

PACE in Rural Areas: Infrastructure Challenges and Strategies

America is aging. In response, governments, health care providers and citizens across the country are seeking ways to better serve the growing number of elderly persons, particularly persons at risk for permanent nursing home placement. The search for solutions in rural areas, however, often is complicated by a relative lack of health care providers and facilities, long distances between patients and services, and lower population densities. Fortunately, help could be on the way.

PACE: A Rural Possibility

Since 1983, Programs of All-inclusive Care for the Elderly (PACE) have been serving frail senior citizens in ways that enable them to live as independently as possible, keeping them in their own homes and communities. The model began in San Francisco as an effort to help Chinese-American families keep their elders with their families and in their communities. It accomplished this goal by offering a comprehensive set of services including medical care, physical and occupational therapy, nutrition, transportation, respite care, and socialization that kept people happier and healthier. It also created a way to pay for this care using federal, state and private funds that can be pooled at the program level, allowing maximum flexibility, effectiveness and even cost-savings.

PACE serves persons who are:

55 or over

Certified to meet the state's criteria for nursing home level of care

Living in a designated PACE service area

Able to live safely in the community, with the help of PACE services, at the time of enrollment

The success the PACE model has demonstrated in keeping people out of hospitals and nursing homes has inspired providers around the country to adopt this model of care. Today, there are 32 PACE programs operating in 18 states. All of these programs, however, serve predominantly urban settings. That need not be the case. Rural communities and rural elders can and should benefit from PACE programs.

The need for PACE in rural communities is in some ways greater than in urban America. Compared to their urban counterparts, the rural elderly:

- report worse health status;
- are generally older;
- have more functional limitations;
- are more likely to live alone at age 75 and older;
- are more likely to be poor or near poor; and
- are at greater risk of being placed in a nursing home.

Although one-fifth of the nation's elderly live in them, many rural areas lack the full range of long term care services that rural elders need. PACE can help meet some of this need.

A Flexible Blueprint

Undoubtedly, bringing PACE to rural America will require creativity and flexibility on the part of providers, regulators and policymakers. Because rural communities differ from urban areas in some very important aspects, rural PACE programs will likewise differ from urban programs. One size will not fit all. Successful PACE programs are tailored to meet individual community needs rather than being pulled from a rack, ready to wear.

PACE programs are able to effectively serve elders in the community by being flexible and bridging the gaps that often exist in today's health care. PACE programs have several basic features that enable them to tailor their care and services to the needs and situation of each individual.

- A focus on empowering individuals to live in the least restrictive and most pleasing setting possible.
- Interdisciplinary teams composed of persons who are both providers and decision-makers for the health care and supportive services each PACE participant receives
- A capitated payment that pools financial resources from government and private payers so that providers have the freedom to provide preventive and holistic care and support that can often postpone or avoid the need for more intense acute or long term care
- A responsibility to provide or pay for the provision of all needed preventive, acute and long term care services so the organization has a financial incentive to provide the best and most effective care possible

Rural Challenges and Emerging Strategies

In September 2002, PACE providers and rural health experts, along with state and federal policy makers from across the country, gathered in Roanoke, VA, to explore the possibilities for PACE in rural communities. This “Rural PACE Summit” was sponsored by the National PACE Association (NPA) and the National Rural Health Association. Its findings are captured in a report entitled “Setting the PACE for Rural Elder Care: A Framework for Action.” Participants at the Summit identified some of the critical issues and challenges that rural organizations will face in adapting the PACE model:

- Staffing
- Financing and Risk Management
- Developing the Necessary Infrastructure
- Using Information Technologies

As part of the Rural PACE Technical Assistance Program, funded by the Health Resources and Services Administration, NPA convened workgroups of rural health and PACE providers to further discuss these issues. The following issue brief on developing the necessary infrastructure is part of a series summarizing the workgroups’ discussions on each of the topics listed above. Collectively, the issue briefs designed to help rural organizations identify and meet the challenges they will face in bringing the PACE model to their service areas.

Rural PACE Issue Brief #3: **Developing the Necessary Infrastructure**

Like all health care providers, PACE programs require adequate infrastructure in order to provide high-quality care in a cost-effective manner. Programs need a range of staff and services and the systems to manage them. They also need sufficient demand to pay for it all. To date, most PACE programs operate in metropolitan areas with both extensive health care infrastructure and high concentrations of eligible seniors. As a result, they are able to sustain themselves financially.

Due to the nature of rural areas—fewer people spread over larger geographic areas—few rural areas have the extensive health care infrastructure or the highly concentrated market that urban areas do. Consequently, rural PACE providers will face different challenges than those faced by urban providers and will require different strategies to meet those challenges. Fortunately, a number of strategies drawn from rural health care suggest how the PACE model might be adapted to meet these challenges.

Challenges and Strategies

Challenge 1: Maintaining Face-to-Face Interaction Between Participants and Interdisciplinary Team (IDT) Staff

Because rural PACE participants likely will be spread over larger distances and members of the IDT likely will not be housed in one location, maintaining adequate face-to-face interaction between participants and staff will be a challenge.

Strategy 1a: Use alternative care sites and other settings such as senior housing facilities, assisted living facilities and churches to deliver specific services. By reducing reliance on the “one center” model of PACE delivery and using existing facilities located near those seniors, rural providers can more easily and more cost-effectively reach seniors spread out over greater distances and maintain face-to-face interaction with participants.

Strategy 1b: To the extent state regulations allow, use community and family caregivers to minimize reliance on PACE staff. By reducing reliance on traditional PACE staff and using caregivers in the home or community, rural programs can increase face-to-face interactions between caregivers and participants.

Note: Obviously, the use of community and family caregivers entails training. It also demands oversight and coordination. One way to meet those demands is to involve community and family caregivers in interdisciplinary team meetings—at alternative care sites, via telecommunications or, at times, at a central location.

Strategy 1c: Utilize advanced telecommunications technologies. By linking PACE providers with participants, telecommunications offer opportunities to increase interaction, albeit at a distance.

Note: Unfortunately, some advanced telecommunications are quite costly and some are not yet available in all rural areas. In some instances, PACE providers may need to work with other entities outside the health care field in order to utilize their telecommunications facilities (e.g., community colleges) and/or aggregate enough demand to warrant the building of additional telecommunications facilities.

Challenge 2: Paying for Transportation

Sparse participant population spread over wide areas means that transportation will be a major factor—as it is for rural health care in general. The costs of providing that transportation for participants, as well as providers, may well be one of the tougher challenges faced by rural PACE providers.

Strategy 2a: Use alternative care sites and other settings such as senior housing facilities, assisted living facilities and churches to deliver specific services. The use of alternative sites can reduce the need for, and cost of, transportation.

Strategy 2b: To the extent state regulations allow, use community and family caregivers to minimize reliance on PACE staff. Using caregivers in the family or community can reduce the need for, and cost of, transportation for staff and participants.

Strategy 2c: Increase emphasis on home care as an alternative to day center attendance. By using home care, rural programs can reduce the costs of transporting participants.

Strategy 2d: Utilize advanced telecommunications technologies. By linking PACE providers with participants, partnering medical personnel and other contractors, telecommunications can reduce the costs of travel and transportation.

Strategy 2e: Build a coordinated network between multiple rural health care providers interested in sponsoring a PACE program and contractors necessary to operate a program. Creating a network of distinct community based transportation providers will “localize” transportation services and create efficiencies by eliminating driving time between communities that would occur if only one transportation contractor were utilized.

Note: The use of partnerships and contracts, of course, requires a high level of training, oversight and coordination to ensure that services are provided in the most cost- and quality-effective manner.

Challenge 3: Managing Multiple Partners and Contractors in Multiple Communities

Having staff spread over distance presents several obstacles to effective management and coordination.

Strategy 3a: Utilize advanced telecommunications technologies.

Telecommunication links, between PACE providers, partnering medical personnel and other contractors, offer a cost-effective way to coordinate care and services and enhance oversight.

Strategy 3b: Build a coordinated network between multiple rural health care providers interested in sponsoring a PACE program and contractors necessary to operate a program. Assembling a team from multiple rural health care organizations can create a management infrastructure to support staff working in the field. This management team of linked organizations can design, implement and manage efficient and effective approaches to PACE program operations.

Challenge 4: Obtaining Trained Medical Specialists and PACE Program Staff in Rural Areas with Which to Build and Maintain Adequate Staffing

All rural health care providers face difficulties in obtaining and retaining adequate staff. The challenge for rural PACE providers likely will be even greater, given the need for so many different types of professionals.

Strategy 4a: To the extent state regulations allow, use community and family caregivers to minimize reliance on PACE staff. By reducing reliance on traditional PACE staff, rural programs can overcome workforce shortages.

Strategy 4b: Utilize advanced telecommunications technologies. Advanced telecommunications can help PACE providers access specialty care at a distance.

Strategy 4c: Build a coordinated network between multiple rural health care providers interested in sponsoring a PACE program and contractors necessary to operate a program. By utilizing partnerships and contractual arrangements, rural PACE programs can assemble the full complement of resources needed, even in areas where those resources are spread out over great distances.

Challenge 5: Overcoming the Small Size and Lower Capacity of Rural Health Care Providers

Because rural health care providers are typically smaller and have fewer resources than their urban counterparts, their ability to develop and maintain a PACE program will be limited.

Strategy 5a: Use alternative care sites and other settings, such as senior housing facilities, assisted living facilities and churches to deliver specific services. By reducing reliance on the “one center” model of PACE delivery and using existing facilities located near those seniors, rural providers can more easily and more cost-effectively reach seniors spread out over greater distances. The use of such existing alternative sites can reduce costs associated with building new facilities, as well as transporting seniors and caregivers. It also may cut down on the logistical difficulties of locating multiple services in one center.

Strategy 5b: To the extent state regulations allow, use community and family caregivers to minimize reliance on PACE staff. By reducing reliance on traditional PACE staff, rural programs can overcome workforce shortages and reduce the need for staff travel.

Strategy 5c: Increase emphasis on home care as an alternative to day center attendance. By using home care, rural programs can reduce transportation costs, as well as the need for multiple alternative sites and the costs associated with them.

Strategy 5d: Utilize advanced telecommunications technologies. By linking PACE providers with participants, partnering medical personnel and other contractors, telecommunications offer opportunities to access services at a distance, enhance coordination of care and services, and reduce the costs of travel and transportation.

Strategy 5e: Build a coordinated network between multiple rural health care providers interested in sponsoring a PACE program and contractors necessary to operate a program. By utilizing partnerships and contractual arrangements, rural PACE programs can assemble the full complement of resources needed, even in areas where those resources are spread out over great distances.

Strategies Help Meet Multiple Infrastructure Challenges

	1 Face-to- face Interaction	2 Transportation	3 Management	4 Workforce Shortage	5 Provider Capacity
Alternative Care Sites	✓	✓			✓
Community Caregivers	✓	✓		✓	✓
Home Care		✓			✓
Telecommunications	✓	✓	✓	✓	✓
Coordinated Network		✓	✓	✓	✓

Conclusion

While rural PACE programs face many challenges, many strategies are available to help them overcome those challenges. Using the strategies described above, along with others, rural PACE programs can develop the infrastructure needed to succeed.