Course Overview

LBJ School of Public Affairs
Policy Research Project (PA680PB)- 2015-16
Community Care in Multi-ethnic Austin:
The Feasibility of PACE and Other Community-Based Care Models for Aging Populations
Tuesday, 2-5 pm

Background

This policy research project addresses an extremely important issue. As baby boomers enter the later years of life, our relatively young city will become old and will face new challenges in providing services to frail and disabled citizens. The core objective of the course is to explore different ways of providing long-term care in an equitable cost-effective manner. As part of this objective, we will examine programs that Texas and California have introduced to provide community-based long-term care, including the Program of All Inclusive Care for the Elderly. PACE combines Medicare and Medicaid for individuals who need nursing home care, but prefer to live safely in the community.

This program, which we will investigate in great detail, serves individuals age 55 or older who live in the service area of a PACE organization. PACE provides acute and chronic care and services, including prescription drugs, doctor care, transportation, home care, checkups, hospital, and nursing home care. These services are coordinated by an interdisciplinary team that works with family caregivers and health care professionals.

The potential cost savings of PACE were recognized by the state legislature (Legislative Budget Board, 2015) and on June 17, 2014, the Texas House of Representatives Appropriations Subcommittee invited public testimony as part of their its deliberations concerning the implementation of provisions in SB 7 (83R) aimed at the expansion of and improvement in the delivery of those community long-term care services on a cost effective basis. The Texas Health and Human Services Commission transferred additional funds from the Texas Medicaid program to PACE to serve more clients at existing and tentative new sites in Dallas, Houston, and San Antonio. Over the last fifteen years, the state has benefitted from considerable cost savings. The program costs the state ten percent less than placing an individual in long-term nursing care. The costs for PACE enrollees are lower because the traditional Medicare costs are higher for frail elderly and the capitated rate may be reduced further to establish a rate consistent with appropriated fund. Federal Regulations require that the capitation amount be less than would otherwise have been paid in fee-for-service if the participants were not enrolled under the PACE program.

Objectives

Our goal is to investigate the extent to which a program like PACE could benefit older low-income Austinites. The first objective consists of an evaluation of the program’s potential impact on low-income minority elders and their families, and determining which for-profit home health agencies, major hospitals, and non-governmental and faith-based health and social service organizations might participate. Given the growth in the number of elderly individuals, and

especially minority individuals with serious functional limitations, many non-governmental, as well as public/private options will need to be explored to optimize community support. Research has shown that PACE is one of three models of chronic care that substantially improve the care of community-dwelling older adults with multiple chronic conditions (Boult and Wieland 2010). Although nobody really knows what sorts of organizations are best suited to scale up to PACE service levels what is clear is that traditional medically oriented eldercare programs will be inadequate to address the full range of social and psychological needs of this growing segment of the population. A second objective is to identify ideal-typical models in terms of organizational features, client identification, volunteer participation, and funding for this and similar programs. Third, we examine political processes at the state, county and municipal levels that determine how older people with disabilities are cared for in the community. Our ultimate objective is to identify best practices to improve health and support services to the elderly in need in the City of Austin given fiscal and practical constraints.

During the year we will develop a “policy road map” that assesses the commitment and capacity of participating organizations, evaluates community needs, and ultimately gauges the feasibility of moving forward with development of a PACE program in a local environment like Austin. In order to begin to identify the benefits and potential pitfalls the students will address such questions as the extent to which a small non-profit like Family Eldercare can partner with other appropriate agencies that believe in providing the continuum of services, including housing supports like the RBJ Center for approval as a PACE in the future. This assessment also entails an analysis of financial aspects of operating PACE and ways of leveraging community resources to further its mission.

Deliverable

The PRP will provide a final report that: 1) identifies what steps and investments would be needed to create a PACE program in Austin; 2) an analysis of the types of organizations that would be best suited to manage a complicated, highly regulated, highly coordinated service like PACE; 3) a comparison of other alternatives besides PACE for community-based long-term care that could be implemented in Austin and the characteristics of what makes these models work; 4) outlines the process of how a Foundation can help catalyze those models to be established in Austin; and 5) describes what organizations would be well-positioned to help implement this model.

Organizations

Sponsor and Client: St. David’s Foundation
Client: Texas Health and Human Services Commission
Partners: Family Eldercare, Inc. and Rebekah Baines Johnson Center
Stakeholder Groups (all parties involved)

References

Boult, C. and G.D. Wieland. 2010. Comprehensive primary care for older patients with multiple chronic conditions: "Nobody rushes you through" *Journal of the American Medical Association* 3;304(17):1936-43. http://www.ncbi.nlm.nih.gov/pubmed/21045100