

September Veteran Directed Care Quarterly Educational Webinar

September 30, 2020

Agenda

- Welcome and Announcements from the Administration for Community Living (ACL)
- Veterans Health Administration (VHA) Announcements
- Veteran Directed Care (VDC) Evaluation: Overview
- VDC Evaluation Part 2: Impact of VDC on Veterans' Health and Healthcare Utilization
- Question and Answer
- Closing

Announcements from ACL



**Caroline Ryan, Manager of VA
and CMS Partnerships and
Innovation**
Office of Interagency Innovation

Announcements from VHA Regarding VDC



Daniel Schoeps,
Director, VA Purchased
Long-Term Services and
Supports

VDC Evaluation: Overview of Webinar Series

- VDC evaluation funded by VA and conducted by:
 - ▶ VA's Partnered Evidence-Based Policy Resource Center (PEPReC),
 - ▶ Center of Innovation in Long-Term Services and Supports (LTSS-COIN), and
 - ▶ The Center of Innovation to Accelerate Discovery and Practice Transformation (ADAPT).
- Findings from the evaluation will be presented over multiple webinars
 - ▶ Building VDC Partnerships (occurred on July 15)
 - ▶ Impact of VDC on Veterans' Health and Healthcare Utilization
 - ▶ Experiences of Veterans and Caregivers

Reflection Questions to Consider

- Does your VDC program collect and monitor data on Veterans including key demographics, satisfaction, and healthcare utilization (e.g. ED visits, NH use, inpatient admissions)?
- Does your VDC program use this data to advocate for growth, expansion, or continued support for the VDC program at your partnering VAMC(s)?



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Melissa Garrido, PhD

Veteran Directed Care Evaluation: Health Care Costs and Utilization

September 30, 2020



VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Research & Development

Bottom Line Up Front

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- Veterans who enroll in Veteran Directed Care (VDC) are more medically complex than Veterans who enroll in other VA purchased care programs (homemaker/home health aide, home respite, contract adult day healthcare)
- Compared to users of other purchased care programs, users of VDC have:
 - Larger decreases in VA nursing home admissions from pre to post-enrollment in purchased services
 - Similar trajectories of hospital use and costs over time
- VDC may have a larger benefit over other purchased care programs in rural areas
 - In rural areas, users of VDC have larger decreases in hospital use and emergency department (ED) visits over time than users of other purchased care programs

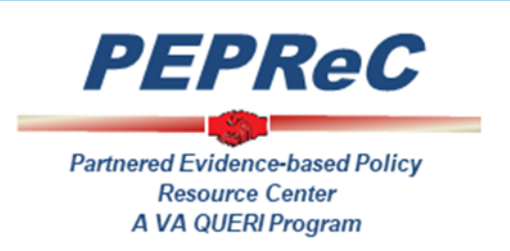
Evaluation Partners

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- Veterans Health Administration Office of Geriatrics & Extended Care
- Administration for Community Living
- Partnered Evidence-based Policy Resource Center (PEPReC)
- Center of Innovation in Long Term Services and Supports
- Center for Health Services Research in Primary Care
- VA Caregiver Support Evaluation Initiative (VA-CARES)
- The Lewin Group
- Applied Self Direction

Acknowledgements



ORGANIZATION OF CARE

By Yingzhe Yuan, Kali S. Thomas, Austin B. Frakt, Steven D. Pizer, and Melissa M. Garrido

Users Of Veteran-Directed Care And Other Purchased Care Have Similar Hospital Use And Costs Over Time

- QUERI PEC 16-001
- HSR&D SDR 16-196

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Veteran-Directed Care Recipients Living in Rural Areas Have Fewer Incidents of Potentially Avoidable Health care Use Compared to Recipients of Other Purchased Care Services

Y. Yuan^{1,2}; M. Price¹; K. Thomas^{3,4}; C. Van Houtven^{5,6}; M. Garrido^{1,2}

¹PEPReC, Boston VA Healthcare System, Boston, MA, United States;

²Boston University School of Public Health, Boston, MA, United States;

³Brown University School of Public Health, Providence, RI, United States; ⁴Providence VA Medical Center, Providence, RI, United States;

⁵Durham Veterans Affairs Health Care System, Durham, NC, United States; ⁶Duke University, Durham, NC, United States

Evaluation – Background



- Participant-directed care associated with
 - Improved participant and caregiver satisfaction with care
 - Fewer unmet needs for assistance with activities of daily living
 - Reduced caregiver physical and emotional strain
- VDC is popular among Veterans and caregivers
- Promising early reports that VDC may be associated with reductions in preventable health care use

Evaluation – Goals



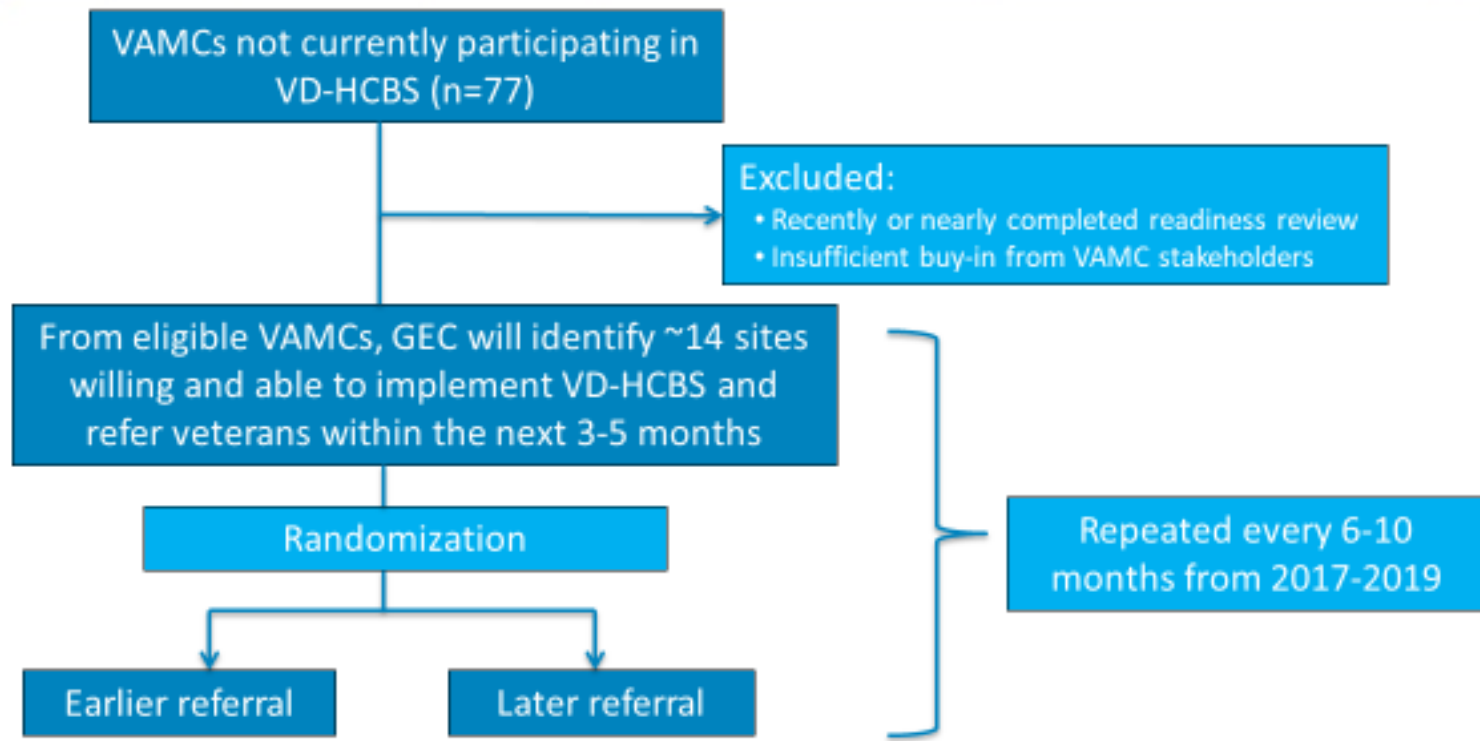
- Determine the extent to which VDC enrollment is associated with:
 - Reduced inpatient admissions, emergency department visits, and nursing home admissions
 - Reduced costs associated with inpatient admissions
- Understand whether outcomes differ for users of VDC who reside in rural vs urban areas

Evaluation – History

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- Evaluation plans originally called for a prospective, randomized trial of Veteran Directed Care



Garrido et al. Innovation in a learning health care system: Veteran-Directed Home-and Community-Based Services Journal of the American Geriatrics Society 2017; 65: 2446-2451.

*Veteran Directed Care used to be known as Veteran-Directed Home-and Community-Based Services (VD-HCBS)

Evaluation – Hospitalizations and Related Costs



- Sample: 37,407 Veterans receiving at least one VHA purchased care service in Fiscal Year (FY) 17 in one of 38 VA medical centers (VAMC)
 - VA purchased care services: VDC, Homemaker and Home Health Aide, Home Respite, and/or Contract Adult Day Healthcare
 - 38 VAMCs: 21 sites with active VDC programs in FY17 and 17 sites without active VDC programs
- Primary Outcomes:
 - Monthly incidence of an acute care admission at a VAMC
 - Hospitalization costs per month for each patient
- Analytic Strategy: Differences in outcomes from before to after initial VDC enrollment were compared to differences in outcomes from before to after initial enrollment in other purchased care programs in FY17

Characteristics of Enrollees in VDC and other Purchased Care Programs

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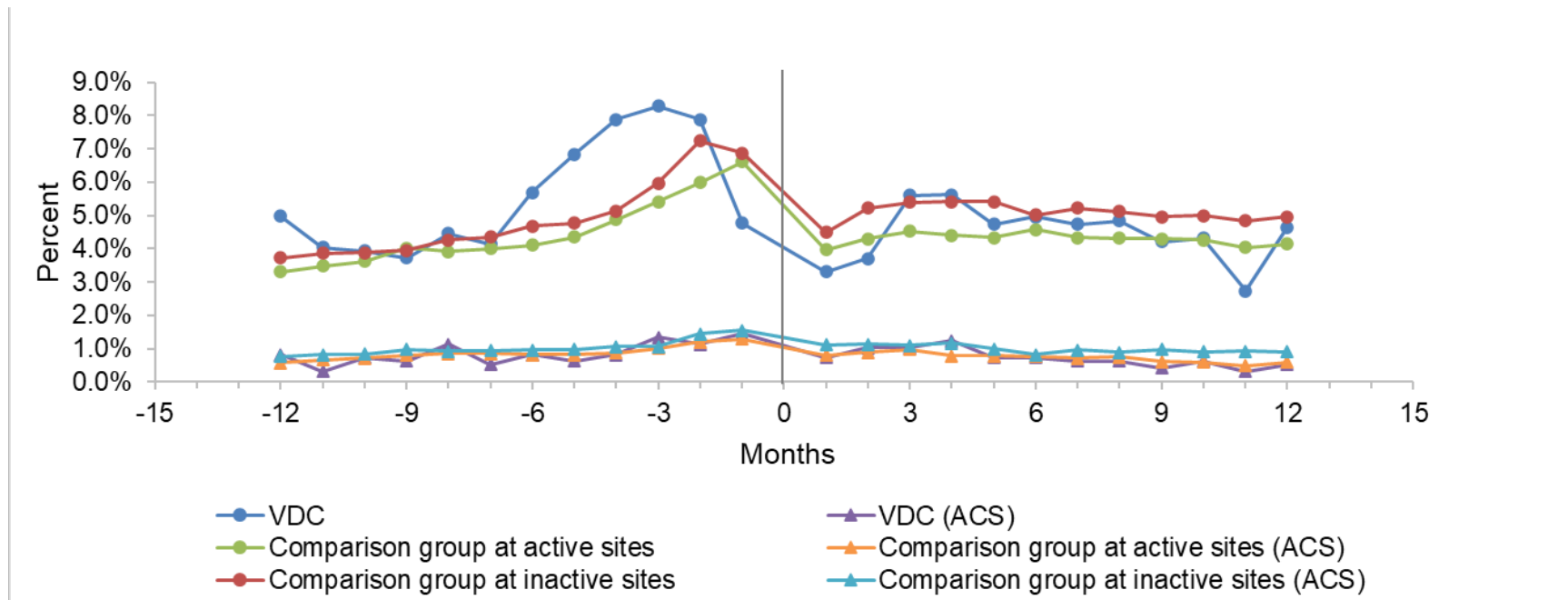
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Characteristic	VDC Enrollees (n = 965)	Other Enrollees – Sites with VDC (n = 21,117)	Other Enrollees – Sites without VDC (n = 15,325)
Age	74	77	76
Aid & Attendance Receipt	19.7%	14.5%	13.7%
Traumatic Brain Injury	2.5%	1.6%	1.5%
Dementia	26.6%	26.7%	26.3%
Spinal Cord Injury	6.9%	3.2%	2.4%
Number of comorbid conditions	4.3	4.2	4.5
NOSOS Risk Score	3.8	3.0	3.3
CAN Score	0.11	0.12	0.12
Mortality in 12-month follow-up period	22.6%	21.7%	22.2%

Similar Changes in Hospital Use Over Time

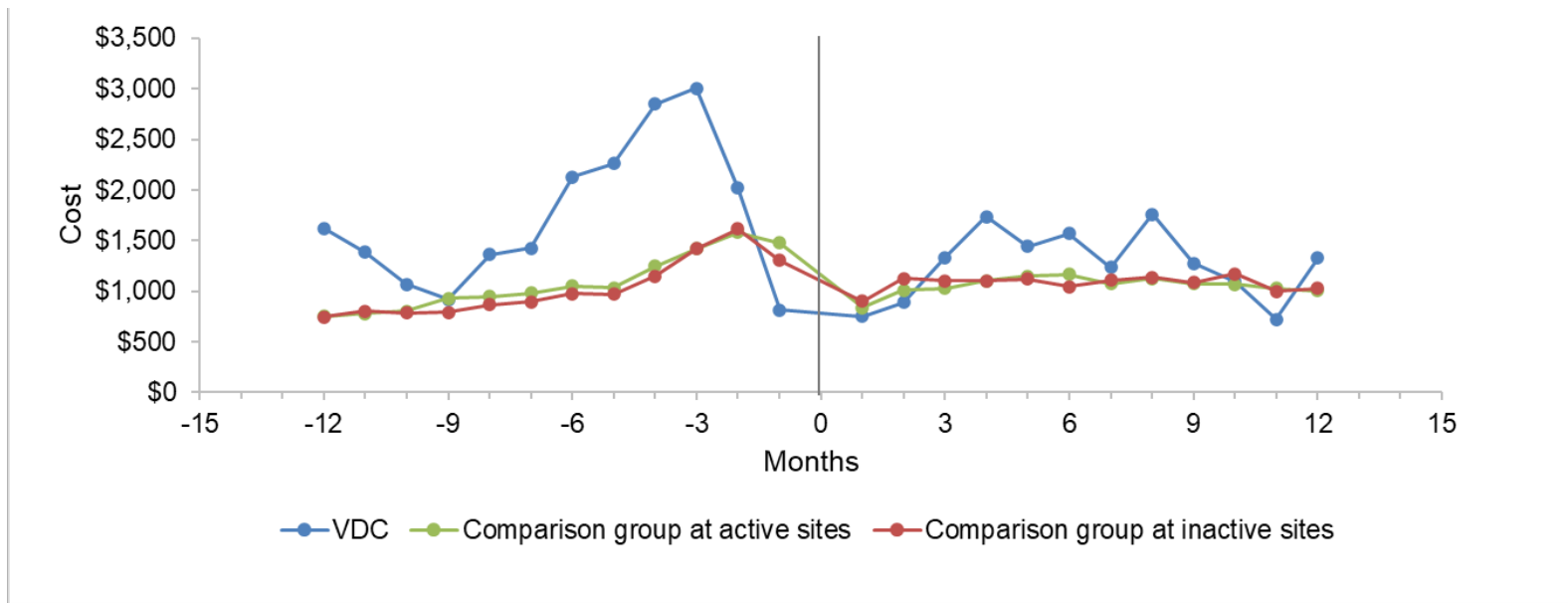
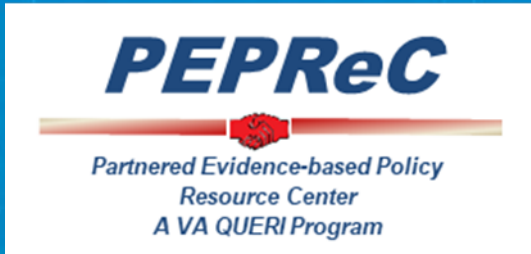
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NOTE VDC: Veteran-Directed Care; ACS: Ambulatory-Care Sensitive; VDC group (N = 965); Comparison group at active sites (N = 21,117); Comparison group at inactive sites (N = 15,325)

Similar Changes in Hospital Costs Over Time



NOTE VDC: Veteran-Directed Care; ACS: Ambulatory-Care Sensitive; VDC group (N = 965); Comparison group at active sites (N = 21,117); Comparison group at inactive sites (N = 15,325). Cost represents mean inpatient care cost per Veteran per month

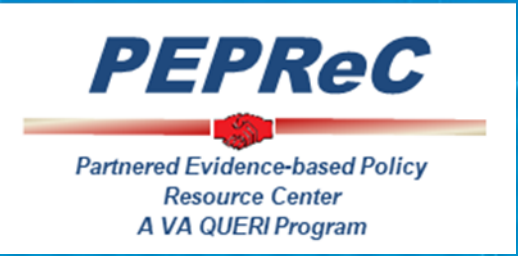
Results – Hospitalizations and Related Costs

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- We found similar decreases in all-cause hospital use and costs from pre- to post-enrollment in VDC and other purchased care services despite VDC enrollees being more medically complex
- VDC is a valuable option for supporting Veterans with multiple chronic conditions and their caregivers

Evaluation – Urban/Rural Differences in Health Care Utilization



- Sample: 37,395 Veterans receiving at least one VHA purchased care service in FY17 in one of 38 VA medical centers
- Primary Outcomes:
 - Monthly incidence of an acute care admission at a VAMC
 - Monthly incidence of nursing home admissions per month (CLC, contract nursing home, state Veteran home)
 - Monthly incidence of VA emergency department (ED) per month
- Analytic Strategy: Differences in outcomes from before to after initial VDC enrollment were compared to differences in outcomes from before to after initial enrollment in other purchased care programs in FY17
 - Veterans residing in urban locations
 - Veterans residing in rural locations

Rural/Urban VDC Enrollee Characteristics

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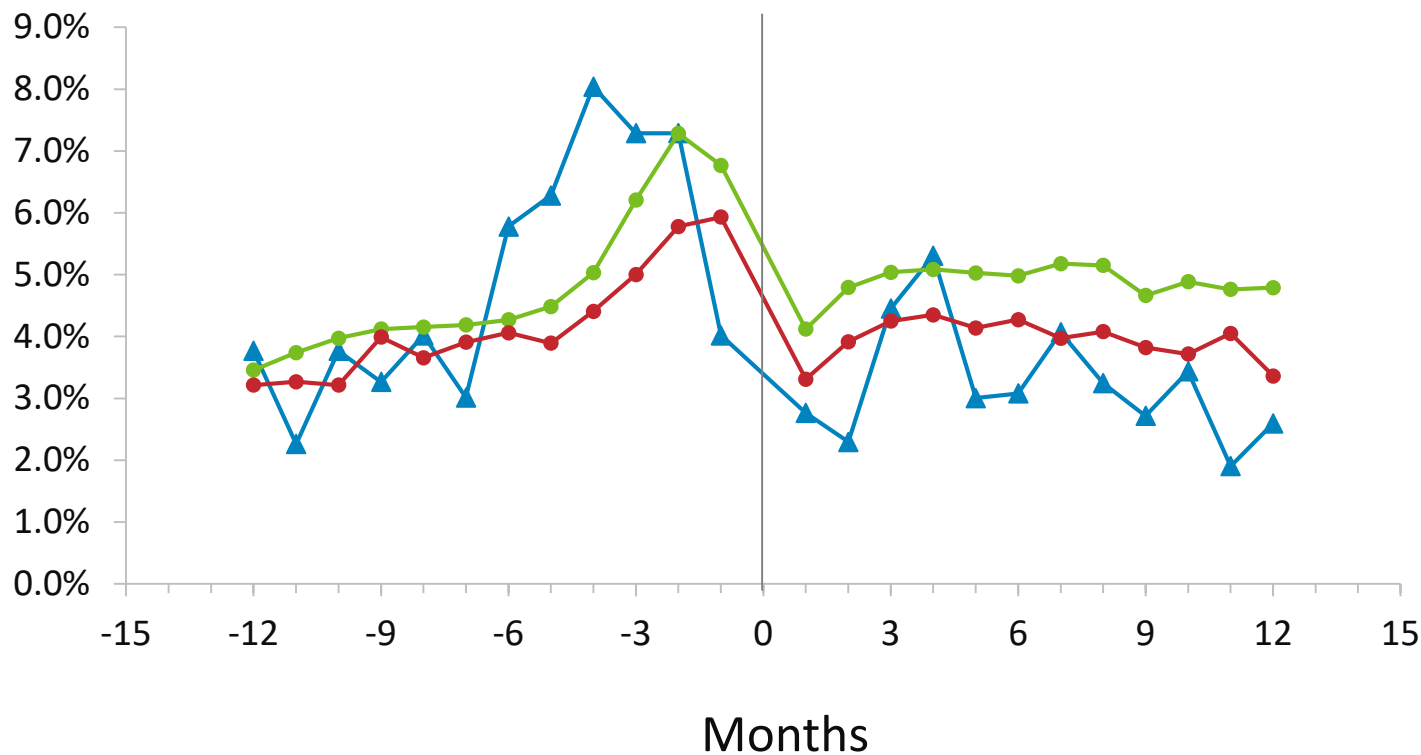
Characteristic	Rural VDC Enrollees (n = 398)	Urban VDC Enrollees (n = 566)
Male	97.0%	92.9%
Age	76	72
Aid & Attendance Receipt	17%	22%
Traumatic Brain Injury	2.3%	2.7%
Dementia	23.4%	28.8%
Spinal Cord Injury	6.5%	7.2%
Number of comorbid conditions	4.2	4.3
NOSOS Risk Score	3.4	4.1
CAN Score	0.1	0.1
Mortality in 12-month follow-up period	23.4%	22.1%

Rural, but not urban, VDC enrollees had fewer acute care visits over time

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Percent of rural Veterans with acute hospital admission(s) in each month



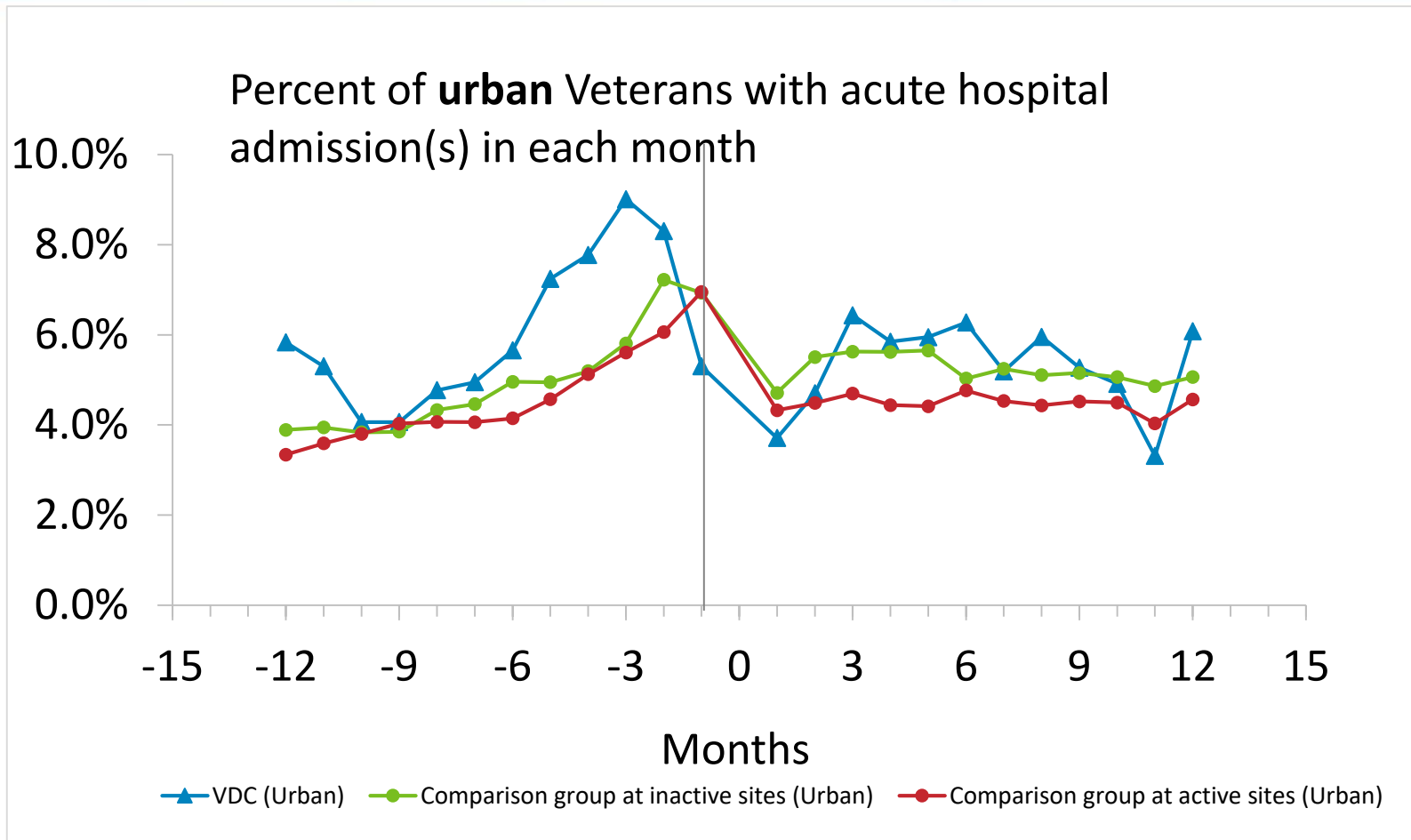
Over time, rural VDC enrollees had 29% lower odds of being hospitalized than enrollees in other purchased care programs

▲ VDC (Rural) ● Comparison group at inactive sites (Rural) ● Comparison group at active sites (Rural)

Rural, but not urban, VDC enrollees had fewer acute care visits over time

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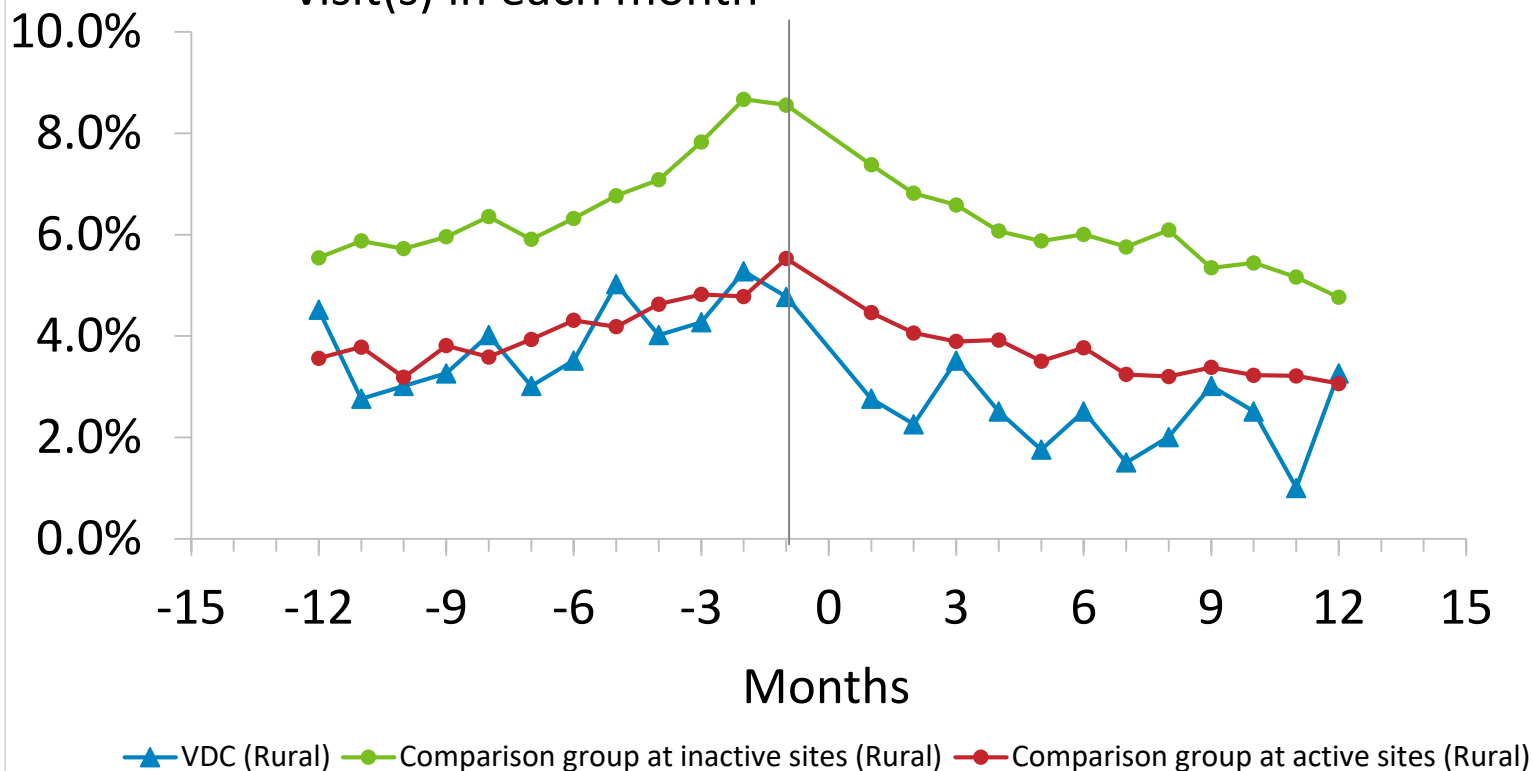


Rural, but not urban, VDC enrollees had fewer ED visits over time

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Percent of **rural** Veterans with Emergency Department visit(s) in each month

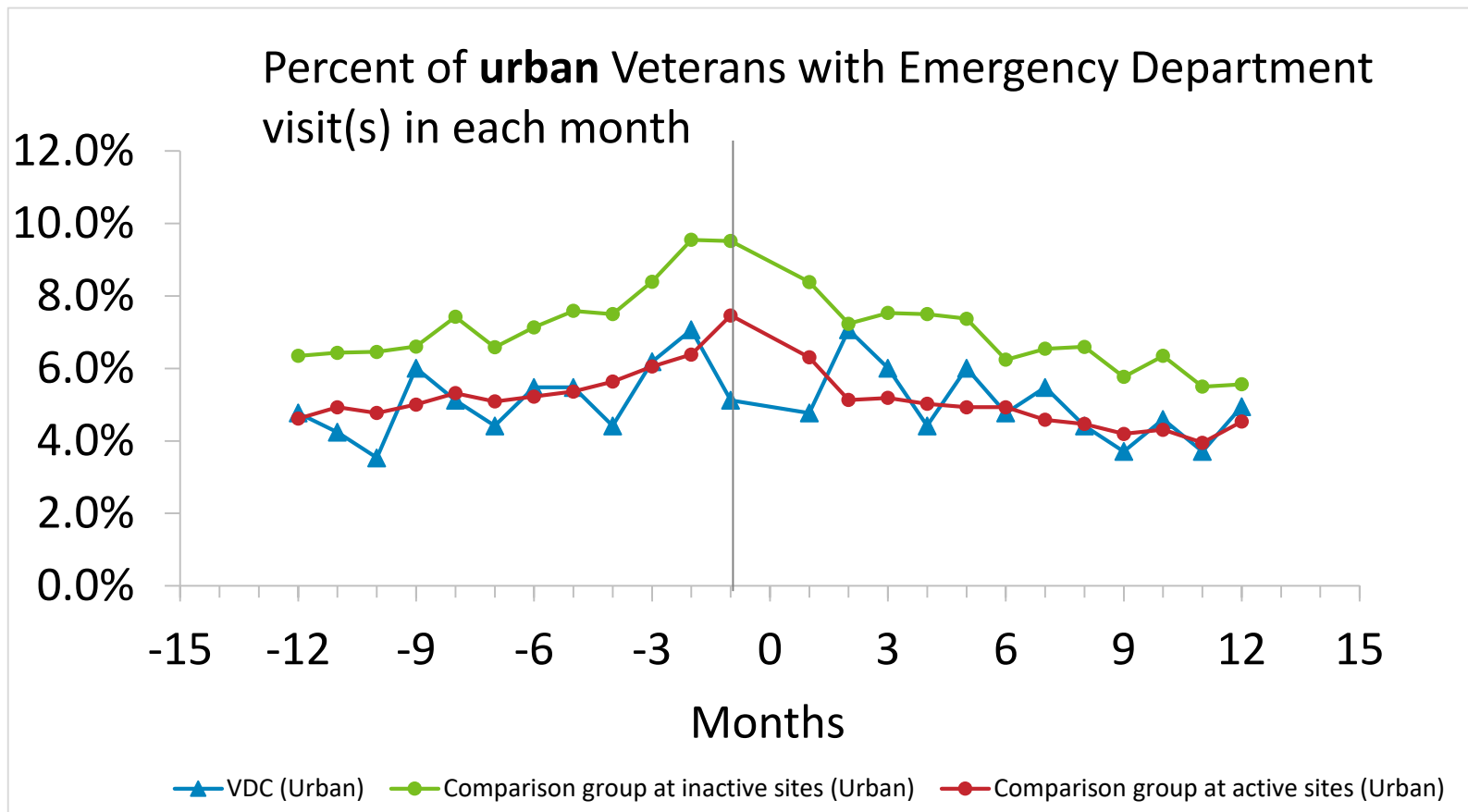


Over time, rural VDC enrollees had 33% lower odds of having an ED visit than enrollees in other purchased care programs

Rural, but not urban, VDC enrollees had fewer ED visits over time

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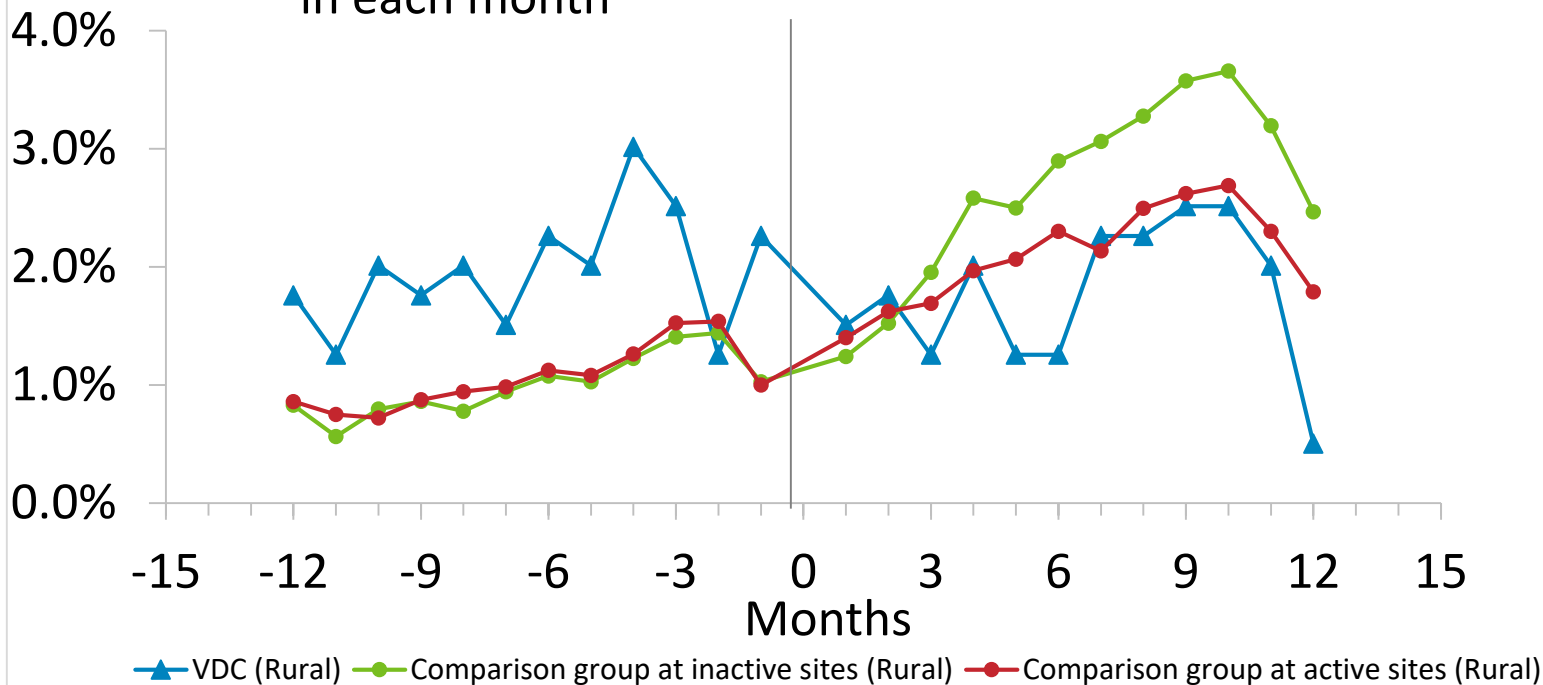


Rural and urban VDC enrollees less likely to be admitted to VA nursing homes over time

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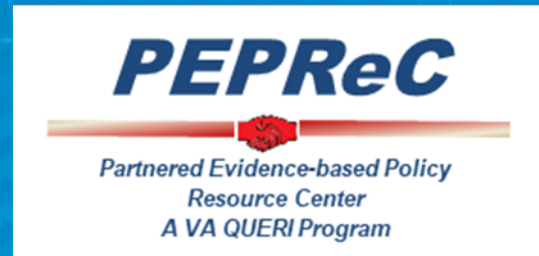
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Percent of **rural** Veterans with nursing home admission(s) in each month

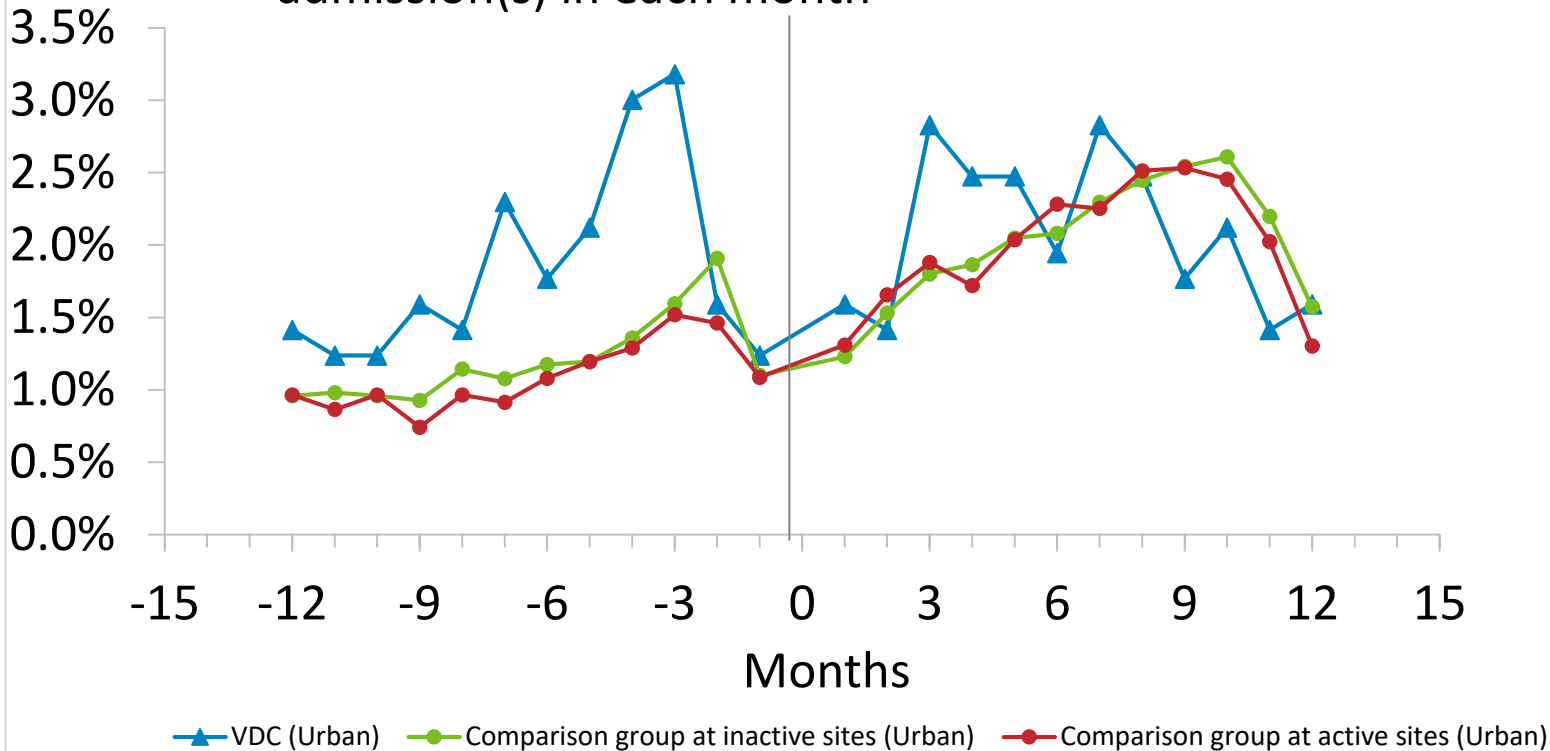


Over time, rural VDC enrollees had 60% lower odds of having a VA nursing home admission than enrollees in other purchased care programs

Rural and urban VDC enrollees less likely to be admitted to VA nursing homes over time (relative to enrollees in other purchased care programs)



Percent of **urban** Veterans with nursing home admission(s) in each month



Over time, urban VDC enrollees had 45% lower odds of having a VA nursing home admission than enrollees in other purchased care programs

Results – Urban/Rural Differences in Health Care Utilization



- Greater benefits of VDC enrollment observed for rural vs urban enrollees
 - Rural enrollees: VDC enrollment associated with fewer hospitalizations, ED visits, and nursing home admissions over time
 - Urban enrollees: VDC enrollment associated with fewer nursing home admissions over time
- Flexibility of VDC program might be especially beneficial for rural Veterans

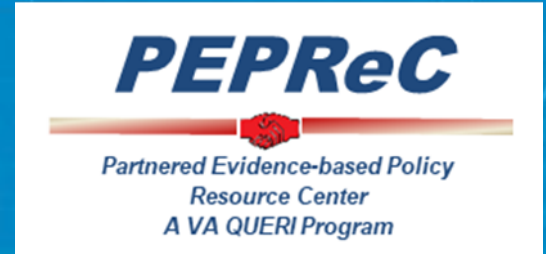
Limitations/Caveats

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- Analyses do not include care received outside of the VHA
- Relatively few Veterans included in VDC group
- Unmeasured changes in functional limitations or care preferences may be associated with both VDC enrollment and health care use and costs

Conclusions



- VDC is a well-liked program that is associated with reductions in preventable health care use among Veterans at risk of nursing home placement
 - Veterans enrolled in VDC are more medically complex than Veterans enrolled in homemaker/home health aide, home respite, or contract adult day health care programs
 - Despite this, VDC enrollees had fewer nursing home admissions than enrollees in other purchased care programs
 - VDC enrollment may be especially beneficial for rural residents
 - VDC enrollees in rural areas had fewer hospitalizations and ED visits than enrollees in other purchased care programs

Mentimeter Survey

Go to menti.com and enter code: 30 34 66 5



Please enter the code

30 34 66 5

Submit

The code is found on the screen in front of you

Discussion: Salt Lake City VAMC



Julie Larsen, VDC
Coordinator
Salt Lake City
VAMC

Questions and Answers

Options for sharing information and asking questions:

1. Use the raise your hand function and we will unmute your line.
2. Use the chat feature in the right side panel of the WebEx platform to enter your questions and send to “all participants.”
3. Melissa Garrido Contact Information: melissa.garrido@va.gov



Closing

- Please email the VDC Technical Assistance Team with any questions: veterandirected@acl.hhs.gov
- VDC Monthly Reporting Tool Data Entry: <https://app.smartsheet.com/b/form/9bff196f995e4ddd82aa0fd246ae0501>
- Please provide your feedback: https://www.research.net/r/Sep_VDC_Educational_Webinar