MYERS AND STAUFFER LC

Program of All-Inclusive Care for the Elderly

April 2025

What is PACE? Why are we discussing it?

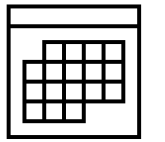
PACE is the Program of All-Inclusive Care for the Elderly.

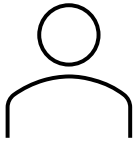
- Health care delivery model that seeks to keep seniors living in the community as long as possible, instead of nursing homes.
- Provides medical and social services to seniors – called participants.
- Capitated program that pays the PACE provider for all the services the individual needs as determined by an interdisciplinary team (IDT).
- Care is provided at a PACE Center and in the home. Services are available 24/7, every day of the year based on a participant's needs.

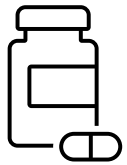
Why are we discussing it?

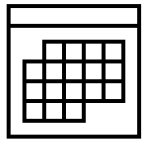
Connecticut is evaluating if PACE is a good fit – PACE is not a good fit for every state or every situation; it takes careful evaluation and consideration.

Imagine a doctor's visit…









Typical Experience	PACE Experience
Patient or caregiver schedules.	PACE personnel schedules.
Patient or caregiver must provide or arrange transportation.	PACE bus provides transportation to/from home or PACE center to appointment or is able to provide primary care within the PACE clinic.
Caregiver may need to attend appointment with patient.	PACE personal care attendant or other qualified staff attends with participant, if necessary.
Patient or caregiver must pick up prescriptions and monitor medication administration.	PACE contracted pharmacy dispenses prescriptions and administers medication in the manner most suited to the participant (at the center or at home, with monitoring, if necessary).
Patient or caregiver schedules follow up appointments and manages additional care recommendations.	Interdisciplinary team reviews care provided, schedules any follow up appointments, and manages care plan.

PACE Centers

A PACE organization must operate at least one PACE center in its defined service area.

It must ensure accessible and adequate services to meet the needs of its participants.

The frequency of a participant's attendance at a center is determined by a team of clinicians and caregivers, based on the needs and preferences of each participant.

PACE Services

Typically Provided at Center

- Primary care.
- Social services.
- Restorative therapies (PT, OT).
- Meals and nutritional counseling.
- Recreational therapy.
- Adult day health care.
- Personal care and supportive services.
- Transportation.
- Prescription drugs.

Provided by PACE Outside Center

- Meals at home.
- Dental care.
- Laboratory and X-ray.
- Hospital care.
- Medical specialty services.
- Nursing home services.
- Personal care and supportive services.
- Emergency care.
- Home care.
- End of life care.

Who decides what care the PACE participant receives?

PACE Interdisciplinary Team (IDT)

There are a minimum of 11 professionals on the IDT who determine and coordinate all medically-necessary care for each person in PACE. The required disciplines are:

- Primary care physician.
- Registered nurse.
- Master's-level social worker.
- Physical therapist.
- Occupational therapist.
- Recreational therapist or activity coordinator.
- Dietitian.
- PACE center manager.
- Home care coordinator.
- Personal care attendant.
- Driver.

Benefits of PACE

Hospitalization

- Rates of hospitalization, readmission, and potentially avoidable hospitalizations were lower for PACE enrollees than for comparable populations.

Outcomes

- PACE participants survived longer (4.2 years) than the 5-year median survival for those in a nursing home (2.3 years) and (3.5 years) in a waiver program.

Community Setting and Quality of Life

- Despite high care needs, over 90% of PACE participants continue to live in their community with a good quality of life for up to 4 years.

Consumer and Family Satisfaction

- PACE programs report high rates of consumer and family satisfaction, generally greater than 90%.

Arku, Daniel et al. “Program of All-Inclusive Care for the Elderly (PACE) versus Other Programs: A Scoping Review of Health Outcomes.” Geriatrics (Basel, Switzerland) vol. 7,2 31. 12 Mar. 2022, doi:10.3390/geriatrics7020031

Wieland D, Boland R, Baskins J, Kinosian B. Five-year survival in a Program of All-inclusive Care for Elderly compared with alternative institutional and home- and community-based care. J Gerontol A Biol Sci Med Sci. 2010 Jul;65(7):721-6.

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Challenges and Drawbacks to PACE

- PACE participants must live in the service area and will usually have one PACE center option to receive services.
- Participants must be able to live safely in their home, or with supports.
- Is a capitated program, some “bad actor” providers are incentivized to provide the minimum care required, or even less than the care needed – therefore, monitoring of care delivery is important.
- Participants will no longer receive regular Medicaid services or services from home and community-based waivers, or even Medicare Advantage plans.
- Participants may not be allowed to use their primary care physician unless that physician is part of the PACE network.
- PACE start up is costly and takes considerable time.

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Q&A

Do you have any questions for our team?