

The Changing Face of Primary Care: Practice Transformation and its Implications for the Workforce



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What is PACE?

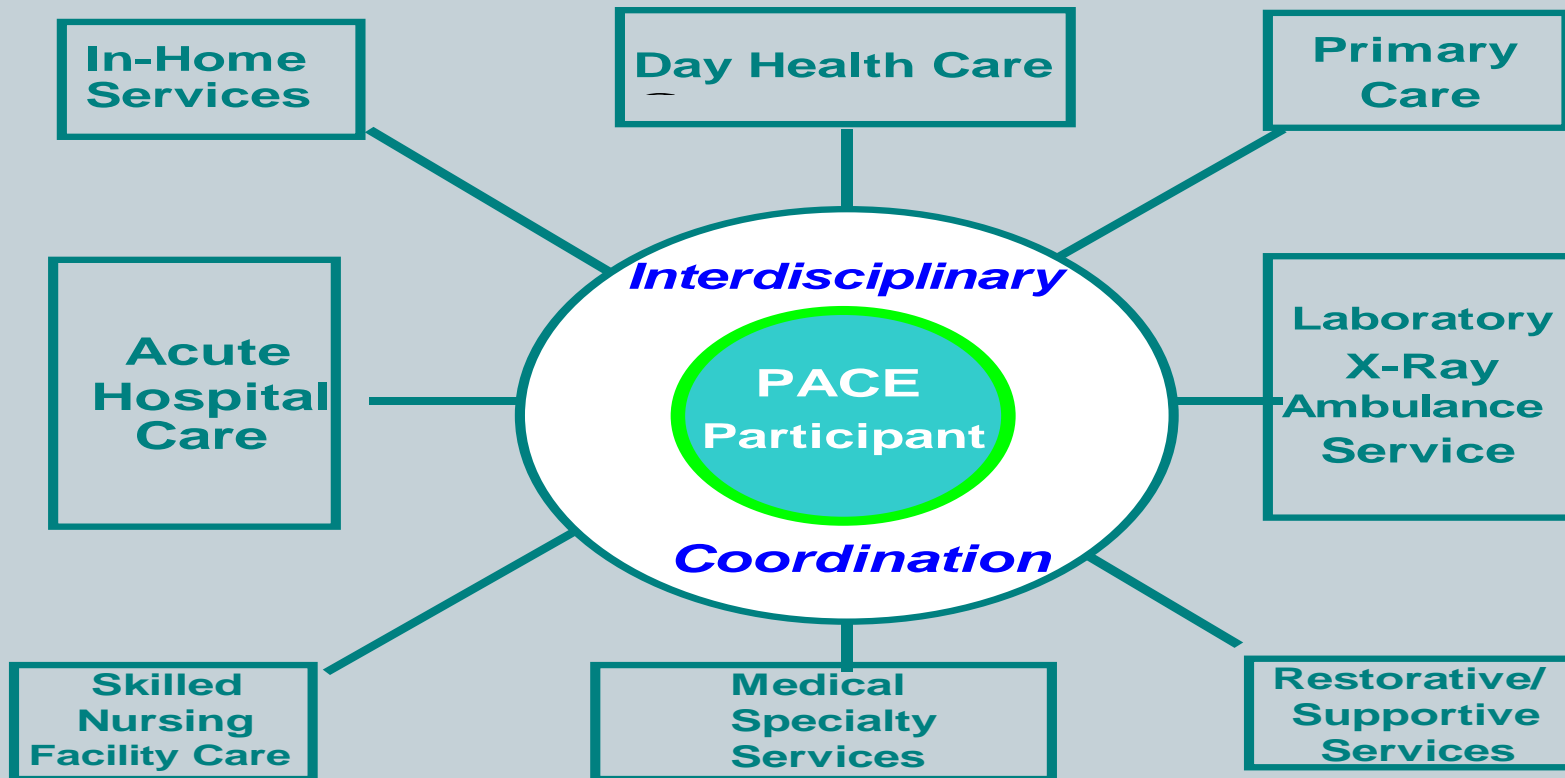


Program of **A**ll Inclusive **C**are for the **E**lderly

An integrated system of care for the frail elderly that is:

- **Community-based**
- **Comprehensive**
- **Capitated**
- **Coordinated**

The PACE IDT Care Delivery Model



Traditional Physician Roles in Geriatrics



- **Routine and episodic outpatient medical care**
- **Preventative Care**
- **Inpatient medical care (both hospital and nursing home)**
- **In-Home Care**
- **Palliative Care**
- **Leadership of clinical team**

PACE Physician Role



- **Role of the Interdisciplinary Team**
 - Shared Decision Making
 - Developing Plans of Care
 - Meetings
 - Risk Taking
- **Population Served-Nursing Home Eligible in the Community**
 - Issues of Control
 - Issue of Safety vs. Independence
- **Education**
 - Participants and families
 - Team members
 - Medical Community at large

Contrast With Other Roles



- **Private Practice – focus is the PCP and how to maximize income**
- **Nursing Homes – focuses on resident. PCP separate entity, but still gets paid largely for productivity**
- **PCP in PACE –**
 - **Focus on the participant**
 - **One part of interdisciplinary team**
- **Very hard to wear any other hat when already wearing PACE hat!**

Traditional PCP Activities



- Routine and episodic outpatient medical care
- **Preventive Care**
- Inpatient care (hospital and nursing home)
- In-Home Care
- **Palliative Care**
- Leadership in clinical team

Roles Unique to PACE



- **PCP fits into the Interdisciplinary Team**
 - Shared decision-making
 - Developing care-plans
 - Risk-taking (as a team)
 - FIT is everything
- **Educator and ambassador roles**
 - Participants and families
 - Team members
 - Medical community at large

Roles Unique to PACE



- **Population served – nursing home-eligible in the community**
 - Control (or illusion of control) and compliance
 - Safety vs. independence
 - Ready access to patients (huge factor)
 - Family dynamics impact day-to-day status
- **Fit is everything**

What Have We learned about The Changing Face of Primary Care Through Rural PACE?



- **Community based private physicians want and need support for geriatric patients!**
 - Very little physician extenders in rural markets
 - Especially needed for a frail geriatric patient
- **They welcome becoming part of an integrated delivery model of care**
 - However – they have limited time and are not accustomed to working in collaboration with team
- **Physicians like working in PACE**
 - Many resources
 - Many clinical disciplines
 - Ability to closely manage care
 - Focus on outcomes not volume of care (i.e FFS reimbursement)