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)?
Melissa Garrido, PhD
Veteran Directed Care Evaluation: Health Care Costs and Utilization
September 30, 2020
Bottom Line Up Front

- 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

- 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

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

VAMCs not currently participating in VD-HCBS (n=77)

Excluded:
• Recently or nearly completed readiness review
• Insufficient buy-in from VAMC stakeholders

From eligible VAMCs, GEC will identify ~14 sites willing and able to implement VD-HCBS and refer veterans within the next 3-5 months

Randomization

Earlier referral

Later referral

Repeated every 6-10 months from 2017-2019


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

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

• 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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Rural VDC Enrollees (n = 398)</th>
<th>Urban VDC Enrollees (n = 566)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>97.0%</td>
<td>92.9%</td>
</tr>
<tr>
<td>Age</td>
<td>76</td>
<td>72</td>
</tr>
<tr>
<td>Aid &amp; Attendance Receipt</td>
<td>17%</td>
<td>22%</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>2.3%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Dementia</td>
<td>23.4%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Spinal Cord Injury</td>
<td>6.5%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Number of comorbid conditions</td>
<td>4.2</td>
<td>4.3</td>
</tr>
<tr>
<td>NOSOS Risk Score</td>
<td>3.4</td>
<td>4.1</td>
</tr>
<tr>
<td>CAN Score</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Mortality in 12-month follow-up period</td>
<td>23.4%</td>
<td>22.1%</td>
</tr>
</tbody>
</table>
Rural, but not urban, VDC enrollees had fewer acute care visits over time.

Over time, rural VDC enrollees had 29% lower odds of being hospitalized than enrollees in other purchased care programs.
Rural, but not urban, VDC enrollees had fewer acute care visits over time.

Percent of **urban** Veterans with acute hospital admission(s) in each month:

- VDC (Urban)
- Comparison group at inactive sites (Urban)
- Comparison group at active sites (Urban)
Rural, but not urban, VDC enrollees had fewer ED visits over time.

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

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

- Months: -15, -12, -9, -6, -3, 0, 3, 6, 9, 12, 15
- Y-axis: 0.0% to 12.0%
- Lines:
  - VDC (Urban)
  - Comparison group at inactive sites (Urban)
  - Comparison group at active sites (Urban)
Rural and urban VDC enrollees less likely to be admitted to VA nursing homes over time

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)

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

• 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: veteranandirected@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