

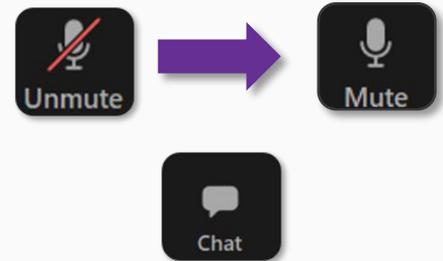


# Metrics that Matter: Usings Data to Drive PACE Growth

August 21, 2025

# Housekeeping

- Please remember to **mute your line** while you are not speaking. This reduces background noise. This meeting is **being recorded**, and the recording will be made available following the call.
- We will not be taking any formal breaks during the call. If you need to step away, **please remember to mute your line and turn off your camera.**
- There are multiple ways to participate in today's call:
  - Unmute yourself when you would like to make a comments.
  - Send your comment through the chat.
  - Use the "Raise Hand" feature to alert the facilitator that you would like to share a comment (remember to lower your hand after your remarks).
- This presentation does not constitute business or legal advice.



# The Alliance for Quality & Improvement (APIQ)



**Peter Fitzgerald**  
[peterf@apiqonline.org](mailto:peterf@apiqonline.org)



**Anita Gibson, MBA**  
[anitag@apiqonline.org](mailto:anitag@apiqonline.org)



**Tyler Coble**  
[Tylerc@apiqonline.org](mailto:Tylerc@apiqonline.org)

## **APIQ Advisor Network Expertise:**

- Leadership
- Outreach & Marketing
- Enrollment
- Disenrollment
- Capacity Planning
- State Engagement

**For more information go to: [www.APIQonline.org](http://www.APIQonline.org)**

APIQ is a subsidiary of the National PACE Association

# Hello!

## **Anita Gibson, Senior Director**

I've been with the National PACE Association (NPA) for seven years. Since joining NPA I have worked mainly on NPA's PACE 2.0 initiative, which has the goal of PACE serving 200,000 participants by 2028. That work has included supporting two learning collaboratives. During the learning collaboratives I worked with 30+ PACE organizations to identify best practices for growth and support organizations in adopting those best practices.

Most recently, I have worked to support the launch of the Alliance for PACE Innovation and Quality (APIQ), which is a subsidiary of NPA. As part of that work, we have been working with PACE organizations to pilot projects. Under the pilot projects we helped five PACE organizations adapt and adopt the best practices for growth (We're calling them SmartGrowth projects).

Before joining the PACE world, my background was mainly in management consulting. For about 15 years, I was a consultant with various firms including PricewaterhouseCoopers (PwC) and Avalere Health, where I supported a range of organizations including Federal agencies and life sciences companies.

# Learning Objectives

- Highlight and discuss metrics that can help PACE organizations drive growth while maintaining quality
- Understand how to interpret key metrics to inform decisions about PACE growth strategies and tactics
- Connect with other PACE organizations interested in serving more older adults, using PACE resources efficiently, and developing a continuous improvement mindset

# Agenda



- Kick-off & Connections
- Making Metrics Effective
- Growth Metrics that Matter
- From Numbers to Action

“Every system is perfectly designed to get the results it gets.”

– W. Edwards Deming

# Introduce Yourself & Meet Your Peers

In the **Break Out Rooms**, please share (**15 minutes**):

- Your name
- Your organization and role
- Current census
- One metric you've found to be helpful in informing your work to serve more older adults at PACE
- One area where you believe additional (internal) metrics would help your organization to better serve participants and/or grow to serve more older adults

When you rejoin the larger group, please share some of the metrics discussed in the chat!

# Why Are Metrics Important?

- Understand where we may be able to make the most impact
- Understand if a change is an improvement



# Types of Metrics

- **Outcome Measures** - Link back to the numeric goal and indicate how the system is working and the impact on the organization and its stakeholders
- **Process Measures** - Are the parts/steps used by the organization performing as planned? Are we on track in our efforts to improve and grow?
- **Balancing Measures** - Are changes designed to improve our processes and grow our organization causing new problems?

Source: Institute for Healthcare Improvement - <https://www.ihi.org/library/model-for-improvement/establishing-measures>

# How to Make Metrics Effective?

- **Plot Data Over Time** - Improvement requires change, and change is, by definition, something that happens over a time period
- **Seek Usefulness, Not Perfection** - Remember, measurement is not the goal; improvement is the goal
- **Integrate Measurement into the Daily Routine** - Useful data is easy to obtain even without complex information systems
- **Use Qualitative and Quantitative Data** - In addition to collecting quantitative data, be sure to collect qualitative data, which is very informative and can sometimes be easier to collect
- **Use Benchmarks** - Explore external benchmarks to also learn

Source: Institute for Healthcare Improvement - <https://www.ihi.org/library/model-for-improvement/establishing-measures>

# Growth Metrics that Matter

Measure	Description	Purpose
Census	Total number of participants enrolled.	Outcome measure
Gross new enrollment	Measure of all new enrollments of the month.	Helps us understand whether our outreach and enrollment improvements are on track.
All-cause disenrollment	Disenrollments include voluntary and involuntary discontinuation of participation in the program.	Helps us understand whether our retention improvements are on track and project involuntary turnover for planning purposes.
Net enrollment	Gross enrollments less total disenrollments.	Outcome Measure
New Referrals	All inquiries received about enrollment and referrals from internal or external sources.	Generating new referrals leads increases the potential for enrollment. The higher the number of new referrals from inquiries is a reflection of the effectiveness of outreach and referral sources.

# Growth Metrics that Matter (Cont.)

Measure	Description	Purpose
New Qualified Leads	Referrals who are 55 or older, who live in the service area. You may know more about the person including Medicaid status but that is not necessary for qualification.	Generating new qualified leads increases the potential for enrollment. The higher the number of qualified leads from inquiries is a reflection of the effectiveness of outreach and referral sources.
Conversion Rate	Percentage of qualified leads who enroll.	Helps us determine if outreach and enrollment processes are improving and helps us prioritize referral sources.
Time to Effective Date of Enrollment	Percentage of participants enrolled in 30, 60, 90, 90+ days from referral to enrollment start date by referral source.	Helps us understand from the participant perspective, how long enrollment takes.

# Discussion

## Questions to Consider (Break Out Rooms - 10 Minutes)

- Which of these measures does your organization currently track?
- Does your organization plot these measure over time and regularly review for trends? If so, how regularly?
- Who is this data shared with in the organization?
- How has using this data led you/your organization to change or improve the way it does things to grow PACE and serve participants?

# Avoiding Unintended Impacts

Measure	Description	Purpose
Voluntary disenrollment	Count the number of voluntary disenrollments in the month. Do not include involuntary disenrollments including deaths, loss of eligibility, and noncompliance.	Voluntary disenrollments may be an indicator of opportunities to improve service delivery and should be minimized.
Voluntary disenrollment within the first 90 days of enrollment	Number of voluntary disenrollment within 90 days of enrollment	Voluntary disenrollments in the first 90 days of enrollment may be an indication of an onboarding process with opportunity for improvement.
Hospitalizations	Number of hospital admissions per month among participants who are enrolled in the center.	Changes to hospitalizations may indicate an unintended impact on services and supports.
ER Admissions or Visits	Number of emergency room or urgent care visits per month among participants who are enrolled in the center.	Changes to ER admissions may indicate an unintended impact on services and supports

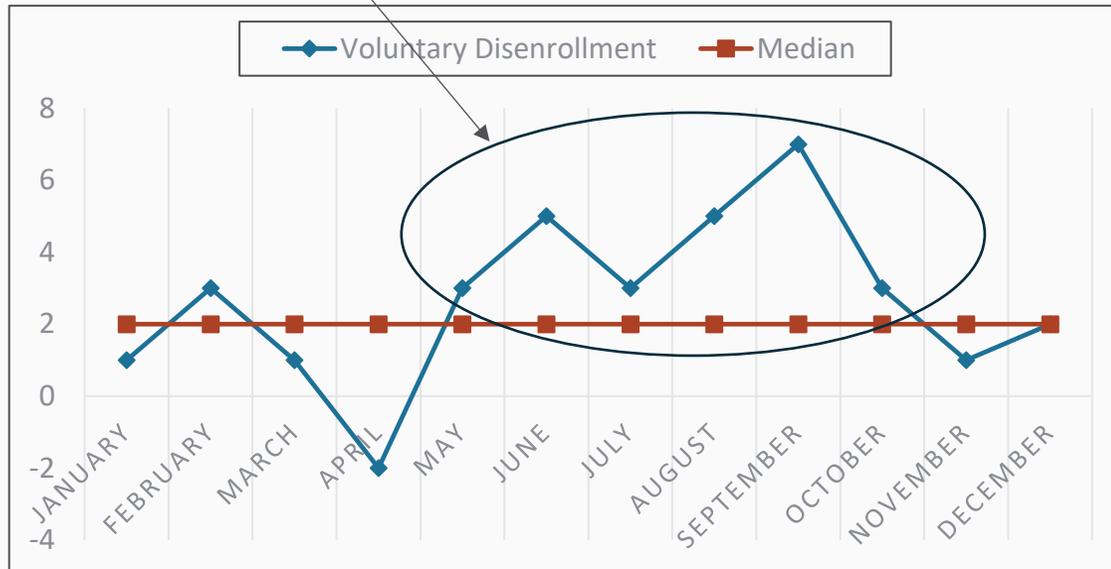
# From Numbers to Action

## Interpreting the Data

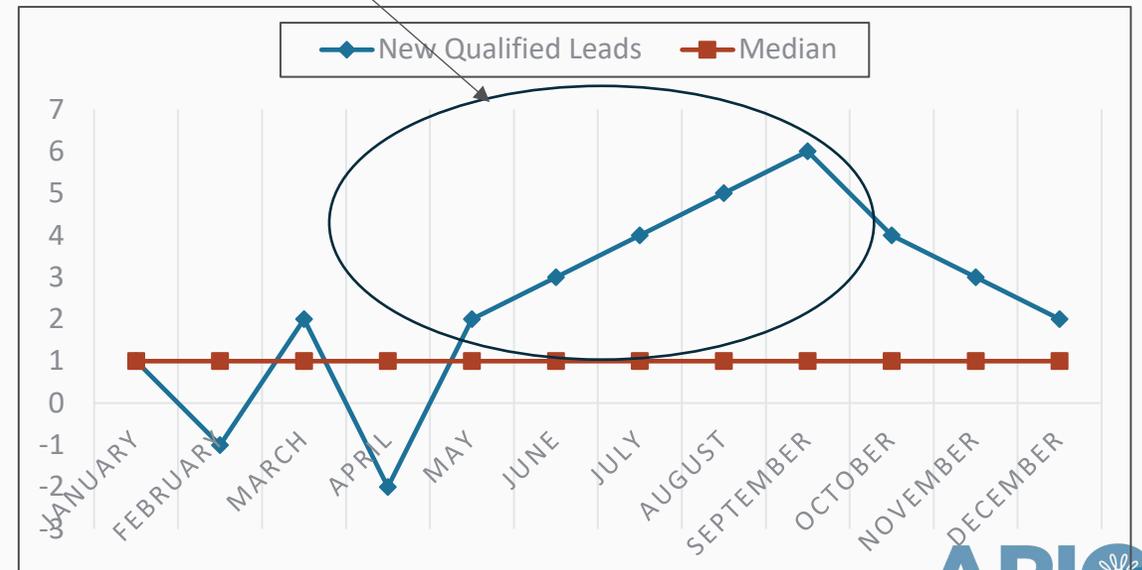
- Set a baseline (median)
- Measure over a period of weeks or months
- Document the changes/improvements you are making
- Identify shifts and trends
  - Shift: 6 or more consecutive data points above or below the median line
  - Trend: 5 or more consecutive data points all going up or going down
- As you make changes to your processes, also document and review immediately available qualitative and quantitative data

# An Example

**Shift:** 6 or more consecutive data points above or below the median line



**Trend:** 5 or more consecutive data points all going up or going down



# Alliance for PACE Innovation & Quality

## For Questions or Additional Resources

- Contact us: [info@apiqonline.org](mailto:info@apiqonline.org)
- Learn more about growing PACE using the **SmartGrowth**  approach (<https://apiqonline.org/smartgrowth/>)

## About APIQ ([apiqonline.org](http://apiqonline.org))

The Alliance for PACE Innovation and Quality improves the lives of older adults and their families by advancing access to PACE and the quality of care they provide. APIQ is sponsored by the National PACE Association (NPA).

Building on resources and knowledge developed under NPA's PACE 2.0 initiative, APIQ provides organizations with individualized support and consultation related to PACE quality and growth.

# We Value Your Feedback!

- Thank you for joining *Metrics that Matter!*
- Please take a few minutes to complete our short survey.
- Your feedback will help us improve future webinars.
- **Scan the QR code to share your feedback or clicking the survey link in the chat.**

