

PACE Fact Sheet

PACE IS AN INNOVATIVE MODEL OF CARE

The Program of All-Inclusive Care for the Elderly (PACE) is an innovative model that enables individuals age 55 and over needing a nursing home level of care to live at home or as independently as possible. PACE programs coordinate and provide all needed preventive, primary, acute and long-term care services so older individuals can continue living in the community. Through PACE, today's fragmented health care financing and delivery systems come together to serve the unique needs of each individual in a way that makes sense to frail elderly individuals, their informal caregivers, health care providers and policy-makers. PACE integrates and coordinates all medical care and long-term care services and supports for participants across all settings, including prescription medications, transportation and meals.

PACE PROGRAMS OFFER HIGH-QUALITY CARE AND ARE COST-EFFECTIVE

IN AN AVERAGE MONTH, PACE PROVIDES

6

Prescriptions

7

Visits to PACE Center

10

Personal Care Contacts

4

Therapy (PT/OT) Encounters

16 TRIPS
PER MONTH
PER PARTICIPANT



- ★ PACE utilizes interdisciplinary teams (IDTs), which include physicians, nurse practitioners, nurses, social workers, therapists, van drivers and aides. IDTs exchange information and solve problems as the conditions and needs of individuals change, with the objective of enabling them to live longer in the community.
- ★ PACE provides participants frequent access to physicians and other primary care professionals who know them and specialize in caring for older people.
- ★ PACE participants have improved health status and quality of life, lower mortality rates, increased choice in how time is spent, and greater confidence in dealing with life's problems.
- ★ The PACE financing model combines payments from Medicare and/or Medicaid or private pay sources to provide the entire range of health care and services, including paying for hospital care, in response to individual needs.
- ★ PACE provides transportation to enable participants to live as independently as possible in the community while having easy access to the supportive services, medical specialists, therapies and other medical care they need, when they need it.

CHARACTERISTICS OF PACE PARTICIPANTS

69% WOMEN



MEN 31%

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

5.8 Chronic Conditions



46% Dementia