to dress upper body	
Ability to dress lower body	

Each item has a point value; a combined total score of 5 or greater constitutes MLTC eligibility.

Figure 4a contains ArchCare Senior Life's January 2013 summary SAAM assessment results, and Figure 4b contains ArchCare Senior Life's SAAM results from July 2011 through January 2013, for the 13 eligibility index items. Included also are the number of falls resulting in medical intervention and frequency of pain.

Figures 4c and 4d are graphical representations of the data in Figure 4b.

Figure 4a: ArchCare Senior LIFE PACE and Statewide SAAM Data 2013

SAAM Item	Plan Mean July 2012	Statewide Mean July 2012	Plan Mean Jan 2013	Statewide Mean Jan 2013
	N=268	N=58,610	N=286	N=77,983
Ambulation – Average score on a scale of 0-6, 0 highest level	2.3	2.3	2.3	2.2
Bathing – Average score on a scale of 0-5, 0 highest level	2.4	2.5	2.4	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.4	1.5	1.4	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.3	1.6	1.5	1.6
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.5	1.9	1.7	1.9
Toileting – Average score on a scale of 0-4, 0 highest level	0.9	0.8	1.0	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.6	0.7	0.5	0.7
Urinary Incontinence Frequency – % incontinent more than once/week	88.5%	87.0%	87.4%	86.8%
Bowel Incontinence Frequency – % with any bowel incontinence	26.7%↑	19.9%	25.1%	20.9%
Cognitive Functioning – % with any degree of cognitive impairment	71.7%↑	59.6%	77.1%↑	58.0%
When Confused – % with any level of confusion	93.6%↑	62.3%	86.0%↑	62.6%
When Anxious – % with any level of anxiety	85.1%↑	61.1%	75.3%↑	61.4%
Frequency of Pain – % experiencing pain at least daily	27.8%↓	53.1%	38.0%↓	54.3%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	58.0%↑	48.6%	46.9%	46.8%
↑ indicates a percentage that is 5 or more percentage points greater than the statewide average				
↓ indicates a percentage that is 5 or more percentage points lower than the statewide average				

SAAM assessments appear to reflect a higher percentage of members with behavioral health concerns, as evidenced by cognitive functioning impairment, confusion and anxiety levels notably higher than statewide averages. This trend was consistent for both the January 2013 and July 2012 submission periods. It should be noted, however, that the SAAM questions pertaining to these conditions contain a high level of subjectivity on the part of the assessor and may be scored based upon behavior/attitude exhibited solely at the time of the assessment visit.

In terms of physical health, SAAM data indicate that the percentage of members experiencing pain on a daily basis was lower than the statewide averages for both submission periods. Conversely, a higher percentage of ArchCare Senior Life members experienced falls requiring medical intervention, compared with other members throughout the state (in the July 2012 submission period).

Figure 4b: ArchCare Senior Life PACE SAAM Data 2011-2012

SAAM Item	Plan Mean July 2011	Plan Mean Jan 2012	Plan Mean July 2012	Plan Mean Jan 2013
	N=172	N=234	N=268	N=286
Ambulation – Average score on a scale of 0-6, 0 highest level	2.0	2.1	2.3	2.3
Bathing – Average score on a scale of 0-5, 0 highest level	2.2	2.2	2.4	2.4
Transferring – Average score on a scale of 0-6, 0 highest level	1.2	1.3	1.4	1.4
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.3	1.3	1.3	1.5
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.5	1.5	1.5	1.7
Toileting – Average score on a scale of 0-4, 0 highest level	0.8	0.9	0.9	1.0
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.6	0.7	0.6	0.5
Urinary Incontinence Frequency – % incontinent more than once/week	87.8%	83.9%	88.5%	87.4%
Bowel Incontinence Frequency – % with any bowel incontinence	22.2%	19.4%	26.7%	25.1%
Cognitive Functioning – % with any degree of cognitive impairment	64.3%	70.0%	71.7%	77.1%
When Confused – % with any level of confusion	73.1%	84.4%	93.6%	86.0%
When Anxious – % with any level of anxiety	63.8%	64.1%	85.1%	75.3%
Frequency of Pain – % experiencing pain at least daily	45.4%	36.9%	27.8%	38.0%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	42.9%	44.7%	58.0%	46.9%

Figures 4c and 4d: ArchCare Senior Life SAAM Data 2011-2012

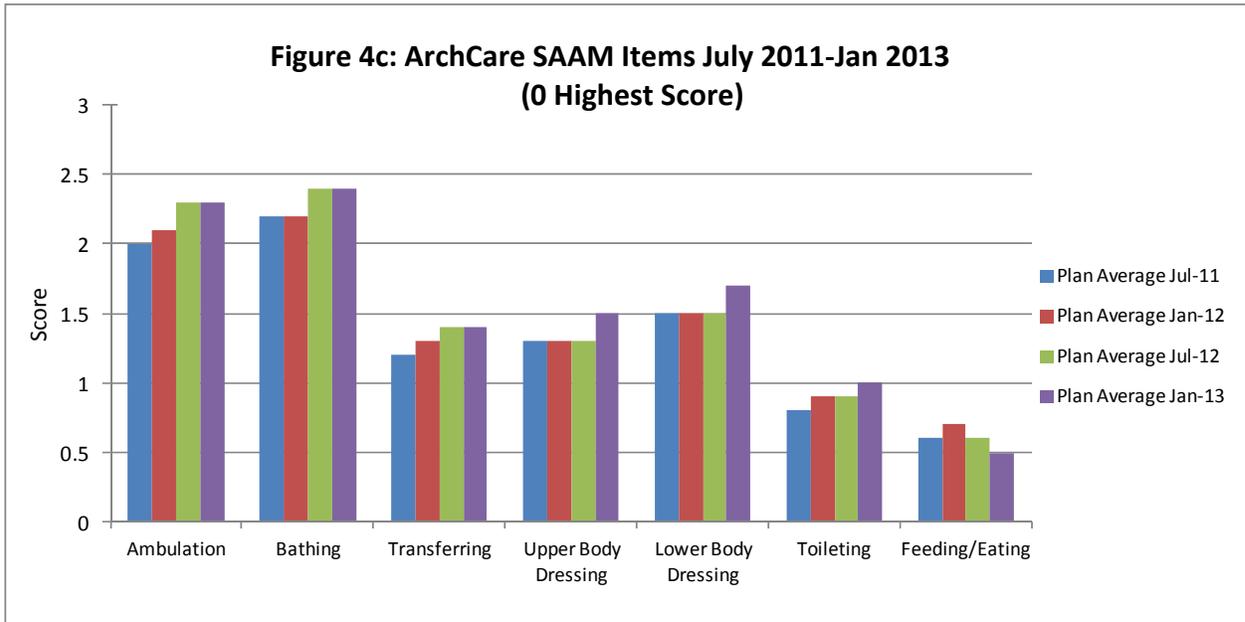


Figure 4c: Scores for ambulation, bathing and transferring were higher for both July 2012 and January 2013 reporting periods, indicating a lower level of ability among members to engage in these activities of daily living. Upper/lower body dressing and toileting scores were the highest during the January 2013 reporting period. Feeding/eating scores were lowest during this same time.

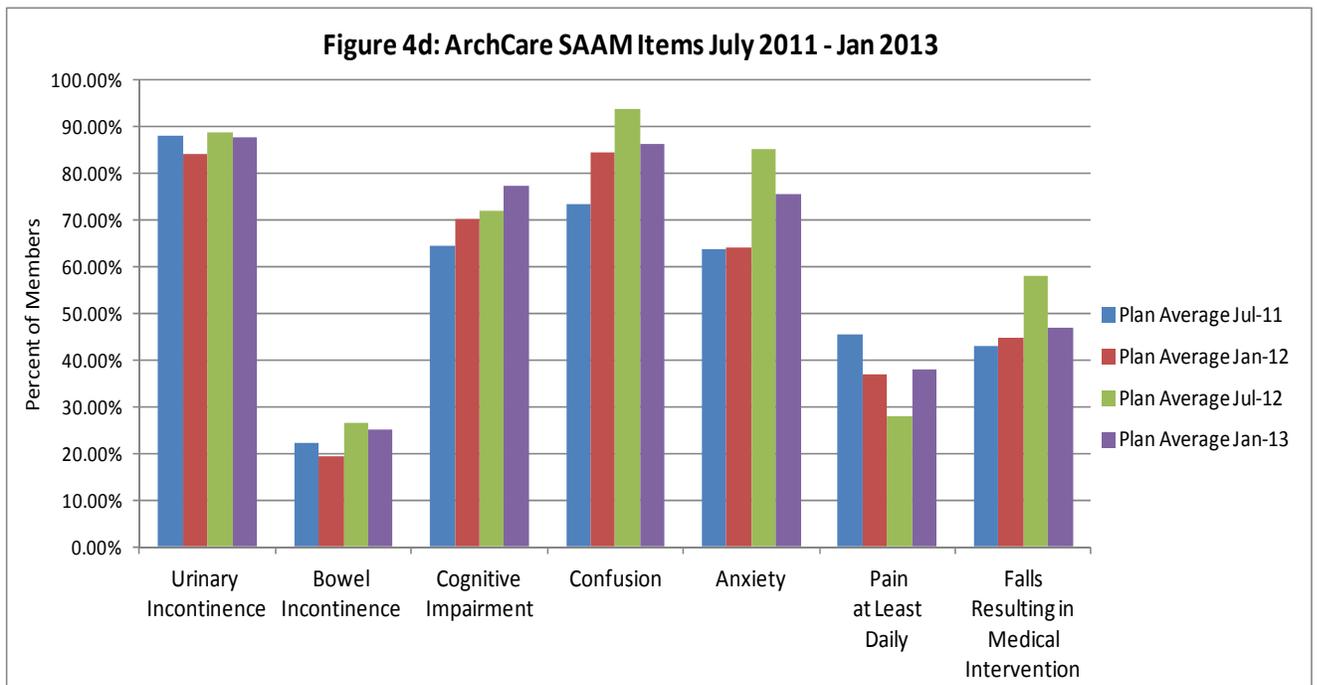


Figure 4d: The highest rates of confusion, anxiety, urinary incontinence and falls were reported in July 2012. The lowest rates of pain were reported during this same time.

Section Seven: Performance Improvement Projects

MLTC plans conduct performance improvement projects (PIPs) on an annual basis. Proposed project topics are presented to IPRO and to the NYSDOH prior to the PIP period, for approval. Periodic conference calls are conducted during the PIP period to monitor progress.

The following represents a summary of ArchCare Senior Life's PIP for 2012:

ArchCare sought to minimize the number of falls at all of their facilities, with their 2012 PIP entitled "PACE Participant Down". This project was implemented due to falls accounting for approximately two-thirds of the plan's incidents, in addition to an increase in falls at one of their day care centers in late 2011.

To achieve this objective of decreasing falls amongst their member population, ArchCare's goal was to implement a risk assessment tool for falls, followed by targeted interventions to prevent them in the future. This was to follow American and British Geriatrics Society recommendations on fall minimization. Interventions consisted of:

- All plan member falls (for both members living at home and in assisted living facilities) were to be assessed and evaluated for future risk by a multidisciplinary panel consisting of a physician, a nurse and a physical therapist.
- Care plans were modified to cater to each member's special needs in relation to falls.
- Multi-factorial interventions would occur between care givers and members to educate them about falls prevention.

A summary of results is presented on the following page:

Sample Table: Baseline Results

Indicator	Falls	Member Months (MM)	Falls / 100 MM
Q3 2011 Falls Per 100 Member Months	27	568	4.75
Q4 2011 Falls Per 100 Member Months	26	633	4.11

Sample Table: Post Intervention (Final) Results

Indicator	Falls	Member Months (MM)	Falls / 100 MM
Q2 2012 Falls Per 100 Member Months	41	730	5.62
Q3 2012 Falls Per 100 Member Months	49	770	6.36

ArchCare Senior Life actually saw an increase in falls amongst project participants, when compared to the baseline measurements taken in the third and fourth quarters of 2011. In the second quarter of 2012 the rate rose to 5.62 falls per 100 Member Months (MM) and then to 6.36/100 MM in the third quarter of 2012. ArchCare attributes this to a number of factors:

- One possible factor, as discussed by the plan, was a “basement effect”. Falls and fall-rates increased, but, when compared to the benchmark, the plan’s fall rate was consistently 50% less than the rate for the peer group of the PACE programs and at all times the fall rate was either below or at the 25th percentile.
 - During the previous 2 years, ArchCare had performed two PIPs that focused on Vitamin D therapy as well as exercise /physical therapy, and the plan believes that it is possible that the fall rate was and remained low due to these interventions.
- Due to the heightened awareness of the falls reduction study, it is likely that there was an increase in the completion of incident reports of falls. Thus, falls may have been slightly under reported in prior years.

The next steps for the study, beyond the reporting period, are as follows:

- Continue both the Vitamin D supplementation and exercise programs, or physical therapy for those members who have fallen or are at high risk to fall.
- Continue to have the Inter Disciplinary Team (IDT) members analyze falls in a group setting at morning meetings.
- All falls data will continue to be monitored by incident reports, and reported and analyzed at the Quality Management and Quality Utilization meetings.

Section Eight: Summary/Overall Strengths and Opportunities

For the observations pertaining to survey results, it should be noted that the sample size was very small (especially in 2011) and thus results may be skewed.

Strengths

Timeliness (Home Health Aide)

The perceived timeliness of the home health aide improved from 2011 to 2012, as there was a 15 percentage point increase in the number of respondents who indicated this service was always or usually on time (from 71.4% to 86.4%).

Access to Urgent Care (Regular Doctor and Podiatrist)

ArchCare Senior Life members reported a higher rate of access to their regular doctor and podiatrist than did members of similar plans and all other plans statewide in 2012. .

Access to Routine Care

When compared with the 2011 ArchCare MLTC Survey, access to routine care for optometry increased by more than 18 percentage points (from 25% to 43.5%), while access to routine care for a dentist increased by 11 percentage points (25% to 36%).

Frequency of Pain

Those enrolled in the ArchCare Senior Life plan reported less chronic pain for both submission periods in 2012, compared with members of other plans statewide; 38.0% of respondents experienced chronic pain in the January submission, compared with 54.3% of those statewide, while 27.8% experienced chronic pain in the July submission, compared with 53.1% statewide.

Opportunities

Quality of Care

ArchCare Senior Life members did not rate the quality of care they received from their doctors as favorably as members enrolled in other plans in 2012. Optometrists, podiatrists, home health aides, care managers and visiting nurse services all received lower quality of care ratings from ArchCare Senior Life members as opposed to members in other plans. Furthermore, when compared with 2011 data, quality of care ratings decreased for each service (with the exception of home health aides).

It is recommended that ArchCare Senior Life consider conducting additional focused surveys to a subset of members, to determine if quality issues do in fact exist with these providers/vendors.

Timeliness (Visiting Nurse Service and Transportation)

In 2012, 53.9% of ArchCare Senior Life members indicated that their visiting nurse service was always or usually on time, compared with other PACE plan members (71.2%) and other plan members statewide (69.1%). The perceived timeliness of transportation to and from the doctor was rated less favorably in 2012 compared with 2011, evidenced by a 23 percentage point decrease in the number of respondents who indicated this service was always or usually on time. It is recommended that ArchCare Senior Life conduct a focused member survey, addressing these services, to determine the nature of these timeliness issues.

Access to Urgent Care (Dentist and Optometrist)

In 2012, 11.1% of respondents indicated being able to access their dentist for same day urgent care, while an even lower percent report being able to see an optometrist for same day care (6.3%). A focused member survey should be considered, to determine if access issues exist with these providers.

Access to Urgent and Routine Care (PCP)

When compared to 2011 survey results, access to routine care for a primary care physician decreased by over 14 percentage points, from 80.0% to 65.4%, while access to urgent care for a primary care physician decreased by over 13 percentage points, from 75.0% to 61.5%.

Behavioral Health

According to SAAM data from both measurement periods, members of ArchCare Senior Life's PACE plan suffered from higher rates of anxiety when compared to the statewide mean. The prevalence of anxiety was about 14 percentage points higher for the January submission, and 24 percentage points higher in for the July submission.

SAAM data also reflected higher levels of cognitive impairment among ArchCare respondents in the January submission (77.1% compared with 58.0% statewide) and in the July submission (71.7% compared with 59.6% statewide).

Additionally, members seemed to experience more confusion than those in other statewide plans (86% versus 62.6% respectively in the January submission, and 93.6% compared with 62.3% in the July submission).

The scores for these questions (anxiety, confusion, cognitive impairment) can rely heavily upon assessor observation at the time of the SAAM visit and may be subjectively scored based upon the observations of the same assessor. It is therefore recommended that ArchCare Senior Life conduct an inter-rater reliability project for clinical assessments, to aid in determining whether these members do in fact have these significantly higher and/or lower levels of impairment than on a statewide basis, or if there are scoring issues. It may prove advantageous to have two assessors independently conduct the same assessments on a sample of members, to test the validity of responses.

Falls Resulting in Medical Intervention

A greater percentage of ArchCare Senior Life members experienced falls that resulted in medical intervention, compared to the statewide mean. ArchCare had incorporated a falls mitigation program into their 2012 PIP, where possible modifications to this program (such as introducing more physical therapy or exercise programs) may be helpful in reducing falls and fall-related injuries. It is recommended that ArchCare continue efforts in this area.

Encounter Data

Encounter data submissions for several categories reflected low levels of utilization. Home nursing visits, personal care hours, transportation services, optometrist visits and PCP visits reflected low utilization levels in 2012. Furthermore, utilization decreased for the majority of services from 2011 to 2012.

It is recommended that ArchCare Senior Life attempt to validate these data through comparison to medical records, care management correspondence, etc., in order to identify if under-reporting issues exist or if there are barriers to obtaining and reporting these data.