

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

**PLAN – Technical REPORT
FOR
INDEPENDENT LIVING FOR SENIORS**

Reporting Year 2012

March 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 (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 PTR 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

Independent Living for Seniors (Independent Living) is a regional, Managed Long-term Care (MLTC) plan servicing the Programs of All-inclusive Care for the Elderly (PACE) population. The following report presents plan-specific information for the PACE product line.

- Plan ID: 01278899
- Managed Long-term Care Start Date: 1992
- Product Line(s): PACE
- MLTC Age Requirement: 55 and older
- Contact Information: 2066 Hudson Ave
Rochester, NY 14617
(585) 922-2831

Participating Counties and Programs

Monroe

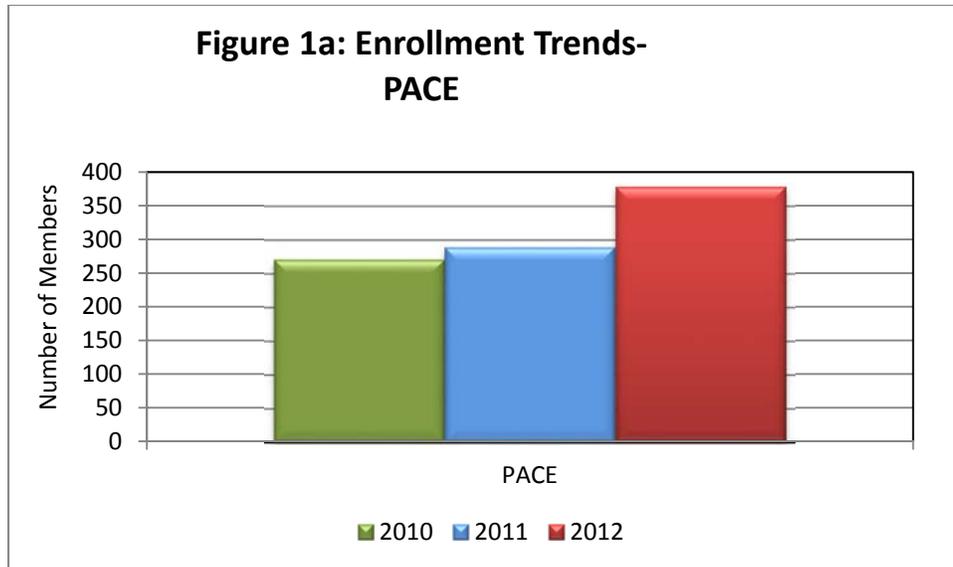
PACE

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 6.6% from 2010 to 2011 and by 31.1% from 2011 to 2012. Figure 1a trends PACE product line enrollment.

Figure 1: Membership: PACE- 2010-2012

	2010	2011	2012
Number of Members	271	289	379
% Change From Previous Year	3.4%	6.6%	31.1%



Section Four: Utilization

Figure 2 represents Independent Living for Seniors' 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		
	ILS	PACE	Statewide	ILS	PACE	Statewide
Home Health Care- Nursing (visits)	170.20↑	38.13	12.13	186.48↑	33.45	7.16
Home Health Care- Physical Therapy (visits)	1.30↓	4.80	1.63	2.28	2.06	0.91
Personal Care (hours)	N/A*	119.46	132.80	N/A*	94.61	90.64
Transportation (one-way trips)	7.80↓	45.36	23.73	4.27↓	28.63	15.65
Nursing Home (days)	1.20↑	0.81	0.40	N/A*	0.33	0.11
Dental (visits)	0.06↓	0.27	0.73	0.96	0.34	0.52
Optometry (visits)	0.89	0.41	0.45	0.38	0.16	0.25
Podiatry (visits)	1.50	3.00	0.80	0.65	0.94	0.45
Primary Care (PCP) (visits)	15.60↑	10.53	10.98	7.20↑	4.05	5.80
Physician Specialist (visits)	4.40↓	10.55	10.98	1.67↓	4.11	5.70
Emergency Room (discharges)	0.01↓	0.31	0.56	N/A*	0.16	0.46
Hospitalizations (days)	2.90	3.07	3.21	N/A*	0.75	1.18

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

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

* Data not reported/not available

ILS 2012 vs. PACE and Statewide Averages:

There were much higher levels of utilization of home nursing services and much lower levels of transportation and specialist visits compared with the PACE and statewide averages. Additionally, there were slightly higher utilization rates of PCP visits PMPY.

ILS 2011 vs. ILS 2012:

There was a slightly higher rate of utilization PMPY for home nursing and home physical therapy visits in 2012. In contrast, there were lower levels of utilization for transportation services, podiatry, PCP and specialist visits.

It should be noted that MEDS data for personal care hours, nursing home services, ER discharges, and hospitalizations were either not reported or were not available for reporting in 2012.

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 Independent Living for Seniors' (ILS) PACE product line was 27.9% (60 respondents out of 215 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 ILS' 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 ILS' 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 Independent Living for Seniors (ILS) and PACE Plans	ILS 2011 (N=79)		Overall PACE 2011 (N=409)		ILS 2012 (N=60)		Overall PACE 2012 (N=446)	
	Denominator	%	Denominator	%	Denominator	%	Denominator	%
Plan Rated as Good or Excellent	78	89.7%	403	89.8%	59	91.5%	430	85.8%
Quality of Care Rated as Good or Excellent								
Regular Doctor	75	92.0%	381	88.7%	58	91.4%	405	90.1%
Dentist	60	85.0%	280	76.8%	49	83.7%	291	73.2%
Eye Care-Optometry	63	85.7%	338	83.4%	53	86.8%	355	80.0%
Foot Care	56	85.7%	275	85.8%	33	84.9%	278	77.3%
Home Health Aide	67	86.6%	313	86.6%	53	86.8%	337	84.9%
Care Manager	69	88.4%	365	90.1%	54	90.7%	366	86.3%
Regular Visiting Nurse	67	88.1%	339	91.2%	51	90.2%	360	87.2%
Medical Supplies	74	94.6%	343	93.0%	51	96.1%	355	91.8%
Transportation Services	72	83.3%	371	86.3%	50	84.0%	387	86.1%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	67	76.1%	310	78.7%	47	68.1%	319	77.1%
Care Manager	64	78.1%	327	76.8%	48	62.5%	341	68.0%
Regular Visiting Nurse	67	77.6%	325	77.5%	49	69.4%	340	71.2%
Transportation TO the Doctor	69	65.2%	346	77.5%	48	62.5%	370	71.0%
Transportation FROM the Doctor	68	64.7%	345	76.2%	47	55.3%	366	68.3%
Access to Routine Care (Less Than 1 Month)								
Regular Doctor	52	90.4%▲	315	74.6%	41	73.2%	343	69.7%
Dentist	47	55.3%	221	49.3%	34	38.2%	229	42.4%
Eye Care/Optometry	41	53.7%	254	48.4%	37	37.8%	282	44.7%
Foot Care/Podiatry	43	74.4%	208	54.8%	27	40.7%	223	48.0%
Access to Urgent Care (Same Day)								
Regular Doctor	56	58.9%	289	62.6%	43	41.9%	324	48.5%
Dentist	33	18.2%	158	13.3%	27	3.7%	173	14.5%
Eye Care/Optometry	33	24.2%	178	16.9%	24	4.2%	200	13.0%
Foot Care/Podiatry	37	16.2%	160	16.3%	20	10.0%	163	22.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	77	79.2%	398	77.9%	55	83.6%	389	81.5%
Member has legal document appointing someone to make decisions ++	79	94.9%▲	402	83.1%	54	87.0%	395	82.5%
Health plan has a copy of this document ◆ ++	72	77.8%	325	76.9%	43	100%▲	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.

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

◆ Item based on a skip pattern

++ Represents new question in 2011

Figure 3b: 2011/2012 Satisfaction Survey Results Independent Living for Seniors (ILS) and MLTC Plans Statewide	ILS 2011 (N=79)		Statewide 2011 (N=1,845)		ILS 2012 (N=60)		Statewide 2012 (N=2,522)	
	Denominator	%	Denominator	%	Denominator	%	Denominator	%
Plan Rated as Good or Excellent	78	89.7%	1,816	85.2%	59	91.5%	2,458	84.2%
Quality of Care Rated as Good or Excellent								
Regular Doctor	75	92.0%	1,664	88.6%	58	91.4%	2,247	88.9%
Dentist	60	85.0%	1,148	71.7%	49	83.7%	1,530	70.2%
Eye Care-Optometry	63	85.7%	1,462	82.4%	53	86.8%	1,951	81.3%
Foot Care	56	85.7%	1,248	82.9%	33	84.9%	1,640	80.2%
Home Health Aide	67	86.6%	1,529	86.7%	53	86.8%	2,056	87.1%
Care Manager	69	88.4%	1,612	87.0%	54	90.7%	2,108	84.3%
Regular Visiting Nurse	67	88.1%	1,583	85.8%	51	90.2%	2,132	83.7%
Medical Supplies	74	94.6%	1,373	86.7%	51	96.1%▲	1,844	85.9%
Transportation Services	72	83.3%	1,450	80.8%	50	84.0%	1,916	77.7%
Timeliness- Always or Usually On Time								
Home Health Aide, Personal Care Aide	67	76.1%	1,383	78.9%	47	68.1%	1,897	78.2%
Care Manager	64	78.1%	1,407	73.0%	48	62.5%	1,876	69.3%
Regular Visiting Nurse	67	77.6%	1,493	72.7%	49	69.4%	2,027	69.1%
Transportation TO the Doctor	69	65.2%	1,315	71.9%	48	62.5%	1,766	68.5%
Transportation FROM the Doctor	68	64.7%	1,318	68.6%	47	55.3%	1,742	66.9%
Access to Routine Care (Less Than 1 Month)								
Regular Doctor	52	90.4%▲	1,483	58.5%	41	73.2%	2,104	58.7%
Dentist	47	55.3%	916	44.5%	34	38.2%	1,234	46.2%
Eye Care/Optometry	41	53.7%	1,196	41.8%	37	37.8%	1,647	42.9%
Foot Care/Podiatry	43	74.4%▲	1,043	44.1%	27	40.7%	1,390	44.9%
Access to Urgent Care (Same Day)								
Regular Doctor	56	58.9%	1,234	51.0%	43	41.9%	1,755	45.4%
Dentist	33	18.2%	656	25.5%	27	3.7%▼	920	25.8%
Eye Care/Optometry	33	24.2%	853	24.2%	24	4.2%▼	1,195	22.3%
Foot Care/Podiatry	37	16.2%	763	23.1%	20	10.0%	1,039	25.7%
Advance Directives								
Plan has discussed appointing someone to make decisions ++	77	79.2%▲	1,763	62.5%	55	83.6%	2,087	68.2%
Member has legal document appointing someone to make decisions ++	79	94.9%▲	1,802	59.1%	54	87.0%▲	2,145	61.1%
Health plan has a copy of this document ◆ ++	72	77.8%▲	1,045	60.5%	43	100%▲	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.

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

++ Represents new question in 2011

▼ Represents a significantly lower rate for your plan versus the statewide result (p < .001)

◆ Item based on a skip pattern

ILS Rochester 2012 vs. PACE and Statewide Survey Results:

Satisfaction survey results in Figures 3a and 3b indicate that ILS members had some *statistically significant* differences compared to other MLTC plans in New York:

- More ILS members rated the quality of medical supplies as good or excellent:
 - 96.1% of question respondents rated the quality of their medical supplies as good or excellent, compared with 85.9% of members statewide
- More members had an advance directive:
 - 87.0% of respondents indicated having an advance directive, compared with 61.1% of statewide members
 - 100% of respondents reported having a copy of this document on file with ILS, compared with 91.4% of PACE members and 77.4% of statewide members
- A fewer percentage of members had access to urgent care:
 - 3.7% of respondents were able to see their dentist for same-day urgent care compared with 25.8% of members statewide
 - 4.2% of respondents were able to see their optometrist for same-day urgent care compared with 22.3% of members statewide

Although not statistically significant, there were other notable deviations from the average:

- Dentists, optometrists, podiatrists, care managers, regular visiting nurse services and medical supplies were all rated more favorably by ILS members.
- A lower percentage of ILS members felt various services were always or usually on time, compared with similar plan members and other members in the state:
 - Home health aide (68.1% compared with 77.1% and 78.2% of PACE and statewide members, respectively)
 - Care manager (62.5% compared with 68% and 69.3% of PACE and statewide members)
 - Transportation to the doctor (62.5% compared with 71% and 68.5% of PACE and statewide members)
 - Transportation from the doctor (55.3% compared with 68.3% and 66.9% of PACE and statewide members)

ILS Rochester 2011 vs. ILS Rochester 2012:

The majority of items (17 out of 26) saw a decrease in total percentage, indicating that fewer members rated services as good or excellent, timely or accessible. There were a few items that were quite notable:

- Each item under the “timeliness” category had reported a lower percentage in 2012 than in 2011, indicating that members did not feel as though services were always or usually on time. The most notable decline was seen in the care manager, which had a 15.6 percentage point decrease from 2011 to 2012.
- The percent of members who indicated they had access to their regular doctor, dentist, optometrist or podiatrist for routine care declined by over 15 percentage points each.
 - Similarly, the percent of members who indicated having access to these same providers for *urgent* care declined, with optometry being the most notable (24.2% reported access in 2011 compared with only 4.2% in 2012).

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 ILS (Rochester)'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 ILS (Rochester)'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: ILS and Statewide SAAM Data 2012

SAAM Item	Plan Mean July 2012 N=333	Statewide Mean July 2012 N=58,545	Plan Mean Jan 2013 N=427	Statewide Mean Jan 2013 N=77,842
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	2.6	2.5	2.5	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.3	1.5	1.3	1.5
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.1	1.6	1.1	1.6
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.4	1.9	1.4	1.9
Toileting – Average score on a scale of 0-4, 0 highest level	0.8	0.8	0.8	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.7	0.7	0.7	0.7
Urinary Incontinence Frequency – % incontinent more than once/week	90.2%	87.0%	88.3%	86.8%
Bowel Incontinence Frequency – % with any bowel incontinence	40.9%↑	19.8%	40.2%↑	20.8%
Cognitive Functioning – % with any degree of cognitive impairment	81.0%↑	59.4%	83.1%↑	57.7%
When Confused – % with any level of confusion	87.6%↑	62.3%	88.6%↑	62.6%
When Anxious – % with any level of anxiety	82.8%↑	61.0%	84.6%↑	61.3%
Frequency of Pain – % experiencing pain at least daily	33%↓	53.1%	29.2%↓	54.3%
Falls Resulting in Medical Intervention –	33.0%↓	49.0%	31.5%↓	47.0%

% of members experiencing at least one fall which required medical intervention				
↑ 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 for both submission periods indicate that ILS members displayed substantially higher levels of cognitive impairment, confusion and anxiety compared with statewide averages. 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.

It was also noted, for both submission periods, that a larger percent of ILS members experienced bowel incontinence (about 20 percentage points higher than the statewide average).

On a positive note, it appears that ILS members experienced less pain and less falls that resulted in medical intervention compared with those in the statewide average.

Figure 4b: ILS SAAM Data 2011-2012

SAAM Item	Plan Mean July 2011	Plan Mean Jan 2012	Plan Mean July 2012	Plan Mean Jan 2013
	N=306	N=318	N=333	N=427
Ambulation – Average score on a scale of 0-6, 0 highest level	2.4	2.4	2.3	2.3
Bathing – Average score on a scale of 0-5, 0 highest level	2.6	2.7	2.6	2.5
Transferring – Average score on a scale of 0-6, 0 highest level	1.3	1.4	1.3	1.3
Upper Body Dressing – Average score on a scale of 0-3, 0 highest level	1.2	1.2	1.1	1.1
Lower Body Dressing – Average score on a scale of 0-3, 0 highest level	1.6	1.6	1.4	1.4
Toileting – Average score on a scale of 0-4, 0 highest level	0.9	0.9	0.8	0.8
Feeding/Eating – Average score on a scale of 0-5, 0 highest level	0.7	0.7	0.7	0.7
Urinary Incontinence Frequency – % incontinent more than once/week	91.8%	92.9%	90.2%	88.3%
Bowel Incontinence Frequency – % with any bowel incontinence	40.7%	43.5%	40.9%	40.2%
Cognitive Functioning – % with any degree of cognitive impairment	80.7%	83.0%	81.0%	83.1%
When Confused – % with any level of confusion	85.5%	88.9%	87.6%	88.6%
When Anxious – % with any level of anxiety	83.6%	86.0%	82.8%	84.6%
Frequency of Pain – % experiencing pain at least daily	40.0%	40.5%	33%	29.2%
Falls Resulting in Medical Intervention – % of members experiencing at least one fall which required medical intervention	26.2%	29.3%	33.0%	31.5%

Figures 4c and 4d: ILS SAAM Data 2011-2012

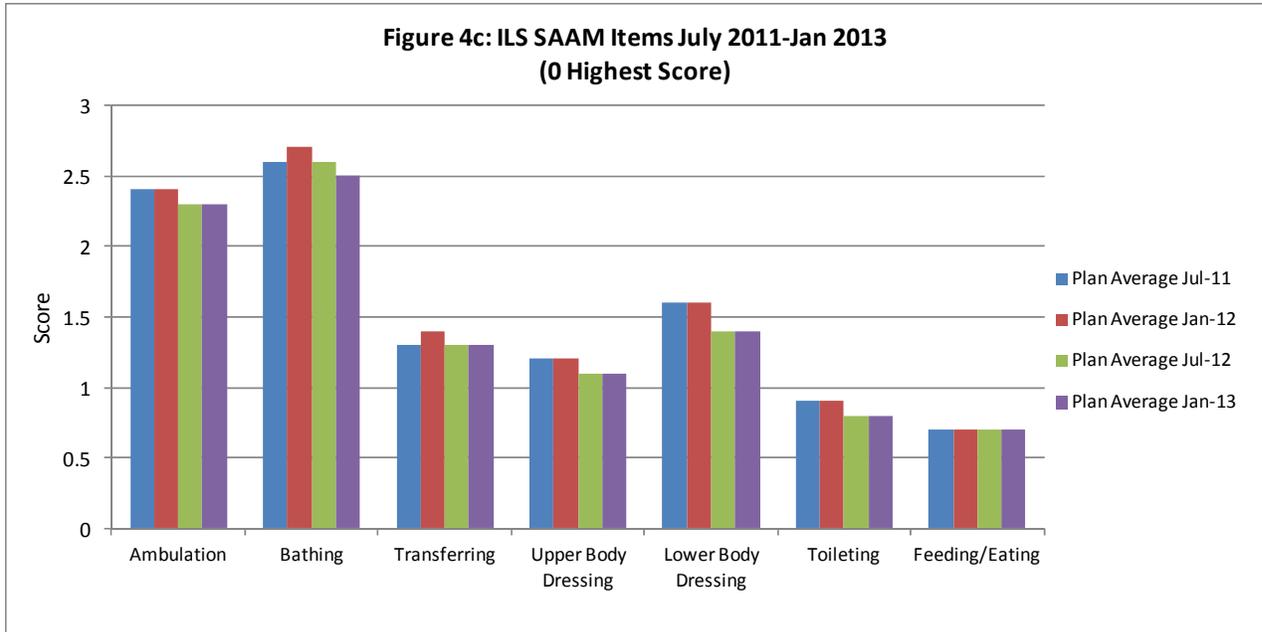


Figure 4c: The scores for various activities of daily living were relatively constant over time, with an overall decrease in ambulation, upper/lower body dressing and toileting.

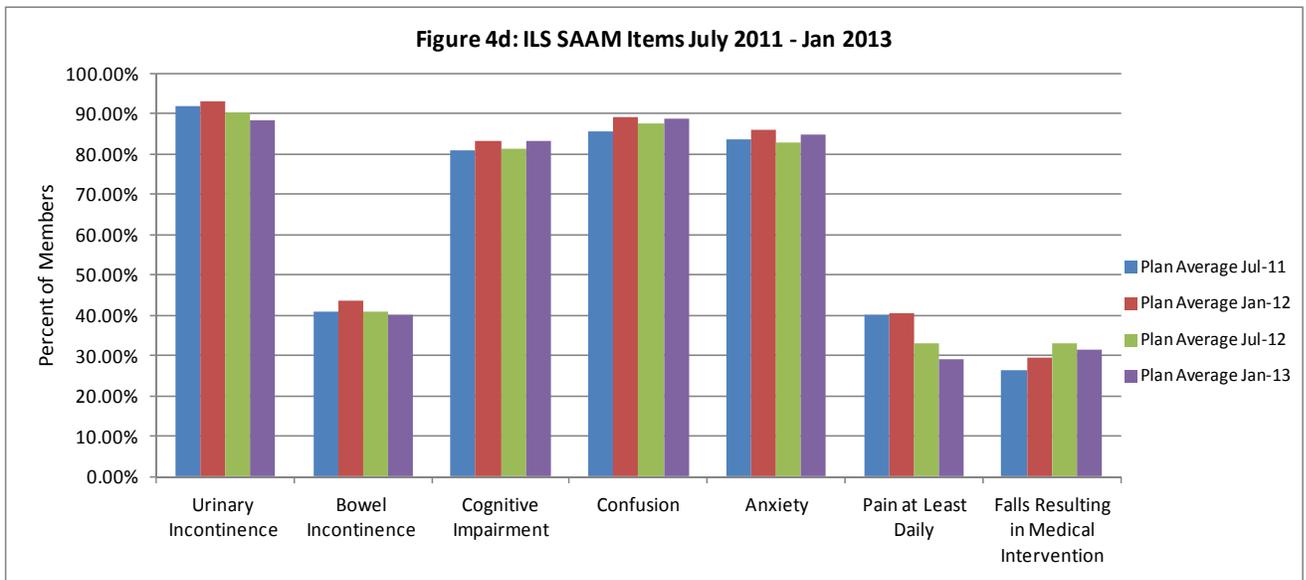


Figure 4d: The prevalence associated with each behavioral and physical health outcome in the above figure was lowest in the July 2011 reporting period. Furthermore, there was an overall decrease in the prevalence of urinary incontinence and frequency of pain, and an overall increase in falls resulting in medical intervention.

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 Independent Living for Seniors' PIP for 2012:

Independent Living for Seniors' (ILS) project, entitled "Assessing and Preventing Errors in Nurse-Filled Medisets Used in HomeCare", focused on the reduction of medication errors in medisets filled by nursing staff and given to those living in home care settings.

These kits contain all the member's medications needed for the specific timeframe and their health concerns. ILS did a "covert" study and found there to be a 10% rate of error amongst the 50 sets that they randomly audited. This prompted the plan to undertake this project, with a goal of reducing this percentage by at least five percentage points. Errors were documented by independent reviewers who checked random medisets directly from the nursing staff.

Interventions included:

- A data tracking tool for analysis and trending was developed in March, 2012. Baseline data were drawn in March and April from the 50 randomly reviewed samples.
- The Director of Home Care trained the Home Care Management Team to act as independent reviewers for the medisets.
- Baseline data were reviewed and discussed at subsequent nursing department meetings, beginning in May.
- On-site skills training/education was conducted by the observers immediately following the discovery of errors or process improvement opportunities.

Results are summarized on the following page:

Data collected March and April revealed a baseline error rate of 10%:

Numerator: 5 errors = 10% error rate

Denominator: 50 Mediset reviews

Nursing Observations

Timeframe	# of Observations	# of Errors	Rate (%)	# of Nursing Staff Observed
May 2012-August 2012	48	2	4.2%	13
May 2012-November 2012	131	4	3.1%	19 (52% of eligible population)

Site Breakdown

Site	# of Observations at this site	% of Total Observations	# of Errors at this site	% Errors at this site
North Park	50	38	3	75%
McAuley	42	32	0	0
Seneca Towers	3	2	0	0
River Street	11	8	0	0
Srs. of Saint Joseph	7	5	0	0
Hudson	18	10	1	25%

ILS was able to meet their goal of a 5 percentage point reduction in mediset errors at their interim measurement (4.2% from 10%) and then saw another drop at the final measurement to 3.1%, which included the entire run of the PIP. The plan reports that they were successful in training nurses through review of errors, educational programs and a new process to fill medisets. This is promising because adherence to medication regimes is critical for MLTC plan members and their well-being. The plan continues to use “covert” random sampling along with peer reviews and competency training for nurses involved in this medication fulfillment process, benefiting both plan members and the plan itself.

Section Eight: Summary/Overall Strengths and Opportunities

Strengths

Overall Plan Rating

ILS members rated their health plan more favorably than members enrolled in other plans throughout the state in 2012. Of the 59 ILS members who responded to this question, 91.5% rated the plan as good or excellent. This is in contrast to the 85.8% of other PACE plan members and the 84.2% of all plan members statewide who rated their plan as good or excellent.

Quality of Care Ratings

In all of the areas of care listed in Figure 3b (with the exception of the home health aide), ILS surpassed the statewide averages. These services included the regular doctor, dentist, eye care, foot care, care manager, visiting nurse service, transportation and medical supplies. Survey respondent scores were especially high in terms of quality of medical equipment (96.1%), care managers (90.7%) and regular visiting nurse services (90.2%).

Advance Directives

In 2012, 83.6% of ILS respondents indicated that the plan discussed the importance of advance directives with them, while 87.0% of members who responded to this question stated that they had a legal document appointing someone as their healthcare proxy. Additionally, 100% of respondents indicated that the plan had a copy of this document. These high rates of compliance, though not all of statistical significance, are impressive and exceed PACE and statewide averages.

Performance Improvement Project (PIP)

ILS surpassed their goal of a 5 percentage point reduction in mediset errors, achieving close to a 7 percentage point reduction in the amount of errors made. The plan reports that they were successful in training nurses through review of errors, educational programs and a new process to fill medisets. This is promising because adherence to medication regimes is critical for MLTC plan members and their well-being.

Pain Frequency

For both submission periods, SAAM data reflected a lower percentage of members experiencing pain on a daily basis than statewide averages. These results would appear to indicate that an effective pain management program, likely including monitoring of compliance with pain medication, is in place.

Falls Resulting in Medical Intervention

SAAM data for both submission periods indicates that a notably lower percentage of members than statewide have experienced falls resulting in medical intervention. These results would appear to indicate that comprehensive falls risk and falls mitigation programs are in place.

Opportunities

Access to Routine Care

Of the ILS members who responded to the question of routine care in 2012, less than 39% indicated that they were able to access their dentist or optometrist within 30 days. Furthermore, when compared with survey responses from 2011, the percent of members who indicated they had access to their regular doctor, dentist, optometrist or podiatrist for routine care within 30 days declined by over 15 percentage points each.

A focused member survey should be considered, to determine if access issues exist with these providers.

Access to Urgent Care

Of the ILS members who responded to the question of urgent care in 2012, 4.2% indicated being able to access their optometrist for same-day urgent care, while an even lower percent report being able to see a dentist for same-day care (3.7%). The difference between these results and those reported for the statewide average was statistically significant. Additionally, when compared with the 2011 survey responses, the percent of members who indicated having urgent access to their regular doctor, dentist, optometrist or podiatrist declined, with optometry being the most notable (24.2% reported access in 2011 compared with only 4.2% in 2012).

A focused member survey should be considered, to determine if access issues exist with these providers.

Timeliness of Services

In 2012, a lower percentage of ILS members indicated that their home health aide, care manager, transportation to the doctor and transportation from the doctor were always/usually on time when compared with all plans statewide. Additionally, a lower percentage of members rated each service listed under the "timeliness" category as always/usually on time in 2012 compared with 2011. The most notable decline was seen in the care manager, which had a 15.6 percentage point decrease in the number of members who felt this individual was always/usually on time.

It is recommended that ILS conduct a focused member survey, addressing these services, to determine the nature of these timeliness issues.

Bowel Incontinence

SAAM evaluation data from January 2013 and July 2012 show that ILS plan members had higher rates of bowel incontinence when compared to other plan members throughout the state. In both measurement periods, the rate of bowel incontinence was about 20 percentage points higher for ILS members, when compared to the statewide mean. It is suggested that focused care management and/or nursing interventions are implemented.

Behavioral Health

- According to SAAM data from both the July 2012 and January 20113 measurement periods, members of ILS' PACE plan suffered from higher rates of anxiety, when compared to the statewide mean. The prevalence of anxiety was about 23 percentage points higher for the January submission, and 21 percentage points higher for the July submission.
- SAAM data also reflected higher levels of cognitive impairment (83.1% of respondents compared with 57.7% from the state in the January submission period, and 81.0% compared with 59.4% in the July submission).
- A greater percentage of members seemed to experience confusion compared with those in other statewide plans (88.6% versus 62.6% respectively in the January submission, and 87.6% compared with 62.3% in the July submission).

The scores for these questions (anxiety, confusion and 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 ILS 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.

Encounter Data

ILS had a very high utilization rate of home nursing services and a low rate of transportation services, when compared to other PACE members and members in plans statewide in 2012. Also, encounter data for a notable number of services (personal care hours, nursing home services, emergency room discharges, and hospitalizations) were either not reported or were not available for reporting in 2012. It is recommended that ILS conduct a data validation study, through a review of member records and care manager correspondence, to assist in determining if there are any encounter data under or over reporting issues, or inability to capture accurate data for these services.