

PACE

**Program of All-inclusive
Care for the Elderly**

May 2022 NASEM Meeting

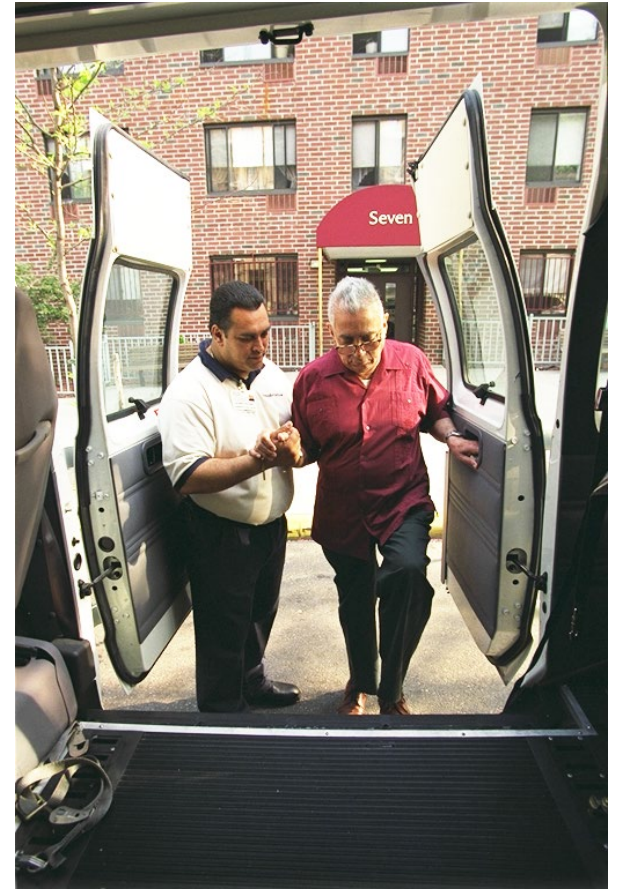
**Slides courtesy of the National PACE
Association**

What is PACE?

Program of All-Inclusive Care for the Elderly

An integrated system of care for the frail elderly that is:

- Community-based
- Comprehensive
- Capitated
- Coordinated



The PACE Model

Who Does It Serve?

- 55 years of age or older
- Living in a PACE service area
- Certified as needing nursing home care
- Able to live safely in the community with the services of the PACE program at the time of enrollment



Who Does PACE Serve?

TOP 5 CHRONIC CONDITIONS OF PACE PARTICIPANTS

- ✓ Vascular Disease
- ✓ Major Depressive, Bipolar and Paranoid Disorders
- ✓ Diabetes with Chronic Complication
- ✓ Congestive Heart Failure
- ✓ Chronic Obstructive Pulmonary Disease

IN AN AVERAGE MONTH

6 Prescriptions

7 Visits to PACE Center

5.8 Chronic Conditions



46% Dementia

The PACE Model

PACE is Small in Scale

Each PACE center and Interdisciplinary Team
can serve up to about 200 enrollees



Integrated Service Delivery and Team Managed Care

- An interdisciplinary team
- Team managed care vs. individual case manager
- Continuous process of assessment, treatment planning, service provision and monitoring
- Focus on primary, secondary, tertiary prevention



PACE Core Competencies

- Provider based model
- Tightly controlled care management and utilization systems
- Serves exclusively a nursing home eligible population in the community when enrolled
- Good care outcomes, high enrollee and caregiver satisfaction and low disenrollment rates
- Established existing program with a proven track record
- Proved effective during pandemic in mitigating infection and death from COVID
 - Infections and deaths were 2/3 lower than SNF residents

Capitated, Pooled Financing

- Medicare capitation rate adjusted for the frailty of the PACE enrollees
- Integration of Medicare, Medicaid and private pay payments

