



ASPIRE HOME
VA | *Advancing Science of Population-based
measures of Independence to help
Veterans REmain at Home*

RIVR Project
Courtney Van Houtven, PI

ASPIRE Team



ASPIRE Aims Overview (July 2019 - July 2024)

Aim 1, Year 1:
Obtain Veteran and caregiver perspectives on home time as an indicator of Quality of Life

Aim 2, Year 2:
Quantify the relationship between home time and Veteran/Caregiver measures

Aim 3, Year 3:

Present mixed-methods results to VA partners and larger stakeholders (remote)

- Develop consensus statement on definition of home time
- Develop outline for User's Guide

Aim 4, Years 4-5:

Host SOTA for VA and external researchers working in long-term institutional care

- Share project findings
- Finalize definitions
- Develop future research agenda
- Finalize and disseminate User's Guide for best practices using home time measure across different study designs
- Develop manuscripts

Workgroup Members!

- **Debord, Jill, LICSW**
- Edwards, Sam, MD, MPH
- Garrido, Melissa, PhD
- **Hartronft, Scotte, MD, MBA**
- Hastings, Nicki, MD, MHS
- **Intrator, Orna, PhD**
- Jacobs, Josephine, PhD
- Kinosian, Bruce, MD
- Leykum, Luci, MD, MBA
- Lorenz, Karl, MD, MSHS
- Maust, Donovan, MD
- **Pape, Lisa, LISW**
- Phibbs, Ciaran, PhD
- Pizer, Steven, PhD
- Pugh, Mary Jo, PhD, RN
- **Rudolph, James, MD**
- **Shreve, Scott, DO**
- Thorpe, Carolyn, PhD, MPH
- Thomas, Kali, PhD
- Wagner, Todd, PhD

Blue = operations partner

Workgroup Role and Commitment

- **Role**

- Help inform the development of a person-centered measure of home time
- Explore this measure's utility within and outside the VA

- **Commitment**

- Bi-annual calls February and October through 2024 (2 hours per year)
- Possibly 2-3 additional hours if there are any materials to review prior to call

MEETING 1. February 2020

Workgroup Question

- What do you think about when you think about the potential value of “home time” measures?
 - For research
 - For operations

Positives

- Intuitive in goal (targets preference for Veterans to be at home)
- Utility beyond VA (CMS, Commonwealth, AARP)
- Heart of geriatric care
- Easily use with administrative data
- Patient centered
- Utilization based, continuous variable
- Captures disruption of avoidance care transitions

Challenges

- Dependent on individual characteristics and preferences
- Can be skewed with distribution
- Need for balancing measures and cost-benefit
- Dependent on what people call ‘home’
- Pattern matters
- Challenges getting leadership to embrace measure and measure goal

What other applications do you know of?



Treatment/
Policy/Event



*Data
Choices*

Home Time
Measure
(outcome, predictor)



*Method
Choices*

Person-Centered
Outcomes
(PCOs)

Examples in Older Adults

- Index hospitalization for health event (e.g. stroke, congestive heart failure)
- Inpatient surgery date
- Randomization date for caregiver skills training trial
- Last 6-months of life
- 12 months following enrollment in Veteran-Directed Care Program

Candidate settings for denoting time away from home

Green light

- Emergency Dept.
- Inpatient
- Post-Acute Facility

Yellow light

- Outpatient surgery
- Long-term nursing home
- **Medical Foster Home***
- Psychiatric inpatient

Red light

- Inpatient hospice
- Home health visits
- **Adult day health care***
- **Respite care***

Outcomes that matter to older adults

Patient

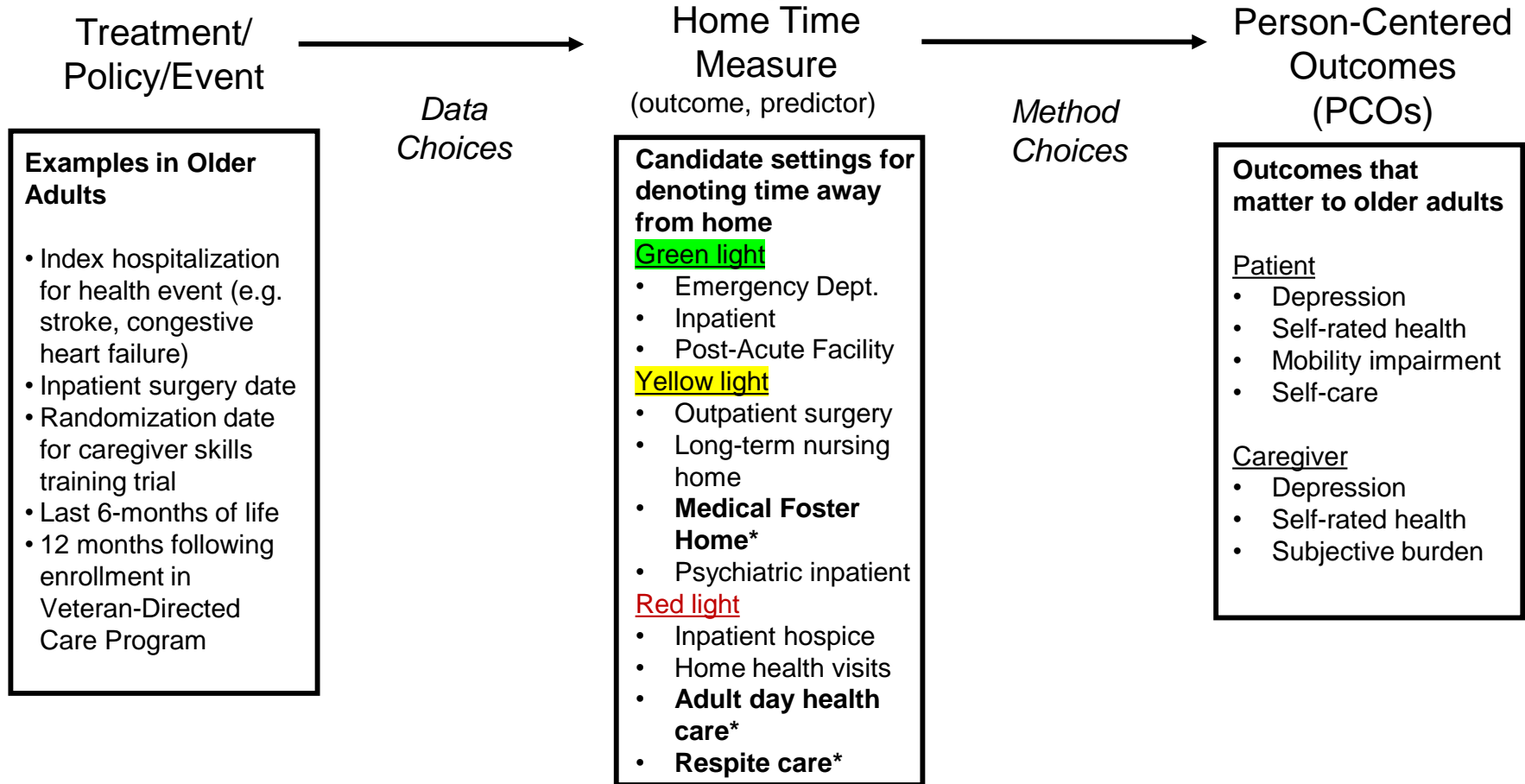
- Depression
- Self-rated health
- Mobility impairment
- Self-care

Caregiver

- Depression
- Self-rated health
- Subjective burden

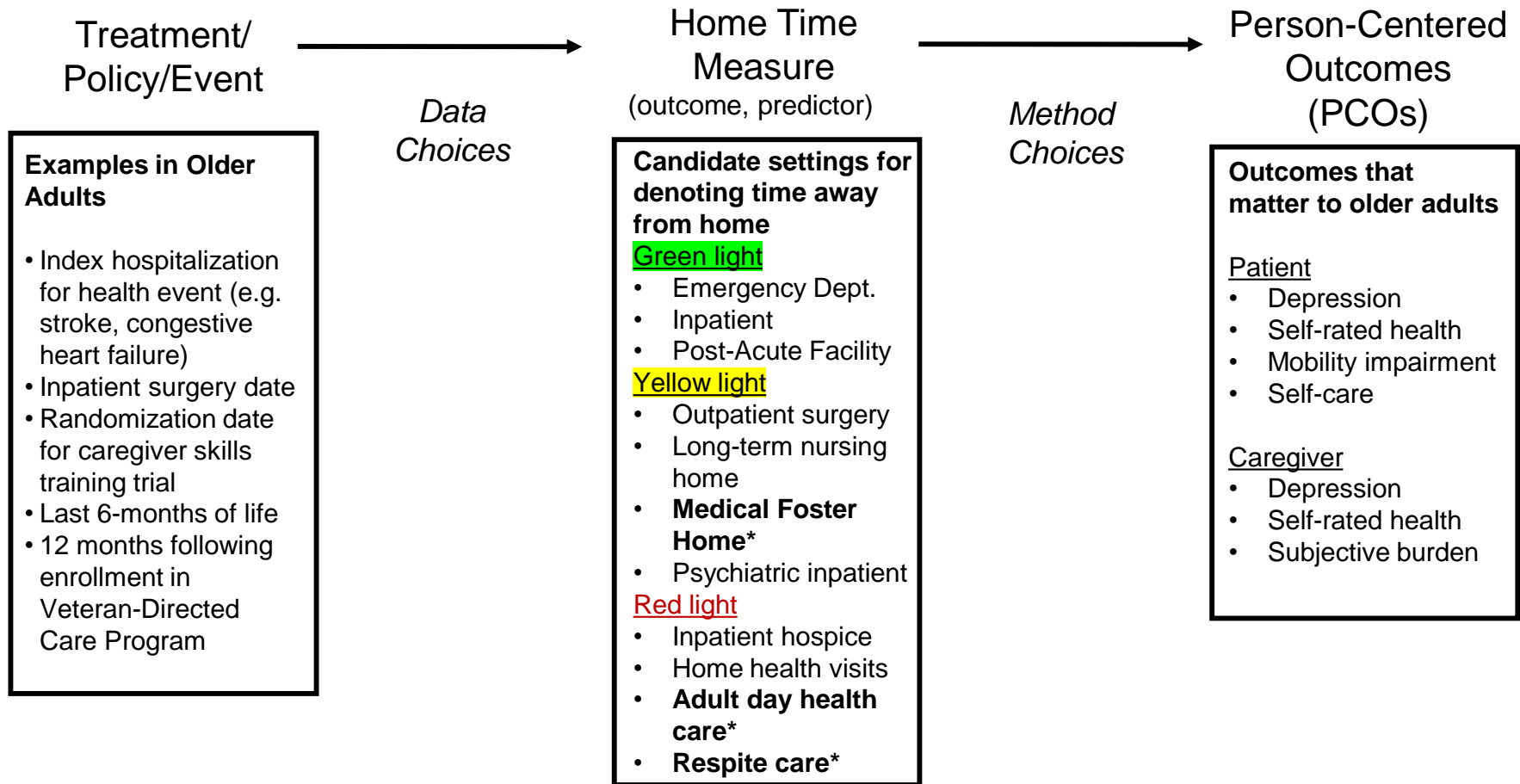
* New suggestions by workgroup members (2.20.20)

What comes to mind in the review of settings to count?



* New suggestions by workgroup members (2.20.20)

If no data constraint, what else would you put in the outcomes box?



* New suggestions by workgroup members (2.20.20)

MEETING 2. October 2020

Workgroup Questions

- What do you think about the preliminary results from focus groups?
 - 2 with caregivers of Veterans with functional impairment, 1 with Veterans with functional impairment

ASPIRE Qualitative Team



Courtney
Van Houtven, PhD



Nina Sperber,
PhD



Nathan Boucher,
DrPH, PA



Megan
Shepherd-Banigan, PhD



Abigail Shapiro, MSPH



Chelsea Whitfield, MPH

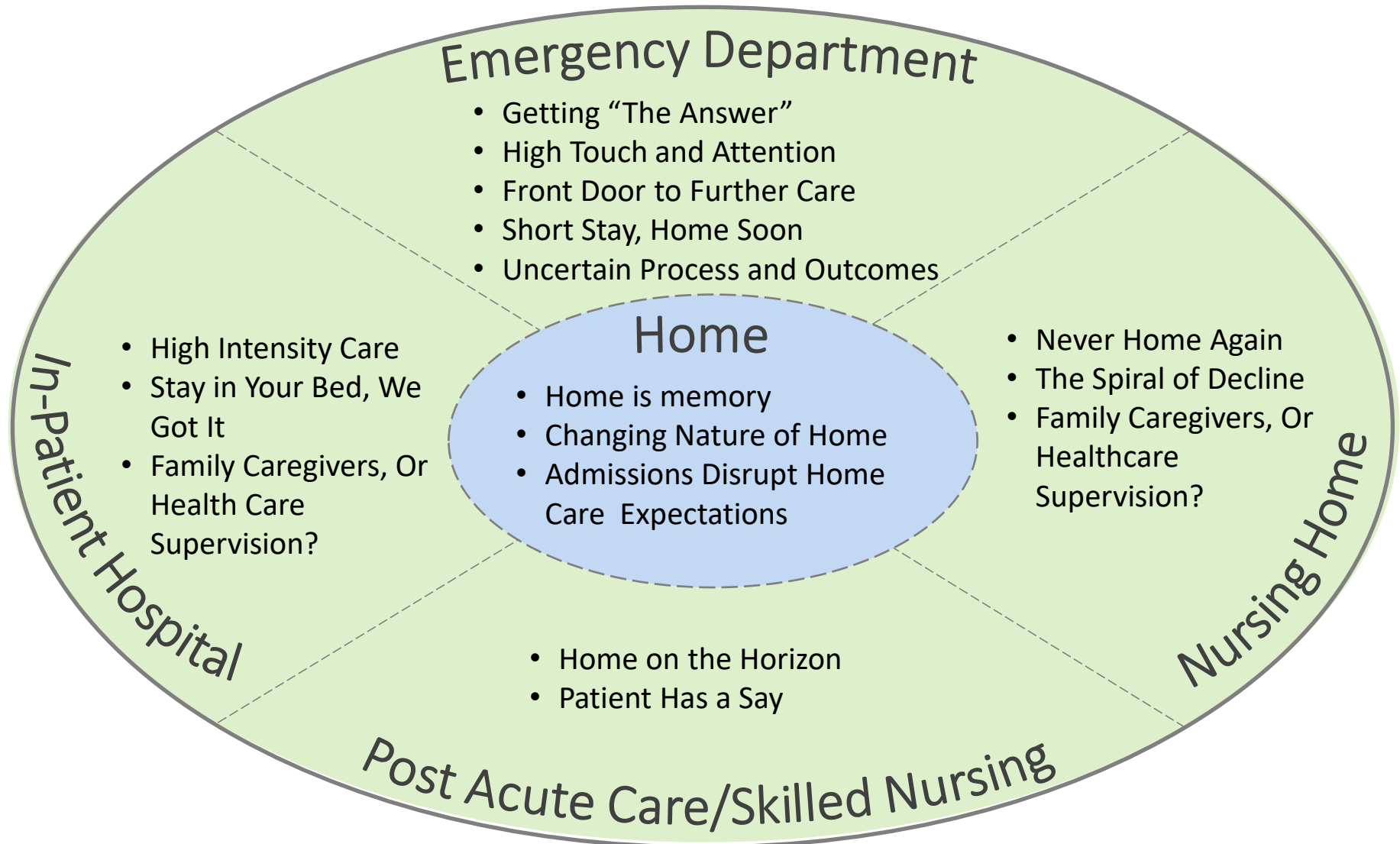


Kasey Decosimo, MPH

Focus Groups with Patients and Caregivers about Quality of Life in Care Settings



Preliminary Findings



Breakout Group Discussion



Emergency Department



Post Acute Care



Inpatient



Nursing Home

Breakout Group Discussion Questions

- Thinking about these findings, what would you say people lose or gain for their quality of life, and what matters to them, in the [ED/Nursing Home/Inpatient setting/Post-Acute/SNF setting] compared to when they are at their home?
- What would you say is available at home but not at the [setting] for quality of life?

Large Group Discussion

1. In what ways do these findings resonate with you?
2. What do they tell us about weighting these settings for a home time measure?
3. What are the potential implications for healthcare utilization or spending? The patient and family experience?

Follow up with Stakeholders

- Sent executive summary
- Sent a REDCap survey of the three large group discussion questions (in case those who did not attend want to participate)

Stakeholder Executive Summary

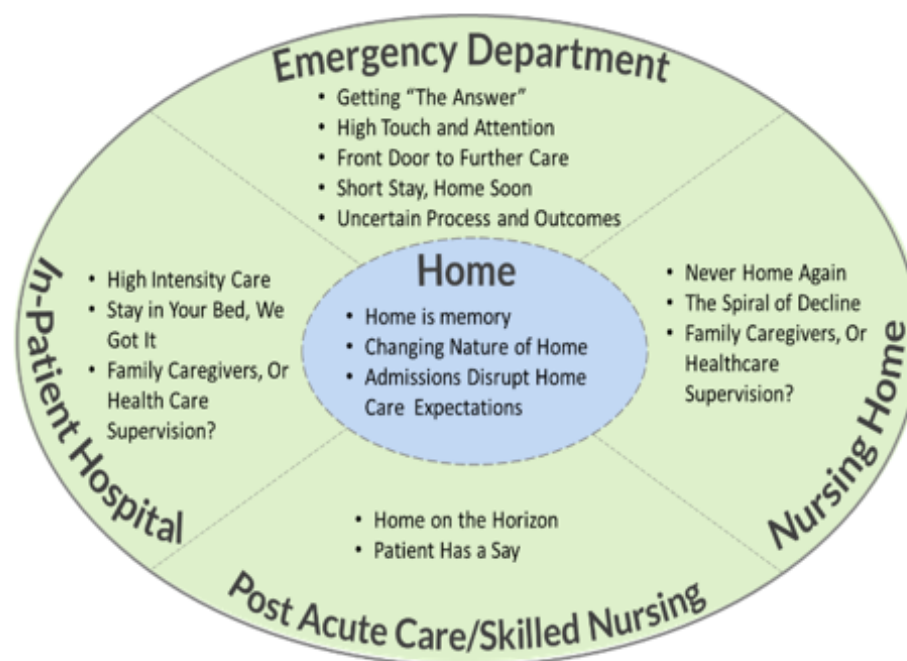
Aim 1: Preliminary Qualitative Findings

Focus Groups

In October 2020, Dr. Nina Sperber and the Qualitative Team shared preliminary findings with the Stakeholder Expert Panel on the qualitative component of the ASPIRE Home Time project, led by Dr. Courtney Van Houtven. The team presented findings from 3 focus groups. The goal of the groups was to elicit perspectives about *quality of life* in different care settings from Veterans and Caregivers to help decide weighting various settings for a person-centered measure.

Stakeholder Expert Panel Considerations

- These findings justify the need for different weights but do not dictate what they should be.
- These findings show differences between provider and patient perspectives in that providers seem to focus on functional trajectory, while patient focus is day-to-day activity.
- Generally, we need to consider differences by cultural/ethnic background, condition (including cognitive impairment/dementia), nursing home and assisted living exposure, and caregivers vs. Veterans.
- Consider two measures of home, one for community dwelling and other for institutional settings (including assisted living).
- Overall, face validity. These preliminary findings make sense. However, there are additional considerations by setting (see below).



Thank you. Twitter: @chvanhoutven

<https://pubmed.ncbi.nlm.nih.gov/32992111/>



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Advancing the science of population-based measures of home-time

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