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WHAT IS PACE (PROGRAM OF ALL INCLUSIVE CARE OF THE ELDERLY)?

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PACE History

PACE began in the early 1970's in the Chinatown-North Beach community in San Francisco. Immigrant families in the area recognized a pressing need for community-based long-term care services, rejecting what they considered to be culturally inappropriate institutional care, and set about researching options. The result was the formation of a non-profit corporation – the On Lok Seniors Health Services. One of its pioneers obtained funding to train health care workers in partnership with the University of California in San Francisco. This led to a comprehensive, integrated care system that combined housing, and related health and social services similar to the British day hospital model. On Lok opened its first adult day program in 1973 with Medicaid reimbursement following in 1974. By 1975 it was adding in-home care, home-delivered meals, and housing assistance, then in 1978 its model expanded to provide complete medical care and social support to residents who would otherwise be eligible for nursing homes.

The real turning point came in 1979 when On Lok received "a four year grant from the Department of Health and Human Services to develop a consolidated model of delivering care to persons with long-term care needs."

Throughout the 1980's PACE was replicated across America with programs, in 1990, receiving Medicare and Medicaid waivers in order to operate. By 1996 there were 21 PACE programs operating in 15 states. By 2014 that number had increased to 107 PACE programs in 32 states. By 2023 151 PACE programs were operating in 32 states serving over 68,000 people.

U.S. Research Support for PACE

Kane et al (2006) found that "PACE enrollees had fewer hospital admissions, preventable hospital admissions, hospital days, ER visits, and preventable ER visits than the WPP enrollees had. There was no difference in the length of hospital stays."

In 2009 the Secretary of Health and Human Services in the U.S. provided an Interim Report to Congress on the Quality and Cost of the Program of All-Inclusive Care of the Elderly. It found that when compared to other programs and services PACE enrollees had better health management outcomes including having end of life documents, experiencing less

pain, and were less likely to report unmet activities of daily living needs. They were more likely to have taken preventive steps such as hearing and vision screenings to protect their health, and reported better health status and less depression, as well as satisfaction with their quality of life and quality of care.

Wieland et al (2010) found that "PACE participants had a substantial long-term survival advantage compared with aged and disabled waiver clients into the fifth year of follow-up."

In 2013 Congress authorized for-profit providers to operate PACE programs based on a study that was provided to Congress. However in 2017 Gonzales argued that "at best there is not enough evidence to conclude that for-profit PACE provides the same quality of care as existing non-profit operators".

Also in 2017 Segelman et al reported that "PACE may be more effective than 1915(c) aged and aged and disabled waiver programs in reducing long-term NH use and may be particularly well suited to supporting cognitively impaired individuals, enabling them to remain in the community longer"

In 2022 researchers from the University of Arizona reviewed six research studies on PACE and found that in spite of the limited literature on this topic, "PACE provides quality and cost-effective community-based care to older adults who would otherwise require a nursing home or other model of care…". They identified the need for further research to improve understanding of health outcomes of PACE.

Ontario Research on Integrated Services and Programs That Resemble PACE

In 2020 Horgan prepared a report for the Provincial Geriatrics Leadership Office that found thirteen components were required as "design elements of integrated care relevant to the care of older persons living with complex and chronic health issues". These included: collaboration; cross-sector partnerships; comprehensive assessment and care planning; integrated care at the point of care; shared responsibility for continuity of care; integrated specialized geriatric expertise; integrated community and home-based interventions; older person-centered care; engaged older person and family/friend caregivers; self-management support; integrated technologies; and multi-tiered evaluation. PACE programs already deliver most of these components and more, and are currently working with researchers to conduct the multi-tiered evaluations that would document PACE results in Ontario.

Horgan underscored the need to rethink how Ontario delivers and distributes health resources with integrated care considered to be a service delivery approach that creates

conditions for collaborative practice across health and social services disciplines in order to address interrelated social, physical and mental health issues (Baxter et al., 2018)

While Horgan's report supports integrated care delivery it does not identify a specific vehicle to provide this, which PACE could be.

In Ontario the University Health Network has adopted a more Integrated Care approach in an attempt to wrap care around patients facilitating easier communication and coordination of care plans. This includes one point of contact, one record for the care team, and one support line, as well as connection to an integrated care lead who acts as a type of service coordinator bringing all care providers together to ensure continuity of care. This model provides patient education and self-management, delivers more advanced in home care, decreases patients' lengths of hospital stay and avoids unnecessary readmission to hospitals thereby reducing pressure on emergency wards and hospital beds.

Where this is a hospital-based approach to providing integrated care designed to help individuals avoid hospital admissions and stays, PACE provides a more holistic community-based focus helping to prevent hospitalization in the first place. PACE is also a more comprehensive model, integrating more services and supports directly tied to participants' needs in order to promote health and wellness over the longer term.

In 2024 Sattler et al made the case for integrating formal and informal care as a way of expediting "the fundamental shift needed to transform healthcare from systems designed around diseases and institutions towards healthcare systems designed for people". A PACE model that incorporates compassionate community could easily meet these objectives.

The Adoption of PACE Programs in Ontario

PACE Programs in Ontario are somewhat different from those in the U.S. where they are funded by Medicare/Medicaid. They are also non-profit.

In Ontario PACE programs are underway in Burlington and are also being adopted in Durham Region. A PACE-like program has been funded by the Ontario government in Kenora.

As in the U.S. PACE program, participants in Ontario enroll to be members. Ontario PACE programs integrate care and supports to older adults and provide those supports where they live, often in rent geared to income, community housing, and seniors' buildings. It

supports older adults as well as some younger people with disabilities, many of whom would likely be considered as candidates for long-term care institutions, but who wish to remain in their own homes and communities instead.

PACE involves interdisciplinary teams of physicians, nurses, physical and occupational therapists, social workers, dieticians, and transportation services tailored to the needs its participants.

Adult day programs are often an important component of PACE, and transportation is provided. In some cases personal services are provided to individuals in their homes. It is a program that incorporates technology, promotes wellness, includes nursing and social work services, community pharmacy, assisted living support by employing occupational and physiotherapists, personal support and assistance with activities of daily living provided by personal support workers, day programming, and transportation. It may also include food security programs where appropriate, and respite for caregivers. It is a model that can easily incorporate trained volunteers to provide friendly visits and compassionate care to individuals at the end of life.

Barriers to PACE Implementation in Ontario

Unfortunately the Government of Ontario does not have a strategy to support Aging in Place and to date there has been a lack of government commitment to implement or expand PACE.

For-profit home care companies prefer the pay per visit system that provides contracted care and services based on a competitive bidding process that has, to date, been with Ontario Health atHome. PACE, staffed by non-profit community support agencies and other non-profits, concentrates on addressing clients' individual needs, responding much more quickly to those changing needs.

This can place for-profits in conflict with PACE programs.

Why PACE Works and is More Cost Effective

PACE prevents service duplication through coordination and integration of services. Rather than 14 different PSW's and other professionals serving different individuals in a building, 3 PSW's could serve the same clientele in a building, and provide more consistent care rather than a revolving door of different workers. Professionals get to know the people they serve much better in a PACE model. PACE programs can also respond quickly to

individuals' changing service needs rather than it taking days or weeks to have individuals "re-assessed" under Ontario Health atHome.

On average, PACE programs, that help prevent hospitalization and placement in long-term care institutions by addressing health and wellness issues before they become crises, are considerably less expensive than placement in a long-term care institution which costs $201.00 per day.

Furthermore PACE programs help protect against the spread of infection since participants can receive services in their own homes and buildings rather than in congregate care settings where infection prevention and control protocols are often not rigorously followed. In the U.S. research shows that PACE could be nimble in responding rapidly to the COVID-19 pandemic by adapting to shift its program from a centre-based to a home-based model redeploying its staff to accomplish this.

PACE programs also used telehealth and remote monitoring to assist members, could incorporate paramedicine, and quickly implemented vaccine and other infection prevention methods, while also addressing social isolation and boredom with ongoing contact with participants. Since the pandemic many PACE organizations in the U.S. have shifted some of their services to be home-based to address participant preferences.

A True Non-Profit, Community-Based Integrated Service Program

PACE has features that make it desirable to implement in communities across Ontario. It involves collaboration between multiple services and resources already available in local communities – regional housing, family health teams, services provided by municipal governments, primary care physicians, hospitals, pharmacists, and many other local organizations.

It also aligns well with a new concept being considered for Ontario – the idea of creating Health Homes in communities, and it lends itself to community-based participatory research approaches.

Elders Like It!

Older adults do not have to jump through numerous hoops to find and try to access services and supports or rely on unreliable Ontario Health atHome services that may not respond quickly to their changing needs.

By being part of PACE, services are attached to individuals' needs and changed over time as their needs change. Elders get to know their PACE team who regularly provide care to

them. It is a friendlier and more personable way to provide care where older adults are respected and listened to. Most importantly it is a person-directed, not a person-centered approach where elders and people with disabilities themselves determine their needs and aspirations and PACE professionals take direction from them.

Seniors for Social Action Ontario, representing over 1600 elders in the province, is a strong supporter of PACE program adoption across Ontario, and has urged the Ontario government for many years to begin flowing funding through Ontario Health to support the development of regional PACE programs across the province.

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