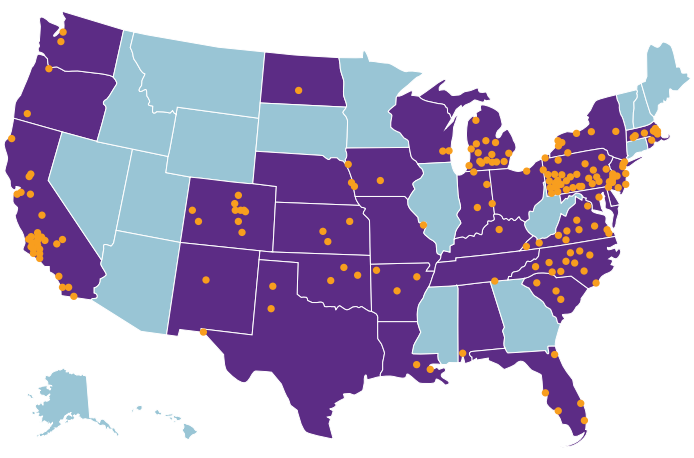
PACE by the NUMBERS

Programs of All-Inclusive Care for the Elderly

PACE IS GROWING



PACE Programs currently exist in 32 States and the District of Columbia.[i]

154 PACE Organizations

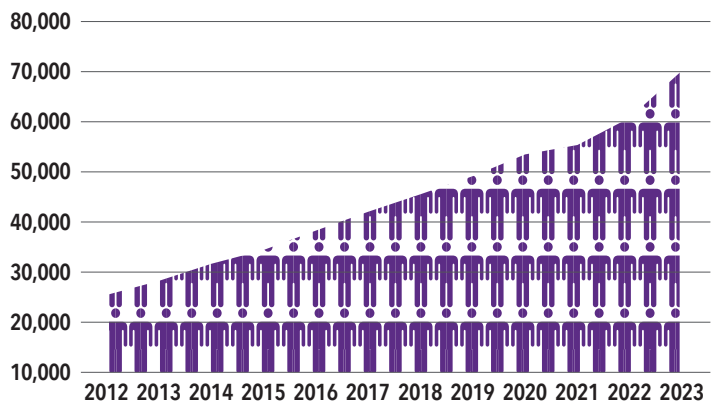
326 PACE Centers

as of August 2023[i]

PACE ENROLLMENT ELIGIBILITY

- Age 55 and over
- Live in the PACE service area
- Certified to need nursing home care
- Able to live safely in the community with PACE support at time of enrollment

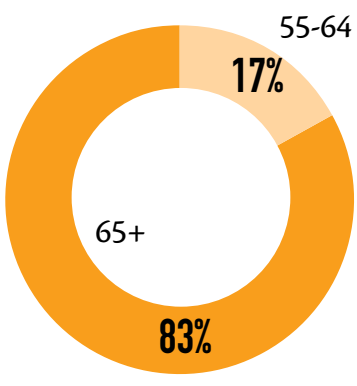
PACE ENROLLMENT OVER 70,000[i]



PACE SERVES OUR SENIORS[ii]

96% Live in the community

76 Average age



67% WOMEN

MEN **33%**

PACE HELPS WITH ACTIVITIES OF DAILY LIVING

Dressing

Bathing

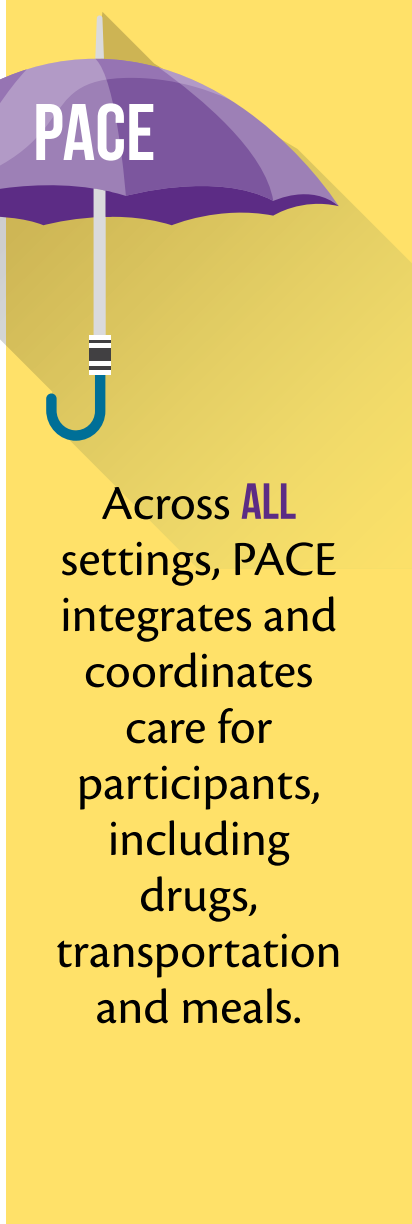
Transferring

Toileting

Eating

Walking

PACE IS AN INNOVATIVE MODEL OF CARE



Across **ALL** settings, PACE integrates and coordinates care for participants, including drugs, transportation and meals.

TOP 5 CHRONIC CONDITIONS OF PACE PARTICIPANTS[iii]

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

6.1 Chronic Conditions[iii]

7 TRIPS[ii] **PER MONTH** PER PARTICIPANT

IN AN AVERAGE MONTH

6 Prescriptions[xviii]

46% Dementia

3 Visits to PACE Center per Month per Participant[ii]

PACE SERVES 23,564 MEALS A DAY[ii]

PACE PARTICIPANTS[iv]

81.76% Are dually eligible for Medicaid and Medicare

17.41% Are Medicaid-only

0.83% Pay a premium (Medicare-only and other)

NATIONAL PACE ASSOCIATION

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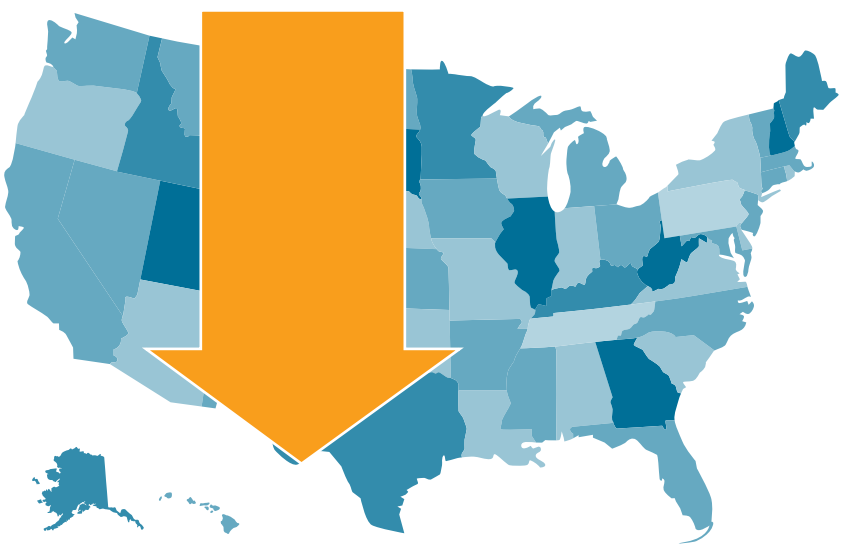
All data from the National PACE Association
July 2023

PACE VALUE

PACE Saves Taxpayer Dollars



States pay PACE programs

12% LESS

than the cost of other Medicaid services

- States pay PACE programs on average 12 percent less than the cost of caring for a comparable population through other Medicaid services, including nursing homes and home and community-based waiver programs.[v]
- In Medicare, payments to PACE organizations are equivalent to the predicted costs for a comparable population to receive services through the fee-for-service program.[vi]

PACE Provides High-Quality Outcomes

LESS THAN 1 ER VISIT PER YEAR[ii]

- Lower Hospitalization Rate: A 24 percent lower hospitalization rate than dually-eligible beneficiaries who receive Medicaid nursing home services.[vii]
- Decreased Rehospitalizations: 16 percent less than the national rehospitalization rate of 22.9 percent for dually-eligible beneficiaries age 65 and over.[vii]
- Reduced ER Visits: Less than one emergency room visit per member per year.[viii, x]

ONLY 4.42%

of nursing home-eligible PACE participants currently reside in a nursing home[ii]

- Fewer Nursing Home Admissions: Despite being at nursing home level of care, PACE participants have a low risk of being admitted to a nursing home.[xi]
- PACE participants receive better preventive care, specifically with respect to hearing and vision screenings, flu shots and pneumococcal vaccines.[xii]

1/3 The rate of COVID Cases and Deaths as Compared to Nursing Homes

PACE Provides a High Quality of Life

NAM National Academy of Medicine

- The Institute of Medicine report titled "Retooling for an Aging America" recognizes PACE as a model of care with the capacity to bring geriatric expertise and care coordination to the needs of older adults.[xiii]
- PACE was found to reduce family caregiver burden and provide support to improve family caregiving.[ix]
- There is high caregiver satisfaction. Results from the I-SAT survey, which is a collaboration between Vital Research and CalPACE, indicates that over the last three years, over 95% of family/caregivers are willing to recommend their PACE program to others who could benefit from this service.[ix]

95%

of family caregivers would recommend PACE

to someone in a similar situation

- PACE enrollees are less likely to suffer depression. A study showed that 27 percent of new PACE enrollees scored as depressed on an assessment administered before enrollment. Nine months later, 80 percent of those individuals no longer scored as depressed.[xiv]
- Participants rated their satisfaction with PACE as 4.1 out of 5.[xv] The disenrollment rate is almost 5 percent less than Medicare Advantage plans. [xvi,xvii]

[i] National PACE Association. (2023). PACE in the States, August 2023.

[ii] National PACE Association. (2021). DataPACE3 2021 Benchmarking Report.

[iii] PDAC. (2023). HCC Report, July 2023.

[iv] National PACE Association. (2023). Medicaid Capitation and PACE Data Report.

[v] National PACE Association (2021). Analysis of PACE Upper Payment Limits and Capitation Rates.

[vi] Mathematica Policy Research. (2014). The Effect of PACE on Costs, Nursing Home Admissions and Mortality: 2006-2011. Evaluation prepared for U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy.

[vii] Segelman, M., Szydlowski, J., Kinosian, B., et al. (2014). Hospitalizations in the Program of All-Inclusive Care for the Elderly. *Journal of the American Geriatrics Society*, 62: 320-24.

[viii] Division of Health Care Finance and Policy, Executive Office of Elder Affairs. (2005). PACE Evaluation Summary. Accessed online on May 25, 2011.

[ix] Vital Research and CalPACE (2022). i-SAT.

[x] Kane, R.L., Homyak, P., Bershadsky, B., et al. (2006). Variations on a theme called PACE. *Journal of Gerontology Series A*, 61 (7): 689-93.

[xi] Friedman, S., Steinwachs, D., Rathouz, P., et al. (2005). Characteristics predicting nursing home admission in the Program of All-Inclusive Care for Elderly People. *Gerontologist* (2009). 45 (2): 157-66.

[xii] Leavitt, M. (2009). Interim report to Congress. The quality and cost of the Program of All-Inclusive Care for the Elderly. Mathematica Policy Research evaluation prepared for the Secretary of the U.S. Department of Health and Human Services for submission to Congress.

[xiii] Institute of Medicine. (2008). *Retooling for an Aging America: Building the Health Care Workforce.*

[xiv] Vouri, S.M., Crist, S.M., Sutcliffe, S., Austin, S. (2015). Changes in Mood in New Enrollees at a Program of All-Inclusive Care for the Elderly. *The Consultant Pharmacist®*, 30 (8): 463-71.

[xv] PACE Facts and Trends. (2016).

[xvi] Temkin-Greener, H., Bajorska, A., Mukamel, D.B. (2006). Disenrollment from an acute/long-term managed care program (PACE). *Medical Care*, 44 (1): 31-38.

[xvii] Government Accountability Office. Medicare Advantage: CMS should use data on disenrollment and beneficiary health status to strengthen oversight.

[xviii] National PACE Association. (2023) Part D Dashboard.

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