

PACE in Rural Areas: Information Technology 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 using health technologies is part of a series summarizing the workgroups’ discussions on each of the topics listed above. Collectively, the issue briefs are 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 # 4: **Using Information Technologies**

Advanced information technologies enable rural health providers to meet some of the challenges inherent in a rural setting: a patient base scattered over large areas; long distances to specialty care; few resources with which to purchase diagnostic and other equipment; and few providers. PACE providers serving rural areas can apply these technologies to meet a range of requirements for supporting their participants and integrating their services:

Monitoring participants' health status – Telehealth applications offer a unique opportunity for a real-time exchange of information between a participant in his/her home and a care provider in another location. As a result, PACE interdisciplinary teams retain the ability to make frequent adjustments to a participant's care based on changes in health status. For example, smart toilets can check a person's temperature, blood pressure and blood sugar, and report that information to a PACE provider, who can use it to support the safety and functioning of a person in their own home.

Gaining access to comprehensive services – Through telemedicine networks, rural PACE programs can gain access to specialist services located far away.

Providing health education –Telecommunications can aid in the dissemination of information between centers, professionals, participants and family members.

Supporting functional independence – Enabling technologies can support frail elders to maintain their functional independence. For example, technologies that enable mobility, communication, meal preparation and eating can help elders to continue living safely in a home setting.

Assembling and maintaining an interdisciplinary team – Virtual interdisciplinary team meetings can be convened via video-conferencing or teleconferencing. This would allow for full participation of all team members no matter where they may be located across the vast service areas of rural and frontier communities. The ability to bring team members together on a daily basis to carry out the requirements of a PACE interdisciplinary team would help to ensure appropriate and thorough care management, planning and needs assessment.

Developing staff and administering program – Information technologies help not only the clinical aspects of a PACE program, but also the non-clinical workings as well. A rural or frontier PACE provider may find these technologies useful in conducting in-service trainings, continuing medical education, administrative meetings, and even the certification of Medicaid eligibility.

The ability of information technologies to serve in these ways notwithstanding, there are challenges that must be overcome. First, the use of information technologies to meet these requirements must conform to the privacy protections specified by the Health

Insurance Portability and Accountability Act. In addition, the use of information technologies faces a number of educational and operational challenges. Fortunately, a range of strategies exist to help rural PACE programs overcome these challenges.

Challenges and Strategies

Challenge 1: Creating the Willingness to Use Information Technologies

The first order of business in using technologies is to convince PACE participants and their family members that these technologies are appropriate and reliable. It has been the experience of many rural and frontier providers that participants are very receptive to the new technologies and appreciate the benefits and attention they offer. Notably, for those aged 65 and over, Internet access has grown from just under 5 percent in 1998 to nearly 30 percent in 2002¹.

Strategy 1a: Offer training programs. To build on this emerging interest and connectivity, rural PACE providers can offer a voluntary training program to help participants and their families use the technologies, such as a computer and e-mail, appropriately and effectively.

Challenge 2: Building the Capacity to Use Information Technologies

To reap the full benefits of information technologies, rural PACE providers will need well-trained staff, adequate communications infrastructure (sufficient Internet service, mobile phone networks and other similar services), and appropriate equipment. Meeting each of these requirements can be a challenge in rural areas.

Strategy 2a: Train health professionals to use information technologies. Texas Tech University Health Science Center is creating a geriatric telemedicine training program. Rural PACE programs can link with universities and technical assistance programs to create training programs that will help their health care professionals develop and use telemedicine applications.

Strategy 2b: Partner with infrastructure providers. The Northern California Telemedicine Network's mission is to promote the use of telecommunications technologies to improve and expand access to health care services in the region's medically underserved communities. The network has brought together various partners, one of which is a for-profit telecommunications corporation, as a way to attract investments in their rural area. At the same time, by participating in the network, private companies develop access to new markets. Rural PACE providers can develop and participate in partnerships to increase the technological capacity of their service area.

¹ AARP, *State of America 50+*, 2004.

Challenge 3: Obtaining Adequate Reimbursement

Information technologies are rarely used to their full potential because of regulatory and legal uncertainties, such as those pertaining to reimbursement rates.

Strategy 3a: Seek higher reimbursement rates. Since PACE is a dual-capitated program, providers should seek to understand and clarify their state's Medicaid reimbursement policies for telemedicine and telehealth. The *Telemedicine Reimbursement Report*² lays out the telemedicine fee-for-service options that are reimbursed on a state-by-state basis. A rural or frontier provider may use the state telemedicine reimbursement laws to ensure that the state's Medicaid PACE rate reflects appropriate costs associated with delivering services using telehealth or telemedicine.

Information Technologies Resources

Several state, federal and philanthropic programs offer valuable assistance in increasing the use of information technologies in rural health care.

- The Centers for Medicare and Medicaid Services maintains a list of states that reimburse for services provided via telemedicine (www.cms.hhs.gov/states/telelist.asp).
- The U.S. Department of Health and Human Services' Office for the Advancement of Telehealth serves as a leader in telehealth, a focal point for the Department's telehealth activities, and a vehicle for the wider implementation of advanced health care technologies to provide services and education (<http://telehealth.hrsa.gov/>).
- Bioterrorism Funding – a federal fund that supports upgrading public health infrastructure in order to respond to a bioterrorism event in rural areas is available from the U.S. Department of Health and Human Services. (<http://www.hhs.gov/news/press/2003pres/20030509.html>).
- The U.S. Department of Agriculture's Rural Utility Service provides funding for distance learning and telemedicine (<http://www.usda.gov/rus/telecom/dlt/dlt.htm>).
- The Universal Service Administrative Company administers the Universal Service Fund, which provides communities across the country with affordable telecommunication services (<http://www.universalservice.org/default.asp>).
- The Robert Wood Johnson Foundation sponsored the \$10.3 million Health e-Technologies Initiative to support systematic research in the evaluation of

² Center for Telemedicine Law for the Office for the Advancement of Telehealth, U.S. Department of Health and Human Services, October 2003.

interactive eHealth applications for health behavior change and chronic disease management (www.rwjf.org/cfp/etech).

- California's AT Network is dedicated to expanding the accessibility of tools, resources and technology that will help increase independence, improve personal productivity and enhance the quality of life for all Californians (www.ATNet.org).

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 access and use information technologies to build a successful program.