Home Sweet Medical Foster Home: A Program Evaluation to Understand Why Veterans Choose this Substitute for Nursing Home Care

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Background: Medical Foster Home

- Veterans are NH-eligible but prefer to receive care in a private home from an around-the-clock caregiver
- Rapidly expanding VA alternative to nursing home (NH) placement for Veterans
  - 1,245 participants since program began in 2008 (piloted in 2000 & 2004)
  - 3 sites in 2008 “Support at Home – Where Heroes Meet Angels” Initiative
  - As of March 2010, 67 total sites are currently in some phase of initiating a program in 36 states
Background: Medical Foster Home

- May 2011 VA announced plans to fund 35 new MFHs
- Only 1 of 10 veterans referred to program enroll
- Veteran assumes room and board charges
  - $1500-$3000 monthly paid directly to the MFH caregiver
  - Contract is negotiated between veteran and caregiver
  - VA provides Home Based Primary Care, oversight and MFH coordination at a cost of approximately $1500 per month to the VA
Background: Medical Foster Home

• Majority of Veterans remain in the MFH until death or transition to a less restrictive care setting (ALF, home with family)

• < 15% require NH placement

• One in four Veterans are Priority 1A, which means VA would pay monthly NH costs ranging from $6,960-$25,830 - potential cost savings to VA

• However <10 Veterans in 70% of MFH programs
Background: Medical Foster Home

• Caregivers are pre-screened; Most have extensive care giving backgrounds
• Up to 3 veterans/people who are receiving care can live in one MFH
• MFH Coordinator conducts unannounced home visits and checks in with veterans
• MFH Caregiver is responsible for housing, food, clothing, & entertainment for veteran
How VA hopes that MFHs benefit

VA & Veterans

• VA
  – Fulfills mission to Put Veteran First
  – Provides a valued national alternative to nursing home care, reduces VHA budget for Long Term Care (LTC)
  – Working with HBPC, reduces inpatient days, urgent care visits and beneficiary travel

• Veteran
  – Provides high Veteran satisfaction in a safe, monitored, personalized environment
  – MFH provides meaningful way to delay/avoid NH care, reducing burden on family
Conducted in summer 2011 to identify Veteran characteristics that contribute to selecting or rejecting MFH placement & to explore quality of care by conducting in-person interviews and focus groups with:

- Veterans
- Caregivers
- Family Members
- MFH Coordinators
- HBPC Team Members
- Family Members of veterans who declined placement
Breakdown of participants

<table>
<thead>
<tr>
<th>MFH Coordinator</th>
<th>Focus Groups</th>
<th>Veterans</th>
<th>Family Members</th>
<th>Caregivers</th>
<th>Family Members of Decliners</th>
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<tbody>
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<td>N = 1</td>
<td>N = 9 and N = 14</td>
<td>N = 2</td>
<td>N = 4</td>
<td>N = 3</td>
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• 2 Focus Groups: National Medical Foster Home Coordinators & Program Assistants; Denver Home Based Primary Care team
• 13 individual interviews
• Interviews conducted by 2 qualitative researchers; Focus groups facilitated by experienced qualitative researcher
Interviews/Focus Groups

- Interview guides were formed around six main areas:
  - Predisposing Characteristics/Enabling Factors
  - Health Care Needs
  - Quality
  - Safety
  - Cost
  - General opinions on MFH

- Focus Group guides were formed around those areas and:
  - Key Ingredients
  - Barriers to recruitment/retention
  - Recruitment of caregivers

- Guides were edited following the first interview in each category
Analysis

- Transcribed verbatim
- Coded in ATLAS-ti
- 5 transcripts coded by both interviewers; Consensus reached; One interviewer coded remaining transcripts
- Deductive: A-priori coding from question guides
- Inductive: Allowed new codes to emerge
- Discrepancies discussed and revisions made
- Senior qualitative researcher read transcripts and gave recommendations
- Synthesized into conceptual framework
Preliminary Results
Initial Themes

“Balance” between facilitating factors and barriers to MFH entry determines whether or not MFH is a good fit.

– Environment

– Relationship between caregiver, family and veteran: The Match

– Perceptions, opinions, and expectations about MFHs and needs of veterans

– Concerns and Challenges
Environment

• Veterans and Families: High level of satisfaction with environment
• Own rooms
• Wheelchair accessible
• Believed to be safe (veteran):

“Right now I would give it (safety) a 10. Caregiver is one of these people who is just ‘this is my mission.’ So... I don’t know if ... all the caregivers are like that but she seems exceptional.”
Relationship with Caregivers

• Veteran: “Well it is like living at home...(caregiver) will take me places or she takes me to shop with her, if I want to go...she shops for me and everything because I’m all alone, you know. But it’s just natural...like home...living at home...be the same care you would get there or better.”
Relationship with Caregivers

- Family member: “I think the caregiver’s personality rubbed...us the wrong way because when we offered to bring clothes or towels... “No, no, we don’t need them, we don’t need those old things...” (caregiver) had...own opinion about what VETERAN needed, what VETERAN was going to provide and what we should provide. I don’t know...haircuts, you know things like, (we) were used to cutting VETERAN’s hair and so, “no, no, we don’t need a haircut, I got it all arranged. You know, we’ll take care of it.” Which is fine but it felt like our participation wasn’t welcome.”
Caregiver responding to a question about what she thinks is important to the veterans she cares for in her home:

“It’s [the care in MFH] very different than what I think happens in a clinical setting because I have been in so many clinical settings, just taking care of neighbors over the years. The thing that I want to do first and foremost is see them as the people—[it] makes me cry (crying)—to see them as the people they are; they are not their disabilities.”
Veteran referred to the program as the “Adopt-a-Vet” program (and who had an unpleasant experience in a nursing home before finding the MFH), on what he thought of when he first heard the term “Medical Foster Home”:

“What did I think of? Let me see. Well, what I thought of was I’d like to get into a decent place, a nice place. The people were friendly with me and we had some leeway. It wasn’t like being cooped up, you know.”
Perception of Costs

Family member talking about costs:

“We couldn’t afford the nursing homes and in fact, we’re almost out of money. If...we can’t get any further help then I’ll have to bring him back here with me. I won’t abandon him, I can’t abandon him...I have to take care of him, the best I can.”
Family member talking about how their veteran’s health has improved since coming into the MFH:

“He is in better shape now than he has been in the last 10 years... He also, before he went in [to the nursing home and ultimately Medical Foster Home] from injuries, he had back pain where they gave him Oxycodone and I thought they actually gave him too much; he’s pretty much completely waned off that [now, since being in MFH].”
Reasons for Declining Placement

• Accessibility issues
• Small children in the home
  “When he heard there were young children in the home, he nixed it.”
• Long distance from family member’s home to the MFH
• Unanticipated improvement in veteran’s health status
Concerns/Challenges

Family member of Veteran who Declined:

“If he’s two to three miles away, that’s fine, you know. I still want to be able to see him, if I can’t see him everyday, ok. But I want to be able to see him 3 to 4 times a week. But being way out there, you know [is too far].”
How do we conceptualize this?
Urie Bronfenbrenner’s Ecological Systems Theory

• Four levels which describe influences as intercultural, community, organizational, and interpersonal or individual.
  – macro- cultural, media, laws, economic systems
  – exo- neighbors, peers, community, friends
  – meso- institutional factors shaping the environment
  – micro- individual features and their social identity

• Founded on continuous interaction between person and environment
Social Ecological Model or Social Ecological Perspective

- Multiple effects and interrelatedness of social elements in an environment
- Study of people in an environment and the influences on one another
- Like Russian dolls – each echelon operates within the next sphere
- Environment shapes behavior
Conceptual Model: MFH from the Provider and Veteran Perspective

MACROSYSTEM/ORGANIZATIONAL
- Culture
- VA Staff
- Recruitment
- Cost
- VA Policies

EXOSYSTEM/COMMUNITY
- Neighbors
- Friends
- VA Staff

MESOSYSTEM/INTERPERSONAL
- Family
- MFH Caregiver
- HBPC
- MFH Coordinator
- Safety
- SCI
- MHICM

MICROSYSTEM/INTRAPERSONAL
- Location
- Physical Space
- Other Veterans in Home
- MFH
- Sense of Place
- Community Home Care
- Other Veterans in Home Care

Legend
- MIICM Mental Health Intensive Case Management
- HBPC Home Based Primary Care Program
- SCI Spinal Cord Injury Program
Aim 1 of Proposed MFH Grant

• Further understand how veterans decide to receive care in MFH rather than traditional settings
  – Compare veterans in 3-high enrollment MFHs to veterans in NHs in the same areas (demographics, diagnostic, function, and cognitive characteristics)
  – In-person interviews with veterans (n=30 enrolled and n=30 declined)
  – In-person interviews with VA administrative and clinical program officials during site visits at 3-high enrollment and 3-low enrollment MFHs
Aim 2 of Proposed MFH Grant

• Assess whether MFH is a safe alternative to NH
  – Compare adverse events rates among MFH veterans to propensity matched veterans in NHs who are eligible for MFH but in NHs
Aim 3 of Proposed MFH Grant

• Costs associated with MFH
  – Calculate VA costs for MFH care, including non-programmatic in and outpatient costs
  – Compare this with MFH-eligible veterans living in NHs
  – Estimate total costs of MFH compared to non-MFH care
• If Veteran characteristics associated with successful enrollment can be identified, MFH staff may be able to improve enrollment efficiency and identify types of Veterans not currently served by the program who might be well-served

• Information gathered will be disseminated across a broad audience ranging from front-line staff to national policy makers to attempt to improve recruitment strategies and ensure that MFHs are a safe and cost effective alternative to NH care
Questions?