



**CARING FOR
OLDER ADULTS:**

STRATEGIES FOR LAUNCHING AND OPTIMIZING ELDER CARE PROGRAMS AT HEALTH CENTERS

EXECUTIVE SUMMARY

Preparing Health Centers for an Aging America

The United States is experiencing a profound demographic shift. Adults age 65 and older are now the fastest-growing segment of the population, and by 2030, every baby boomer will be over age 65. In many communities—particularly rural and underserved areas—older adults already outnumber children. This shift is reshaping demand for health care services and placing new expectations on community-based providers.

Health Centers are uniquely positioned to meet this moment. (For purposes of this publication, “Health Centers” refers to Health Resources and Services Administration (HRSA)-supported Health Center Program participants.) Their integrated primary care model, emphasis on whole-person care, and deep community roots align closely with the needs of older adults.

Today, Health Centers serve nearly **4 million** patients age 65 and older—more than double the number served a decade ago. This population now accounts for more than one in ten Health Center patients nationwide.

Older adults bring both complexity and opportunity. Most live with multiple chronic conditions, rely on prescription medications, and require coordinated care across medical, behavioral, and social domains. At the same time, growth in Medicare and Medicare Advantage (MA) coverage offers Health Centers a more stable payer mix and new pathways for financial sustainability.



Through practical guidance and real-world case studies, this publication illustrates how Health Centers can respond proactively to an aging America while strengthening both mission and margin.

Preparing for an aging population is no longer optional. Health Centers that invest now will be better positioned to retain patients, improve outcomes, and ensure older adults can age with dignity in their communities.

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If you don't have ways to serve [older adults], they will gravitate elsewhere.

- Dr. Adam Burrows,
Upham's Corner Health Center

OLDER ADULTS AS A CORE PATIENT POPULATION



A Strategic Imperative for Health Centers

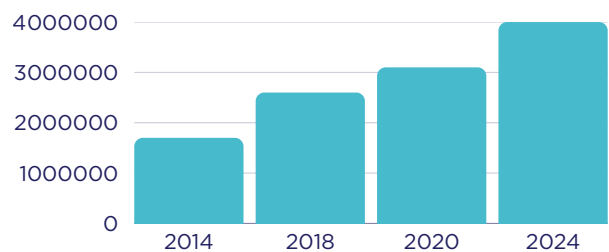
Older adults are no longer a niche population within Health Centers—they are a core and rapidly growing patient group. Between 2014 and 2024, the number of patients age 65 and older served by Health Centers more than doubled, increasing from approximately 1.7 million to nearly 4 million nationwide. This growth is occurring across geographies, regardless of Health Center size or location.

This shift carries important strategic implications. Older adults typically require more frequent visits, longer appointment times, and ongoing management of chronic conditions such as diabetes, cardiovascular disease, arthritis, and respiratory illness. Many also need assistance navigating medications, specialty referrals, and social supports.

From a financial perspective, the aging patient population is changing payer mix. Medicare and Medicare Advantage now represent a growing share of Health Center revenue. While these payers bring different operational requirements, they also offer more predictable reimbursement than many traditional safety-net funding sources.

Health Centers that view elder care as peripheral risk losing patients as they age into Medicare and transition to other providers. Conversely, those that intentionally design services for older adults can improve continuity of care, deepen patient relationships, and stabilize revenue over time.

Health Center Patients Age 65+, 2014–2024



·HRSA Health Center Program UDS (Uniform Data System)
·HRSA Bureau of Primary Health Care

More than doubled in 10 years

Key implications for leadership:

- Elder care should be embedded in strategic planning
- Clinical workflows must accommodate higher complexity
- Patient support services become increasingly critical
- Medicare strategy is inseparable from mission strategy

The demographic trend is clear—and irreversible. Treating older adults as a core population is no longer a future concern; it is a present-day necessity.

DELIVERING AGE-FRIENDLY, HIGH-VALUE CARE



Aligning Care with the Needs of Older Adults

As the older adult population grows, Health Centers are increasingly adopting care models that emphasize coordination, dignity, and patient goals. One widely recognized approach is the **Age-Friendly Health System** framework, which focuses on the “4Ms.”

In practice, age-friendly care is not a separate program—it is a way of delivering primary care differently. It requires intentional screening, interdisciplinary teamwork, and consistent communication with patients and caregivers.

Health Centers are well suited to this approach. Team-based care models allow physicians, nurse practitioners, behavioral health providers, pharmacists, and care coordinators to work together. Integrated electronic health records support medication review and care planning. Patient Support services help address barriers such as transportation, nutrition, and social isolation.

Age-friendly care improves outcomes and patient experience while reducing avoidable hospitalizations and emergency department visits. For Health Centers, it also strengthens value-based care performance and supports participation in Medicare Advantage and other alternative payment models.

The 4Ms of Age-Friendly Care



Mobility:

Supporting safe movement, preventing falls, and maintaining physical function



Medication:

Ensuring prescriptions do not interfere with cognition, balance, or independence



Mentation:

Preventing, identifying, and managing dementia, depression, and delirium



What Matters:

Aligning care with each patient’s health goals, values, and preferences

Institute for Healthcare Improvement (IHI)
John A. Hartford Foundation

Health Profile of Older Adults



93%

At least 1 chronic condition



79%

2+ chronic conditions



90%

Use prescription medications



33%

Disability affecting daily activities



24%

Self-rated health fair or poor

·National Council on Aging (NCOA) | CDC National Center for Chronic Disease Prevention | ACL Profile of Older Americans





OPERATIONAL AND INFRASTRUCTURE CONSIDERATIONS

Designing Health Centers for Aging Patients

Delivering effective care to older adults requires more than clinical expertise—it requires intentional operational design.



Facilities and Space

Age-friendly environments reduce barriers and promote independence. Effective design features include:

- ✓ Shorter hallways and minimal steps
- ✓ Clear, high-contrast signage
- ✓ Accessible bathrooms near exam rooms
- ✓ Seating designed for comfort and stability
- ✓ Space to accommodate caregivers during visits



Technology

Telehealth and remote patient monitoring play a growing role in elder care, particularly for follow-up visits and chronic disease management. Many older adults can successfully use technology with appropriate support from staff, caregivers, or community health workers.



Enabling Services

Transportation, care coordination, and assistance navigating social services are often decisive factors in whether older adults can access care consistently. Addressing food insecurity, housing instability, and social isolation improves health outcomes while reducing downstream costs.

These operational investments benefit not only older adults, but also patients with disabilities and complex health needs—strengthening the health center’s overall care delivery system.

PROGRAM MODELS FOR EXPANSION

Pathways to Serving Older Adults at Scale

Health Centers have multiple options for expanding elder care, each with different levels of investment, complexity, and return.

Elder Care Program Model Comparison

Model	PACE	SNPs	HBPC
Population	55+, nursing-home eligible	Dual or chronic	Homebound, high-risk
Setting	Center + home	Clinic-based	In-home
Payment	Medicare & Medicaid capitation	Medicare Advantage	Medicare / MA / Medicaid
Investment Level	High	Medium	Low-Medium
Strategic Value	High impact, high stability	Retains aging patients	Flexible, scalable

CMS PACE Program guidance | CMS Medicare Advantage & SNP materials | Health center case study interviews

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

PACE provides comprehensive medical, behavioral, and long-term care services to adults age 55 and older who are nursing-home eligible. Services are financed through capitated Medicare and Medicaid payments and delivered by interdisciplinary teams. While start-up costs and regulatory requirements are significant, PACE can become a stable and substantial revenue source at scale.

Advice from PACE Experts

Greg Wilmot, former president and CEO of NeighborHealth and a longtime leader in the PACE field, notes that Centers for Medicare & Medicaid Services (CMS) rules have evolved since 2019 to allow licensed PACE facilities to also serve non-PACE patients. As a result, he recommends: *“Build these sites in a way that meets not just PACE requirements, but also your respective health care facility licensing agencies, so you can have a space that accommodates patients enrolled in different senior care programs.”*

Wilmot also emphasizes the importance of a comprehensive, multi-year strategic plan that separates clinical care from insurance functions. On the clinical side, he suggests leveraging nurse practitioners as primary care providers and prioritizing patient experience and outcomes to manage risk and strengthen community reputation. On the insurance side, he advises focusing on incremental system and process improvements—such as automated claims, technology-enabled sales, and effective CRM tools—to reduce administrative costs, support growth, and create long-term scalability.

Daniel Driscoll, former CEO of Harbor Health Services and now with The Galway Group, notes that PACE programs typically require a dedicated space designed to support a wide range of services. *“It’s kind of like an adult day health center, with a medical clinic and some other things tacked on,”* he says, emphasizing the need for space for clinical care, rehabilitation, meals, and staff.

Reaching a sustainable size—often several hundred participants—can be challenging. Driscoll recommends recruiting from existing elderly patients and building referral relationships with local agencies, such as area agencies on aging and hospital discharge planners.

Starting a PACE program

If you are considering a PACE program:



Determine if your state supports PACE, and assess its level of support for the model.



Calculate the local population eligible for PACE services. This is typically based on the number of residents dually eligible for Medicare and Medicaid. Consider likely trends over the next 5 to 10 years.



Assess potential competitors: other nearby PACE programs, as well as nursing homes, adult day health care programs, home care services, and assisted living programs that serve Medicaid recipients.



Assess your organization’s finances, including cash reserves and access to financing. Capital investments for a PACE program typically range from \$1.5 to \$5 million.



Create a pro forma to analyze projected costs and revenues during the first 5 to 7 years of your projected PACE operation. Make sure the program will become sustainable within a reasonable period of time.



If you decide to move forward and implement a PACE program, use these steps as a roadmap:



The [National PACE Association](#) or a [state Technical Assistance Center](#) can provide information and assistance with the above steps.

Medicare Advantage and Special Needs Plans (SNPs)

Partnering with Medicare Advantage plans—particularly Dual Eligible SNPs—allows Health Centers to retain aging patients and participate in care coordination without the full operational burden of running a health plan.

Home-Based Primary Care (HBPC)

HBPC programs serve homebound or high-risk patients and are typically financed outside the Health Center Program scope. These programs reduce hospital utilization and allow patients to age safely at home.





There is no one-size-fits-all approach. Many Health Centers successfully combine multiple models to create a continuum of care aligned with community needs and organizational capacity.

CASE STUDY: SAN YSIDRO HEALTH

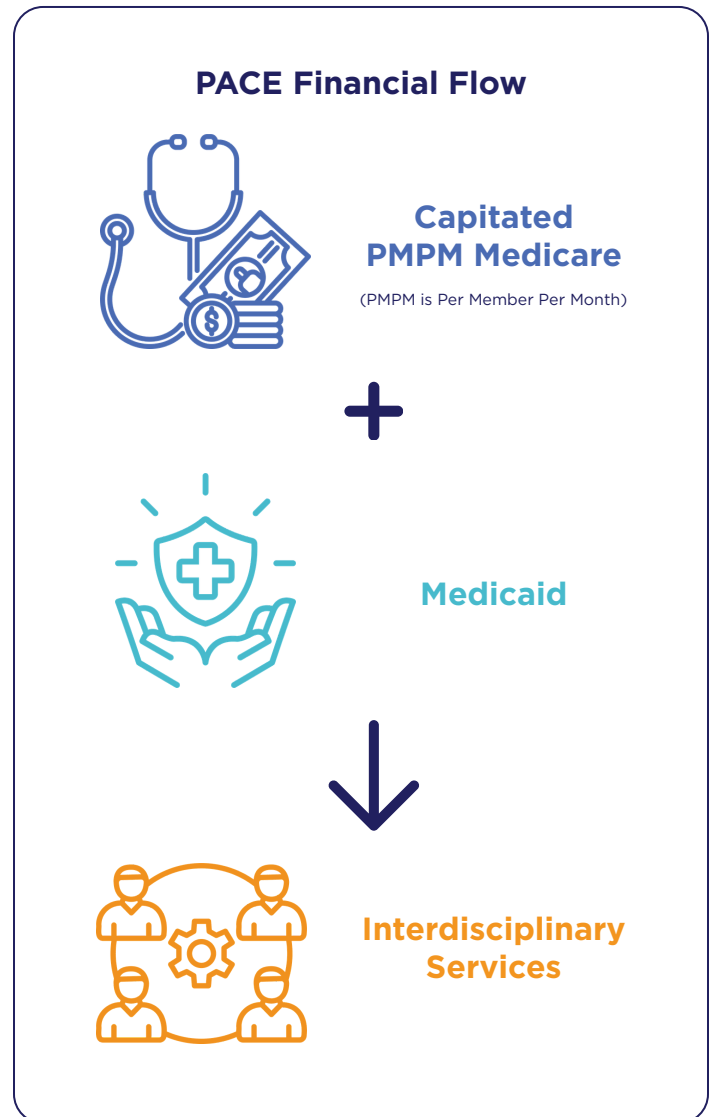
Scaling Elder Care Through PACE

San Ysidro Health operates one of the largest Health Center-based PACE programs in the country, serving approximately 3,100 participants across multiple sites. The program evolved from an adult day health center and expanded through deliberate investment in facilities, staffing, and outreach.

Key success factors included:

-  Leveraging existing infrastructure to reduce start-up time
-  Dedicated enrollment and marketing teams
-  Physician education to drive referrals
-  Strong interdisciplinary care teams

San Ysidro's experience demonstrates that PACE can become a cornerstone service line when supported by scale, leadership commitment, and operational discipline. While expansion has faced challenges related to staffing and state-level approvals, the program has significantly strengthened the organization's financial sustainability and mission impact.



Along with its PACE program, San Ysidro has made an effort to ensure it continues serving elderly patients at its Health Center sites. *"I think you have to have a strategy to keep your seniors as they age,"* CEO Kevin Mattson says.

Many seniors, once they enroll in Medicare, find it easier to transition to other health care providers rather than staying with a Health Center. San Ysidro tries to keep them.

"When our patients are getting close to 65, we have a Medicare broker who helps us enroll them in Medicare Advantage and get them assigned to San Ysidro Health," he says. *"So we keep them in our network. They may have complex needs, they may take more time. But we want to keep them in our network and keep them healthy."*

CASE STUDY: UPHAM'S CORNER HEALTH CENTER

A Diversified Approach to Elder Care

Upham's Corner Health Center in Boston has taken a diversified approach to serving older adults, combining PACE, home health care, and a Dual Eligible SNP partnership. While its PACE program operates at a smaller scale, it generates consistent revenue and helps subsidize other services.

Rather than prioritizing rapid growth, Upham's Corner emphasizes mission alignment, financial prudence, and community partnerships. Grants have played a critical role in supporting capital investments and reducing reliance on debt.

This approach illustrates that elder care does not need to be singular or uniform. Health Centers can tailor models to their size, market, and strategic goals while still delivering meaningful impact.

"Our mission here has always been to serve people across the age spectrum, and across the functional spectrum," says Dr. Adam Burrows, medical director of the PACE program. "I've always believed, if we can care for the most vulnerable individuals in our community, it will benefit everyone—healthier older adults, healthier households, and ultimately healthier communities."

Care Continuum for Aging Patients



Primary Care



MA/SNP



PACE



Home-based Care



STRATEGIC TAKEAWAYS AND CONCLUSION

Preparing for the Future of Care

The aging of the U.S. population is reshaping health care demand—and Health Centers are on the front lines of this change. Older adults bring complex needs, but also opportunities for stronger continuity, improved outcomes, and more stable reimbursement.

Health Centers that invest now will be better positioned to meet rising demand, retain patients as they age, and ensure that low-income and underserved older adults are not left behind.

Serving older adults is both a strategic necessity and a reaffirmation of the Health Center mission—ensuring access, dignity, and high-quality care across the lifespan.

Key takeaways for Health Center leaders:



Elder care must be integrated into long-term strategy



Age-friendly primary care strengthens all services



Multiple program models can coexist and complement one another



Medicare strategy is central to sustainability



Medicare strategy is central to sustainability



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