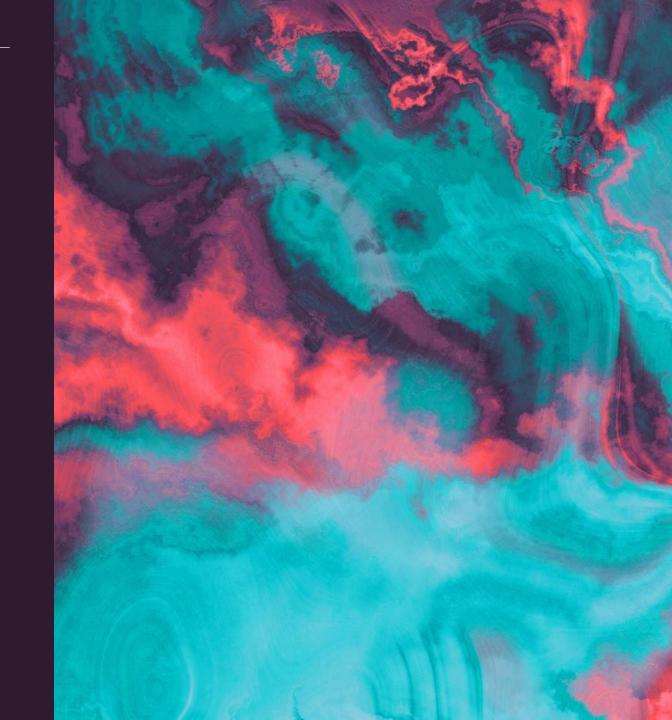
Using multiple qualitative methods in a multi-year Enterprise-Wide Initiative evaluation of the VA Medical Foster Home program

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VA Qualitative Methods Learning Collaborative Cyberseminar

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Objectives for today



- → Describe qualitative methods used in seven-year evaluation of the VA Office of Rural Health Enterprise Wide Initiative, expanding the VA Medical Foster Home program to rural areas of the United States
- → Discuss process of conducting a multi-year evaluation of a
 VA program expansion
- → Share process of collaborating with quantitative evaluation team and operational partners
- → Explain process of analyzing data using the REAIM implementation science framework in identifying facilitators and barriers to program growth
- → Discuss methods of dissemination of findings for practical use and application

Background on EWIs & Medical Foster Home

- \rightarrow What are <u>EWIs</u>?
- → What is the <u>Medical Foster Home Program?</u>
- ightarrow What is the purpose of the ORH MFH EWI?
- ightarrow Who are our Operational Partners?
- \rightarrow Who is part of the evaluation team?

Qualitative Eval Team



Quantitative Eval Team

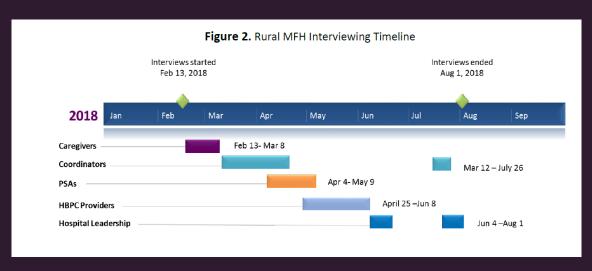


Structure of ORH MFH EWI rollout



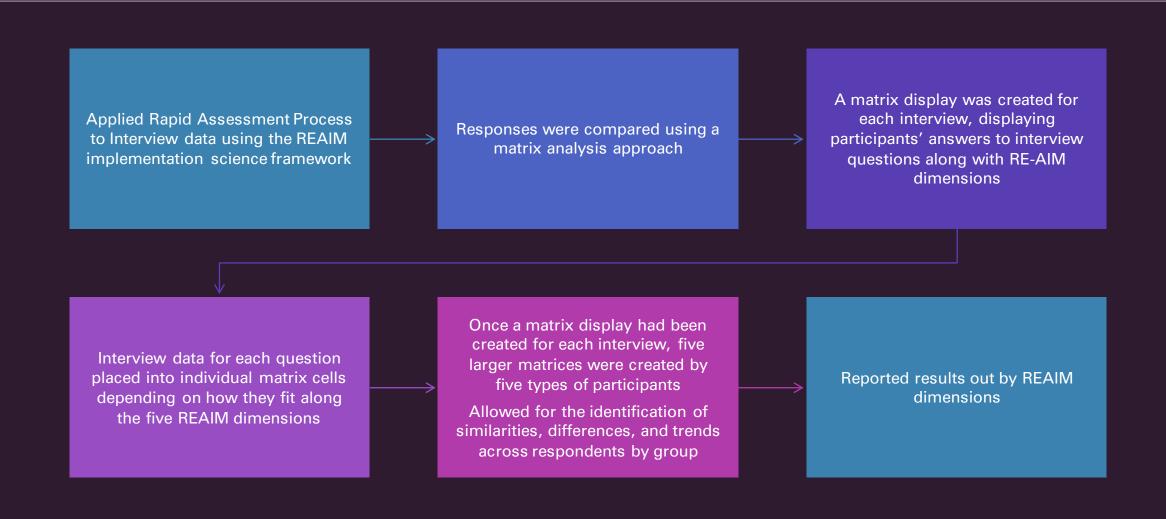
- Three funding cycles for three years each
 - \rightarrow 2017-2019;
 - \rightarrow 29 MFH programs funded in FY 2017
 - → Dropped to 24 in FY2018
 - → Dropped to 19 in FY2019
 - ightarrow 2020-2022; 8 MFH programs funded
 - \rightarrow 2023-2025; 4 MFH programs funded

FY 2018 Evaluation of 2017-2019 ORH MFH cohort



- 29 programs received funding in FY17, with 24 continuing in FY18, the first year of the evaluation
- → In FY18 we interviewed N=85 participants:
 N=27 coordinators, N=9 Caregivers, N=9 PSAs,
 N=21 HBPC providers, N=19 VA leadership
- → Two Interview guides: One for VA staff and one for MFH caregivers

FY 2018 ORH MFH Evaluation Methods & Analysis



Dissemination of FY 2018 results

Adoption

The Influence of Adoption and Implementation Barriers on Other Dimensions of RE-AIM

Barriers: Poor leadership support, overwhelmed coordinators, understaffed MFH

Implementation

Barriers: Poor Barrier: Short staffed MFH programs, discouraged coordinators

Maintenance

programs

- GECDAC Presentation
- Academy Health D&I Poster
- Extensive annual report
- Bi-monthly meetings w/ ops partners

Barriers: recruiting caregivers with suitable housing (meeting VHA requirements) and Veterans interested in and able to afford living in a MFH

Reach

Barriers: Poor

collaboration, low

leadership support

MFH/HBPC

Barriers: Limited impact for Veterans in rural settings due to the various challenges of expanding program

Effectiveness

FY 2019 ORH MFH Qualitative Evaluation Methods & Analysis

Programs that received funding for at least two years were contacted for follow-up interviews by phone with program coordinators and some of their immediate supervisors, for N=23 interviews

Interview guide designed based on findings from FY 2018 evaluation and included questions about coordinators and supervisors' experiences with the MFH programs and to address REAIM definitions

 Assessed ongoing barriers and facilitators to program expansion, changes experienced in the programs over the ORH funding period, and program sustainability

Interviews were transcribed verbatim. Used Atlas.ti to code and categorize interview data. This process identified common barriers and facilitators across the five RE-AIM dimensions

Table 3. Best Practices Across RE-AIM Dimensions							
Dimension	Best Practices						
REACH	 MFH coordinators building relationships and networking with local communities to understand local cultural differences and concerns impacting community participation in programs. Selecting different sites for expansion efforts when evidence showed expansion efforts were not working in initially targeted areas. Modifying and improving strategies to marketing and outreach activities as needed. 						
EFFECTIVENESS	 Enhancing supports to MFH caregivers through ongoing education and allocation of local resources to maximize their retention. Providing ongoing support for small MFH programs with slower growth rates. 						
ADOPTION	 Keeping MFH programs salient and relevant in local VA communities through formal and informal communication with local VA leadership and other VA programs. Local VA leadership adhering to national guidelines that prevent MFH coordinators from being assigned collateral duties. 						
IMPLEMENTATION	 Using ORH funding to leverage negotiations with local leadership to hire for positions in MFH and HBPC programs. Developing plans alongside HBPC to address staffing problems as swiftly as possible. Communication with other MFH programs to elicit assistance and support to effectively address problems in MFH programs. 						
MAINTENANCE	 Clear local policies that define role of MFH programs in local VA and provide guidelines for how other VA programs will interact with MFH. Developing clear plans in conjunction with leadership for sustainability of MFH programs. 						

Dissemination of FY2019 Results

- Extensive annual report, with increased integration across REAIM dimensions with quantitative evaluation especially across elements affecting costs and use of HBPC services
- Bi-monthly meetings w/ ops partners

FY 2020 ORH MFH Evaluation Methods & Analysis

COHORT 1 (FY17-19)

- \rightarrow Funding ends
- Data collection focused on Maintenance arm of REAIM and addressed experiences during first year post-ORH funding
- → Conducted email check-ins by in Quarters 1, 2, and 4 and interviews by phone in Quarter 3 for a total of N=16 interviews and N=23 email check-ins

COHORT 2 (FY20-22)

- → 8 newly funded projects
- One-on-one calls with each project at the beginning of the FY. Call with each project once an MFH coordinator started in the position
- → Quarterly check-ins along with GEC and ORH partners; check-ins asked about how COVID-19 impacted ORH MFH EWI expansion and maintenance
- → Phone interviews with MFH program coordinators or involved staff, if Coordinators had not yet been hired, in Os 2, 3, and 4 for a <u>total of N=19 interviews</u>
- → Year end call with all eight projects' MFH coordinators and other essential staff

FY 20 ORH MFH Evaluation Methods & Analysis

- → Questions for FY 2020-2022 coordinators were specific to the first four dimensions of REAIM (Reach, Effectiveness, Adoption, Implementation); Focused on their activities during their first year receiving ORH funding
- → COVID-19 pandemic impacted ORH MFH programs' ability to expand and sustain their programs and questions were added to the interview guides to hear how sites were managing their programs
- ightarrow Interviews were transcribed and coded using Atlas. Ti
 - → Analysis was guided by the RE-AIM framework
 - → Ongoing research team discussions and consensus meetings to formulate and validate meaning from interview data and write up findings
 - ightarrow Rapid analysis approach and shared with the EWI partners on bi-monthly calls



FY 20 ORH MFH Eval collaborations with GECDAC quantitative team Dissemination and development of training materials



Provided coordinators with maps representing location of Veterans in their area to assist with recruitment



Generated telehealth reports outlining increases in home telehealth and phone visits among rural and urban Veterans in MFH programs and HBPC



Created feedback reports to provide to coordinators to improve upon tracking of Veterans receiving MFH care



Conducted a cost comparison between MFH Veterans and Contract Community Nursing home Veterans

Poster presented at the Academy Health 2020 Annual Research Meeting describing this analysis and results



Strategies used by MFH programs to sustain their programs during COVID-19 expansion presented at virtual the Gerontological Society of America 2020 Annual Scientific Meeting



12 MFH
Coordinator
training modules
were added to VA
Talent
Management
System (TMS)

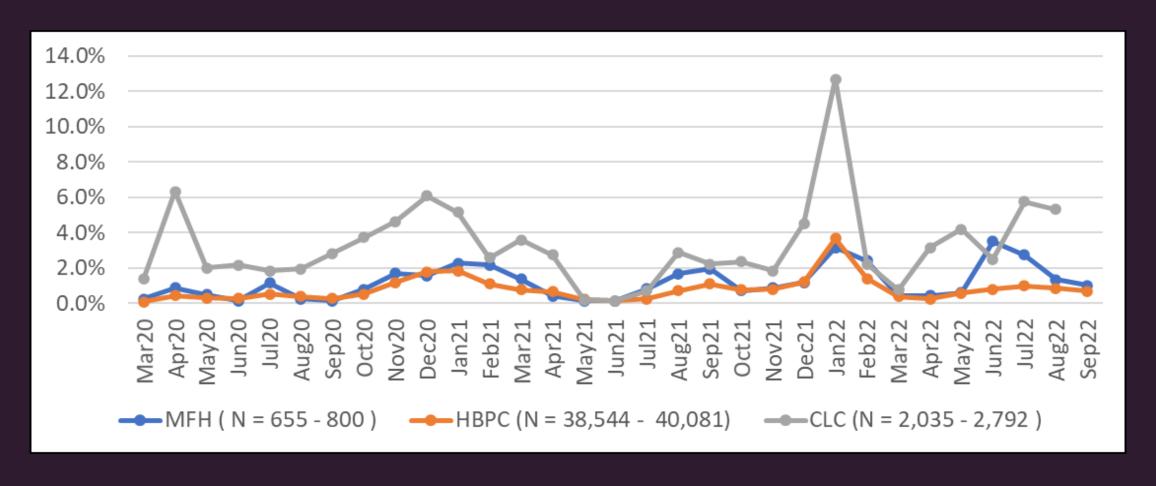
FY 2021 ORH MFH Evaluation Methods & Analysis

Coordinators participated in quarterly check-in calls to share project updates with operational partners and the evaluation team, including placement of Veterans with Caregivers and using maps for marketing

Assessed the increased use of telehealth in MFH programs; examined both qualitatively and quantitively

Conducted N=19 interviews with N=37 VA staff and MFH caregivers from the eight MFH programs, as well as from the 2017-2019 ORH MFH cohort to assess COVID changes

The comparison of positive Covid-19 rates among MFH, HBPC, and CLC long-stay



FY 2021 ORH MFH Evaluation Methods & Analysis

- → Assessed staffing of MFH programs through tracking during quarterly check-ins and using stop-light charts to reflect full staffing (green) in process staffing (yellow) or staffing roadblocks (red)
- Asked coordinators at checkins favorite stories and featured that in annual report
- → Continued to organize annual report by REAIM constructs

Table 5: MFH Team Staffing at ORH Funded Projects

Staff	Ft. Smith, AR	Grand	Knoxville, IA	Las Cruces,	Myrtle	Northern	Old	Santa Fe,
		Junction, CO		NM	Beach, SC	California, CA	Brownsville, TX	NM
Rural MFH coordinator	1 FTE (started Sept FY 2021, position empty 1 year)		.5 FTE (also covers urban MFH program and ADHC)	1 FTC	1 FTE	Acting Coordinator at 10% effort, new Coordinator starts Q1 FY 2022 at 1.0 FTE	1 FTE	1 FTE
PSA	None, but gets help from another MFH site's PSA	.5 FTE	.5 FTE	Offering position to applicant	1.0 FTE	.5 (was initially 1.0 FTE)	1 FTE	.5 FTE
Recreation Therapist	No-not planning to hire	Not hiring until program is larger	.25	rec therapist	Not hiring until the program is larger	.25	Hiring-to share with HBPC, posted Oct. 2021	Covered by rec therapist in program 45 minutes away
Other MFH Staff- (not mandated by MFH Program)	1.0 FTE RN	N/A	1.0 FTE OT	N/A	N/A	N/A	N/A	N/A

Dissemination of ORH MFH Evaluation FY2021 results

Posters at Academy Health on:

- 1. Telehealth increased during the pandemic
- 2. MFH Veterans using fewer medications and having lower costs than long-stay Veterans in Community Nursing Homes

Two GECDAC seminar presentations on Costs and High Need High Risk Veterans

National HBPC research call presentation on Mapping project

FY 2022 ORH MFH Evaluation Methods and Analysis

Individual interviews with MFH Coordinators from 4 programs over MS Teams (Q3 & Q4) Four large group calls with all eight sites (Q1, Q3, Q4) in which coordinators participated in discussions and provided updates including facilitators and barriers to MFH expansion

These were group calls, not interviews but coordinators did participate in discussions and provide updates on their programs. These calls offered an opportunity to discuss program sustainment strategies

Developed and administered a REDCap Survey for all MFH Coordinators nationally to learn about marketing best practices.

(N=94 respondents)

Interviews with Public Affairs
Officers (PAOs). In cases where
the PAO role was not staffed, or
the PAO did not respond,
interviewed coordinators about
experiences working with PAOs to
market their MFH programs

FY 2022 ORH MFH Evaluation Dissemination



VA HBPC Research Call presentation on How VA Medical Foster Homes Successfully Protected Vulnerable Veterans During COVID-19



Two National MFH Coordinator Education Calls sharing findings from the national MFH Marketing Survey



Publication on Caring for Homebound Veterans during COVID-19 in the U.S. Department of Veterans Affairs Medical Foster Home Program



Presentations on Caring for Homebound Veterans During COVID-19 in the US Department of Veterans Affairs Medical Foster Home Program as Gerontological Society of American National Conference



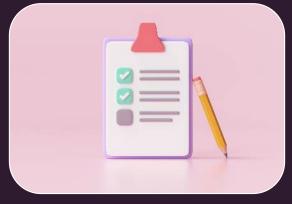
Our research study on the VA Medical Foster Home program caring for Veterans during the COVID-19 pandemic was featured in *WebMD Health News* in the article "VA Foster Program Helps Older Vets Manage COVID Challenges."

FY 2023 ORH MFH Evaluation Methods (New three-year cohort)







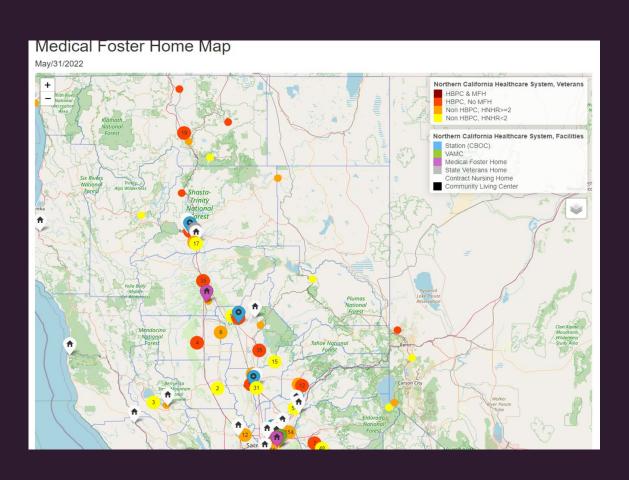


Quarterly interviews with 4 new ORH MFH EWI programs with Points of Contact and Coordinators, once hired on

Facilitated 2 group calls with all new sites in December 2022 and August 2023. Calls were an opportunity to build relationships and coach new sites

Interviewed staff from previously funded sites sixmonth post funding to learn about program sustainment, facilitators, and barrier (N=9) Developed and administered REDCap survey with all previously funded ORH MFH program coordinators regarding program characteristics and facilitators and barriers to program growth (N=13)

FY 2023 ORH MFH Evaluation Analysis



- → Quarterly interviews with current sites were analyzed using matrix analysis
- → Applied thematic analysis approach using Atlas.ti to analyze interviews with 8 sites six months postfunding
- → Questions included gathering feedback on the maps created by the quantitative team
- → REDCap survey included both open ended and closed-ended, multiple-choice questions
 - → Open-ended questions were analyzed using matrix analysis
 - → Figures were created from the closed ended questions to display findings

FY 2023 ORH MFH Evaluation dissemination

Academy Health Conference, Poster on the Development and Use of Maps to Expand Rural Department of Veterans Affairs Medical Foster Home Programs

Gerontological Society of America
Annual Conference presentation and
poster on MFH Staff Internal and
External Marketing Efforts are
Required and Use Various Strategies
to Tackle Recruitment Challenges

Manuscript on Applying RE-AIM to evaluations of VHA Enterprise-Wide Initiatives: lessons learned

VA Presentation, National Medical Foster Home Monthly call on ORH MFH evaluation products VA Presentation, Marketing Survey and Public Affairs Office interviews presented to VACO partners VA Presentation, brief report, and presentation to evaluation partners on maintenance of MFH programs

FY 2024 ORH MFH Evaluation Methods and Analysis



Ongoing quarterly interviews, and semi-annual group calls with four current ORH program coordinators and staff



Interviews with ORH MFH Caregivers (n=15), Veterans (n=6), and Veteran Family members (n=5)

Applying a phenomenological approach to data analysis to describe lived experiences of Veterans, Family, and Caregivers

FY 2024 Dissemination

COIN and GECDAC evaluation team members presented at two National MFH Conferences on the ORH MFH EWI evaluation

Poster at Academy Health on Barriers & Facilitators to Medical Foster Home Sustainment Post-Office of Rural Health Funding

Presentation on Maintenance of the ORH MFH Program in Denver Qualitative Core meeting



REAIM Implementation Framework



Caregiver recruitment,

engaging HBPC, **Veteran referrals**

Advantages of multi-year evaluation

Opportunities to build off previous methods and apply different approaches

Build relationships with MFH programs and Operational Partners

Strong collaborations with quantitative team, leading to other projects

Disseminate findings in multiple ways

Methods and output summary and potential for impact

Conducted individual and group interviews with program coordinators, Veterans, caregivers, Public Affairs Officers, Leadership

Designed surveys completed by coordinators to study marketing

Led coaching sessions/group calls to support MFH expansion sites in building their MFH programs

Used matrix analysis and line-by-line thematic analysis w/ Atlas.ti

Organized results around REAIM elements and applied phenomenological approaches

Published papers, reports, and gave many national and local presentations

Questions?

