

Pittsburgh Care Partnership, Inc.
Community LIFE
Quality Management Report
2021

Mission:

Community LIFE is a Program of All-Inclusive Care for the Elderly, committed to enabling frail, older adults to remain at home while preserving their dignity, independence and quality of life.

Background:

Community LIFE is a not-for-profit, integrated, full-risk, social-managed care plan. It provides a full range of health care services for participants eligible under Medicare, Medicaid or both. Community LIFE provides services from the eight health centers located in Homestead, McKeesport, Tarentum, Lower Burrell, Bedford, Rostraver, Somerset and Wilkinsburg. In addition to comprehensive medical coverage and prescription services, Community LIFE provides preventive, social and support services with a goal to enhance the ability of participants to manage their health and stay independent.

The care of the participant is managed daily by a team of professionals, including primary care providers, registered and licensed practical nurses, social workers, dietitians, recreational and rehabilitation therapists, nursing aides and other support staff, such as drivers. The team, along with the participant and his/her loved one, develops a plan of care supporting the participant's wishes and goals of remaining at home with access to needed services.

Quality Management:

Community LIFE strives to create a culture that embraces quality and process improvement as opportunities for growth, achievement, collaboration, innovation and ownership.

In 2021 due to the pandemic majority of our quality initiatives were related to the mitigation of the pandemic. The most notable accomplishments of 2021 are:

- Implemented a Falls reduction best practice at all centers.
- Achieved 92% overall recommendation score and 92% overall satisfaction on annual participant survey.
- Developed and implemented COVID vaccination plan for participants and staff.
- Achieved 90.1% vaccination rate for the participants and 85.4% for the staff.
- Completed annual N95 respirator fit testing for 261 staff.

The following report provides a detailed explanation of 2021 quality initiatives.

Census:

Goals

- Achieve budgeted census of 769.

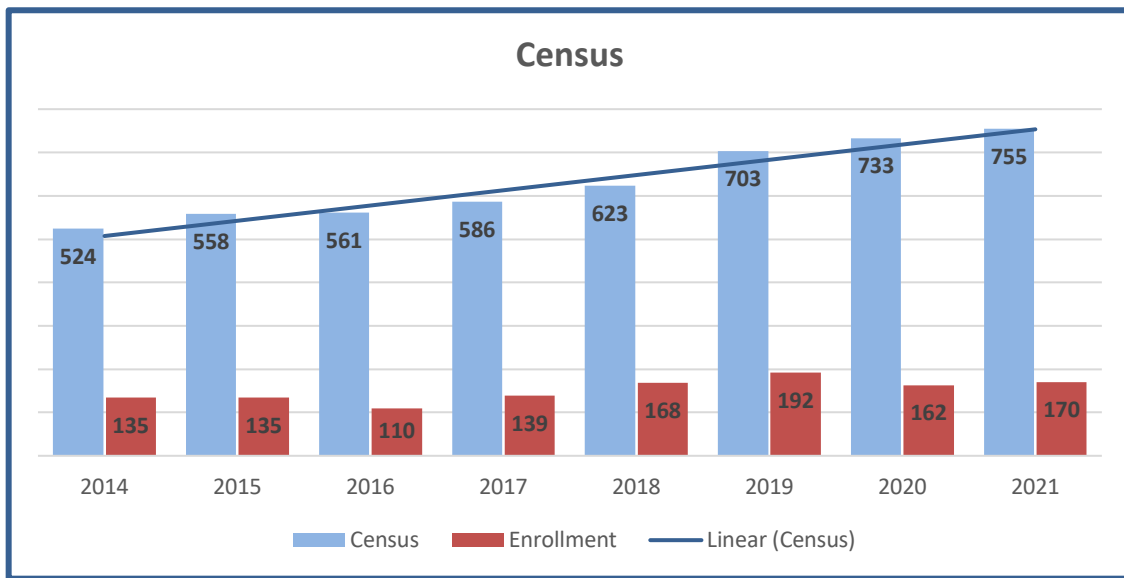
Outcomes

- The overall census for Community LIFE grew by 3%, from 733 in 2020 to 755 in 2021.
- In 2021, Community LIFE had a total of 170 enrollments, or approximately 42 enrollments per quarter, and a net census increase of 22; as compared to 30 the previous year. In 2021, there

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were 90 deaths at annual rate of 9.97% as compared to 11.91% in the previous year. Disenrollments increased from 29 (3.35%) to 55 (6.09%).

	2014	2015	2016	2017	2018	2019	2020	2021
Census	524	558	561	586	623	703	733	755
Enrollment	135	135	110	139	168	192	162	170



Satisfaction:

Goals

- Achieve overall satisfaction summary score of 93% using the vital research (ISAT) instrument.
- Achieve overall recommendation of 96%.
- Voluntary disenrollment not to exceed internal benchmark of 1.25% per quarter or 5% annually.
- Track and trend grievances and identify opportunities for improvement.
- Assure all grievances are addressed to the satisfaction of the participant in the required timeline.

Outcomes

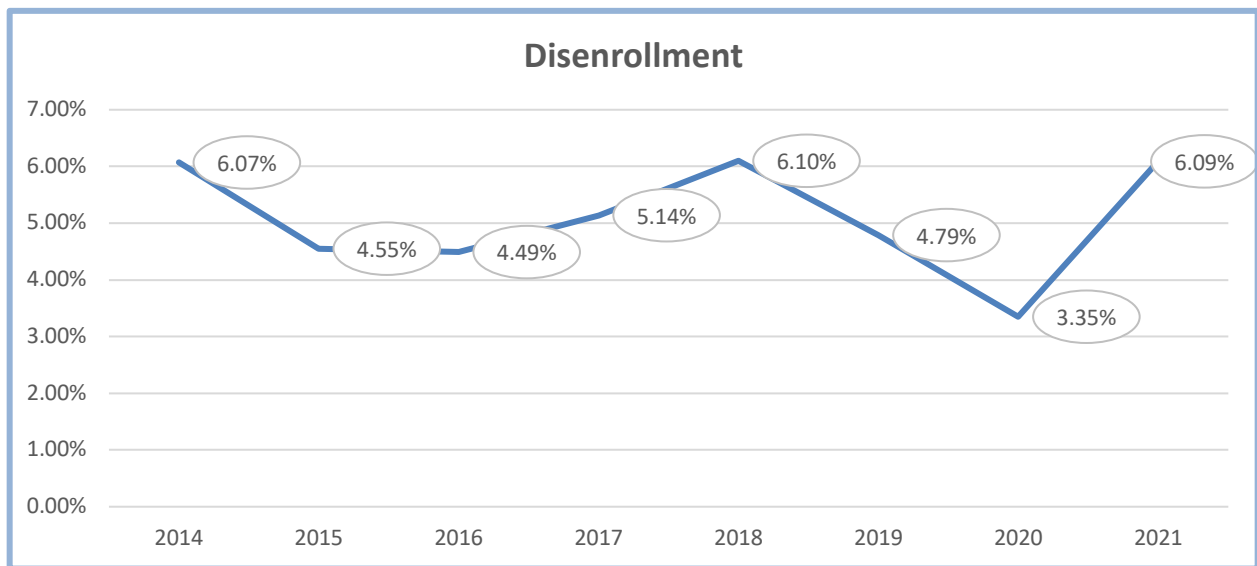
- Overall Satisfaction for 2021 was 92% as compared to 91% in 2020. This is comparable to the external benchmark of 88.3%. In 2021, 92% of the participants would recommend Community LIFE, which decreased from 95% in 2020 and is comparable the external benchmark of 93.2%.
- In 2021, annual voluntary disenrollment was 6.09% as compared to 3.35% in 2020.

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- In 2021, the total number of disenrollments were 55. Of those, 21 moved out of the services area, 12 disenrolled to receive services out-of-network, 2 were dissatisfied with services, 2 returned to their previous provider, 18 disenrolled to join other programs such as CHC and or waiver.
- Total number of grievances in 2021 was 469, which is comparable to 458 in the previous year. Of the total 24.52% were Home Care related, 17.06% were related to communication, 11.51% were dissatisfied with medical care, 8.1% had concerns with transportation and 22.17% were concerned with outside providers and contractors. The remainder were for various other reasons. Overall contractor grievances have increased from 56 in 2020 to 104. This increase is mainly attributed to grievances at nursing facilities.

Satisfaction	2014	2015	2016	2017	2018	2019	2020	2021	Internal Benchmark	National Benchmark
Recommendation	97%	98%	99%	98%	98%	97%	95%	92%	96%	93.20%
Overall Summary Score	93%	91%	90%	93%	91%	88%	91%	92%	93%	88.30%

Disenrollment	2014	2015	2016	2017	2018	2019	2020	2021	Internal Benchmark	PA Benchmark
Rate	6.07%	4.55%	4.49%	5.14%	6.10%	4.79%	3.35%	6.09%	3.20%	8.80%



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Disenrollment	2016	2017	2018	2019	2020	2021
Out of Network/Moved Out of Service Area	10	11	20	16	17	33
Dissatisfied	3	1	4	6	5	2
Returned to Previous Provider	0	0	2	1	1	2
Other	9	10	13	10	6	18
No longer meets eligibility	8	7	6	6	0	0
Total	30	29	45	39	29	55

Utilization Management:

Goals

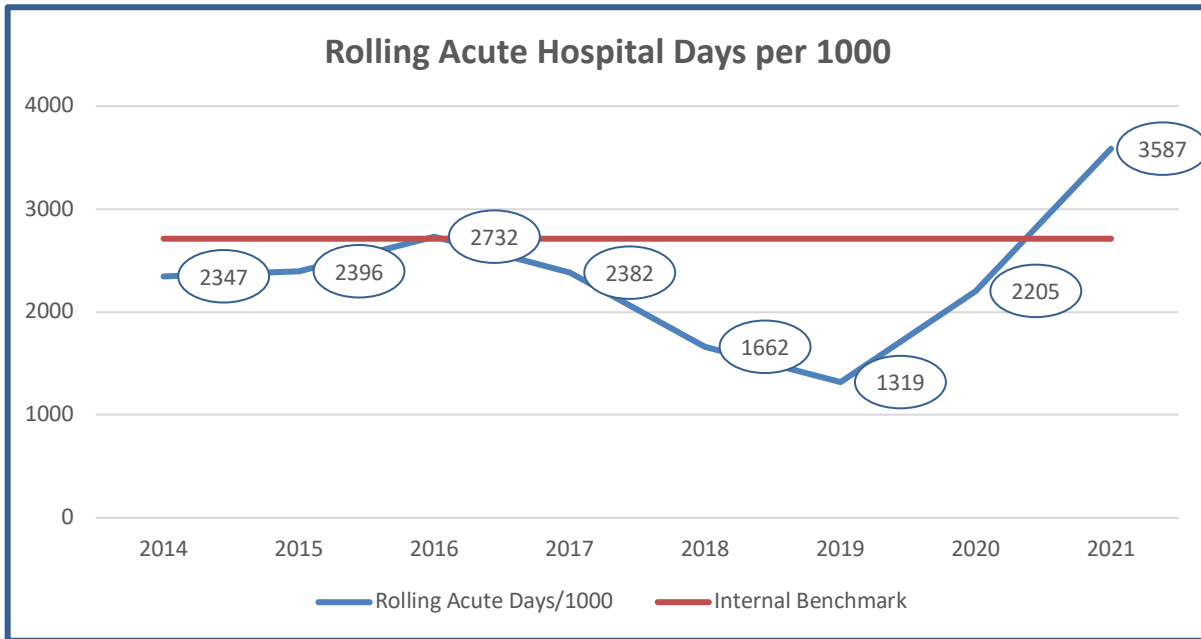
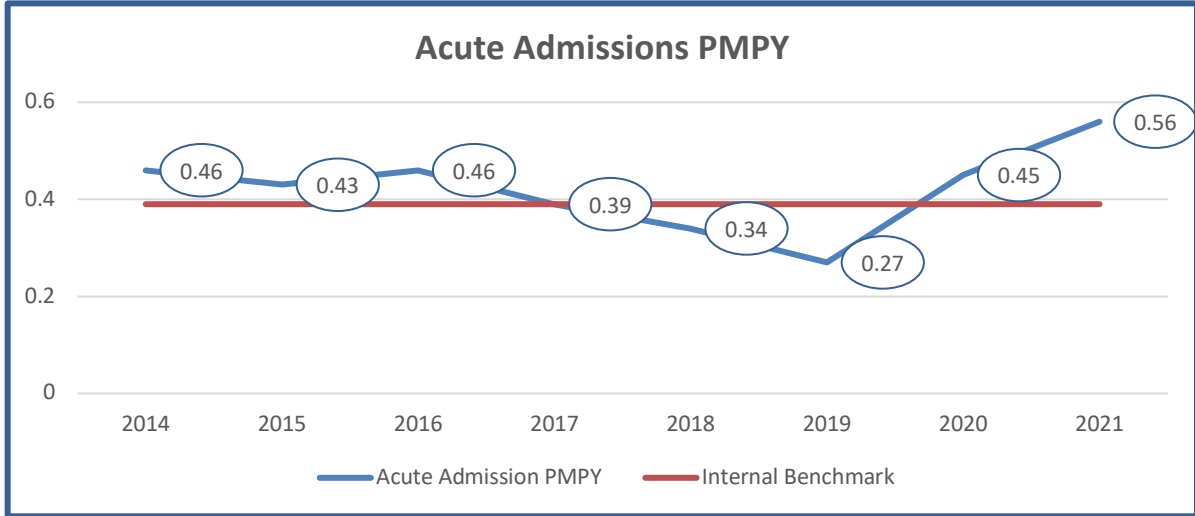
- To assure participants receive appropriate level of care as determined by the Interdisciplinary Team and to bring effective and efficient care to our participants.
- Achieve hospital days per 1000 members per year to ≤ 2712 .
- Achieve admissions per member per year ≤ 0.39 .
- Achieve ER visits (rolling) per member per month ≤ 0.66 .

Outcomes

- Acute admission increased by 24.4%, from 0.45 in 2020 to 0.56 in 2021. This is above the Community LIFE's internal benchmark of 0.39.
- 2021 rolling hospital days per 1000 members increased by 62.7% to 3587 as compared to 2205 in 2020. This is above the 2712 internal Community LIFE benchmark.
- Readmission rates for any reason increased by 85.7% from 14.7% in 2020 to 27.3% in 2021.
- Nursing home days per 1000 increased by 11%, from 40,440 in 2020 to 44,871 in 2021. In the same period, nursing home days as a percent of total increased from 11% to 12%.

	2014	2015	2016	2017	2018	2019	2020	2021	% Change
Acute Admission PMPY	0.46	0.43	0.46	0.39	0.34	0.27	0.45	0.56	24.4%
Rolling Acute Days/1000	2347	2396	2732	2382	1662	1319	2205	3587	62.7%
Acute ALOS	5.1	5.4	5.5	5.9	5.1	4.9	5.9	6.7	13.6%

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Clinical Outcomes:

Goals

- 80% of eligible participants will be vaccinated for influenza.
- 80% of eligible participants will be vaccinated for pneumonia.

Outcomes

- In the 2021 influenza season, 86% of the eligible participants were vaccinated. This is a slight decrease compared to the 88% in 2020.
- The pneumonia vaccination rate for the fourth quarter of 2021 for eligible participants was 68% as compared to 70% in the same period of 2020.

Safety:

Goals

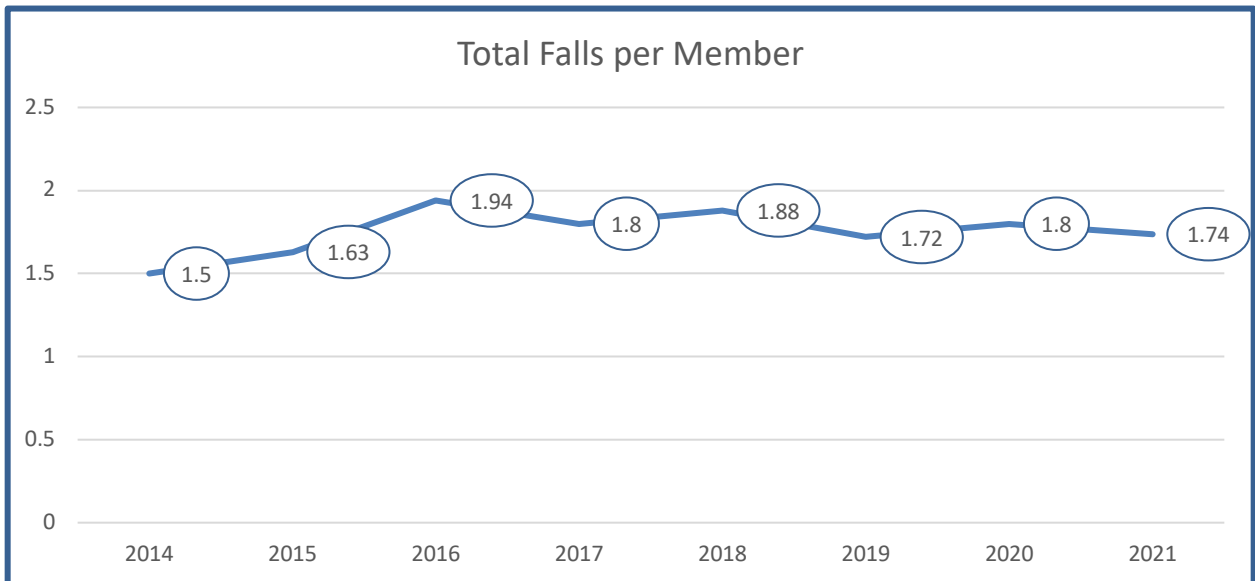
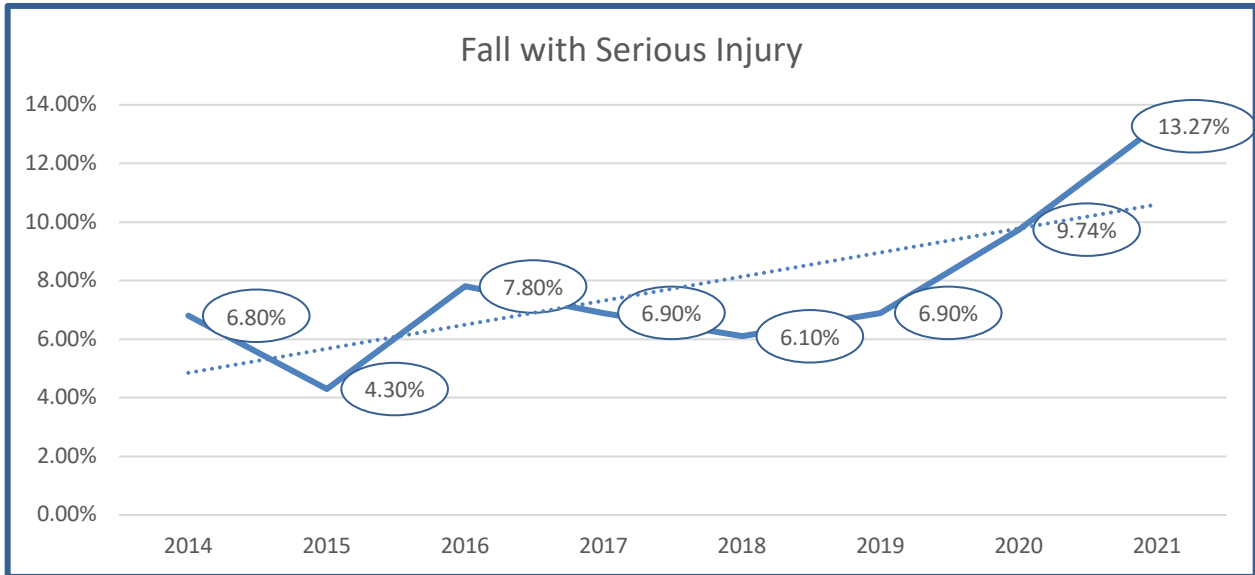
- Falls with serious injury not to exceed 6.4% annually.
- Reduce total Fall rate per 100 member months to 40%.

Outcomes

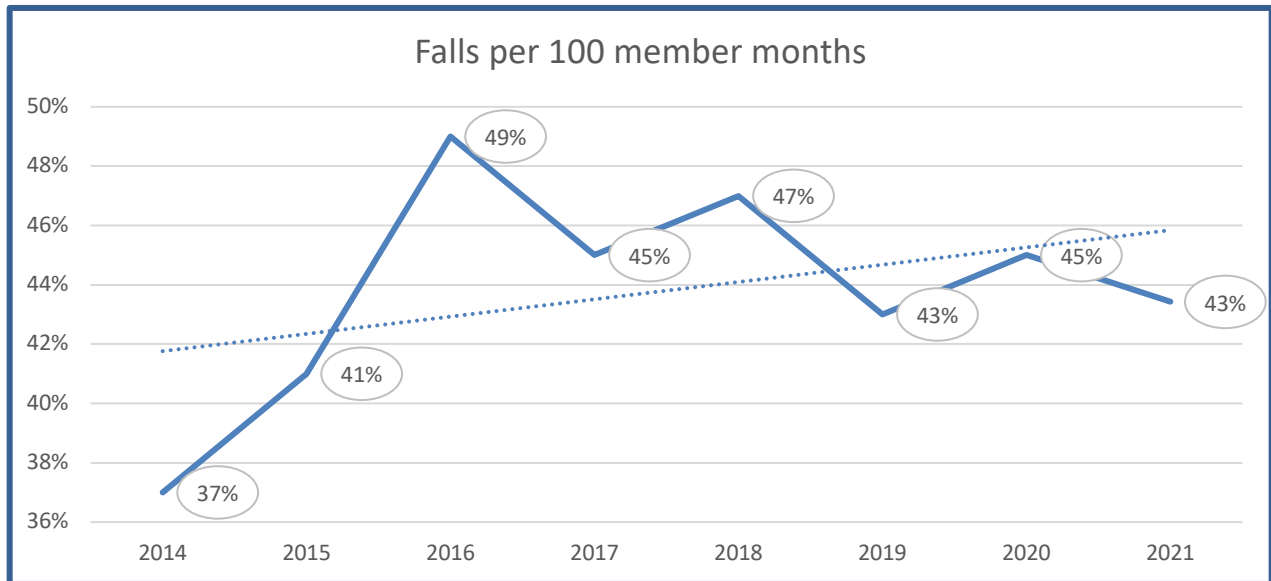
- Percent of falls with serious injury increased by 36% from 9.74 % to 13.27%.
- Total number falls per member decreased by 4.44%, from 45% to 43%.

	2014	2015	2016	2017	2018	2019	2020	2021	1 Year Change %
Fall w. Serious Injuries	6.80%	4.30%	7.80%	6.90%	6.10%	6.90%	9.74%	13.27%	36%
Falls per Member	1.5	1.63	1.94	1.8	1.88	1.72	1.8	1.74	-3.33%
Falls per 100-member months	37%	41%	49%	45%	47%	43%	45%	43%	-4.44%

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In light of the pandemic and limited availability of the day center and fragility of the participants, Community LIFE has experienced increase in number of total falls and serious injury. In response in 2021, Community LIFE will initiate a new falls prevention best practice.

Quality Initiatives New for 2021 that will continue in 2022:

Falls

Rationale: Around 30% of people aged 65 years or older living in the community and more than 50% of those living in residential care facilities or nursing homes fall every year. About half of those who fall do so repeatedly. Although not all falls lead to injury, about 20% need medical attention, 5% result in a fracture or other serious injuries, such as severe head injuries, joint distortions, and dislocations. Soft-tissue bruises, contusions, and lacerations arise in 5–10% of falls. These percentages can be more than doubled for women aged 75 years or older (Lancet 2005).

Falls rate at Community LIFE increased by 15.6% from 2015 to 2018. In 2019, Community LIFE introduced several best practices including:

- Training of 2 Physical Therapists in Tai Chi
- Incorporating balance and strengthening exercises into recreational activities
- Implementing fall rounds

These interventions resulted in a reduction of falls from 47% in 2018 to 43% in 2019. In 2020, we experienced a gradual increase to 45% falls per 100 member months.

2021 AIM: To decrease total number of falls by 10% from to 45% falls per member months to 40%.

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This goal will be achieved by implementing the following interventions:

- Implement in-person rounds with the pharmacist and provider to collaboratively identify corresponding medications that can contribute to falls. If clinically appropriate, will initiate gradual dose reductions or deprescribing.
- Implement dementia protocols; HELP (Hospital Elder Life Program) which includes music as a therapeutic intervention.
- Review care plans of participants who frequently fall to assure appropriate physical and occupational and dietary regimen and care giver burden are in place.

It is anticipated that the above interventions will also impact hospitalization and nursing home placement due to frequent falls and or injuries. This impact cannot be quantified at this time since Community LIFE does not have established baselines.

2021 Results

- Implemented interdisciplinary fall rounds at the beginning of the second quarter at all centers. This includes collaboration between providers, nursing, rehabilitation, and dietary staff. The review includes high-risk medications that contribute to falls, nutritional and physical frailty, including participation in therapy, and other clinical factors, such as blood pressure. This review also includes review of the care plan interventions.
- Implemented in-person rounds with the pharmacist and provider to collaboratively identify corresponding medications that can contribute to falls. If clinically appropriate, will initiate gradual dose reductions or deprescribing.
- At the end of the fourth quarter, the fall rates per 100 member months was 43% and reduction of 4.44% as compared to the fourth quarter of 2020. This is slightly above the goal of 40%. There is also a large variation in falls rate amongst the centers.

2022 Aim: To achieve and maintain a fall rate of 40% per member per month for three quarters.

This goal will be achieved by implementing the following interventions:

- Simplify Medication Regimen Review by focusing on the following medications or class of medications.
 - I. Hydrochlorothiazide (HCTZ)
 - II. Tramadol
 - III. Antidepressants/antipsychotics
- Collaborate with pharmacy to incorporate GDR for psych meds, i.e., “mandatory” GDR after 6-12 months of psych meds for first or second episode of depression respectively
- Review and implement additional therapy programs that specifically target falls
- Implement supplements as standing intervention for all participants with a history of falls