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

PLAN – Technical Report
For
EDDY SENIOR CARE

Reporting Year 2012

November 2014

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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 (PTRs) 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

Eddy Senior Care (ESC) is a regional PACE program operating in the capital region of New York State. Eddy is a subsidiary of Northeast Health, which in turn is a subsidiary of St. Peters Health Partners. The following report presents plan-specific information for the PACE product line.

- Plan ID: 01674982
- Start Date: 1999
- Product Line(s): PACE
- Age Requirement: 55 and older
- Contact Information: 504 State St
Schenectady, NY 12305
(518) 382-3209

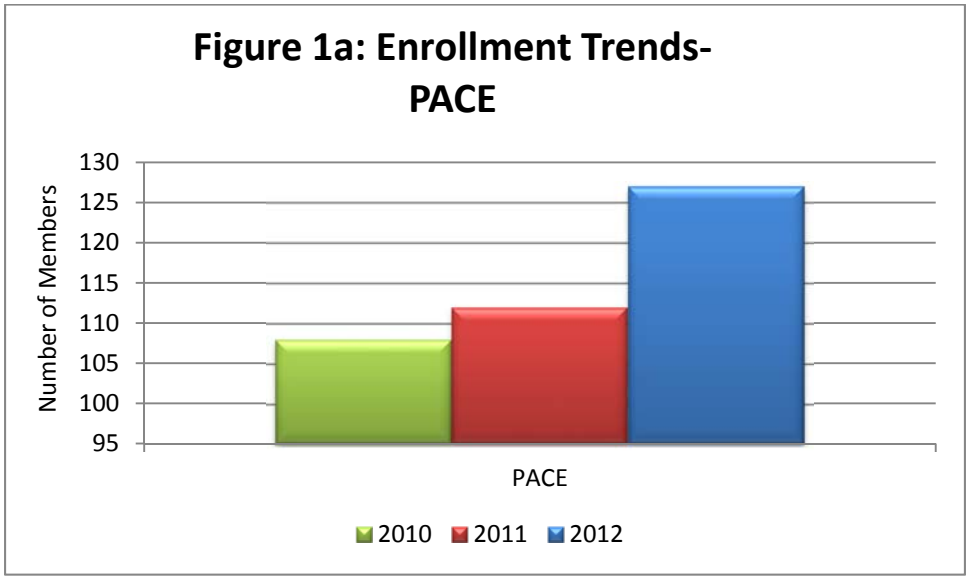
Participating Counties and Programs			
Albany (not entire county)	PACE	Schenectady (not entire county)	PACE

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 3.7% from 2010 to 2011 and by 13.4% from 2011 to 2012. Figure 1a trends the PACE product line enrollment.

Figure 1: Membership: PACE- 2010-2012

	2010	2011	2012
Number of Members	108	112	127
% Change From Previous Year	3.8%	3.7%	13.4%



Section Four: Utilization

Figure 2 represents Eddy Senior Care'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 Medicaid Encounter Data System (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		
	Eddy	PACE	Statewide	Eddy	PACE	Statewide
Home Health Care-Nursing (visits)	24.40	38.13	12.13	N/A*	33.46	7.16
Home Health Care-Physical Therapy (visits)	N/A*	4.80	1.63	N/A*	2.06	0.91
Personal Care (hours)	N/A*	119.46	132.80	N/A*	94.61	90.64
Transportation (one-way trips)	98.90 ↑	45.36	23.73	53.92 ↑	28.63	15.65
Nursing Home (days)	0.92	0.81	0.40	N/A*	0.33	0.11
Dental (visits)	1.30↑	0.27	0.73	0.72	0.34	0.52
Optometry (visits)	1.38↑	0.41	0.45	0.63	0.16	0.25
Podiatry (visits)	2.50	3.00	0.80	0.79	0.94	0.45
Primary Care (PCP) (visits)	10.70	10.53	10.98	3.55↓	4.05	27.59
Physician Specialist (visits)	8.20	10.55	10.98	2.70	4.11	1.97
Emergency Room (discharges)	N/A*	0.31	0.56	N/A*	0.16	90.64
Hospitalizations (days)	0.50↓	3.07	3.21	N/A*	0.75	15.65

↑Indicates MEDS encounter data results above PACE and/or statewide averages
↓Indicates MEDS encounter data results below PACE and/or statewide averages
* Data not reported/not available

Eddy 2012 vs. PACE and Statewide Averages:

PCP visit utilization, while on par with the PACE average, was significantly below the statewide average. Transportation services were reported higher than PACE and statewide averages. This could be a result of Eddy's member population belonging to two suburban counties, with limited access to public transportation, or due to transportation to and from the plan's day center, a major service for PACE members.

Eddy 2011 vs. Eddy 2012:

There were many categories of data that were either not reported or not available for reporting in 2012, thus making comparative analyses more limited. Of the data that were reported (transportation, dental/optometry/podiatry visits, PCP visits and specialist visits), each had lower utilization rates when compared with 2011 data.

Section Five: Member Satisfaction

IPRO, 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 Eddy Senior Care's PACE product line was 42.2% (35 respondents out of 83 members in the sample).

IPRO had conducted a similar survey in 2011. Figure 3a represents data from the 2011 and 2012 satisfaction survey results from Eddy Senior Care's PACE product line 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 Eddy Senior Care's PACE product line 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 Eddy and PACE Plans	Eddy 2011 (N=30)		Overall PACE 2011 (N=409)		Eddy 2012 (N=35)		Overall PACE 2012 (N=446)	
Description	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**
Plan Rated as Good or Excellent	30	70.0%	403	89.8%	32	78.1%	430	85.8%
Quality of Care Rated as Good or Excellent								
Regular Doctor	27	88.9%	381	88.7%	31	93.6%	405	90.1%
Dentist	22	72.7%	280	76.8%	21	66.7%	291	73.2%
Eye Care-Optometry	26	84.6%	338	83.4%	27	77.8%	355	80.0%
Foot Care	26	88.5%	275	85.8%	28	75.0%	278	77.3%
Home Health Aide	29	79.3%	313	86.6%	28	82.1%	337	84.9%
Care Manager	30	73.3%	365	90.1%	27	77.8%	366	86.3%
Regular Visiting Nurse	25	88.0%	339	91.2%	28	78.6%	360	87.2%
Medical Supplies	30	83.3%	343	93.0%	29	93.1%	355	91.8%
Transportation Services	26	92.3%	371	86.3%	32	93.8%	387	86.1%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	28	60.7%	310	78.7%	31	74.2%	319	77.1%
Care Manager	24	58.3%	327	76.8%	23	60.9%	341	68.0%
Regular Visiting Nurse	27	48.1%	325	77.5%	28	64.3%	340	71.2%
Transportation TO the Doctor	24	87.5%	346	77.5%	29	79.3%	370	71.0%
Transportation FROM the Doctor	23	95.7%▲	345	76.2%	27	74.1%	366	68.3%
Access to Routine Care (Less Than 1 Month)								
Regular Doctor	23	69.6%	315	74.6%	26	69.2%	343	69.7%
Dentist	N/A	N/A	221	49.3%	N/A	N/A	229	42.4%
Eye Care/Optometry	20	30.0%	254	48.4%	19	52.6%	282	44.7%
Foot Care/Podiatry	22	45.5%	208	54.8%	22	45.5%	223	48.0%
Access to Urgent Care (Same Day)								
Regular Doctor	21	61.9%	289	62.6%	27	40.7%	324	48.5%
Dentist	N/A	N/A	158	13.3%	N/A	N/A	173	14.5%
Eye Care/Optometry	N/A	N/A	178	16.9%	N/A	N/A	200	13.0%
Foot Care/Podiatry	N/A	N/A	160	16.3%	N/A	N/A	163	22.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	30	80.0%	398	77.9%	31	80.7%	389	81.5%
Member has legal document appointing someone to make decisions ++	30	83.3%	402	83.1%	29	86.2%	395	82.5%
Health plan has copy of this document ♦ ++	25	80.0%	325	76.9%	21	95.2%	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.

N/A represents items with fewer than 20 responses

♦ Item based on skip pattern

▲ Represents a significantly higher rate versus the overall PACE result ($p < .001$)

++ Represents new question in 2011

Figure 3b: 2011/2012 Satisfaction Survey Results Eddy and MLTC Plans Statewide	Eddy 2011 (N=30)		Statewide 2011 (N=1,845)		Eddy 2012 (N=35)		Statewide 2012 (N=2,522)	
Description	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**	**Denominator**	**%**
Plan Rated as Good or Excellent	30	70.0%	1,816	85.2%	32	78.1%	2,458	84.2%
Quality of Care Rated as Good or Excellent								
Regular Doctor	27	88.9%	1,664	88.6%	31	93.6%	2,247	88.9%
Dentist	22	72.7%	1,148	71.7%	21	66.7%	1,530	70.2%
Eye Care-Optometry	26	84.6%	1,462	82.4%	27	77.8%	1,951	81.3%
Foot Care	26	88.5%	1,248	82.9%	28	75.0%	1,640	80.2%
Home Health Aide	29	79.3%	1,529	86.7%	28	82.1%	2,056	87.1%
Care Manager	30	73.3%	1,612	87.0%	27	77.8%	2,108	84.3%
Regular Visiting Nurse	25	88.0%	1,583	85.8%	28	78.6%	2,132	83.7%
Medical Supplies	30	83.3%	1,373	86.7%	29	93.1%	1,844	85.9%
Transportation Services	26	92.3%	1,450	80.8%	32	93.8% ▲	1,916	77.7%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	28	60.7%	1,383	78.9%	31	74.2%	1,897	78.2%
Care Manager	24	58.3%	1,407	73.0%	23	60.9%	1,876	69.3%
Regular Visiting Nurse	27	48.1%	1,493	72.7%	28	64.3%	2,027	69.1%
Transportation TO the Doctor	24	87.5%	1,315	71.9%	29	79.3%	1,766	68.5%
Transportation FROM the Doctor	23	95.7%▲	1,318	68.6%	27	74.1%	1,742	66.9%
Access to Routine Care (Less Than 1 Month)								
Regular Doctor	23	69.6%	1,483	58.5%	26	69.2%	2,104	58.7%
Dentist	N/A	N/A	916	44.5%	N/A	N/A	1,234	46.2%
Eye Care/Optometry	20	30.0%	1,196	41.8%	19	52.6%	1,647	42.9%
Foot Care/Podiatry	22	45.5%	1,043	44.1%	22	45.5%	1,390	44.9%
Access to Urgent Care (Same Day)								
Regular Doctor	21	61.9%	1,234	51.0%	27	40.7%	1,755	45.4%
Dentist	N/A	N/A	656	25.5%	N/A	N/A	920	25.8%
Eye Care/Optometry	N/A	N/A	853	24.2%	N/A	N/A	1,195	22.3%
Foot Care/Podiatry	N/A	N/A	763	23.1%	N/A	N/A	1,039	25.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	30	80.0%	1,763	62.5%	31	80.7%	2,087	68.2%
Member has legal document appointing someone to make decisions ++	30	83.3%▲	1,802	59.1%	29	86.2% ▲	2,145	61.1%
Health plan has copy of this document ♦ ++	25	80.0%	1,045	60.5%	21	95.2% ▲	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.

N/A represents items with fewer than 20 responses

♦ Item based on skip pattern

▲ Represents a significantly higher rate versus the statewide result (p < .001)

++ Represents new question in 2011

Eddy Senior Care 2012 vs. PACE and Statewide Survey Results:

Survey results depicted in Figure 3b indicate that Eddy Senior Care's PACE product had several statistically significant differences when compared to other plans in New York State:

- A larger percentage of ESC respondents rated the quality of transportation services as good or excellent compared with those from other statewide plans (93.8% compared with 77.7%, respectively).
- Eddy Senior Care members had a higher rate of compliance with advance directives, when compared to the statewide mean; 86.2% of members indicated they had a healthcare proxy, in contrast to the 61.1% of members in other statewide MLTC plans. Furthermore, 95.2% indicated that ESC had a copy of their advance directive, compared with 77.4% of members from other statewide MLTC plans.

There were other slight deviations from both the PACE and statewide averages in terms of the timeliness of the care manager, visiting nurse and transportation services (Figures 3a and 3b):

- Among those who responded, 60.9% were satisfied with the punctuality of their care manager, compared with 68.0% for PACE plan members and 69.3% for all MLTC plan members statewide.
- 64.3% were satisfied with the punctuality of their visiting nurse service, compared with 71.2% for PACE plan members and 69.1% for all MLTC plan members statewide.
- A larger percentage of ESC respondents were satisfied with the timeliness of the transportation provided both to and from the doctor, compared with other PACE plans and all plans statewide.

In terms of access to routine care:

- A larger proportion of ESC respondents were able to see their eye care providers within 30 days (52.6% compared with 44.7% and 42.9% of the PACE and statewide averages, respectively).

Eddy Senior Care 2011 vs. Eddy Senior Care 2012 Survey Results:

There were several items that had more favorable responses in 2012 in comparison to 2011;

- The number of respondents who rated the plan as good or excellent increased by 8.1 percentage points.
- The perceived timeliness of the home health aide and regular visiting nurse improved (by 13.5 and 16.2 percentage points, respectively).
- A larger percentage of respondents indicated they had access to routine eye care (52.6% compared with 30.0% in 2011).
- The number of members who indicated that their health plan had a copy of their advance directive increased from 80.0% to 95.2%.

There were also several providers/services that had not performed as well in 2012;

- The number of respondents who rated the quality of their foot care as good or excellent decreased by 13.5 percentage points.
- The number of respondents who indicated that transportation services *to* the doctor were always or usually on time decreased by 8.2 percentage points, while timeliness of transportation services *from* the doctor decreased by 21.6 percentage points.

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
Living arrangements
Supportive assistance
Sensory status
Integumentary status
Respiratory status
Elimination status
Falls
Neuro/Emotional Behavioral Status
ADL/IADLs
Medications
Equipment Management
Emergent Care
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
Urinary incontinence frequency
Bowel incontinence frequency
Cognitive functioning
Confusion
Anxiety
Ability to dress upper body
Ability to dress lower body
Bathing
Toileting
Transferring
Ambulation/Locomotion
Feeding/Eating

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

Figure 4a contains Eddy Senior Care's January 2013 summary SAAM assessment results, for the 13 eligibility index items. Included also are the number of falls resulting in medical intervention and frequency of pain.

Figure 4b contains Eddy Senior Care's summary SAAM assessment 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: Eddy Senior Care and Statewide SAAM Data 2012

SAAM Item	Plan Mean July 2012	Statewide Mean July 2012	Plan Mean Jan 2013	Statewide Mean Jan 2013
	N=153	N=58,725	N=142	N=78,127
Ambulation – Average score on a scale of 0-6, 0 highest level	2.6	2.3	2.4	2.2
Bathing – Average score on a scale of 0-5, 0 highest level	3.0	2.5	2.8	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.6	1.5	1.4	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.5	1.6	1.4	1.6
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.9	1.9	1.8	1.9
Toileting – Average score on a scale of 0-4, 0 highest level	1.1	0.8	0.7	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	91.5%	87.0%	93.9%↑	86.8%
Bowel Incontinence Frequency – % with any bowel incontinence	30.2%↑	19.9%	27.4%↑	20.9%
Cognitive Functioning – % with any degree of cognitive impairment	79.9%↑	59.5%	80.6%↑	58.0%
When Confused – % with any level of confusion	79.9%↑	62.4%	79.8%↑	62.7%
When Anxious – % with any level of anxiety	76.0%↑	61.2%	75.8%↑	61.5%
Frequency of Pain – % experiencing pain at least daily	38.7%↓	53.0%	37.1%↓	54.2%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	38.0%↓	48.7%	23.8%↓	46.9%

↑ 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 data suggest that there was a higher rate of anxiety, confusion and cognitive impairment amongst Eddy Senior Care members as compared with members statewide. 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.

SAAM data for both submission periods also indicate that a lower percentage of ESC members suffered from chronic pain and falls resulting in medical intervention. Data also suggest, however, that a greater percentage of ESC members suffered from bowel and urinary incontinence compared with those in the statewide average.

Figure 4b: Eddy Senior Care SAAM Data 2011-2012

SAAM Item	Plan Average July 2011	Plan Average Jan 2012	Plan Average July 2012	Plan Average Jan 2013
	N=134	N=136	N=153	N=142
Ambulation – Average score on a scale of 0-6, 0 highest level	2.6	2.7	2.6	2.4
Bathing – Average score on a scale of 0-5, 0 highest level	2.8	3.1	3.0	2.8
Transferring – Average score on a scale of 0-6, 0 highest level	1.7	1.7	1.6	1.4
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.7	1.6	1.5	1.4
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.9	1.9	1.9	1.8
Toileting – Average score on a scale of 0-4, 0 highest level	1.2	1.3	1.1	0.7
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.6	0.6	0.6	0.5
Urinary Incontinence Frequency – % incontinent more than once/week	88.6%	93.5%	91.5%	93.9%
Bowel Incontinence Frequency – % with any bowel incontinence	39.1%	33.5%	30.2%	27.4%
Cognitive Functioning – % with any degree of cognitive impairment	69.5%	77.5%	79.9%	80.6%
When Confused – % with any level of confusion	75.6%	82.5%	79.9%	79.8%
When Anxious – % with any level of anxiety	81.8%	79.2%	76.0%	75.8%
Frequency of Pain – % experiencing pain at least daily	51.3%	41.7%	38.7%	37.1%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	38.1%	28.6%	38.0%	23.8%

Figures 4c and 4d: Eddy Senior Care SAAM Data 2011-2012

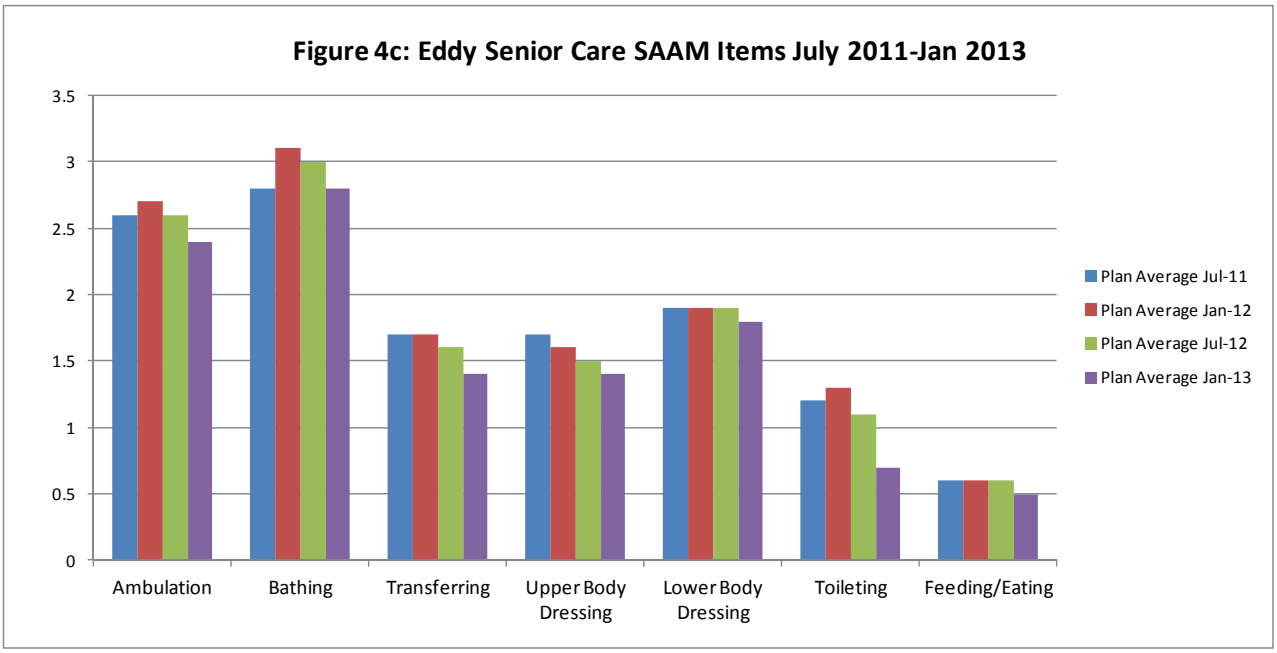


Figure 4c: Scores for ambulation, bathing, transferring, body dressing and toileting went down during each assessment period, from January 2012 to January 2013, indicating a higher level of ability to perform these tasks. The lowest overall scores for each category were reported in the January 2013 assessment period.

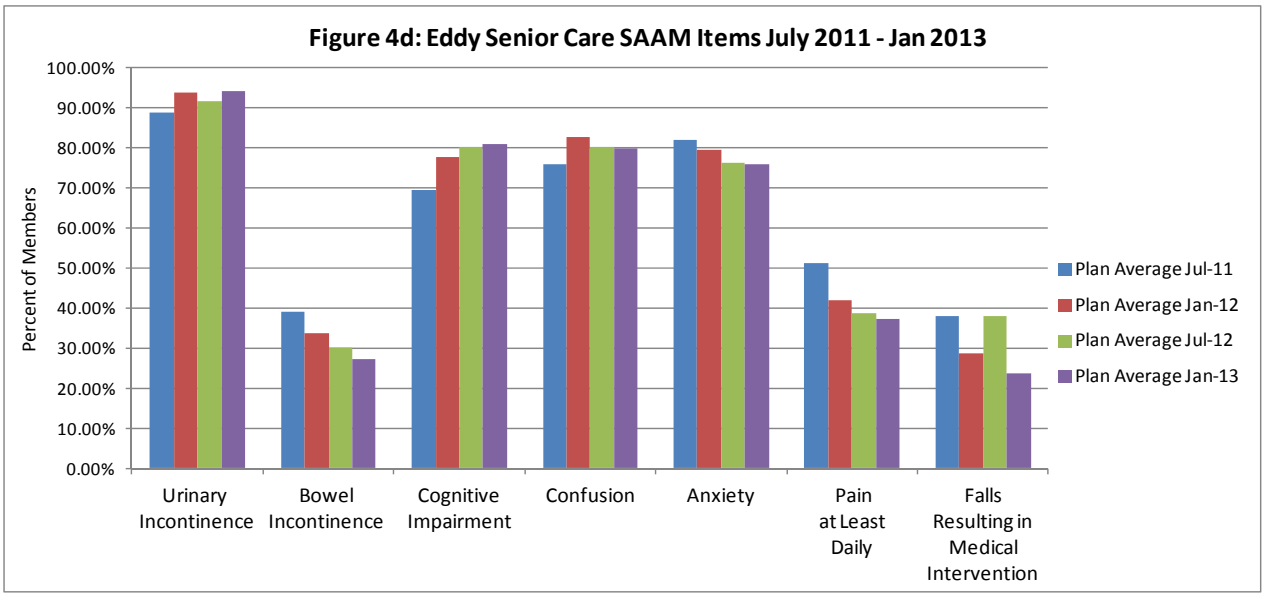


Figure 4d: Compared with the other assessment periods, January 2013 was more favorable for the majority of health outcomes displayed in the above graph. Furthermore, the percent of members suffering from bowel incontinence and frequency of pain steadily decreased over time, from July 2011 to January 2013.

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 Eddy Senior Care's PIP for 2012:

Eddy Senior Care sought to prevent the development of all Stage III, Stage IV and unstageable wounds amongst their plan members in their community setting. A scale known as the Braden scale determined plans of care and courses of intervention.

Interventions are described below:

- The Braden score was used to determine the study's population. Members with a score below 19 (those who are at mild risk to very high risk for pressure ulcers) were to be subjects in the PIP. The lower the Braden score, the higher the risk for skin breakdown.
- Scores were measured upon enrollment, bi-annually and if there was a change in the member's health status.
- The Braden score contributed to the implementation of certain interventions for each level of risk. Some of these include: frequent turning, the use of pressure reduction implements, nutritional management, the use of foam wedges and remobilizations. These recommendations were incorporated into member care plans.
- Throughout the course of the project, staff were trained and educated about the Braden scoring system. Department specific events were held, along with individual meetings.

Results are detailed below:

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Numerator: Interventions Implemented	100	176	380	268
Denominator: Interventions Recommended	316	281	397	288
% Compliance w/ Recommendations	31.6%	62.6%	95.7%	93.1%

Eddy Senior Care staff showed significant improvement in compliance with the Braden score and its care recommendations, as the year progressed. The plan stated that as the project continued, staff developed knowledge and awareness about pressure ulcers that led to improvements in the quality of care that their members received. Throughout the course of the study (2012), not a single member suffered a Stage III, IV or unstageable wound in the plan's community setting. To the benefit of its plan members, ESC plans to continue monitoring staff compliance with Braden recommended interventions.

Section Eight: Summary/Overall Strengths and Opportunities

Strengths

SAAM Data
Pain frequency appeared to have decreased in prevalence among ESC members for each reporting period from July 2011 to January 2013 and each time the results were better than statewide averages. This may be indicative of an effective pain management program in place for members. In addition, a lower percentage of members experienced falls resulting in medical intervention compared with the statewide averages in the January and July reporting periods.

Transportation Services
Eddy Senior Care rates superior both in quality and timeliness of transportation services, as evidenced by the 2012 satisfaction survey results. The overall quality of their transportation services was rated good or excellent by 93.8% of respondents, compared to 86.1% for other PACE plans and 77.7% for MLTC plans throughout New York (where the difference between the ESC and statewide averages was statistically significant). Ratings for timeliness for transportation both to and from the doctor were superior among ESC members when compared with both PACE and statewide averages.

Access to Care (Eye Care)
When compared with the 2011 survey results, a larger percentage of respondents indicated they had access to routine eye care in 2012 (52.6% compared with 30.0%).

Advance Directives
A substantial percentage of survey respondents (86.2%) reported having an advance directive in place in 2012. These results were slightly above the PACE average and significantly above the statewide average. 95.2% of respondents reported that a copy of their advance directive was on file with the plan, also surpassing PACE and statewide averages.

Performance Improvement Project
Eddy Senior Care showed significant improvement in compliance with the Braden score and its care recommendations, thus effectively preventing pressure ulcers in the plan's community setting. To the benefit of its plan members, ESC plans to continue monitoring staff compliance with Braden recommended interventions.

Opportunities

Behavioral Health
SAAM data reported in the January 2013 and July 2012 submission periods reflected a higher than average number of members exhibiting cognitive impairment, as well as a higher than average number of members exhibiting any levels of confusion and anxiety. The scores for these questions 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 over multiple SAAM assessments.

It is therefore recommended that Eddy Senior Care conduct an inter-rater reliability project for clinical assessments, to aid in determining whether these members do in fact have higher levels of impairment

than on a statewide basis, or if there are scoring issues. Two assessors could independently conduct the same assessments on a sample of members, to test the validity of responses.

Timeliness of Clinical/Home Care Services

Surveyed plan members in 2012 rated the timeliness of their home health aides, care managers and regular visiting nurse service less favorably when compared to both the overall PACE and statewide averages. Furthermore, compared with 2011 survey data, there were fewer respondents who indicated that transportation services to/from the doctor was always or usually on time. It should also be noted, however, that the perceived timeliness of the home health aide and regular visiting nurse improved from 2011 survey results (by 13.5 and 16.2 percentage points, respectively). It is recommended that ESC consider surveying a larger sample of their membership to determine the extent of these problems and the reasons for them.

Overall Plan Rating

In 2012, 78.1% of ESC's responding plan members rated the health plan as good or excellent, compared with 85.8% and 84.2% of the other PACE plans and other plans statewide, respectively. **It should be noted, however, that this was an improvement over last year's rating of 70.0%.**

MEDS Data

Encounter data for a number of services was not reported or not available for 2012. Of the data that were reported, each had lower utilization rates when compared to 2011 data. It is recommended that Eddy consider conducting a data validation study by comparing medical records, transportation logs, and any pertinent service correspondence to the MEDS data submissions, to determine the extent (if any) of any under or over reporting issues.