How can we improve outcomes for seniors once they leave the hospital?

In a recent presentation, “Improving Outcomes Among Hospitalized Seniors,” at the American College of Physicians Internal Medicine Meeting in San Diego, Dr. Robert Palmer, director of the geriatrics and gerontology center at Eastern Virginia Medical School, discussed how evolving value-based care payment models, such as bundled payments, are encouraging healthcare providers to work more efficiently. Bundled payments reduce spend and improve the patient experience, but more important, they also align with other innovative Medicare programs such as PACE, the Program of All-inclusive Care for the Elderly.

PACE speaks to the inherent goal in the Affordable Care Act to provide value-based care and encourage the use of appropriate community-based alternatives to hospital and nursing home care. The PACE program is a “high-touch” offering intended to keep elderly people out of the hospital and long-term care facilities and in their own homes.

So far, there are 122 PACE programs in 31 states. These programs function similarly to adult day care centers and provide nutritional counseling, transportation, the services of a social worker and more. To qualify for PACE, Medicare recipients must also require a nursing home-level of care as defined by their state.

When patients win, we all win

PACE is one of several Medicare programs for the elderly that is becoming more common under bundled payment long-term care initiatives. The PACE model employs a bundled payment structure to bring together physicians, nurses, social workers and therapists to develop and implement a comprehensive and personalized care plan for beneficiaries in a community setting. The result? Increased coordination and alignment across teams to reduce utilization, generate financial savings and deliver higher quality care. Studies have shown that PACE participants live longer than Medicaid beneficiaries in nursing facilities or home care through state waivers.

Currently, PACE programs must be led by doctors, but Medicare is considering allowing PACE interdisciplinary teams to be led by nurse practitioners and physician assistants, too. *Modern Healthcare* reported that PACE groups managed by not-for-profits, which often use nurse practitioners and physician assistants, could save money overall because PACE team members receive a capped monthly rate for their work.

Thriving in the bundled payment era

Though inefficient delivery of healthcare services has resulted in both spiraling costs for consumers, hospitals, and third-party payers, it hasn’t helped improve patient care. But, Dr. Palmer adds, it doesn’t have to be that way. The new era of bundled payments, collaboration, and programs like PACE, he notes, “reduces cost, caregiver strain, delirium, saves money and improves quality of care.”

As healthcare moves steadily toward a value-based care model, increased care coordination and a focus on the patient beyond the hospital walls become increasingly important.

Programs like PACE that support collaboration, encourage innovation in healthcare, and help hospitals and PAC providers better see where they can improve the quality of care, improve outcomes, and reduce costs overall.