Interdisciplinary Teams in Program of All-Inclusive Care for the Elderly (PACE)

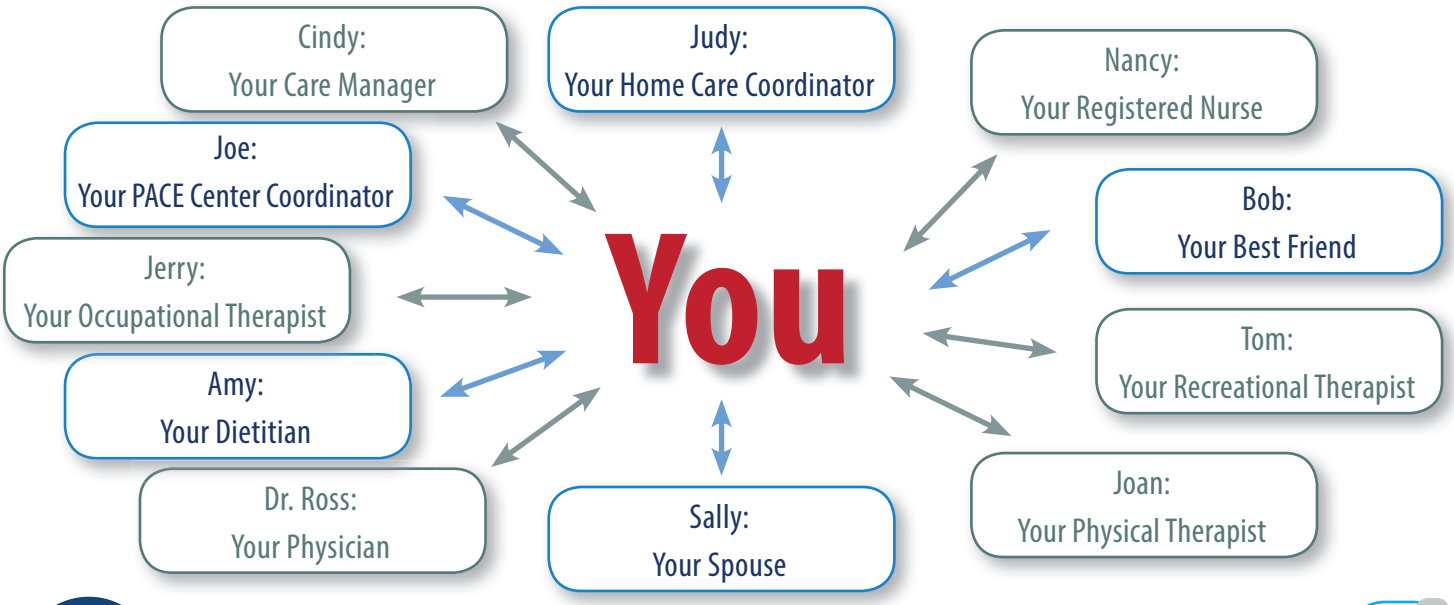
Who is on your interdisciplinary team?

When you participate in the Program of All-Inclusive Care for the Elderly, also known as PACE, a team of people work together to help you identify the assistance you might need and work with you to arrange your long-term care, health and medical services. You are an active participant on the team that also includes, at a minimum, a PACE doctor or doctor from the community, a care manager, a registered nurse, physical therapist, occupational therapist, recreational therapist, dietitian, PACE center coordinator and home care coordinator. You can choose to include a family member or loved one on your team. Sometimes people also choose other professionals, such as a personal care worker, to participate as team members. In PACE, this team is called an "interdisciplinary team."

What does your interdisciplinary team do?

The interdisciplinary team plans, delivers, and oversees your care across all settings, from your home to the hospital. The team completes an assessment of your needs and develops a plan for services to meet those needs. The services outlined in your plan are individualized for you and focus on the most effective way to meet your needs and personal outcomes. The interdisciplinary team authorizes payment for your services, and monitors the quality of the services you receive.

Here's an example of an interdisciplinary team in PACE. The role of the interdisciplinary team is to support you in achieving your outcomes. Some of these people are personally selected by YOU to participate on your team:



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