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Perceptions of Occupational Therapists Working in Established PACE Programs

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Executive Summary

Background: The Program of All Inclusive Care for the Elderly (PACE) provides medical and social services to older adults who meet nursing home level of care but wish to remain in their own homes. Although PACE has been in existence for decades, this program is new to the state of Kentucky.

Purpose: The problem this Capstone project will address is the need for further research related to occupational therapy's roles and experiences in PACE programs. This capstone will explore the perceptions of occupational therapists and occupational therapy assistants working in established PACE programs.

Methods. This study followed a Qualitative Descriptive Approach. Five semi-structured interviews were completed with occupational therapy practitioners working in established PACE programs throughout the United States. Interviews were transcribed verbatim

Results. Data was sorted into 28 categories using line by line open coding. Categories were combined and further collapsed into 8 final categories with 4 themes emerging during analysis. Four themes were discovered from the interviews:

- The truest definition of occupational therapy"
- The interdisciplinary team model makes PACE unique.
- Pros outweigh the cons.
- Autonomy and flexibility lead to job satisfaction.

Conclusions: Overall, occupational therapists' experiences and perceptions of PACE tend to be positive. More research is indicated to further explore OT and PACE participant perceptions, as well as OT outcomes in PACE versus other settings.

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CERTIFICATION OF AUTHORSHIP

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Title of Submission: Perceptions of Occupational Therapists Working in Established PACE Programs

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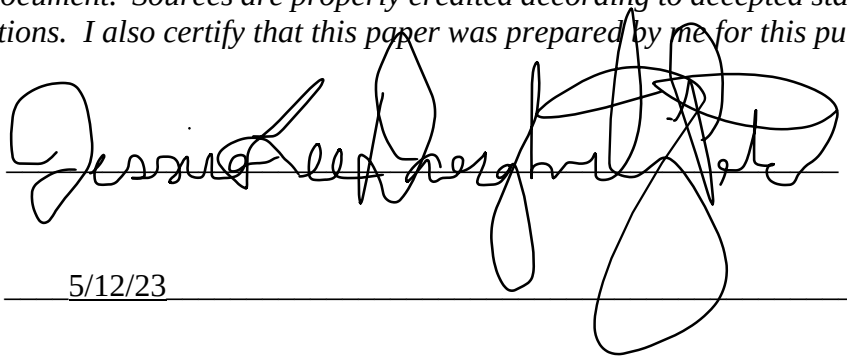
Student's Signature: 

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Section 1: Nature Of Project And Problem Identification

Introduction

The Program of All Inclusive Care for the Elderly (PACE) provides medical and social services to older adults who meet nursing home level of care but wish to remain in their own homes. Since the 1970's, PACE has been operated initially by non-profit organizations, and more recently by both non-profit and for-profit organizations (Gonzalez, 2017). Services provided to PACE participants include physician visits, prescription medications, rehabilitation services, personal care assistants, hospitalization, and nursing home care, when needed. PACE programs may also offer social services intervention, case management, respite care, or extended home care nursing. The PACE site assumes financial responsibility for all services provided (Lee et al., 1998). PACE is a managed long term care model and receives a fixed monthly rate from Medicare and Medicaid to provide care (Mui, 2001). According to Hirth et al. (2009) PACE is a logical approach to healthcare as it provides all Medicare and Medicaid services through a single point of delivery. Participants are at the center of this provider-based model of care. There is research describing the PACE model as well as the outcomes and projected future of PACE, however, little research was found relating to rehabilitation within the PACE model, specifically occupational therapists' roles and perceptions.

Although PACE has been in existence for decades, this program is new to the state of Kentucky. There are several emerging PACE programs in the state which will provide occupational therapists (OTs) within the state with an opportunity to be a part of a new practice setting. This capstone will explore the perceptions of occupational therapists and occupational therapy assistants working in established PACE programs. This study will further the research

related to PACE, but more importantly serve to educate OT practitioners who are unfamiliar with PACE or who are working in emerging PACE programs. Information may be gained that can promote best practice for occupational therapists who work or wish to work in the PACE setting.

Problem Statement

The problem this capstone project addressed is a need for further research related to occupational therapy's roles and experiences in PACE programs. Although there is significant research related to PACE in general, there is little information available specific to Occupational Therapy (OT). A qualitative descriptive study was completed to gain information related to OT's role, perspective, and experiences related to PACE.

Purpose Of Project

The purpose of this capstone project was to understand the perspectives of occupational therapists working in established PACE programs. By exploring occupational therapists' role and perceptions, this capstone sought to provide information to support and promote best practice for OTs working in new or emerging PACE programs.

Research Question

The question the researcher sought to answer with this study was, "How do occupational therapists describe their experiences working in established PACE programs?" The researcher hoped to provide an in-depth description of the roles, experiences and perceptions of occupational therapists who have worked in PACE.

Significance of Study

This study seeks to inform occupational therapists about the experiences that OTs have had working in established PACE programs. This will be beneficial for both OTs working in emerging PACE programs as well as OTs who may be considering working in PACE as it will provide not only insight as to what PACE is and occupational therapist's role in the program, but also as to what techniques have been successful when collaborating with participants and members of the interdisciplinary team. Insight into possible barriers related to OTs role in the program were also revealed. The results of this study may be a beneficial tool to guide practice decisions for therapists working in PACE as well as a tool to assist therapists with improving their existing programs.

Operational Definitions

1. PACE program: Program of All Inclusive Care for the Elderly, "PACE provides comprehensive medical and social services to certain frail, elderly people (participants) still living in the community. Most of the participants who are in PACE are dually eligible for both Medicare and Medicaid" (CMS, 2021).
2. Interdisciplinary Team (IDT): "a group of healthcare professionals from diverse fields who work in a coordinated fashion toward a common goal for the patient" (medical dictionary, n.d.)
3. Managed Care Organization (MCO): "Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs)

that accept a set per member per month (capitation) payment for these services." (CMS, 2023)

4. OT: occupational therapist
5. OTA: occupational therapist assistant

Summary

The PACE model provides occupational therapists with an opportunity to work in a collaborative role as a member of an interdisciplinary team with the goal of allowing frail and elderly clients who meet nursing home level of care to age safely in place in the community (Hirth et al., 2009). PACE is not a new program, but it is new to the state of KY. Occupational therapists working for emerging PACE programs have an opportunity to be a voice for the profession and help guide the development of these emerging programs. By completing this Capstone, the researcher hoped to guide best practice for occupational therapists working in emerging PACE clinics within the state, as well as to further the research and resource base for OTs who may be experienced with the program but would like further insight into how other OTs perceive PACE.

By using a qualitative descriptive approach, the researcher gained a firsthand understanding of the experiences and perceptions from OT practitioners of working in established PACE programs. The results can then be used to add to the knowledge base and serve as a guide for practitioners who work in or hope to work in this setting.

Section 2: Review of the Literature

Introduction

The purpose of this review is to explore the existing literature related to the available resources for elders living in the community and their caregivers to support aging in place, PACE programs, and occupational therapy's role in aging in place and PACE programs. Literature was searched using the American Occupational Therapy Association (AOTA) and American Journal of Occupational Therapy (AJOT) sites as well as Google Scholar, EKU Libraries, EBSCOhost, Cumulative Index of Nursing and Allied Health Literature (CINAHL), and Rehab+. The search terms included *programs of all-inclusive care for the elderly, PACE, PACE programs, occupational therapy and PACE, occupational therapy in PACE programs, programs of all-inclusive care and occupational therapy, aging in place, successful aging place, aging in place and occupational therapy, occupational therapists' role in aging, community dwelling elders, caregiver education, client education, fall prevention, and education to support aging in place.* The literature review was limited to articles pertaining to community dwelling elders, their caregivers, occupational therapy's role in aging, PACE programs, other long term care models, and available resources to support aging in place. Articles were excluded if they were not related to elders living in the community or their caregivers, occupational therapists' role in aging, PACE or other long term care models, and resources available to support aging in place.

Important themes that emerged during the literature review were *improved healthcare outcomes for PACE participants, and occupational therapy role in successful aging*.

The American healthcare system is often changing and as a result it is necessary for clinicians to adapt and change with it. With an increased focus on supporting the elderly in staying in their homes rather than going to skilled nursing or assisted living facilities, there is an opportunity for occupational therapists to assist this population in doing just that. PACE programs serve a unique population of medically complex community dwelling elderly who meet nursing home level of care but desire to stay in their own homes (Falvey et al., 2019). Older adults who are receiving both Medicare and Medicaid have been shown to have a disproportionately high burden of illness and healthcare costs (Burton et al., 2002). PACE is a capitated managed care organization (MCO) model aimed at providing care to frail elderly adults aged 55 and older. (Meiners et al., 2002).

Improved Outcomes for PACE Participants

One study which completed in person surveys followed by one year follow up telephone surveys comparing 200 dually eligible participants of an MCO with a similarly matched group of dually eligible participants of a fee for service model found that the participants of the MCO had similar health status when compared to the fee for service group, however they had a higher functional status and reported greater satisfaction with access to service over the fee for service group. According to this study the costs to Medicaid between the two groups were nearly identical with participants of the MCO group receiving higher numbers of preventative and primary care visits with less than half the hospitalizations of the fee for service group (Burton et al., 2002).

PACE programs were initiated in the early 1970s and as of 2009 had over sixty programs in the United States. According to Hirth et al. (2009), PACE has demonstrated its ability to improve healthcare outcomes in the frail elderly and reduce healthcare costs over time. PACE is considered one of the oldest and most successful skilled nursing facility (SNF) alternative models (Cortes et al., 2016). Despite all PACE participants demonstrating nursing home eligibility, the risk of long term SNF admissions following enrollment in PACE from the

community is low. The risk is higher for individuals with previous SNF admissions prior to being enrolled in PACE (Friedman et al., 2005).

PACE has also demonstrated its success with reducing hospital admissions among its enrollees. Results of a study by Meret-Hanke et al. suggested that PACE effectively controls hospital use, reducing the days spent in the hospital per month alive by approximately 0.6 days in PACE enrollees (2011). According to Madden et al., over ninety percent of PACE participants live successfully in a community setting. (2014)

PACE participants showed significant long term survival advantages compared with similarly abled Medicaid waiver clients into the 5th year of follow-up of a study comparing 5-year survival rates in PACE vs alternative institutional and home/community-based care models (Wieland et al., 2010). In a twelve-site study completed between 1990 and 1996 comparing mortality rates of 2002 white PACE participants to 859 black participants, black participants were found to have a lower mortality rate, with the survival advantage emerging approximately one year post enrollment. During the first year of enrollment black participants were more likely to improve and less likely to decline in ADL function than white participants (Tan et al. 2003).

Occupational Therapy's Role In Successful Aging

Studies related to PACE and its effectiveness have been completed, however, there are few available articles related to Occupational therapists' role and perceptions related to the program. This Capstone study sought to provide information to be used to add to the understanding of how occupational therapists working in established PACE programs perceive the effectiveness of the program and best practice related to OT roles in the program as part of the IDT. Although there is little evidence-based literature on the role of occupational therapy

interventions and their outcomes in PACE programs, literature supports OTs role in fall prevention which is the number one cause of injury for people aged 65 and older in the United States (Moreland et al., 2020). According to Leland et al. (2012) there is evidence for occupational therapy practitioner involvement in fall prevention in environmental modifications, exercise, and multifactorial/multicomponent interventions.

According to the United States Census Bureau, as of the 2021 American Survey 16.8% of the population is aged 65 and older (2023). According to the World Health Organization, by 2050 the number of people aged 60 and over is set to double. The organization recognizes occupational therapy as an important member of the team of specialists important in promoting the health of older adults (2015). Many adults wish to age in place rather than being housed in an assistive living facility, personal care, or skilled nursing facility (OECD, 2021). This poses a challenge to the healthcare system overall in that shifting from a facility-based model to a home care and outpatient model requires new programming. Among people aged 65 and over across 22 European countries, half of individuals living at home with at least one ADL or IADL limitation reported that they didn't receive adequate formal or informal long term care support (OECD, 2021). Given occupational therapy's expertise in supporting ADL and IADL performance, this should in theory support occupational therapy's role in aging in place and programs such as PACE that strive to support aging in place.

Conclusion

Although extant research was supportive of educational programs to support community dwelling elderly and their caregivers, further research is indicated. Search results revealed little data specifically related to OT's role in promoting successful aging for community dwelling

elderly and their caregivers. Results were tailored to specific educational programs and interventions to reduce fall risk and assist with dementia care, which in theory should promote successful aging in place. Further research is required to determine this as well as OT's role in programs such as PACE that mean to support aging successfully in place.

Section 3: Methods

Design

A qualitative descriptive approach was chosen for this capstone project due the goal of this design to provide a comprehensive summarization of events or experiences of groups or individuals (Lambert et al., 2012). This design fit well with the goal of this capstone which was to provide a detailed summarization of the experiences of occupational therapists working in established PACE programs.

Setting

This capstone project consisted of five semi structured interviews which took place via Zoom at a time and date that was convenient for the participant. Participants were occupational therapy practitioners who work in established PACE programs that have been in operation for at least one year and have enrolled participants.

Inclusion/Exclusion Criteria

Occupational therapy practitioners including OTs and OTAs who work for established PACE programs in the United States and speak English were included in this study. Potential participants were excluded if they were not OT practitioners who work in established PACE programs or if they do not speak English.

Methods

This study followed a qualitative descriptive approach which used line by line open coding, collapsing codes into categories, and themes developed from categories to represent the perspectives of the participants. “Qualitative descriptive findings are presented in a straightforward language that clearly describes the topic of interest” (Colorafi et al., 2020). Participants were recruited through the National Pace Associations (NPA) website. A recruitment statement was posted to the NPA e-communities Rehab site. Potential participants

expressed their interest on the e-communities forum thread or commented to the researcher directly through private message or email. Potential participants who met inclusion criteria were sent an Informed Consent form to review, sign and return through e-mail. Once informed consent was obtained, an interview was set up at a time of the participants convenience. Once the recruitment statement was posted, 9 people responded within 2 days expressing their interest in participating. Those 9 therapists all met the inclusion criteria and were sent Informed Consent forms via email. Of those 9, 7 forms were returned signed. 5 participants were available to interview within the desired time frame. Interviews were completed to the point of perceived saturation, with 5 total interviews being completed. These were scheduled at a time that was convenient for the participant and completed via Zoom. Interviews were semi-structured with open-ended questions pertaining to participants' experiences with PACE. The questions were derived from the researchers' own experiences working in an emerging PACE and can be found in Table 1 below. Interviews were estimated to take between 20-30 minutes, however in actuality took up to 49 minutes. Access to a computer and Wi-Fi signal were necessary for successful completion of this study with the researcher previously having access to both. Interviews were audio recorded and transcribed verbatim using OTTER. Transcriptions were then edited for accuracy. Following transcription, data analysis was initiated through line-by-line open coding. Codes were then sorted into 28 categories which were then further collapsed and finalized. 8 final categories were combined into 4 themes. An audit trail was kept supporting trustworthiness of research findings. Please see Appendix I for a list of categories and themes.

Table 1: Interview Questions

INTERVIEW QUESTIONS
1. Tell me about what it's like working in a PACE program. 2. What is the most memorable thing you've done in PACE? 3. Any special stories? 4. What are common interventions used? 5. How do you feel the outcomes of PACE compare to those of other settings? 6. What is your daily routine like? How many clients per day? 7. What is your experience with home visits vs clinic visits? Is a home visit completed on all clients? 8. How do you feel the IDT model affects your OT practice? How is collaboration? Any difficulties with workflow? Role Release? 9. What (if any) conflicts are there related to plan of care? 10. What do you feel are the pros and cons of this model?

Ethical Considerations

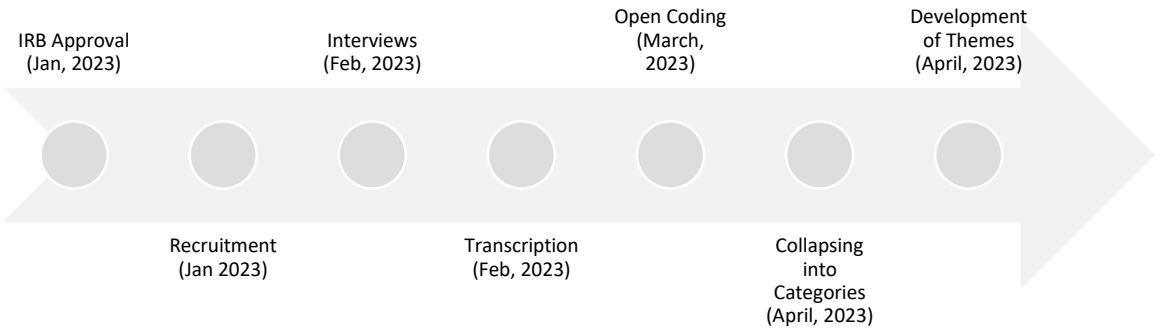
IRB approval was received prior to recruitment for this study. To reduce risk to participants, participants were emailed informed consent forms and encouraged to ask questions. Interviews were scheduled once the signed informed consent forms were returned. Participants were also informed verbally of the voluntary nature of their participation and given the opportunity to withdraw prior to completion of the interview. Interviews were completed via Zoom in a private room to protect participant information. During the transcription and analysis

process, all identifying information including participant and company names was removed to protect participant privacy. Pseudonyms were assigned to participants prior to presentation and reporting of data to protect anonymity. All data was encrypted and stored on a password protected computer.

Timeline of Project Procedures

IRB was accepted for review on December 2, 2022. Following revisions, the IRB was approved on January 23, 2023.A recruitment statement was posted on the National Pace Associations website, on the e-communities rehab forum. Nine potential participants reached out to express interest and informed consent forms were emailed. Of the nine that were sent seven were returned with five potential participants being available to interview in the desired timeframe. Five interviews were completed by February 13, 2023. Transcription edits were completed by February 20th and open coding was initiated. Open coding was completed by Wednesday March 1st, and sorting into categories began. Sorting and development of themes was completed by April 20th with data analysis and presentation of findings submitted in May of 2023. See Figure 1 below for a timeline of procedures.

Figure 1: Timeline of Procedures



Section 4: Results and Discussion

Results

A total of five occupational therapy practitioners (four OT and one OTA) participated in the semistructured interview process via Zoom. These therapists came from a variety of geographical locations in the United States and ranged from 10 to 15 years' experience working in PACE settings (Table 2).

Table 2: Demographics

Participant (Pseudonyms)	**Region of the US**	**Years Worked in PACE**	**Discipline**
Korine	Southeastern	10	OT
Linda	Northeastern and Southeastern	14	OTA
Yara	Southcentral	15	OT
Connie	Northeastern	11	OT
Cassie	Southeastern	12	OT

During analysis eight categories and four themes emerged. The categories were: *The truest definition of occupational therapy, Improve lives, Clinical reasoning, Part of a team, Relationships, Pros versus cons, Autonomy and flexibility, and Job satisfaction.* These categories were further collapsed to form themes. Four total themes emerged and are listed as follows: "The truest definition of occupational therapy", The interdisciplinary team model makes PACE

unique, “pros outweigh the cons”, and Autonomy and flexibility lead to job satisfaction. Table 2 below shows the final categories and the correlating themes.

Table 3: Categories and Themes

Categories	**Themes**
The truest definition of occupational therapy Improve lives Clinical reasoning	“The truest definition of occupational therapy”
Part of a team	The interdisciplinary team model makes PACE unique
Relationships Pros versus cons	“Pros outweigh the cons”
Autonomy/Flexibility Job Satisfaction	Autonomy and flexibility lead to job satisfaction

The first theme, “The truest definition of occupational therapy,” was supported by participants who reported that the PACE practice setting is the truest definition of occupational therapy, where OT is involved in every aspect of the participants lives, supporting function in the clinic, at home, and in the community through advocacy, and provision of services and DME needs. Korine stated, “I think working in PACE is like the truest definition of occupational therapy, where you are looking at every facet of their lives.” Linda says, “I'm much more classic functional OT so I don't tend to be very therapeutic exercise focused…”. Yara stated, “A lot of our interventions involve of course ADLs right. But I'm looking as well as DME and I'm at, at

alternative or assistive devices that can help compensate and we do that both in the clinic as well as the home." Cassie says, "But just trying to bring as much joy to all of that and having the opportunity to focus on what is truly meaningful to participants and advocating for that with their families, with my team here trying to figure out how to incorporate that in our lives into our approach to care with them." Connie discussed her use of clinical reasoning to determine the need for home versus clinic visits, "If it's something that I can pretty easily simulate or if you know if it's biomechanical in nature, or, you know, I'm just dealing with splinting, or you know, home programs stuff or education and instruction that I feel can you know, this person can generalize into the home. Then I will see them at the center because obviously that's always more cost efficient. And, you know, it's just a better use of our time."

The second theme that emerged is that the IDT model makes PACE unique. This was supported by participants who stated that the IDT model of care opened up their eyes to the complexities of the specialties of other IDT members. Korine stated, "I would say the one thing that IDT is amazing with is I think it opens your eyes to the complexity of people's lives. I think it gives you a level of I think, yeah, just amazingness for all the complexities of the specialties." Overall study participants expressed that the IDT supported OT's having a larger voice in participant care, and that the interdisciplinary team approach led to better PACE participant care and outcomes. Linda stated, "I think it's amazing, you have all the players involved and they're all there to make the best choices for participants, and I feel like everybody's heard." When asked how the IDT model affected her practice, Yara stated, "I mean, definitely positively because we wouldn't have such a huge influence, I think outside of here on you know, what the other disciplines think." Connie expressed similar feelings, "So I love being in an interdisciplinary team. I think it's so effective. It has taught me that the knowledge base that I've

gotten since going to PACE and working with all these other healthcare professionals, the things I've learned are so super cool." Cassie says, "I do believe you know, it's where we have the opportunity to provide the best care. There are absolutely challenges. It's a lot of communication. It's a lot of you know, making sure we're staying coordinated staying on the same page."

The third theme, "pros outweigh the cons" was supported by study participants who expressed an overall belief in and an investment in the program and PACE model of care which they perceived supports better care for older adults. According to Cassie, "pros are definitely preventing our elderly from falling through the cracks". Korine discussed both pros and cons and states, "I think there's pros that far outweigh the negatives…the ability to provide them with adaptive equipment or DME that they need and can benefit from, is just mind boggling. And, and, on a personal note, that we don't have to worry about billing and productivity." A con for Korine was the level of perceived entitlement from some of the PACE participants. She states, "And it, it feels sometimes like we, we have a model of care that just supports a level of entitlement that's a little frustrating, is probably the best way I can put it, even though it's not supposed to…" A pro for Linda involved the relationships this program allows her to build with her participants, "I feel like we have an amazing connection with the participants." Yara expressed similar feelings, stating, "You get to actually know your participants outside of the clinic, visit their home, and talk to their family, family meetings. Family involvement and care. Pro is the umbrella effect; all of the providers are under one roof so we can get somebody bussed in here. They can have OT, they can have PT, they can go to the day room, they can visit the doctor, their social worker, their nurse. Oh my God, there's so many pros." Other perceived cons of the program listed by participants included the number of regulations and paperwork, lack of guidance during program startup, and problems with IDT communication. However, even with

the listed cons, overall study participants expressed a perception that the pros of the program, outweigh the cons. Connie stated “So yeah, I mean, I definitely, I wouldn't be here for 11 plus years if I didn't think the pros outweigh the cons, and you just have to do a lot of self-care with the cons.”

The fourth and final theme, “Autonomy and flexibility lead to job satisfaction” was supported by participants who expressed longevity in working in this setting. All study participants have worked in PACE for 10-15 years. See Table 2 below for demographic data of study participants including years worked in PACE. Participants expressed that PACE allows for flexibility and continuity of care, as well as autonomy in practice that ultimately leads to OTs perception of better outcomes for PACE participants and job satisfaction for OTs who work in this setting. Linda stated, “I feel like everybody that works here wants to be here…I don’t feel like I come across people who are not happy in their job. They’re here because they want to be here, and it’s obvious”. Korine discussed the autonomy and flexibility of PACE, “I think PACE gives us the ability to, to sort of delve into all these, you know, really aspects of their function and kind of leaves it open, I think, to every PACE program, to kind of define how do we have what, what do we, you know, focus on with our participants… I think it leaves a lot of room for development being programs and or interventions that many other venues don't, because you're not worrying about the billing end of things.” Cassie also discussed the autonomy and flexibility she feels as a PACE therapist, and how she feels this allows her to best meet the needs of her participants, “I kind of feel like as a professional person free to express my opinion… Having the flexibility to be involved in the ways that we feel is most helpful. Being able to move in and out of their care fluidly without having to wait for an order from somebody else. Don't have time constraints. All of these things, you know, really give us the autonomy I guess to meet their

needs best." Yara expressed a perception of more successful participant outcomes versus other settings she had worked in. She stated, "I think we've definitely seen a higher success rate. So those are kind of some of the reasons that I love, I love PACE and love working here." Connie also discussed autonomy and flexibility as it pertains to the managed care concept of PACE being both the provider and the payor, "giving these individuals what we feel as though is the best bang for their buck. And again, like to be able to as a professional, think outside that box, do things that we would never do in formal healthcare settings."

Discussion

The objectives of this Capstone were met as the data gained from this study provided an in-depth description of the experiences and perceptions of occupational therapists who work in established PACE programs. Overall, this study found that occupational therapists working in PACE programs had a positive experience and that they saw a positive impact on client outcomes. AOTA's Vision 2025 states that as an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living. This is done by providing evidence based, client centered, cost effective care. (AOTA, 2023). The first theme, "the truest definition of occupational therapy" supports this. According to the occupational therapy practice framework (OTPF 4), various service delivery approaches are used when providing skilled occupational therapy services, of which intra- and interprofessional collaborations are a key component. It is imperative to communicate with all relevant providers and stakeholders to ensure a collaborative approach to the occupational therapy process (AOTA, 2020). The PACE model allows occupational therapists to work collaboratively with a diverse collection of professionals with a common goal of providing participant centered care that will

allow them to age safely in place in the community rather than a facility setting. Study participants felt they were providing the truest form of occupational therapy by focusing on interventions that are functional and participant centered. The design of the PACE model appears to allow occupational therapists the freedom to provide the services and equipment they feel will best serve their participants to support aging in place in the community. PACE allows occupational therapists to treat participants in their homes, as well as in the clinic following an in-depth assessment. By being involved in all aspects of the participants lives, it appears that OT's feel they are providing higher quality occupational therapy services versus other settings they have worked in.

The second theme, the IDT model makes PACE unique, was supported by literature focusing on interprofessional healthcare. According to Temkin-Greener et al. several factors contribute to the perceived effectiveness of the IDT model. Communication was noted as the number one variable affecting cohesion and effectiveness of team, followed by conflict management, coordination, and lastly leadership (Temken-Greener et al., 2004). Poor inter-professional communication can negatively impact service delivery and patient care (Reeves et al., 2017). Although participants expressed challenges in communication at times within the IDT, overall, all the participants expressed that they felt they were heard within the IDT and that this model allowed for effective participant care and improved participant outcomes.

Multiple pros and cons of this program were expressed during study participant interviews. Some of the pros included having all the participants providers under one roof and a perception of preventing vulnerable seniors from falling through the cracks. Several participants listed cons of the program as well. Some of them included the large number of regulations and paperwork, lack of guidance during program startup, and problems with IDT communication.

However, even with the listed cons, overall study participants expressed a perception that the pros of the program outweigh the cons.

The last theme that was found was autonomy and flexibility lead to job satisfaction. Due to capitated funding from Medicare and Medicaid to provide all healthcare services, PACE has more flexibility over other healthcare settings to provide individualized care, tailored to each participant. (Segelman et al., 2014). One study from Davis et al. showed that perceived autonomy led to overall job satisfaction (1988). Job satisfaction has been shown to affect levels of staff retention and work productivity (Moore et al., 2006). Findings suggest that the overall perception of PACE organizations from OTs who have worked in them is positive. One unexpected finding of this study was the longevity of participant work history in PACE. OT's who work in PACE perceive themselves to be invested in PACE and what it stands for. The average tenure of US citizens working in Healthcare and Social Assistance settings in 2022 was 3.9 years according to the US Department of Labor (2022). Participants of this study had worked in PACE a minimum of 10 years and up to 15 years. This higher tenure found in this setting could further support the finding that OTs working in PACE experience job satisfaction.

Strengths and Limitations

Validity and trustworthiness were supported through the use of peer debriefing and triangulation through literature review. This study also consisted of a diverse sample from multiple areas of the United States. There was a high level of interest in participation, however due to time constraints only 5 interviews were completed. The researcher perceived that saturation was being reached due to the similar nature of responses among the participants,

however had time allowed it would have been beneficial to complete further interviews to confirm.

Participants of this study were recruited using the National PACE associations website e-forum. Members of this e-forum are self-selected to be members so it's likely that the chosen participants would have a positive view of PACE. Another possible limitation is that the experience level of the participants was similar, with many of the participants being involved in their PACE programs since the grass roots level. All the participants had worked in PACE for at least 10 years. The primary researcher's own experience working in a PACE program must be considered as a limitation as well. The researchers' own perceptions were bracketed out and a research journal was kept supporting maintenance of a neutral perspective during the research process.

Implications for Practice

This capstone study will add to the literature available to the OT community related to OTs experiences working in PACE programs. For OTs working in states that are new to PACE, this can serve to further the knowledge base of the discipline related to an emerging practice area in their state. Overall, occupational therapists working in PACE programs perceived a high level of job satisfaction as well as a perception of providing higher quality care for older adults versus other settings they have worked in.

This study may support future exploration into the need for interprofessional education. The interdisciplinary approach synthesizes more than one discipline and creates teams of teachers and students that enrich the overall educational experience (Jones, 2009). Participants indicated that working as a member of the IDT had been eye opening and complex due to the

beliefs and thought processes of the multitude of collaborating disciplines. Due to the collaborative nature of the PACE program, it may be beneficial for OTs to have a better understanding of the training and education provided to other disciplines involved in the IDT.

OTs who are considering working in PACE programs may want to consider their experience level, as well as the age of the program, and if there are other OTs already on staff. Due to the need for OTs to feel confident in providing both clinic and community based services, collaborating with other disciplines, as well as advocating for OT and what occupational therapists brings to the table, PACE may be better suited to OTs who have had experience working with the geriatric population, new graduates who are interested in working in a PACE setting may want to consider applying to programs with more experienced OT's already on staff.

Future Research

Very little literature is available related to the role, perceptions and experiences of occupational therapists working in PACE programs. This study has provided preliminary data that could support a larger scale study of a similar nature. Future research may be indicated to further explore the experiences and perceptions of occupational therapists who work in PACE programs through a larger scale qualitative descriptive design. Future research would also be beneficial to explore PACE participant satisfaction and experiences as well as OT outcomes in PACE versus other settings.

Conclusions

Based off this study, PACE appears to support AOTA's vision 2025 initiative that states, "occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday

living" (AOTA, 2023). The goal of the PACE program is to serve a unique population of medically complex community dwelling elderly who meet nursing home level of care but desire to stay in their own homes (Falvey et al., 2019). The Healthy People 2030 initiative to provide evidence based, client centered, cost effective care and improve the health and wellbeing of older adults also appears to be supported by this program. (2021). Occupational therapists working in PACE programs perceive themselves to be providing higher quality care versus other long term care models and according to Hirth et al., 2009, PACE has been effective at proving its ability to improve healthcare outcomes and reduce costs over time. Future research on outcomes of occupational therapy in PACE programs will be important to further understand the usefulness of this emerging service delivery model.

References

AOTA Mission & Vision | AOTA

Age Profiles of Smaller Geographies Don't Always Mirror the National Trend. Census.Gov. Retrieved July 20, 2023, from https://www.census.gov/library/stories/2023/05/aging-united-states-population-fewer-children-in-2020.html

Burton, L. C., Weiner, J. P., Stevens, G. D., & Kasper, J. (2002). Health Outcomes and Medicaid Costs for Frail Older Individuals: A Case Study of a MCO Versus Fee-for-Service Care. *Journal of the American Geriatrics Society*, *50*(2), 382–388.

Caplan, Z. (2023). *Older Population and Aging*. Census.Gov. Retrieved July 13, 2023, from https://www.census.gov/topics/population/older-aging.html

Chi, I. (2013). *Long-Term Care in the 21st Century: Perspectives from Around the Asia-Pacific Rim*. Routledge.

Colorafi, K. & Evans, B. (2020). Qualitative Descriptive Methods in Health Science Research. HHS Public Access, 4(9), 16-25. Doi:10.1177/1937586715614171.

Cortes, T. A., & Sullivan-Marx, E. M. (2016). A case exemplar for national policy leadership: Expanding Program of All-Inclusive Care for the Elderly (PACE). *Journal of Gerontological Nursing*, *42*(3), 9–14.

Davis, G. L., & Bordieri, J. E. (1988). Perceived Autonomy and Job Satisfaction in Occupational Therapists. *The American Journal of Occupational Therapy*, *42*(9), 591–595. https://doi.org/10.5014/ajot.42.9.591

Employee Tenure in 2022. (2022). Employee Tenure in 2022 (bls.gov)

Falvey, J. R., Gustavson, A. M., Price, L., Papazian, L., & Stevens-Lapsley, J. E. (2019). Dementia, Comorbidity, and Physical Function in the Program of All Inclusive Care for the Elderly. *Journal of Geriatric Physical Therapy (2001)*, *42*(2), E1.

Friedman, S. M., Steinwachs, D. M., Rathouz, P. J., Burton, L. C., & Mukamel, D. B. (2005). Characteristics predicting nursing home admission in the program of all-inclusive care for elderly people. *The Gerontologist*, *45*(2), 157–166.

FSSA: Aging Home: Program of All-Inclusive Care for the Elderly

Gonzalez, L. (2017). A focus on the program of all-inclusive care for the elderly (PACE). *Journal of Aging & Social Policy*, *29*(5), 475–490.

Hirth, V., Baskins, J., & Dever-Bumba, M. (2009). Program of all-inclusive care (PACE): Past, present, and future. *Journal of the American Medical Directors Association*, *10*(3), 155–160.

Interdisciplinary team | definition of interdisciplinary team by Medical dictionary. (n.d.). Retrieved October 23, 2022, from https://medical-dictionary.thefreedictionary.com/interdisciplinary+team

Jones, C. (2009). *Interdisciplinary Approach—Advantages, Disadvantages, and the Future Benefits of Interdisciplinary Studies*. *7*.

Lambert, V. A., & Lambert, C. E. (2012). Qualitative descriptive research: An acceptable design. *Pacific Rim International Journal of Nursing Research*, *16*(4), 255-256.

Lee, W., Eng, C., Fox, N., & Etienne, M. (1998). PACE: A model for integrated care of frail older patients. Program of All-inclusive Care for the Elderly. *Geriatrics (Basel, Switzerland)*, *53*(6), 62–65.

Leland, N. E., Elliott, S. J., O'Malley, L., & Murphy, S. L. (2012). Occupational Therapy in Fall Prevention: Current Evidence and Future Directions. *The American Journal of Occupational Therapy*, *66*(2), 149–160. https://doi.org/10.5014/ajot.2012.002733

Madden, K. A., Waldo, M., & Cleeter, D. (2014). The specialized role of the RN in the Program of All-inclusive Care for the Elderly (PACE) interdisciplinary care team. *Geriatric Nursing*, *35*(3), 199–204. https://doi.org/10.1016/j.gerinurse.2014.01.002

Managed Care | Medicaid. Medicaid. https://www.medicaid.gov/medicaid/managed-care/index.html (Retrieved 5/14/2023)

Meiners, M. R., Mahoney, K. J., Shoop, D. M., & Squillace, M. R. (2002). Consumer Direction in Managed Long-Term Care: An Exploratory Survey of Practices and Perceptions. *The Gerontologist*, *42*(1), 32–38. https://doi.org/10.1093/geront/42.1.32

Meret-Hanke, L. A. (2011). Effects of the program of all-inclusive care for the elderly on hospital use. *The Gerontologist*, *51*(6), 774–785.

Moore, K., Cruickshank, M., & Haas, M. (2006). Job satisfaction in occupational therapy: A qualitative investigation in urban Australia. *Australian Occupational Therapy Journal*, *53*(1), 18–26. https://doi.org/10.1111/j.1440-1630.2006.00539.x

Moreland, B., Kakara, R., & Henry, A. (2020). Trends in Nonfatal Falls and Fall-Related Injuries Among Adults Aged ≥65 Years—United States, 2012–2018. *Morbidity and Mortality Weekly Report*, *69*(27), 875–881. https://doi.org/10.15585/mmwr.mm6927a5

Mui, A. C. (2002). The Program of All-Inclusive Care for the Elderly (PACE) an innovative long-term care model in the United States. *Journal of Aging & Social Policy*, *13*(2–3), 53–67.

Occupational Therapy Practice Framework: Domain and Process—Fourth Edition. (2020). *The American Journal of Occupational Therapy*, *74*(Supplement_2), 7412410010p1-7412410010p87. https://doi.org/10.5014/ajot.2020.74S2001

OECD. (2021). *Health at a Glance 2021: OECD Indicators*. OECD. https://doi.org/10.1787/ae3016b9-en

Program of All-Inclusive Care for the Elderly (PACE) | CMS. (n.d.). Retrieved October 23, 2022, from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/PACE/PACE

Reeves S, Pelone F, Harrison R, Goldman J, Zwarenstein M., (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 6, Art. No.: CD000072. DOI: 10.1002/14651858.CD000072.pub3.

Segelman, M., Szydlowski, J., Kinosian, B., McNabney, M., Raziano, D. B., Eng, C., van Reenen, C., & Temkin–Greener, H. (2014). Hospitalizations in the Program of All-Inclusive Care for the Elderly. *Journal of the American Geriatrics Society*, *62*(2), 320–324. https://doi.org/10.1111/jgs.12637

Tan, E. J., Lui, L.-Y., Eng, C., Jha, A. K., & Covinsky, K. E. (2003). Differences in mortality of black and white patients enrolled in the program of all-inclusive care for the elderly. *Journal of the American Geriatrics Society*, *51*(2), 246–251.

Temkin-Greener, H., Gross, D., Kunitz, S. J., & Mukamel, D. (2004). Measuring Interdisciplinary Team Performance in a Long-Term Care Setting. *Medical Care*, *42*(5), 472–481.

WHO: Number of people over 60 years set to double by 2050; major societal changes required. (2015). Retrieved July 19, 2023, from https://www.who.int/news/item/30-09-2015-who-number-of-people-over-60-years-set-to-double-by-2050-major-societal-changes-required

Wieland, D., Boland, R., Baskins, J., & Kinosian, B. (2010). Five-year survival in a Program of All-inclusive Care for Elderly compared with alternative institutional and home-and community-based care. *Journals of Gerontology Series A: Biomedical Sciences and Medical Sciences*, *65*(7), 721–726.

(2021, August 2). Search Healthy People - Healthy People 2030 | health.gov. Health. https://health.gov/healthypeople/search?query=older+adults

Appendices

Appendix I
Code book and themes

Theme	Category	Representative Quote	Who Said
Truest definition of occupational therapy	Truest Definition of Occupational Therapy	I think working in PACE is like the truest definition of occupational therapy where you are looking at every facet of their lives. I think the ability to provide necessary adaptive techniques, equipment, DME that may not be paid for by traditional, you know, Medicare, Medicaid type of insurances have allowed me to really, yeah, improve people's lives. very classic ot interventions from the standpoint of, you know, ADL training adaptation to ADLs. we often look at modification at home to just help with bed mobility and you know, safety around the bathroom. I'm very classic, typical you know, PACE honestly stuff. And we, we tend to also provide those like a lifeline purse a Personal Emergency Response buttons, for our folks who are home alone for any period of time. And so will OT tends to also get very involved in sort of emergency response planning, and what would you do if this or this or this happened and how would you do it and , looking at both the cognitive and physical components of how to make that happen and then along with that, and there's all the OT, typical ADL, you know, adaptive stuff, the mobility stuff that tends to you know, happen, especially for whatever reason you know, in the bathroom.	Korine Linda

		I'm much more classic functional OT so I don't tend to be very therapeutic exercise focused, but honestly, the other OT, who I work alongside with, is a little bit more biomechanically based. I would say that because my OT interventions tend to be much more functionally based. I tend to I like home visits much more. I mean I'm very comfortable treating people in their homes. I actually kind of prefer it it's more functional. A lot of our interventions involve of course ADLs right. But I'm looking as well as DME and I'm at, at alternative or assistive devices that can help compensate and we do that both in the clinic as well as the home. So it would be really nice to do all of the home assessments because then it just gives you a better picture of course of as an OT that's what you want to see and see them actually in their home and what they need and how they you know how they perform and look clinic and get things done here is so much different than at home	Yara
The interdisciplinary team model makes PACE unique.	Part of a team	I would say the one thing that IDT is amazing with is I think it opens your eyes to the complexity of people's lives I think it gives you a level of I think, yeah, just amazingness for all the complexities of the specialties I think it also gives you it makes you work on your, your level of patience and tolerance for being with a group of folks, all of whom may not have the	Korine

		same viewpoint and, and have to come to an understanding, you know, figuring out how to agree to disagree, you know, the SDR process and decision making, I think, in IDT. figuring out how to agree to disagree and still work well together. I feel like we work like a family together. Kind of having the family meetings, the IDT meetings and trying to do the best for the participants care. No difficulties with workflow and the IDT is I think it's amazing the the morning IDT you know, you've got everybody there who's like I said, like the family having the family meeting. You have all the players involved and they're all there to make the best choices for participants. And I feel like everybody's heard. You know, if somebody's got a great idea or a terrible idea, whatever. I think the IDT is a nice place to get a lot of different opinions on things. They're always there for advice and other things. And then, just working really closely with the other disciplines I think, you know, even whether it's feeding, working really closely with speech, they're here and they're looking at swallowing we're looking at the dietitians looking at you know how much they're eating and then we're looking at what can we do to improve their you know, sitting or their range when they're eating? PT Of course, always working with PT very closely I mean, definitely positively because we wouldn't have such a huge influence I think outside of here on you know, what the other disciplines think	Linda Yara

		I think working with the IDT is a is a huge help for the participant. You know, I think it's really affects them for their advantage, the best and then we just really try to work together and we do we do work together as a team. We try to help each other out.	
		I have success stories that we and it's a team approach	Connie
		a lot of meetings a lot of collaboration	
		So I love being in an interdisciplinary team. I think it's so effective. It has taught me that the knowledge base that I've gotten since going to PACE and working with all these other healthcare professionals, the things I've learned are so super cool.	
		that can be really disheartening and frustrating when you have a variation about something and the rest of the team just doesn't see it the way you do	Cassie
		Um, I mean, I think teamwork. I am a team oriented person. I played soccer since I was four years old. So functioning in a team is my comfort zone. But I do believe you know, it's where we have the opportunity to provide the best care. There are absolutely challenges. It's a lot of communication. It's a lot of you know, making sure we're staying coordinated staying on the same page I have. I have two different I'm part of two different teams. We have four teams here right now and the two OTS so on each team there are is a nurse, a social worker, a provider. So it's more people to have to communicate with. And I think, you know, one one challenge that we struggle with is advocating for what OT	

		is advocating for what our role is and having to work through that with our team members so that we can be serving our participants best by being able to do our job model of care is like no other	
The truest definition of occupational therapy	Improve Lives	I think the ability to provide necessary adaptive techniques, equipment, DME that may not be paid for by traditional, you know, Medicare, Medicaid type of insurances have allowed me to really, yeah, improve people's lives. I could tell how much we opened the magnificence of life for her It was really cool to be to sort of watch all that as a progression that didn't you know, happen in one moment, but within a year, her life didn't even begin to resemble you know what it had before. $1,000 were granted and the $5,000 power chair and this woman now is no longer homebound and she go out the community to shop and doing that. So when you see how you can just totally impact someone that had no life. And now they can do all these things. and he tells us that literally Pace and if it wasn't for PACE program, he would be dead. So like to see someone be so impacted in this model of care to go that he was literally crashing and burning to him having the best life that he can remember. That's so powerful. Really powerful. just because you're getting good food, you're getting mental health support, you're getting your medications on	Korine Connie Cassie

		time. Just simple human interaction and stimulation you know it just makes it can just make huge impacts. But just trying to bring as much joy to all of that and having the opportunity to focus on what is truly meaningful to participants and advocating for that with their families, with my team here trying to figure out how to incorporate that in our lives into our approach to care with them. really trying to overcome as many barriers as possible to support participants and caregivers to be able to manage on their own and not be dependent on others.	
The truest definition of occupational therapy	Clinical Reasoning	I tend to try to be really vigilant about what we provide because we're also the payers I find that that's the one other very interesting clinical decision making to make is how to how to then sort of separate what's, where's their potential and where isn't there when there hasn't been some new or different event. we as OT go out to the home pre-enrollment to do a pre-enrollment home assessment as part of a health and safety assessment. If it's something that I can pretty easily simulate or if you know if it's biomechanical in nature, or, you know, I'm just dealing with splinting, or you know, home programs stuff or education and instruction that I feel can you know, this person can generalize into the home. Then I will see them at the center because obviously that's always a more cost efficient. And, you know, it's just a better use of our time.	Korine Connie

		So, Covid has taught us that there is benefit to treating more in the home than in the center. You know we continue to feel the center's the most productive mean and whatnot, but we've gotten a better appreciation for it that some people just don't want to come to the center and will be better treated in their home	Cassie
		we use tons of functional outcome measures.	
		And so again, what are the barriers to folks being able to manage whatever chronic condition it is, and prevent exacerbations and really being proactive in those areas? And where are our IDT team members, you know that they might be the primary addressing a concern, but if a barrier arises to somebody being able to integrate whatever the recommendation is, that they've made into their daily habits and routines, we're here to figure out why they're not able to do that and help them work through that.	
		think just trying to make sure we get all of our interventions on the plan of care, because there's so many things that we do that we don't even realize are interventions, and they could have been added, and then or we don't do them at the six month point when there being care plan and we do so much still for the participant throughout the interval. And, and it's a matter of like, you know, just being better about going back to the care plan and adding that	Yara
		how are we writing goals talking to the participants and writing our goals creating our care plan about around what matters most to them? So	

		really focusing on that and not it not being like health problem based as much.	
Autonomy and flexibility lead to job satisfaction	Autonomy/Flexibility	I think PACE gives us the ability to, to sort of delve into all these, you know, really aspects of their function and kind of leaves it open, I think, to every PACE program, to kind of define how do we have what what do we, you know, focus on with our participants. a model of care that lets you honestly be as involved in as many aspects of their function and being and their lives as you have the time to do it. I think it leaves a lot of room for development being programs and or interventions that many other venues don't, because you're not worrying about the billing, end of things. PT and OT, at least here in our program we're very sort of free flowing where you're not. We don't have boundaries really, of any sort except for the ones that you know, we talk about and like, how about if you do this and Ill do this? I kind of feel like as a professional person free to express my opinion. And you know, I think we have a lot of flexibility to practice the way we want to. And so, that's a blessing and a curse in itself because you know, we do have so much flexibility that it feels like at times there's no way to meet all of the needs that I wish I could be meeting or the participants that I take care of. Having the flexibility to be involved in the ways that we feel most is most	Korine Cassie

		helpful. Being able to move in and out of their care fluidly without having to wait for an order from somebody else. Don't have time constraints. All of these things, you know, really give us the autonomy I guess to meet their needs best.	
Autonomy and Flexibility Lead to Job Satisfaction	Job Satisfaction	I wish there was more of it around. I wish it existed in every single zip code in America and that everybody knew about it. And that, you know, I didn't somehow live 25 years of my OT life without even hearing of the model of care. I have had the opportunity to work in a lot of different programs. And I definitely respond best to PACE. there's everything honestly that I like about it, the participants get the things that they need, they get the service that they deserve. And I kind of feel like we as employees are rewarded with their success being out in the community. I feel like everybody that works here wants to be here. You, I don't feel like I come across people who are not happy in their job. They're here because they want to be here. And it's it's obvious. We've seen it I think we've definitely seen a higher success rate. So those are kind of some of the reasons that I love. I love PACE and love working here. I think the PACE model has been wonderful, especially career wise, because it's allowed me to see so many different aspects, you know, be in the home, be here in my clinic, be in the clinic be you know, try to get approved. Things by the IDT that normally	Korine Linda Yara

		wouldn't get approved outside of [redacted] or of course with necessity or certain types of chairs or things and work with all kinds of family members. So, so yeah, it's been great. And yeah, it's, I always say it's a blessing that I got to. I was the first ot student here at this pace program and I got offered a position about halfway through my field work so that was a blessing because I got to start out working in the in the way that I feel like I ultimately and in a model that I would want to be in so I feel very fortunate. I personally love to have students and so to have that opportunity to bring them into a setting that is so different. And oftentimes, folks have the same feeling that that I have in terms of being able to practice in a in an ideal way is really special. I'm very, believe invested in the model of care, I think. I think it's for health care person. Think it's very important for us to learn about the financial aspect of things. I mean, that's something I've really grown to appreciate, is that managed care concept. I only knew the other end which is unique pressure for those who need permission for that. No, you can't do that. anymore. But to really sit there and say, again, LTACH versus care versus subacute. Guys, what do they really need? When they want? What they owe my insurance covers it so therefore I'm doing giving these individuals what we feel as though is the best bang for their buck. And again, like to be able to as a professional, Think outside that box, do things that we would never do in formal healthcare settings.	Cassie Connie

“Pros outweigh the cons”	Relationships	I think the fact that as an OT I've been following some of our participants for eight, 9, 10 years influences greatly, you know, your report, your ability to really know what they truly need and what their what you may be successful with	Korine
		And here I think in PACE, we have a history already established with them, and they feel more comfortable with us	Yara
		And again, like there's more of that one to one with the doctor. Which is great, because a lot of times they'll you know, come and discuss the patient with you first, since they know you have such a long history of therapy with them.	
		You know, maybe they don't view us as family but most of them do because they see us more than they do their own family to develop develop those bonds and relationships. I truly feel as though trickles over to the quality of care.	Connie
		But I think it's incredibly special to be a part of somebody's life for so long, including end of life. You know, the relationships that get to develop with participants and their families are incredible and it makes it so hard. But it's so meaningful and valuable, I think to my practice and the way that I approach it.	Cassie
		I feel like we have an amazing connection with the participants.	Linda
“pros outweigh the cons”	Pros vs Cons	It's supposed to be meeting only their needs and not their wants.	Korine
		I think for the most part, I think many of them are pros, you know, I think the ability to be able to provide needed care	

		and if if the model is done, obviously, well and appropriately, it can be done in a cost effective way, I think. I think there's pros that far outweigh the negatives the ability to provide them with adaptive equipment or DME that they need and can benefit from, is just mind boggling. And, and, on a personal note, that we don't have to worry about billing and productivity. probably the biggest con I can think of is that the way the rules are set up, that are probably much closer to like VA model of care of health is that they can and will ask for anything and push the limits to that the SDR process. And it, it feels sometimes like we we have a model of care that just supports a level of entitlement that's a little frustrating, is probably the best way I can put it, even though it's not supposed to I would say a level of Con is the amount of rules and regs and paperwork related to that type of a thing is, you know, doesn't make you feel like you're doing much OT some days. And I think that's also hard. You know, many days you feel like you're largely doing case management, and you're doing very little OT practice. And it's hard to be satisfied with that sometimes Pros and cons of pace in general pros, the IDT. Everybody's here everybody's available. Everybody comes together to discuss something that happens. It's immediate. It's not like we'll worry about Monday or next Thursday. Pros. I think we provide people with the equipment and the anything that they need at all so that they can stay in the	Linda

		community as long as possible. Being Hoyer lifts, being stair glide being commode, shower chairs. We also they also have home health aides that they can up to four times a day to go in and help somebody who might be struggling. Services are there just I feel like PACE is consistent. We provide a service we keep providing that service. If I can't provide the service, somebody else is going to provide it for me. We give them the things that they need to be successful. So that they can stay home for hopefully for an eternity. We'll adapt their home environment. We'll do whatever we can to keep them at home. You get to actually know your participants outside of the clinic visit their home, and talk to their family, family meetings. Family involvement and care. Pro is the umbrella effect all of the providers are under one roof so we can get somebody bused in here they can have OT, they can have PT, they can go to the day room, they can visit the doctor, their social worker, their nurse. Oh my God, there's so many pros. The SDR is also a huge, you know, have been a big change on how the flow is. I think there's so many times where I think like, Oh, I could just, I know this participant Well, I could issue them this but it's a process now they asked for it. We have to bring it to the team. We have to show we evaluated and you know, show the necessity, so that can be good and bad as well. I really, this is gonna sound stupid, but I don't have cons.	Yara

		I guess a con would be I wish there was more of them. And so a lot of things weren't in place at the time, you know, policies procedures, so it's been really nice to build the department and, you know, one of the things that one of the reasons I stay and one of the things I love about PACE is just, I mean obviously with the participants, you know that they come in and you get to know them and you have them throughout kind of the rest of their lifespan, but also just being able to have that accessibility of the IDT and the doctors. We love that we can do the therapy that we think our individuals deserve versus what's dictated by Medicare. And we really love to think outside the box there and deal with that. pros are definitely preventing our elderly from falling through the cracks. So I think that's a huge Pro for them and for the community. And con is maybe we're a little too much overly, you know, excessive on that or, I mean, which it's not a bad thing, but sometimes you know, for the falls, we're all calling in, they're like, I just told you like, please stop. You're like, Okay, I'm sorry. And yeah, some of them appreciate it. And some of them are just used to their privacy. We literally had nothing. We had no documentation, we have no guidance. Every day you go to work. It's never the same.	Connie Cassie

		And communication can be a challenge. I will not lie we butt heads a lot. The pros, you know, offers the same base care, which I really do believe is the best approach to care. And it allows us to be proactive and in what we're doing, you know, us being a capitated model and more value based and not any other alternative and, you know, basically being their insurance provider and their medical provider, you know, we don't have to operate in the confines of that more traditional system that tells us what we can and can't do. We can be proactive in the ways that we feel like is important. I think the cons of the model, I'm sure as you're experiencing I would guess, you know they're in it, you know, and your needs assessment related to this research. There's not you know, PACE is relatively small and relatively new and large scheme of healthcare. And we don't learn tons about it. So that it just makes it tough because you know, that the saying out there is if you've seen one PACE program, you've seen one PACE program, which is, I guess, again, a pro but it makes it challenging because, you know, it's like trying to sort out where there can be consistencies and how we can learn from each other to provide the best care and having access to that information, I guess, and then other, you know, other health care providers knowing about us, and referring to us so that we can continue to serve folks. The pros are definitely continuity of care The meetings, the amount of meetings and PACE can be very frustrating for a	

		lot of people and a lot of people just can't handle how unstructured it is can't handle having stuff thrown on display and that. I mean, I couldn't handle it at first until I understood the model. So yeah, I mean, I definitely I wouldn't be here for 11 plus years if I didn't think the pros outweigh the cons and you just have to do a lot of self care with the cons. A lot of self care.	Connie

Appendix II
Stamped Approved IRB

Consent to Participate in a Research Study

Perceptions of Occupational Therapists Working in Established PACE Programs

Institutional Review Board
Protocol Number
5076
Approval Valid
1/23/23-11/1/23

Key Information

You are being invited to participate in a research study. This document includes important information you should know about the study. Before providing your consent to participate, please read this entire document and ask any questions you have.

Do I have to participate?
If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering. If you decide to participate, you will be one of about 5 people in the study.

What is the purpose of the study?
The purpose of the study is to gain knowledge related to the experiences and perceptions of occupational therapists working in established PACE programs.

Where is the study going to take place and how long will it last?
The research procedures will be conducted via Zoom. This interview will take approximately 20-30 minutes and will be recorded and transcribed.

What will I be asked to do?
You will be asked to participate in a semi-structured interview via zoom which will take about 20-30 minutes, and will be recorded and transcribed.

Are there reasons why I should not take part in this study?
Potential participants who do not work for established PACE programs (programs that have been in operation for less than one year or do not have established participants/enrollees) or are from disciplines other than occupational therapy will not be included in this study.

What are the possible risks and discomforts?
To the best of our knowledge, the things you will be doing have no more risk of harm or discomfort than you would experience in everyday life.

You may, however, experience a previously unknown risk or side effect.

What are the benefits of taking part in this study?
You are not likely to get any personal benefit from taking part in this study. Your participation is expected to provide benefits to others by furthering evidence and information which can be disseminated to other OT professionals to further knowledge related to PACE.

If I don't take part in this study, are there other choices?
If you do not want to be in the study, there are no other choices except to not take part in the study.

Now that you have some key information about the study, please continue reading if you are interested in participating. Other important details about the study are provided below.

Other Important Details

Who is doing the study?
The person in charge of this study is Jessica L. Daugherty-Peters at Eastern Kentucky University she is being guided in this research by Dr. Julie Duckart. There may be other people on the research team assisting at different times during the study.

What will it cost me to participate?
There are no costs associated with taking part in this study.

Will I receive any payment or rewards for taking part in the study?
You will not receive any payment or reward for taking part in this study.

Who will see the information I give?
Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. You will not be identified in these written materials.

The study materials will be kept confidential. Pseudonyms will be assigned to protect identifying information. No one except for the primary researcher who performs the interview on the research team will know that the information came from you.

The information gathered in this study will be maintained electronically, using a password protected secure network drive and firewall and provided to the faculty advisor. The files will be permanently deleted by the faculty advisor following three years of storage.

Can my taking part in the study end early?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the University or agency funding the study decides to stop the study early for a variety of reasons.

What happens if I get hurt or sick during the study?

If you believe you are hurt or get sick because of something that is done during the study, you should call Jessica Daugherty-Peters at 859-779-8507 immediately. It is important for you to understand that Eastern Kentucky University will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. Also, Eastern Kentucky University will not pay for any wages you may lose if you are harmed by this study. These costs will be your responsibility.

Usually, medical costs that result from research-related harm cannot be included as regular medical costs. Therefore, the costs related to your care and treatment because of something that is done during the study will be your responsibility.

You should ask your insurer if you have any questions about your insurer's willingness to pay under these circumstances.

What else do I need to know?

You will be told if any new information is learned which may affect your condition or influence your willingness to continue taking part in this study.

We will give you a copy of this consent form to take with you.

Consent

Before you decide whether to accept this invitation to take part in the study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact the investigator, Jessica Daugherty-Peters at 859779-8507 or jessica_daugherty1@mymail.eku.edu. If you have any questions about your rights as a research volunteer, you can contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636.

If you would like to participate, please read the statement below, sign, and print your name.

I am at least 18 years of age, have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and voluntarily agree to participate in this research study.

_____

Signature of person agreeing to take part in the study Date

_____

Printed name of person taking part in the study

_____

Name of person providing information to subject