Hospice in the Continuum:

**Hospice and Palliative Care of Greensboro**

Partnering to Provide PACE

“PACE of the Triad” is a new 18,000-square foot health and human services facility in Greensboro, North Carolina that provides support to nursing home-eligible people so they can remain living in their own homes for as long as safely possible.

PACE is the acronym for “Program for All-Inclusive Care of the Elderly.” And, like other PACE sites, PACE of the Triad is a non-residential facility that includes an adult day health center; comprehensive, onsite medical services; and additional services such as transportation, home health care, and medications. PACE sites provide comprehensive care—and assume full responsibility for every aspect of each person’s healthcare once the person enrolls.

There are approximately 75 PACE sites in operation around the country, but what’s different about PACE of the Triad is its organizational structure.

Most PACE sites are managed by a single provider that will contract with other businesses for services they aren’t equipped to provide themselves. PACE of the Triad, on the other hand, is the only PACE organization formed through an innovative collaboration between a health system (Cone Health), a home-health agency (Advanced Home Care), a retirement community (Well•Spring), and a hospice—Hospice and Palliative Care of Greensboro.

The collaboration has been in the works since 2008 and, as of July 1 of this year, the facility has begun serving residents of Guilford and Rockingham Counties.

In the following interview, Patricia Soenksen, MBA, MA, the president/CEO of Hospice and Palliative Care of Greensboro (HPCG), talks about this innovative collaboration—and the planning and strategy that contributed to the site’s successful launch.

Had HPCG considered becoming a PACE provider before discussions about partnering started? And, if so, what prompted your specific interest in PACE?

In mid-2008, we first learned about PACE from HPCG Vice President Ursula Robinson, MHA, MSW, who presented the concept to our management group. We were intrigued by the fact that PACE and hospice share similarities. For example, both models support people being able to remain in their own homes, as long as appropriate. Both models require an interdisciplinary group for the development of the plan of care, and both operate under a capitated reimbursement system for Medicare/Medicaid.
PACE is reimbursed on a monthly basis, per participant while hospice uses a per diem reimbursement model. We also knew that a PACE program would eventually be developed in our service area by some organization and, therefore, we decided it would be better to be "at the table" instead of on the sidelines as the program was established.

How did the idea of a formal partnership come about? Who approached whom?
Shortly after we learned about PACE at our management meeting, we began to hear more about PACE at NHPCO conferences. But our first serious engagement occurred when we were contacted by Tim Clontz, one of the executive vice presidents of the Cone Health System, a five-hospital system in our area. Tim assembled a group of local healthcare leaders to see if there was interest in studying the PACE model as a way to better serve the frail elderly in our community.

The initial steering committee included Tim Clontz; Steve Fleming, CEO of Well•Spring Retirement Community; Joel Mills, CEO of Advanced Home Care; Jan Capps, then-president of the Cone Health Foundation; and Ursula Robinson and myself. We were all passionate about elderly citizens in our community being able to remain in their own homes, maintain autonomy, and attain a maximum level of physical, social and cognitive function.

Ursula was a great addition to this initial steering committee because several years earlier she had investigated the development of PACE with a local aging agency but, at the time, there was inadequate funding to proceed. Ursula has since been named the new executive director of our PACE of the Triad, so we are especially pleased that a professional who worked in hospice care at HPCG for 18 years is now the leader of PACE of the Triad!

The Cone Health Foundation was also intrigued by the PACE concept because of its interest in local healthcare access. The Foundation encouraged our steering committee to apply for a planning grant. We submitted the grant to help pay for a PACE consultant to assist in the research and financial feasibility phases, and selected Palmetto Senior Care to provide the consultation services.

Had you already worked with any of your Triad partners—and had positive working relationships already established?
Yes, the partners were already well-known and respected by each other. Since 1984, HPCG has had a partnership relationship with Cone Health—half of HPCG’s board of directors have been appointed by the health system. And HPCG has also had long-standing contracts with Advanced Home Care and Well•Spring. Advanced Home Care operates 28 branch locations in North Carolina, South Carolina, Virginia and Tennessee, and Well•Spring, which was opened in 1993 by a coalition of nine local churches, is regarded as a very large and comprehensive provider of retirement community services.

Throughout the past three-year process of researching, developing and starting-up PACE of the Triad, the partnership has been robust, collaborative, supportive and extremely positive among all parties. The Cone Health Foundation is not actively involved now beyond the generous grant funding they provided for the initial PACE consultant, but the Foundation remains very interested in the PACE model of care locally.
When Cone Health approached you about partnering, how did the process evolve?

All the partners informed their respective boards of directors at the time of initial inquiry and study of the PACE model, but at first no official board action was required—it was too early in the discovery process.

The study was a very careful, thorough research and analytical process that involved engaging Palmetto Senior Care, as I mentioned earlier. Palmetto was charged with completing a regional marketing assessment to determine if the local demographics of Guilford and Rockingham counties would be sufficient to support a PACE program and if so, then to help us develop a business plan and financial pro formas. We also did “due diligence” that included site visits to another nearby PACE program in Burlington, North Carolina, and one in South Carolina. We conducted conference calls with other PACE programs in the mid-Atlantic region, and our steering committee joined the National PACE Association to stay abreast of emerging trends and issues.

All partners then presented formal proposals to their respective boards for review and approval. The HPCG board reviewed all of the pros and cons of the proposal and after discussion, approved HPCG’s involvement with PACE because it was in keeping with our “innovative spirit over many years.”

What is the structure of the partnership?

The partnership became incorporated in 2009. Its structure has gone through several small changes over the past three years in terms of membership interest percentage, but currently Well•Spring has 51 percent interest; Cone Health has 22 percent; Advanced Home Care has 22 percent; and HPCG has 5 percent.

PACE of the Triad, which serves Guilford and Rockingham counties, is designated by the IRS as a 501(c)3 tax-exempt organization and, this year, we were certified as an Adult Day Health provider and approved by CMS to operate as a PACE organization. To become operational, PACE organizations must enter into an agreement with CMS and the Division of Medical Assistance.

Does each of the four partners assume responsibility for a specific range of services?

Each partner, or member organization, has a contract with PACE for patient care services. Well•Spring provides a lunch meal and two snacks; Cone Health is one of the contracted hospitals for acute care, skilled nursing facility and medical specialist services; Advanced Home Care will provide skilled nursing and personal care assistance. Our organization contracts with PACE for palliative care consultation and chaplaincy services.

Will some of your hospice staff wear dual hats, and serve PACE clients as well as hospice patients?

No, not at this time. A patient cannot be served under the Hospice Medicare Benefit and PACE at the same time.

One of the challenges in becoming a PACE provider is the start up costs. Can you discuss HPCG’s level of investment?

HPCG’s initial investment was very modest—only 5 percent of the total estimated start-up—and we have not had any additional expenses beyond this initial investment. But as the program grows, all partners will assume risk at a level commensurate with their equity share. The bottom line is that HPCG’s financial burden is very minimal compared to the other partners. Our board weighed all the pros and cons and decided it was more advantageous to join the partnership. We will be closely
monitoring to see if PACE negatively impacts referrals to hospice, although we believe there is documented unmet need for both programs—HPCG and PACE—in Guilford County, such that there shouldn’t be much overlap.

**What were the challenges that stand out most?**

Overall, the partnership to date has been very positive. Because our PACE partnership just officially began accepting participants on July 1 of this year, it is too early to discuss specific challenges. However, we have all been surprised that the amount and degree of regulatory burden (approval process, oversight, etc.) are even greater than we had expected—and greater even than in hospice care. All of the partners are focused on insuring that the economics work for the program, long term. The financial viability of a PACE program is very volume-sensitive. Therefore, our feasibility projections and financial pro formas are critical factors to monitor. We feel good about the administrative and physician leadership and the staff that has been hired to date. The focus on quality has also been excellent from day one.

**Looking back on the three years of planning involved, what makes you feel most proud?**

I am most proud that four separate organizations could work together so harmoniously for a common good—to improve healthcare and quality of life for frail elderly in our community. We all worked very hard and enthusiastically to achieve this partnership. I think it helped that we all knew and respected each other before coming together—there was a strong bond of trust among us. And I am most proud that the partnership hired Ursula Robinson, a former hospice administrator and leader, to be the new “face” of PACE of the Triad—someone who is knowledgeable about and supportive of hospice care!

**Any final thoughts for providers interested in exploring a similar partnership?**

We had four “like-minded” partners so the partnership has been very positive and collaborative, but I would not casually recommend this model. It requires partners who are all passionate about helping elderly citizens in a community remain in their own homes, maintain autonomy and attain a maximum level of physical, social and cognitive function.

All partners must also be strong financially, with access to capital and an ability to provide some in-kind expertise, support or resources in the start-up phase.

**Learn More About Pace:**

Websites:
National PACE Association

Past Conference Sessions:
Several sessions about PACE were presented at recent NHPCO conferences, and are now available on CD for just $10 each (or as MP3 files). To review or purchase the sessions, click on the hyperlink, enter the session number shown, and scroll to the session name.

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