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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.

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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, dieticians, 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.

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From the Executive Director, *Virginia Geriatric Education Center*

Iris A. Parham, Ph.D.

Every three months I have the privilege of writing this column, updating readers on what is happening at the VGEC and the Gerontology Department. During the preceding period, I had an experience that I am sure all professionals have at some time during their careers in the area of geriatrics and gerontology - the reality of caregiving for an ill elderly family member. In my case, it was my mother who had a serious health-related episode that led her to hospitalization and to short-term rehab. It was discovered that her entire hospitalization could most likely have been prevented by appropriate prescriptive work and medication management-another real life incident of the wrong medications being prescribed, and, for those medications that were appropriate, the wrong dosages. Then, there were the ensuing problems of patient management and rehab. The outcome of this entire episode is that my mother is now doing well, but we (she and her family caregivers) are now even more vigilant, proactive, and vocal about her health care. It was readily apparent to me, as a professional in this field, how important geri-atrics training could have been in this case. Geriatrics expertise in this rural area was difficult to find. During the same period, two friends and colleagues described to me their caregiving experiences for their mothers, who are both in their 80's. In each case, geriatrics knowledge was essential for appropriate care. So, what are we doing to educate the current

and future health care practitioners, and are we doing enough? These questions take on new meaning after these recent experiences.

The VGEC is completing the Geriatric Interdisciplinary Team Training (GITT) and in the last newsletter issue of this year we will list the graduates of the GITT Certificate training programs. In the last several months, staff have made presentations at GSA, AGHE, and SGS about the GITT training and other activities of the VGEC. We are completing the preparation for the (now) June videoconference on the Prevention and Treatment of Pressure Ulcers, funded by the Virginia Department of Medical Assistance Services and the Pressure Ulcer Task Force. We are also completing the last phase of training for employees of adult care residences and adult day care centers for this year's contract with the Virginia Department of Social Services. We have also recently graduated a student from Big Stone Gap (see Focus, page 6). She was recruited through our distance education program for rural areas and will go on to do wonderful things in her area. She will actually be teaching a course on aging this fall, so we cannot underestimate the importance of "training the trainers."

Lastly, as change is the norm in academia, we have the sad task of saying goodbye to our wonderful colleague and friend, Ms. Leigh Peyton. Leigh will leave her faculty position to pursue a more hands-on job in the community. As Senior Project Coordinator, she has done an excellent job and will be sorely missed. Soon to be Leigh Peyton Burke, we wish her the best in all of her upcoming life changes.

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From the Director, *Virginia Center on Aging*

Edward F. Ansello, Ph.D.

The General Assembly of Virginia has strengthened the Commonwealth's response to the pressing and diverse needs of Virginians with dementia and of the loved ones who provide care for them. In the 2000 session, recently concluded, the General Assembly raised the annual appropriation to the Alzheimer's and Related Diseases Research Award Fund (ARDRAF) from \$65,000 to \$125,000. We administer the ARDRAF for Virginia without administrative cost and can attest to its value as a stimulus for innovative pilot study research and a catalyst for subsequent large externally-funded grant awards (currently averaging \$9.75 for every \$1 of ARDRAF). Also, the Safe Return program, focusing on those with dementing illnesses who wander away, benefited in two ways. The General Assembly provided \$150,000 to the Alzheimer's Association Northern Virginia Chapter to continue for two years work which had begun with an Arlington Health Foundation grant, namely, the

education of families and community members about Safe Return. On the professional side, Virginia's Division of Criminal Justice Services is receiving \$100,000 to continue training begun two years ago of law enforcement and public safety personnel regarding the Safe Return program. The Northern Virginia Chapter of the Alzheimer's Association also received \$180,000 to offer 12-hour training programs on dementia for long-term care workers and the state inspectors of their facilities. These monies, collectively, recognize the need for multi-faceted responses to dementing illness: research, family support and education, and training of safety and direct service workers who interact with people with dementia. We are encouraged by the General Assembly's commitment to these issues. We thank those who sponsored and those who affirmed these initiatives.

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From the Commissioner, *Virginia Department for the Aging*

Ann Y. McGee, Ed.D.

The 2000 session of the Virginia General Assembly produced two exciting new initiatives that I want to share with you. First, the Governor and the General Assembly confirmed that the Department for the Aging is the statewide focal point for comprehensive information about elder rights. The Department will expand and publicize its existing national toll-free number as an elder rights hotline as well as a general information and referral number for older Virginians and their families.

In conjunction with this hotline, and at the request of Governor Gilmore, the Department is developing a new Center for Elder Rights. This Center will be a one-stop focal point for bringing together, under one umbrella, a variety of legal assistance, consumer rights, aging, and long-term care services for older Virginians and their families. The Center will include a variety of programs and services such as the Virginia Insurance Counseling and Assistance Program, a pension and retirement benefits counseling program, the Virginia public guardianship program, an attorney who prepares public and professional information and training materials, and a registry of more than 100 attorneys from across the Commonwealth who can provide free or low-cost legal services to indigent and low-income older Virginians.

The second exciting initiative is the Adult Day Care/ Respite Care Incentive Grant program which was also passed by the General Assembly. This program will provide seed grants of up to \$100,000 to communities for the development or expansion of adult day care or other services that provide respite care to

families caring for aged, infirm, or disabled adults. The Incentive Grant program encourages communities to form collaborative relationships with organizations, especially churches, synagogues, and communities of faith, that have a vested interest in families. To demonstrate this collaborative relationship, communities will be asked to form a task force of interested parties. This task force will identify those services that meet the unique needs of the families living in their community. The task force will also identify matching funds that can be in-kind or cash. Preference will be given to proposals which involve communities of faith in the planning, development, and provision of the services. The legislature appropriated \$750,000 over the biennium to fund this Incentive Grant program.

One example of the type of project that could be developed with these Incentive Grant funds would be intergenerational day care centers that would serve both children and older adults. This model has already been successfully developed in Charlottesville by the Jefferson Area Board for Aging and in several other communities across Virginia. Communities may also choose to renovate or retrofit an existing church parish hall or other community facility to be used as an inter-generational day care center, or they may choose to use the seed money to leverage local public and private funds to build a new facility.

Communities may also choose other services which provide respite to families. The Parish Nurse program is another model of respite care which is used in churches and synagogues with large aging populations. The Parish Nurse program is a concept in which communities of faith hire a registered nurse to monitor the physical, psycho-social, and spiritual needs of the older members of their congregations.

I have been pleased with the attention that both Governor Gilmore and the members of the General Assembly have given to aging issues. The initiatives described above are just two examples of the Commonwealth's commitment to its older citizens. As you know, the Governor's Executive Budget contained \$20 million in funding for various aging issues, particularly raising the reimbursement rate for Certified Nursing Assistants. In addition to the Governor's budget, many members of the General Assembly adopted the Senior Citizens Bill of Rights, which contains a variety of initiatives targeted to older Virginians.

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Focus on the Virginia Geriatric Education Center

Patti Vanhook

Patti Vanhook, RN, MSN, RNP, is an adjunct faculty member in the Department of Gerontology and has a long history with the Virginia Geriatric Education Center (VGEC). Patti was the first graduate of the Certificate in Aging Studies program from the Southwest Virginia area (December, 1999). The program is offered through the VGEC, Department of Gerontology. This summer, Patti will be teaching Social Gerontology at Mountain Empire Community College in Southwest Virginia as part of the Certificate in Aging Studies at VCU.

Patti received her Master of Science in nursing from East Tennessee State University. She is the Coordinator for the Neurovascular and Stroke Center at Indian Path Medical Center in Kingsport, Tennessee. A Family Nurse Practitioner with a special interest in geriatrics, Patti also serves as an advocate for stroke patients, their care and rehabilitation, and their families. The major barrier Patti faces in her role is ageism. Through professional, family, patient, and community education, she hopes to be a change agent for the complex population she serves. Patti was a life-long resident of Southwest Virginia until December 1998, when she and her husband moved to Kingsport, Tennessee. They have been married for two years and have two children.

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Focus on the Virginia Center on Aging

Constance Coogle

Constance Coogle, Ph.D., is the Assistant Director for Research at the Virginia Center on Aging and Assistant Professor in the Departments of Gerontology and Psychology at Virginia Commonwealth University. She is also Director of Evaluation for the geriatric interdisciplinary team training grant being conducted by the Virginia Geriatric Education Center with support from the Bureau of Health Professions, Health Resources and Services Administration (DHHS). Since 1997, Dr. Coogle has administrated the Alzheimer's and Related Diseases Research Award Fund for the Commonwealth of Virginia, and she is a current member of the Governor's Alzheimer's Disease and Related Disorders Commission.

An accomplished experimental psychologist, Dr. Coogle has conducted aging research and training since joining the Center in 1989. Her extensive grant-

funded experience encompasses work as Evaluation Director, Co-Investigator, or Principal Investigator on more than ten competitively-supported projects in a variety of content areas. Her areas of interest include family caregiving, Alzheimer's disease, geriatric alcoholism, rural and minority aging, and lifelong disabilities.

Over the last five years, she has served in a leadership capacity for the Southern Gerontological Society. She is President-Elect of the Alzheimer's Association-Greater Richmond Chapter, and Vice-Chair for the Capital Area Agency on Aging Foundation Board.

Dr. Coogle sees a need for more comprehensive data on older Virginians. "The upcoming U.S. Census will certainly provide more current information on the number of older Virginians," she said. "But many of the specifics that would be helpful to human service agencies in their planning will not be forthcoming from the Census," she concluded.

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Virginia Association on Aging Update

John Skirven

The Virginia Association on Aging (VAA) has begun the new century with renewed energy and exciting plans to accomplish its mission of providing a common meeting ground for citizens, students, advocates, and professionals from across Virginia who are concerned about issues that impact older citizens and their families.

According to Todd Acker and Lois Wyatt, Immediate Past Presidents, "VAA offers its members a great array of educational and networking opportunities." "Our new and returning Board members span the Commonwealth and connect VAA members to colleges, universities, the Cooperative Extension Service, Area Agencies on Aging, and the private sector," states John Skirven, President.

"Our task now is to increase our membership so that people can take advantage of these opportunities for communication, education and professional development. We especially want to reach students. Through VAA they can get the inside scoop on jobs in the field of aging, and we are expanding our \$1,000 scholarship awards program for students in Gerontology/ Geriatrics," reports Dr. Benjamin Dobrin, Awards Committee Chair.

"The planning for the Year 2000 Annual Conference, which will be held on October 19-20, 2000 in Williamsburg, is well under way. We are developing a

web site and our newsletter will be published again this spring,” Skirven added.

VAA is launching a **"Millennium Special" membership offer**. Unveiled at the March, 2000 Board meeting, the Millennium Special offers an extended membership year through September 30, 2001 for new and previous VAA members. Anyone who joins VAA after April 3, 2000 will be a voting member eligible for all member benefits through September 30, 2001. The normal membership year is October 1 through September 30, so people joining will get “free” months between now and the start of the regular year. VAA’s affordable dues are as follows:

Individual Membership:	\$15/year
Senior Membership (60+):	\$10/year
Student Membership:	\$5/year
Institutional Membership:	\$40/year

For more information about the Millennium Membership special, write to VAA, c/o CAAA, 24 E. Cary St., Richmond, VA 23219 or ruth97@richmond.net.

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Virginia Guardianship Association Seeking Members

Membership in the Virginia Guardianship Association (VGA) is available on an individual or organizational basis.

- Individual Membership (\$30) entitles you to receive a Membership Roster, issues of the VGA Newsletter, discounted registration for the annual conference, and voting privileges on Association business.
- Organizational members (\$50) receive discounted registration for the annual conference for all of their staff and may select a second designee to receive mailings such as the Membership Roster, the VGA Newsletter, and conference announcements.

For further information, contact VGA at (804) 828-9622.

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Geriatric Alcohol Abuse and Alcoholism: Current Issues and Future Directions

- Aren't most older alcoholics homeless derelicts and skid row bums?
- Can't drinking be a comfort for older people as they lose their social roles, family members or friends?
- Shouldn't elders in nursing homes be allowed to drink alcohol as a way of coping with decreased functioning and pain?
- Isn't it nearly impossible to end the dependence on alcohol in older adults who have been drinking all of their lives?

If you tend to agree with these questions, you're not alone. Too many people hold these stereo-types that have come to characterize older drinkers. In a recent issue (Spring, 1998) of the *Southwest Journal on Aging*, Special Guest Editors Drs. Constance Coogle (of the Virginia Center on Aging) and Nancy Osgood (of VCU's Department of Gerontology) presented the most recent thinking and research findings of their colleagues who address the questions above. They discussed the treatment alternatives, psychosocial consequences, adverse alcohol/medication interactions, and policy implications related to geriatric alcohol abuse. Drawing on their backgrounds in education and training, Drs. Coogle and Osgood also focused on advances in preventing and detecting drinking problems in the older population with a section that details some of the best practices in this needed area of endeavor. Targeted to professionals practicing in the fields of aging, health, and substance abuse, this issue is compelling enough to be of interest to researchers, families, and older adults who want a snapshot of current issues and suggested future directions for progress in this area.

The Virginia Center on Aging is making single copies of the issue available without cost to residents of Virginia. Contact VCoA at (804) 828-1525 or write to Virginia Commonwealth University, P.O. Box 980229, Richmond, VA 23298-0229, ATTN: SWJA Special Issue.

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***Age in Action* Receives SGS Print Media Award**

Age in Action has been recognized by the Southern Gerontological Society (SGS) for its outstanding contribution to aging-related education. SGS presented the Print Media Award to Age in Action's editor, Kimberly Smith, at its Annual Meeting in Raleigh, North Carolina, on April 2, 2000. Awards Chairman Richard Tucker of the University of Central Florida stated that Age in Action "will henceforth be the gold standard against which other periodicals will be judged." The Directors of the three organizations that publish Age in Action warmly congratulate Kim for the dedication and hard work that made this award possible.

*Ed Ansello
Iris Parham
Ann McGee*

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Article Reviews

Kimberly S. Smith

Huber, R., Borders, K., Netting, F.E., & Kautz, J.R. (2000). *Interpreting the meaning of ombudsman data across states: The critical analyst-practitioner link*. Journal of Applied Gerontology 19(1), 3-22.

The Long-Term Care Ombudsman Program (LTCOP), established by Congress in the early 1970s, has long been in need of an improved complaint reporting system that would allow data to be compared across as well as within states. In 1994, the Administration on Aging (AoA) awarded a two-year grant to Ruth Huber of the University of Louisville that led to the development of OmTrak software now in use in 14 states. In this article, data from four anonymous states are presented. The data represent 3,535 complaints collected between October 1, 1994 and September 30, 1995.

Although the data presented do show comparisons between states, the authors stress the importance of using context for accurate interpretation. Because of differences in state policies and beliefs of individual ombudsmen, data do not necessarily mean what they may imply. For example, one figure shows the differences among the four states in who actually lodged complaints. The figure shows that no complaints in "State B" came from ombudsmen, but between 5% and 22% of complaints in the other three states came from ombudsmen. If taken out of context, it appears that the ombudsmen in "State

B” are not doing their job. However, ombudsmen in this state are legally prevented from lodging complaints.

This article succeeds in providing an overview of the LTCOP and the need for improved data collection. The OmTrak program is a good beginning in cross-state comparisons; but caution is warranted when interpreting these data, for context and knowledge of the policies affecting each state’s ombudsman program are required to understand the results. Ombudsmen are being trained to enter data accurately and consistently, so there is promise of more robust information.

The authors conclude by stating that “comparable data will strengthen the advocacy efforts of ombudsmen,” but that “it is important for the persons who interpret these data to have close linkages with state and local ombudsmen....an open relationship between analyst and practitioner is an absolute necessity.”

Steffen, A.M., Tebb, S., & McGillick, J. (1999). *How to cope: Documenting the changing information needs of Alzheimer’s caregivers*. American Journal of Alzheimer’s Disease, 14(5), 262-269.

In 1987, the St. Louis Chapter of the Alzheimer’s Association developed the award winning “How to Cope” program for family caregivers. Meant to be replicated, it consists of videotapes, brochures, and a training manual formatted into four two-hour sessions held one week apart on topics related to caregiving.

Because of emerging research, resources, and changing technology, the St. Louis chapter decided in 1995 to evaluate the “How to Cope” program and revise the training manual. Employing telephone surveys and two focus groups, the chapter found the program to be highly regarded by participants. Based on participant input, some changes are being implemented: two additional program formats have been adopted, i.e., two 2 1/2-hour sessions close together or three 2-hour sessions over three weeks; increased interaction between caregivers and facilitators will be promoted; and there will be homework assigned between sessions. As a student of adult education, I appreciated the evolution of this program in response to discovered needs.

Older Women and Breast Cancer: Virginia is *PRO*active

Carol L. Stanley, M.S.

Breast cancer is the leading cause of cancer incidence and the second leading cause of cancer death for women in the United States, with an estimated 178,700 new cases and 43,700 deaths expected to have occurred in 1998. That year, there were an estimated 1,100 breast cancer deaths among women in Virginia.

Breast cancer becomes more prevalent with increasing age; more than half of breast cancers occur in women 65 years of age and older. A review of the medical literature finds that older women do not recognize that increased age is the strongest risk factor for breast cancer, nor do they recognize that, if diagnosed early, breast cancer can be treated with the greatest likelihood of cure. It is estimated that one out of 2,525 30-year-old women will have breast cancer. The incidence increases with each decade of life, such that up to one out of 10 80-year-old women is likely to have breast cancer.

Results of randomized control trials in the United States and Europe clearly indicate that use of regular screening mammography can reduce breast cancer mortality (deaths) by 20% to 40% for women aged 50 and over. The National Cancer Institute (NCI) recommends a screening mammogram every one to two years for women ages 40 and older and annually after age 50.

However, summary results of various studies indicate that only 30% to 60% of women over the age of 50 undergo routine mammography. Based on provisional Medicare claims data from 1997-1998, only 45% of female Medicare beneficiaries in Virginia ages 65 and older had a mammogram. Although this rate is comparable to the national average for this age group, there is clearly room for improvement.

The Virginia Health Quality Center (VHQC), Virginia's federally-designated Medicare Peer Review Organization (PRO), initiated two health care quality improvement projects in 1997 to increase mammography utilization. The projects took a multifaceted approach to increasing mammograms among Virginia's female Medicare beneficiaries, targeting Virginia counties and cities at highest risk for poor breast cancer outcomes. The VHQC sent a direct mailing to more than 30,000 women that included a book-mark produced by the Health Care Financing Administration (HCFA), the federal agency that

administers the Medicare program. The mailings were designed to encourage the use of mammography and to inform beneficiaries about the change in Medicare's coverage.

On January 1, 1998, Medicare expanded its coverage of screening mammography to once every year for all female Medicare beneficiaries ages 40 and older. Beneficiaries have to pay only a 20% co-payment; meeting the deductible is not required.

The VHQC also sent to more than 300 physicians baseline data on the proportion of their female Medicare patients who had received a mammogram during the 1997-1998 study period. Physicians and their office staff also received a VHQC-designed "project-in-a-box" that contained a reminder system and other items that physicians and staff could use as prompts to recommend mammography to their patients. The VHQC chose this intervention because the research clearly shows that physician recommendation is the leading reason why women obtain mammograms.

After the VHQC's interventions, mammography rates increased by 12.9% in one project and 10% in the other.

Recently, the VHQC expanded its leadership role in mammography promotion nationwide. In January 1999, HCFA awarded the VHQC a contract to provide clinical support services for HCFA's national breast cancer project, designed to increase mammography use among female Medicare beneficiaries; the VHQC's role is to assist HCFA and provide resources to all other PROs in 52 U.S. states and territories.

Increasing mammography utilization in Virginia is one of the VHQC's top priorities. There is no "magic bullet" to remedying the underutilization of mammograms, nor can the VHQC accomplish this task alone. A multifaceted approach, with a variety of intervention strategies, is needed to reach Virginia's diversified older female population. In addition to increasing media awareness and developing partnerships, specific interventions may include:

- supplying data to health care providers,
- developing lay health worker programs,
- disseminating information through churches,
- training community leaders to promote mammography,
- furnishing physicians and their office staff with patient and physician reminder systems, and
- providing mammography centers with patient education

materials and appointment reminders.

Partners also are vital for increasing awareness and reinforcing the important message about mammograms to older women. One of the VHQC's partners is the Cancer Information Service (CIS), a program of the National Cancer Institute. The CIS provides educational resources on mammography and assists the VHQC in identifying successful outreach strategies for older women. Recently, the VHQC and the CIS mailed packets to Virginia's senior centers that included HCFA- and NCI-produced educational materials about mammograms.

A list of resources and answers to specific, cancer-related questions can be obtained by calling 1-800-4 CANCER, the CIS's national information telephone service.

You and/or your organization also can be a partner by distributing educational materials, educating health care providers, providing transportation to mammography appointments, conducting media advocacy, and organizing community presentations. Even simply reminding the older women you know to have yearly mammograms could save lives.

The VHQC encourages you to join in the fight against breast cancer. If you want to partner with the VHQC, need a speaker, or have other ideas for reaching older women with the important message about detecting breast cancer early, please contact Carol L. Stanley, M.S., project manager, VHQC, at (804) 289-5320 or toll-free at 1-800-545-3814.

1) Cancer Facts and Figures - 1998, American Cancer Society.

2) Cancer Facts and Figures - 1998, American Cancer Society.

3 & 4) National Cancer Institute, Surveillance, Epidemiology, and End Results Program, and American Cancer Society, 1993.

5) National Breast Cancer Project: A Comprehensive Resource Guide, Virginia Health Quality Center, 1999.

Calendar of Events

May 15-17, 2000

Eighteenth Annual Seminar on Older Persons. Sponsored by the Southwest Virginia Higher Education Center on the campus of Virginia Highlands Community College, Abingdon, VA. Must register by May 1st. For info. write to Southwest Virginia Training Consortium, PO Box 976, Abingdon, VA 24212.

May 17, 2000

Choice...Independence..Dignity. 17th Annual Conference of the Maryland Gerontological Assoc. Omni Inner Harbor Hotel, Baltimore, MD. For info. call (410) 560-5628.

May 19, 2000

Spring Legislative Forum of the Virginia Coalition for the Aging. Holiday Inn Koger Center, Richmond, VA. For info. call (804) 732-7020.

May 24-26, 2000

Honor the Past, Imagine the Future. 27th Annual Spring Conference & Trade Show of the Virginia Association of Non-profit Homes for the Aging (VANHA). The Homestead, Hot Springs, VA. For info. call (804) 965-5500.

June 5-6, 2000

Bridge Building 2000. 6th Annual Conference of the Virginia Coalition for the Prevention of Elder Abuse. Virginia Beach Resort & Conference Center, Virginia Beach, VA. For info. call (804) 692-1260.

June 7-11, 2000

Rural Aging: A Global Challenge. Presented by the West Virginia University Center on Aging. Charleston Civic Center, Charleston, WV. For info. call (304) 293-0628.

June 14, 2000

The Prevention & Treatment of Pressure Ulcers. Statewide videoconference to be broadcast at multiple sites across Virginia. 8:30 a.m. - 4:00 p.m. For info. contact Katie Benghauser at (804) 828-9060.

June 26, 2000

Alzheimer's and Related Diseases Research Award Fund: Discovering Treatments & Improving Care of Virginians with Dementia. Sponsored by

VCoA. Sheraton Park South, Richmond, VA. For info. contact (804) 828-1525 or kspruill@hsc.vcu.edu.

July 9-12, 2000

A New Beginning for Positive Aging. 17th Annual Summer Series on Aging. Sponsored by the University of Kentucky Sanders-Brown Center on Aging. Hyatt Regency Hotel, Lexington, KY. For info. contact (606) 257-8301 or mumsch@pop.uky.edu.

July 9-18, 2000

With Change in Mind: Pivotal Research and Creative Care. World Alzheimer Congress 2000. Hosted by the Alzheimer's Association, Alzheimer's Disease Inter-national, and the Alzheimer Society of Canada. Washington Hilton & Towers, Washington, DC. For info. contact (312) 335-5813 or alzheimers2000@alz.org.

August 21-24, 2000

FCOA 2000: The Conference. Sponsored by the Florida Council on Aging. Tampa Marriott Waterside, Tampa, FL. For info. contact (850) 228-8877 or fcoal@aol.com.

October 7, 2000

Memory Walk 2000. Annual benefit for the Alzheimer's Association - Greater Richmond Chapter. For info. call (804) 967-2580.

April 4-7, 2001

Aging's Traditions, Transitions, Technologies: The Southern Touch. 22nd Annual Meeting of the Southern Gerontological Society. Marriott's Griffin Gate Resort, Lexington, KY. Deadline for Submission: October 16, 2000. For info. contact (423) 439-6275 or lloyd@atsu.edu.

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Alzheimer's and Related Diseases Research Award Fund: Discovering Treatments and Improving the Care of Virginians with Dementia

June 26, 2000

Sheraton Park South Hotel, Richmond, VA

Keynote Address by Zaven S. Khachaturian, Ph.D.

Governor's Alzheimer's Disease and Related Disorders Commission, "A

Blueprint for the Commonwealth's Response to Dementia," to be presented by
Ian Niemi Kremer, Esq.

Confirmed panelists include: Donald J. Abraham, Ph.D., Paul F. Aravich, Ph.
D.,
Frank J. Castora, Ph.D., J. James Cotter, Ph.D. , Daniel J. Cox, Ph.D., Suzanne
Holroyd, Ph.D., Shannon Jarrott, Ph.D., Carol A. Manning, Ph.D., Patricia W.
Slattum, Pharm.D., Ph.D., Russell H. Swerdlow, M.D., Patricia A. Trimmer, Ph.
D.

Presented by the Virginia Center on Aging.

Co-sponsored by the Alzheimer's Association - Greater Richmond Chapter,
Southerland Place - A Personal Care Residence, Brighton Gardens by Marriott,
and Sunrise Assisted Living of Richmond.

For details, contact Kimberly Smith at (804) 828-1525 or kspruill@hsc.vcu.edu.