The PACE Program and Incorporating Palliative Care

Objectives
- Explore how PACE program operates and who it serves
- Describe and discuss history of the PACE program and Immanuel Pathways
- Define Palliative Care and discuss differences between Hospice
- Understand the philosophy of Palliative care in PACE
- Review case study of PACE participant and success of Palliative Care

What is PACE?
The Program of All-Indusive Care for the Elderly (PACE) is a program that provides all preventive, primary, acute and long term care services to seniors that meet nursing facility level of care but are living in the community.
The PACE philosophy is centered on the belief that it is better for frail individuals to be served in their home and community whenever possible.

Who does PACE serve?
- 55 years of age or older
- Living in a PACE service area
- Assessed to meet nursing facility level of care criteria
- Able to live safely in the community with the services of the PACE organization at the time of enrollment

What Does the Immanuel Pathways PACE Population Look Like?

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Pathways SW Iowa</th>
<th>Pathways Omaha</th>
<th>Pathways Central Iowa</th>
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<tbody>
<tr>
<td>Average Age</td>
<td>77</td>
<td>72</td>
<td>75</td>
<td>67</td>
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<tr>
<td>Percent Female</td>
<td>70%</td>
<td>64%</td>
<td>74%</td>
<td>54%</td>
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Why PACE?
- 40 million Americans are 65 or older
  - By 2030, that figure will leap to 88.5 million
  - In 2013, half of all people on Medicare had incomes less than $23,500, equaling 200% of poverty in 2015

1: www.census.gov
Current relevance of the PACE model

- Health Care environment: increased regulation, Affordable Care Act, legislative and economic shifts at federal/state levels
- Demographic shifts: more seniors living longer, Baby Boomer characteristics

History of PACE

- 1971 – On Lok began as one of the country’s first senior health day centers
- 1975 – On Lok began providing in-home support, primary care and case management services
- 1979 – On Lok launched a Medicare-funded demonstration of their consolidated model
- 1990 – By this time, the program had been copied in 10 places across the country and is now known as PACE
- 1997 – In the Balanced Budget Act of 1997, PACE became a permanent provider type under Medicare.
- 2001 – CMS recognizes first permanent PACE provider
- 2015 – PACE Innovation Act

Where Is PACE Today?

- 116 PACE programs in 32 states, serving 34,000 seniors

PACE Locations

- 116 Sites in 32 States

Included in the PACE Model

- Participants receive all of their health and social services through the PACE organization
- 24 hour call availability, 365 days a year
- An interdisciplinary team, which provides and coordinates all services for the participant
What is a day at Immanuel Pathways PACE like?

A walking tour of the center demonstrates holistic care and relationships:
- Van ride, Front desk staff, Chapel
- Memory support, Therapy gym, Personal Care Area
- Participant Center, Social Work Office, Clinic and In Home Services
- IDT Room, Supply Room, Attic

The Health Provider AND the Payer

- The PACE team is responsible for managing and paying for ALL health care services.
- PACE organizations receive fixed monthly payments from Medicare, Medicaid and private-payers
- Fully capitated program with full risk

How much does PACE cost?

A participant’s payment responsibility depends upon his/her eligibility for Medicare and/or Medicaid:
- Medicaid Only
  - No monthly premium payments
- Medicaid and Medicare (Dual Eligible)
  - No monthly premium payments
- Medicare Only
  - Monthly premium and Part D Portion
- Private Pay (not eligible for Medicaid or Medicare)
  - Monthly premium and Part D Portion

How is PACE authorized and regulated?

- Congress authorized PACE as a Medicare provider and Medicaid state option in the Balanced Budget Act of 1997. Operationally, the PACE program is implemented through a three-way program agreement between the PACE organization, the Centers for Medicare and Medicaid Services (CMS), and the State.
- Both CMS and the State are responsible for monitoring PACE programs.

Incorporating Palliative Care
Palliative Care

• What is Palliative Care?
  —WHO definition: Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Aspects of Palliative Care

• Provide relief from pain and other distressing symptoms
• Affirms life and regards dying as a normal process
• Intends neither to hasten or postpone death
• Integrates the psychological and spiritual aspects of patient care
• Offers a support system to help patients live as actively as possible until death

Application of palliative care in PACE

• PACE program organization ideally suited for provision of palliative care services.
• Interdisciplinary team (IDT)
• NPA resources for Palliative/End of Life care
• PACE goals of care: Longevity, Functional, or PALLIATIVE
• IDT disciplines
  • Clinical staff, In Home Services (IHS), Social Workers, Chaplain
  • Other disciplines may also be involved – Transporation services, PT/OT, Participant Center Manager/PCAs, Rec Therapy, Dietary
• Ancillary Services
  • Pharmacy provider
  • Hospice programs

Palliative vs Hospice Care

• What’s the difference?
  • Timeline
    • Hospice—usually 6 months
    • Palliative care variable
  • Goals of care
    • Hospice—symptom relief
    • Palliative care—Quality of life
  • Treatments provided
    • Hospice—medications and therapies for comfort
    • Palliative care—Curative treatments may still be pursued

Aspects of Palliative Care Cont

• Provides a support system to help the family cope during the patient’s illness and in their own bereavement
• Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated
• Will enhance quality of life, and may also positively influence the course of illness
• Applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications

PACE provision of palliative care

• Provide relief from pain and other distressing symptoms
• Clinical assessment of pain and other associated symptoms
• Pharmacy recommendations for medication management
• PT/OT evaluation for non-med based treatments
• Chaplain services
• IHS evaluation for in home care needs
• SW assessment/counseling
• Transportation considerations – Does ride cause pain?
• Dietary alterations – Is condition impacting nutrition?
• Participant Center – Ongoing activity and socialization in a supportive environment
Let's take a closer look…

**PACE provision of palliative care**

- Affirm life and regard dying as a normal process
  - How do we affirm life through PACE?
  - Establish and work towards patient's goals of care
  - Maintain independent living as long as possible
  - Treat the "whole person"
    - Social/family support concerns
    - Economic concerns
    - Spiritual needs
    - Respite for caregivers
  - Dying is treated as a normal part of life
    - PACE participants are with program an average of 4 years before their demise

- PACE provision of palliative care
  - Intent is to not hasten or postpone death
    - No matter the patient goals of care
      - Longevity
      - Functionality
      - Comfort Care
  - Change of condition evaluations
    - Repeat comprehensive evaluation by IDT
    - Update of care plan created

- PACE provision of palliative care
  - Offers a support system to help patients live as actively as possible until death
    - Participant center
    - Activity coordination
    - Transportation services
    - In home support services
    - DME

- PACE provision of palliative care
  - Integrates the psychological and spiritual aspects of patient care
    - Ongoing evaluation of needs during treatment
      - IDT meetings with all disciplines to discuss care
    - Support services
      - Easy access to clinic staff
      - Social work services
      - Access to on site counseling services
      - Recreation therapy
      - Participant center activities and community outings
      - Chaplain services
    - Bible studies, group worship, individual appointments.

- PACE provision of palliative care
  - Offers a support system to help the family cope during the patients illness and in their own bereavement
    - Family actively engaged throughout care
      - Family meetings
      - In home services
      - Skilled nursing assistance
      - Respite care
      - Access to spiritual services
**PACE provision of palliative care**

- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- **IDT approach**
  - Ongoing interaction with several disciplines
  - Updates to team as indicated
  - Communication with involved family members
  - Changes to treatment plans
  - Inquiries into unmet patient/family needs

**PACE provision of palliative care**

- Will enhance quality of life, and may also positively influence the course of illness
- **Focus on quality of life throughout the course of life**
  - Patient goals are guide for entire IDT
  - Symptom management by multiple disciplines
  - "Whole person" approach through IDT
  - Maintaining dignity
  - Maintaining autonomy
  - Stay true to patient’s values

**PACE provision of palliative care**

- Palliative Care approach may be applicable early in the course of illness
- Not determined by prognosis
- Does not preclude curative efforts
- Determined by patient evaluation
  - Comprehensive evaluations by IDT members to determine
    - Participant values
    - Goals of care
  - Repeat evaluations
  - Pre/post enrolment, semi annual assessments, change of care

**Case Study**

- 62 year old male
- Joined PACE April 2014
- Multiple medical problems
  - ESRD on HD since 2008, DM, HTN, endocarditis, osteomyelitis of clavicle, chronic pain, recurrent bowel obstructions, impaired mobility due to deconditioning
- Was in skilled nursing facility with use of tilt in space wheelchair prior to joining PACE
- Patient goals when joining PACE
  - Regain self sufficiency
  - Live in independent setting

**After joining PACE**

- RL moved in with his sister
- Sister was 24 hour caregiver
- IHS services
- Placed on PT caseload
- Was able to transition to manual wheelchair and 4WW use
- Could assist with transfers
What Happened?

- RL was with our program for 22 months
- Majority of this time spent living independently
  - Recurrent hospitalizations from recurrent bouts of bacteremia, sepsis and HD access site complications
  - Did require SNF utilization after hospitalizations, but eventually returned home
- Transitioned to Hospice Care in Feb 2016
  - No further dialysis access sites available
  - Passed away at Hospice House 1 week after transition to hospice care.

Learn More and apply the information about PACE

- www.immanuelpathways.org
- www.cms.gov/Medicare/HealthPlans/pace/Overview.html
- www.npaonline.org

QUESTIONS?