SUCCESES AND LESSONS LEARNED IN VACCINATING HIGH-RISK PEOPLE AT HOME

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DISCLOSURES

- I have no relevant conflicts of interest to disclose.
OBJECTIVES

- Describe the successes of the Program for All-Inclusive Care of the Elderly (PACE) in COVID vaccination
- Highlight difficulties and lessons learned in vaccinating high-risk people at home - including especially older adults and the unbefriended
- Present post-pandemic recommendations regarding vaccine allocation and distribution

CHARACTERISTICS OF HOMEBOUND OLDER ADULTS

2 million homebound older adults in the U.S.

Among the 20% who are completely homebound:
- 70% report their health as “fair” or “poor”
- Only 11.9% receive home-based primary care (HBPC)
- More likely than non-homebound older adults to belong to a disadvantaged group, have lower education and income, have more chronic conditions, and be hospitalized

**What is PACE?**

*Program of All-Inclusive Care for the Elderly*

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

- Community-based
- Comprehensive
- Capitated
- Coordinated

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**The PACE Model**

**Philosophy**

Honors what frail elders want

- To stay in familiar surroundings
- To maintain autonomy
- To maintain a maximum level of physical, social, and cognitive function
The PACE Model
Who Does It Serve?

- 55 years of age or older
- Living in a PACE service area
- Certified as needing nursing home care
- Able to live safely in the community with the services of the PACE program at the time of enrollment

Capitated, Pooled Financing

- Medicare capitation rate adjusted for the frailty of the PACE enrollees
- Integration of Medicare, Medicaid and private pay payments

PACE PARTICIPANTS

90% Are dually eligible for Medicaid and Medicare
9% Are Medicaid-only
1% Pay a premium (Medicare-only or other)
Integrated Service Delivery and Team Managed Care

The PACE Model

Services Provided

- nursing
- physical therapy
- occupational therapy
- recreational therapy
- meals
- nutritional counseling
- social work
- medical care
- home health care

- personal care
- prescription drugs
- social services
- audiology
- dentistry
- optometry
- podiatry
- speech therapy
- respite care

Hospital and nursing home care when necessary
Milestones in the PACE Model History

- 1986: Legislation authorizing PACE Demonstration
- 1996: First demonstration site operational
- 1997: Congress authorizes permanent provider status
- 1999: Publication of interim final PACE regulations
- 2001: First program achieves permanent PACE provider status
- 2002: Publication of 2nd interim final PACE regulations enhancing opportunity for program flexibility
- 2006: Final PACE rule
- 2014: Reached first 100 PACE programs
- 2015: PACE Innovation Act is signed into law
- 2019: CMS issues proposed PACE rule

Status of PACE Development
(as of April 2021)

- 138 Sponsoring Organizations
- 272 PACE Centers
- 30 states have PACE programs
National Census Growth
2009 – 2021

PACE ENROLLMENT 54,660

209% Growth

(as of April 2021)

NPA SURVEY OF PACE ORGANIZATIONS ON COVID VACCINATION: APRIL 2021

• 70 of 119 PACE member organizations responded

  – 71% of the 11 PACE participants received at least 1 dose
    • Lower % than all U.S. older adults receiving 1 dose (80%), but still impressive given the PACE population, of whom most have cognitive and functional impairment

  – 2/3 of PACE organizations vaccinated >50% of their staff
PACE APPROACH TO COVID VACCINATION

• PACE as vaccinator
  – At PACE centers (including vaccination of non-PACE community members)
    • PACE does not collect data on caregivers receiving vaccinations
  – At PACE members’ homes (less common based on anecdotal reports)

• PACE as a connector to other vaccinators
  – At PACE members’ assisted living facilities
  – At community sites not affiliated with PACE (e.g. pharmacies)
  – Involves intensive collaboration with state and local health officials, National Guard, community hospitals, FQHCs, and pharmacies

PACE APPROACH TO COVID VACCINATION: KEYS TO SUCCESS

• Personal approach to addressing vaccine hesitancy
  – 1-on-1 conversations between PACE staff, participants, and their caregivers
  – PACE staff share their personal vaccination experiences
  – Surveys of PACE participants and their caregivers
  – Virtual town hall meetings

• Advance planning
  – Vaccine materials provided in various languages prior to vaccine availability
LOGISTICAL BARRIERS IN VACCINATING HOMEBOUND OLDER ADULTS

LOGISTICAL BARRIERS TO VACCINATING HOMEBOUND OLDER ADULTS - 1

- Geographic dispersion and 6 hour limit leads to time pressure
  - Need for careful planning of travel routes
  - Little time to answer patient questions about vaccination
LOGISTICAL BARRIERS TO VACCINATING HOMEBOUND OLDER ADULTS - 2

- **Difficulties in identifying homebound older adults**
  - May interact with health care system infrequently, or not at all
  - Unlikely to already be receiving home-based primary care

- **Competition for vaccine within health systems**
  - Health systems may be concerned that vaccinating homebound older adults may increase risk of wasting vaccine
  - Pressure on house call practices to vaccinate “relatively homebound” primary care patients

Dr. Won Lee (personal communication)

UNBEFRIENDED OLDER ADULTS: DEFINITION

1. **Lack decisional capacity** to provide informed consent to the medical treatment at hand.

2. **Have not executed an advance directive** and lack the capacity to do so

3. **Lack family, friends, or a legally authorized surrogate** to assist in the medical decision-making process
PREVALENCE OF UNBEFRIENDED PATIENTS IN HEALTHCARE SETTINGS

- 16% prevalence in the intensive care unit*
- 4% prevalence in long term care†
- Unknown prevalence in primary care

†American Bar Association 2004.
‡AARP, 2016.

Baby Boomers are at high risk of becoming unbefriended since >10 million live alone, and 20% are childless.‡

CLINICIAN ENCOUNTERS WITH THE UNBEFRIENDED

BARRIERS IN DISTRIBUTING VACCINE TO THE UNBEFRIENDED

- Difficult to identify and contact
- Cognitive impairment
- Lack of Internet access
- Lack of caregivers to assist with online registration
- Lack of transportation to vaccination sites
- Homelessness

VACCINE DISTRIBUTION TO HOMEBOUND OLDER ADULTS: LESSONS LEARNED

Doctors race to find, vaccinate vulnerable homebound people - Los Angeles Times [latimes.com]
VACCINE DISTRIBUTION TO HOMEBOUND OLDER ADULTS: LESSONS LEARNED - 1

• Top-down (federal, state) and bottom-up (local) approaches are both needed

Adapted from: Communities in action: Pathways to health equity. National Academies Press, 2017

VACCINE DISTRIBUTION TO HOMEBOUND OLDER ADULTS: LESSONS LEARNED - 2

• A more streamlined approach would be beneficial to overcome problems with fragmentation and inadequate coordination of services.

Figure: Communities in action: Pathways to health equity. National Academies Press, 2017
VACCINE DISTRIBUTION TO HOMEBOUND OLDER ADULTS: LESSONS LEARNED - 3

- Existing public health infrastructure should be leveraged
- Technology is important, but dialogue with patients and caregivers is equally or more important
- Advance preparation is critical
  - 3 to 4 week lead time is often needed

VACCINE ALLOCATION AND DISTRIBUTION: POST-PANDEMIC RECOMMENDATIONS

The New York Times

What Will Your ‘After’ Look Like?
RECOMMENDATION #1: CONDUCT POST-PANDEMIC VACCINE ALLOCATION REVIEWS

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<thead>
<tr>
<th>Recommendation</th>
<th>Rationale</th>
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<tr>
<td>1. Review outcomes of resource allocation strategies that were actually implemented.</td>
<td>Unjust resource allocation strategies could persist beyond COVID.</td>
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<td>2. Review resource allocation strategies for discriminatory provisions.</td>
<td>Age-based cutoffs could exacerbate extant ageism.</td>
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<td>3. Implement ethical resource allocation strategies in health care facilities and systems where none exist.</td>
<td>Ad hoc approaches will be unjust, and will burden front-line clinicians.</td>
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RECOMMENDATION #2: MAINTAIN THE SPOTLIGHT ON HOMEBOUND OLDER ADULTS

- **Community engagement**
  - **Short term**: Engage with community leaders to promote vaccine acceptance
  - **Long term**: Sustain community partnerships to facilitate cross-generational understanding

- **Services for homebound older adults**
  - **Short term**: Vaccinate 2 million homebound older adults
  - **Long term**: Address ongoing needs that will matter in the next pandemic: E.g. decisional capacity assessment and guardianship, caregiving, transportation, expanding HBPC
VACCINATING HOMEBOUND OLDER ADULTS: SUMMARY

- PACE provides a successful model for vaccinating homebound older adults

- Lessons learned across the US:
  - Plan ahead, plan ahead, plan ahead
  - Increase home-based primary care (HBPC)
  - Engage with community leaders to complement state and federal efforts
  - Complement high-tech with high-touch
  - Effectively coordinate services to avoid gaps and redundancies
  - Meeting the ongoing needs of homebound older adults helps prepare for the next pandemic

- Post-pandemic reviews of vaccine resource allocation strategies should occur in order to prevent perpetuating inequities

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