Person-Centered Practices in VD-HCBS
Agenda

• Importance of person-centered practices in VD-HCBS
  ► Veteran & caregiver perspective
  ► VHA perspective
  ► ACL perspective

• Aging and Disability Network Agency (ADNA) and VAMC roles in advancing person-centered practices

• VD-HCBS Caregiver Survey

• Policy Updates from VA Central Office and ACL
Benefits of Person-Centered Counseling: Veteran and Caregiver Perspective

• Veteran Perspectives
  ► “As a result of the excellent service and funding from this program, I am able to continue living on my own with my dog, in my own home, even though I am 90 years old and blind.

    - Mr. White, Veteran (New Jersey)

• Caregiver Perspective
  ► “I enrolled in the VA program because I was taking care of my husband 18 hours a day…for the first time in a long time I am free to leave my house…To not be stuck in the house 7 days a week is highly beneficial for the emotional outlook. I am not as depressed as I was. I don’t sleep as much. I am out there enjoying life.”

    - Mrs. Kneafsay, Caregiver (New Jersey)
Benefits of Person-Centered Counseling: VHA Perspective

• Nationwide Network of Aging & Disability Partners with experience in Person-Centered Counseling expands coverage for VAMCs

• Person-Centered Counseling embodies several VHA core principles
  ► Expand access to care for Veterans
  ► Leverage community partnerships
  ► Deliver innovative services that enhance Veteran’s experience with VA

• Person Centered Counselors help Veterans have choice and control over their home and community based services

• Supports rebalancing efforts, allowing Veterans with high levels of personal care needs and complex conditions to remain home and live independently
Benefits of Person-Centered Counseling: ACL Perspective

- Person-Centered Counseling is an interactive process whereby Veterans, family members, and others important to them are supported by a trained counselor in their decision making about LTSS.
- A person-centered system recognizes every individual is unique and can respond flexibly to each individual’s situation, strengths, needs, and preferences.
- Person-Centered Counseling facilitates informed choice of available options, including public resources, private resources, and informal supports.
4 Ways to Spend Money
Milton Friedman

<table>
<thead>
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<th>Your Money</th>
<th>Someone Else’s Money</th>
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<td>Yourself</td>
<td>Someone Else</td>
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<td>Economize and seek highest value</td>
<td>Economize, but don’t seek highest value</td>
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<td>Don’t economize, but seek highest value</td>
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The Goal: LTSS Integrated System

Statewide database of services for use for all entry points regardless of payer

Integrated No Wrong Door System

- AAAs/ADRCs
- Eligibility Sites
- MCOs
- LTSS Providers
- Primary/Acute Providers
- CILs

Multiple entry points, but built on the same foundation

Measuring quality and improving performance

One common identifier for consumer throughout his/her LTSS experience

Easy to use data collection system
Person-Centered Counseling Function: A Brief Evolution

- **2003** – ADRCs launched as national demonstration
- **2010-2012** – Options Counseling Standards and Core Competencies developed
- **2012** – Developed draft set of core training courses for Options Counselors
- **2012-2013** – Defined Options Counselors’ job duties, knowledge, skills, and abilities
- **2013-2015** – Tested and enhanced training courses for Options Counselors, later Person-Centered Counselors
- **2016** – Piloted and evaluated Person-Centered Counseling Training Program (PCCTP) designed for anyone performing the Person-Centered Counseling Function
ADNA & VAMC Partnerships to Advance Person Centered Practices

Shawn Terrell, ACL Central Office
Social Determinants of Health

- Institute of Medicine

- Accounting for Social Risk Factors in Medicare Payment: Identifying Social Risk Factors

  - Socioeconomic position
  - Race, ethnicity, and cultural context
  - Gender
  - Social Relationships
  - Residential and community context
  - Health literacy

Social Relationships

• Consequences for health:
  ▶ Marital Status, Living Alone, Social Support, Influence:
    ❑ Appropriate health care utilization
    ❑ Improved clinical processes of care
    ❑ Lower costs
    ❑ Improved health outcomes
    ❑ Improved patient/person experiences
  ▶ No literature indicating that social relationships may influence patient safety.
Proposition

• Services targeting increases in social support, marriage, and decreases in loneliness should result in
  ► Appropriate health care utilization
  ► Improved clinical processes of care
  ► Lower costs
  ► Improved health outcomes
  ► Improved patient/person experiences

• With benefits accruing to HCBS and medical spheres

• Potential for Value Based Purchasing
Person-Centered Thinking and Shared Decision Making

Person Centered Thinking Skills
- Sorting important to/for
- Relationship mapping
- Understanding rituals/routines
- Good day/bad day
- Life Trajectory
- Non verbal communication
- Positive reputation
- Dispute resolution
- Matching supports
- WRAP
- Document ongoing learning
- Organization change

Shared Decision Making Essential Elements (Cochrane)
- Define and explain the healthcare problem
- Present options
- Discuss pros and cons (benefits, risks, costs)
- Clarify patient values and preferences
- Discuss patient ability and self-efficacy
- Check and clarify the patient’s understanding
- Present what is known and make recommendations
- Make or explicitly defer a decision
- Arrange follow-up
What do we mean by Person-Centered Thinking, Planning, and Practices?

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<tr>
<th>Person-Centered Thinking, Planning and Practice (PCCTP)</th>
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<tr>
<td><strong>Thinking</strong></td>
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<td><strong>Planning</strong></td>
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<td><strong>Practice</strong></td>
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Core Concept: Balancing Important To and Important For

Important To

10kg

Important For

10kg

Source: TLCPCP 2012 (C) www.tlcpcp.com
What is important to a person includes those things in life which help us to be satisfied, content, comforted, fulfilled, and happy. It includes:

- People to be with/relationships
- Things to do & places to go
- Rituals or routines
- Rhythm or pace of life
- Status & control
- Things to have
Important To

• Includes what matters the most to the person – their own definition of quality of life.

• What is important to a person includes only what people “say”:
  ► With their words
  ► With their behavior

When words and behavior are in conflict, pay attention to the behavior and ask, “Why?”
Important For

• Issues of health
  ► Prevention of illness/injury
  ► Treatment of illness/medical conditions
  ► Promotion of wellness (e.g. diet, exercise)

• Issues of safety
  ► Environment
  ► Well being (physical and emotional)
  ► Free from fear and exploitation

• What others see as necessary to help the person:
  ► Be valued
  ► Be a contributing member of their community

Source: TLCPCP 2012 (C) www.tlcpcp.com
Important To and For are Connected

• Important To and Important For influence each other

• No one does anything that is Important For them (willingly) unless a piece of it is Important To them

• Balance is dynamic (changing) and always involves tradeoffs:
  ▶ Among things that are Important To
  ▶ Between Important To and For
Learning Community Approach

• All entities need to be engaged in continuous learning

▶ Questions to explore:

- Are we supporting the Veteran in choice, control, and direction?
- Do we know what is important to the Veteran?
- Do we know what is important for the Veteran?
- Have we described a “good” balance between important to and important for?
- Have we helped the Veteran explore where and how to get the services and supports that will achieve and/or maintain the balance?
- How are we going to know if what we described is working or needs to change?

Source: TLCPCP 2012 (C) www.tlcpcp.com
Learning about Support

Power Over

Power With

Fixing vs. Supporting

Source: TLCPCP 2012 (c) www.tlcpcp.com
Levels of Change

Level 1: Any change that results in a positive difference in the lives of people who use services or in your own work life.

Level 2: Any changes an organization makes to its practices, structure or rules that result in positive differences in the lives of people.

Level 3: Any change in practice, structure and rules made at the system level. These changes have an effect on many organizations, and therefore many people’s lives.

Source: TLCPCP 2012 © www.tlcpcp.com
VD-HCBS Caregiver Survey

Jim Rudolph, MD
Kali Thomas, PhD
VD-HCBS Partnership

Diagram:

- Caregiver
- Veteran
- VA-HCBS Coordinator
- ADNA Coordinator

Relationships:

- Caregiver to Veteran
- VA-HCBS Coordinator to ADNA Coordinator
- Veteran to Caregiver
- VA-HCBS Coordinator to ADNA Coordinator
VA CARES
VA Caregiver Support Program

• Initially focused on OEF / OIF

• Expanding to understand caregiving in other programs

• Refined Assessment of Caregiving (10-20min)
  ▶ Caregiving Burden
  ▶ Financial Strain
  ▶ Loneliness
  ▶ Depressive Symptoms
  ▶ Self Rated Health
Seeking Your Input on Processes

• Newly enrolled VD-HCBS Veterans

• ADNA Person-Centered Counselor leaves paper survey for caregiver
  ► Self-addressed Stamped Envelope included

• Caregiver Completes Survey & Return to Providence VAMC

• We coordinate with Caregiver Support Program re: data entry and analysis
Questions, Comments, Concerns

• James.Rudolph@va.gov
Policy Updates

Dan Schoeps, VA Central Office
Policy Updates

• FY 2018 Outlook for VD-HCBS

• VA Choice Legislation

• VA Choice Provider Agreements
Closing

• Please provide feedback:
  ▶ https://www.surveymonkey.com/r/OctVDHCBSWebinar

• The next Quarterly Educational Webinar will be held:
  ▶ January 17, 2018

• Please email veteranredirected@acl.hhs.gov with any questions.

• Thank you for joining today.