



Virginia Commonwealth University  
VCU Scholars Compass

---

Case Studies from Age in Action

Virginia Center on Aging

---

2000

## PACE: Program of All-inclusive Care of the Elderly

A. Leigh Peyton

*Virginia Commonwealth University*

Wendy Boggs

*Virginia Commonwealth University*

Bill Miller

*Sentara*

Nancy Allan

*Sentara*

Follow this and additional works at: [http://scholarscompass.vcu.edu/vcoa\\_case](http://scholarscompass.vcu.edu/vcoa_case)



Part of the [Geriatrics Commons](#)

Copyright managed by Virginia Center on Aging.

---

### Recommended Citation

Peyton, A., Boggs, W., Miller, B., & Allan, N. (2000). PACE: Program of All-inclusive Care of the Elderly. *Age in Action*, 15(2), 1-3.

This Article is brought to you for free and open access by the Virginia Center on Aging at VCU Scholars Compass. It has been accepted for inclusion in Case Studies from Age in Action by an authorized administrator of VCU Scholars Compass. For more information, please contact [libcompass@vcu.edu](mailto:libcompass@vcu.edu).

## **PACE: Program of All-inclusive Care of the Elderly**

*A. Leigh Peyton, M.S., is the Senior Project Coordinator for the Virginia Geriatric Education Center, Department of Gerontology at Virginia Commonwealth University. Leigh coordinates the Geriatric Inter-disciplinary Team Training grant received in 1997 from the Bureau of Health Professions.*

*Wendy Boggs is the Research Assistant for the Virginia Geriatric Education Center, Department of Gerontology at Virginia Commonwealth University. Wendy coordinates the training sessions for MCVH/VCU, Sentara Health Care System, and Bon Secours Richmond.*

*Bill Miller is the Director of Operations for Sentara Life Care Corporation. Bill oversees the operation of Sentara Senior Community Care.*

*Nancy Allan is a Social Worker at Sentara Senior Community Care.*

### **Objectives**

1. To describe the origin of PACE.
2. To identify essential services provided by the PACE model.

### **Background**

PACE: Program for All-inclusive Care of the Elderly is a model that utilizes an inter-disciplinary team approach for the care of older adults. The PACE model has gained much attention recently on the local, state, and federal levels for the specialized on-site services it offers. Currently, there are 25 PACE sites across the United States. PACE is based on the practices of a community agency, On Lok, that believes nursing home placement could be avoided for many older adults with multiple, chronic health conditions (Lee et al., 1998). The primary goals of the PACE model are to prevent the use of hospital and nursing home care (Eng et al., 1997), provide comprehensive and preventative care, and lower costs for participants than may otherwise be found in traditional fee-for-service programs.

In order to enroll at a PACE site, individuals must be at least 55 years of age, be state-eligible for nursing home care, as well as live in the program's geographical catchment area. Each PACE location receives referrals from sponsor organizations, adult foster homes, and families (Branch et al., 1995). PACE sites are financed through Medicare, Medicaid, and some private payers. Medicare and Medicaid have granted PACE sites a waiver that allows services to be delivered that cannot be obtained through the standard benefits they offer. PACE programs receive capitated payments monthly from Medicare and Medicaid. Participants who are not eligible for federal funds are responsible for the entire monthly fee.

Medicare and Medicaid independently determine the monthly capitated payment based on specific criteria. The Medicare capitation payment is determined by the average area per capita cost (AAPCC). This is the same methodology used to reimburse Medicare HMOs and is based on each participant's age, gender, and institutional status. The Medicaid capitation payment is determined by each state's Medicaid structure. Each state determines payment based on a percentage of the reimbursement amount for home and community-based or nursing home long-term care

populations. The PACE site itself absorbs any costs that exceed the monthly capitation and private funding.

In June 1996, Sentara Life Care Corporation opened Sentara Senior Community Care in Virginia Beach, the first PACE site in Virginia. Sentara Senior Community Care currently serves 112 older adults. Each participant's care is managed by an interdisciplinary team that includes the medical director, a nurse practitioner, nurses, home health nurses, social workers, physical and occupational therapists, dietitians, certified nursing assistants, recreation therapists, and transportation specialists. Participants can receive all medical and rehabilitative care on-site, including day health care, primary care, laboratory and x-ray services, ambulance service, restorative support services, medical specialty services, skilled nursing facility care, acute hospital care, and in-home services. Additionally, PACE participants who require temporary nursing home care are followed closely by the interdisciplinary care team at Sentara Senior Community Care. The specialty that this location, and all PACE sites, provides is the ability to receive all of these services in one location at a reduced cost to the individual (Eng et al., 1997).

### **Case Study**

Hattie F. is a 70-year-old African American female Medicaid recipient who enrolled in the PACE program at Sentara Senior Community Care approximately one year ago. Hattie has never been married, but she has three grown children and several grandchildren. Hattie is a high school graduate who retired from domestic and factory work seven years ago. She is alert and oriented, with no memory impairment. After several minor strokes, Hattie had a more significant stroke in January 1999, prior to which she was living alone in a two-story apartment in a Norfolk project. Her youngest daughter moved in, with her two children, to help Hattie after the stroke, but they have since relocated. Her oldest daughter lives nearby and sleeps over most nights. Hattie walks minimally, usually using a wheelchair. She manages to climb the stairs to go to bed at night, but hopes to soon move into a one-story unit with her daughter.

Prior to her enrollment in PACE last April, Hattie was at home all day, and even though she had neighbors and family visiting, she was depressed about the changes in her life that her stroke had caused. She initially began attending PACE three days a week, but in October, 1999, when her daughter left, the PACE team agreed to increase her attendance to five days a week. Although her daughter had advised the interdisciplinary team that Hattie did not like to be with people, Hattie has done remarkably well with the socialization and stimulation at the center. Now, Hattie is happiest when she is at the center. Her positive attitude now serves to make her a good example to her stroke-impaired peers. She also receives personal care each weekday morning to help ready her for the van pickup, since her daughter has to be at work so early. Hattie also now has a Lifeline (emergency response unit) in her home, and has agreed to utilize the Senior Law Center's free services in executing a Power of Attorney.

### **Conclusion**

With daily medical oversight, as needed, personal care services at home, daily attendance at the center, and social work support, Hattie has done beautifully in the eleven months she has been in the PACE

program. She serves as a perfect example of how a medical adult day care program can greatly improve overall functioning level and life satisfaction of participants.

As the population ages and grows exponentially in number, it will become critical to find alternatives to nursing home placement. The PACE model allows participants to remain in their homes while receiving medical and social services during the day and home health services in the evening. Without this model and the 25 sites located throughout the nation, many older adults would not be able to remain so independent. This model also demonstrates the importance of utilizing an interdisciplinary team in caring for and meeting the needs of the older population.

### **Study Questions**

1. How would an individual benefit by enrolling in a PACE program?
2. Compare and contrast the PACE model with standard adult day care services.

### **References**

Branch, L.G., Coulam, R.F., & Zimmerman, Y.A. (1995). The PACE evaluation: Initial findings. The Gerontologist, 349-359.

Eng, C., Pedulla, J., Eleazer, P., McCann, R., & Fox, N. (1997). Program of all-inclusive care for the elderly (PACE): An innovative model of integrated geriatrics care and financing. Journal of the American Geriatrics Society, 223-232.

Lee, W., Eng, C., Fox, N., Etienne, M. (1998). PACE: A model for integrated care of frail older patients. Geriatrics, 62-73.