Aging in Place – What’s in Store for Family Caregiving and Home-Based Care?”

Thomas Edes, MD MS
Executive Director, Geriatrics & Extended Care Clinical Operations
US Department of Veterans Affairs
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Aging in Place – Caregivers and Home Based Primary Care

• Converging Public Health Challenges
• Home Based Primary Care – VA experience, Emergence in Medicare: Family Caregivers – Crucial roles, crucial needs
• HBPC support for Family Caregivers
• VA Caregiver Support Program
• For those without a strong family caregiver?
Converging Public Health Challenges

- Increasing population over age 85
- Escalating prevalence of chronic disabling disease
- Relative decrease in family caregivers
- Unsustainable rise in healthcare costs
- More in need of nursing home level of care
- Many refuse to move into nursing home
- Ethical dilemmas
% Change in US Population from 2000 to 2030

United States

% Change in Population

- Veterans 85 +
- US 85+
- US 65+
- US Total

Year:
- 2000
- 2010
- 2020
- 2030
From 2010 to 2040 -

- Americans age 65+ projected to double - from 40 M to 81 M
- Proportion age 85+ projected to increase 82% from 5.8 M to 14.2 M
- Number of potential family caregivers will grow but at slower rate than 85+ so fewer family caregivers per member needing care
- Proportion of potential family caregivers employed full time to grow, caregiving tasks become more complex – all increasing difficulty of family caregiving and worsening negative effects on caregivers

What is VA Home-Based Primary Care (HBPC) ?

- Comprehensive, longitudinal primary care
- Delivered in the home
- By an Interdisciplinary team: Nurse, Physician, Social Worker, Rehabilitation Therapist, Dietitian, Pharmacist, Psychologist
- For patients with complex, chronic disabling disease
- When routine clinic-based care is not effective

For those “too sick to go to clinic”
Help them remain at home with optimal health, independence, safety and purpose

VETERANS HEALTH ADMINISTRATION
HBPC is **NOT** like Medicare (MC) Home Care

- Different target population
- Different processes
- Different outcomes

- HBPC provides *longitudinal comprehensive, interdisciplinary care* to veterans with *complex chronic disease*
  - **LONGITUDINAL** – not episodic
  - **COMPREHENSIVE** – not problem-specific
  - **INTERDISCIPLINARY** – not one discipline
  - **CHRONIC DISEASE** – not remedial conditions
Caregiver Support in VA Home Based Primary Care

• Recognition that family caregivers crucial to success
• Routinely address social determinants of health
• Home assessment often leads to community services
• Routine assessment for caregiver strain – Zarit Caregiver Assessment
• Six year experience in VA
HBPC Caregiver Screening and Intervention Review 2015 Results

- 9396 charts reviewed that had caregiver identified
- 8830 HBPC caregivers screened for caregiver strain
- 1582 or 18% had positive screen for caregiver stress of which 90% (1426) received intervention.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Mnemonic</th>
<th>Program Goal</th>
<th>FY 2015 Numerator</th>
<th>FY 2015 Denominator</th>
<th>FY2015 %</th>
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<tbody>
<tr>
<td>Timely Care</td>
<td>HBPC pt caregivers w stress receiving intervention</td>
<td>hc22</td>
<td>95%</td>
<td>1426</td>
<td>1582</td>
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<tr>
<td>Timely Care</td>
<td>Annual assessment of caregiver strain - HBPC</td>
<td>hc25</td>
<td>95%</td>
<td>8830</td>
<td>9396</td>
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<td>Timely Care</td>
<td>Caregiver + burden offered short term individualized therapy</td>
<td>hc28</td>
<td>95%</td>
<td>1248</td>
<td>1366</td>
<td>91.36</td>
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Impact of HBPC on Hospital Days and Total Costs - Two studies

- **Non-VA**: 722 in HBPC; 2161 propensity matched controls
- **2yr study**: HBPC 17% lower total Medicare cost \( p=0.003 \)
- 20% lower hospital and skilled nursing facility costs
  - Effects of Home-Based Primary Care on Medicare Costs in High-Risk Elders., J Am Geriatric Soc Oct 2014

- **VA**: 6951 HBPC Veterans also enrolled in Medicare(MC)
- Hierarchical Condition Category (HCC) scores to project cost
- 36% reduction in combined VA+MC hospital days
- **12% reduction in combined VA+MC costs**, including HBPC
Independence at Home Act
Section 3024, Patient Protection and Affordable Care Act

• Model in Medicare like VA HBPC, with economic structure in CMS to support it
• Targets complex chronic disabling disease
• Interdisciplinary, longitudinal care in home
• Geriatric skills, EHR, quality, satisfaction
• First year results: 8400 of Medicare’s most chronically ill and disabled beneficiaries, HBPC lowered total cost by $25 million
• Completed third year of Medicare demonstration
VA Caregiver Support Program. 2010 - unprecedented level of direct services and supports to family caregivers of Veterans

In-Home Care
   Skilled Nursing
   Home Health Aide
   Home Based Primary Care
   Veteran Directed Home & Community Based Care

Respite Care

Services to Address Mobility
   Equipment
   Home Modification
   Automobile Modification

Education and Training

Financial Support
   Aid and Attendance
   Caregiver Stipend (Post 9-11)

Information and Referral
   Caregiver Web site: www.caregiver.va.gov
   Caregiver Support Line: 1-855-260-3274

Caregiver Support
   Caregiver Support Coordinators
   Peer Support Mentoring Program
   Building Better Caregivers™
   Spouse Telephone Support
   REACH VA
   Support Groups
Program of Comprehensive Assistance for Family Caregivers – Program Overview

- Clinical Program, providing the following additional services directly to Family Caregivers of eligible Veterans injured in the line of duty on or after September 11, 2001:
  - Stipend
  - Enrollment in CHAMPVA
  - Mental Health
  - Beneficiary Travel
  - Education and Training
  - Additional respite

- Program participation **must**:
  - Be in the clinical best interest of the Veteran
  - Support the Veteran’s progress in treatment
What is VA Medical Foster Home (MFH)?

For Veterans who are unable to live independently, meet nursing home level of care need, prefer a family setting, and lack a strong family caregiver -

- an alternative to nursing home, in a personal home, at half the cost
- Merges adult foster home with VA Home Based Primary Care – care and training in home
- Person takes dependent Veteran into their personal home, role of strong family caregiver - daily supervision and personal assistance
- Currently, MFH total taxpayer savings $1M every 10 days
Happier Vets, Lower Costs

For veterans who don’t want to live in institutions, foster homes offer a promising alternative

BY STEPHANIE SIMON

ABELOVALE, Ark.—The federal government’s ambitious new drive to cut costs and improve care for disabled military veterans begins not in a big-city hospital, but here in small-town Arkansas, in a tidy brick bungalow set back from a country road.

Daffodils bloom outside the bungalow, and a ginger-and-white cat snoozes on the stoop. Inside, Roy Strange, a 90-year-old Army vet, stretches out in a recliner to watch a video about model trains.

Mr. Strange suffers several combat-related ailments from his service in World War II and is thus eligible for subsidized nursing-home care, paid for entirely by the Department of Veterans Affairs. Instead, he chooses to spend his own money to stay in this “medical foster home,” run by private caretakers, Cristina and Cornell Oneic.

The home is one of hundreds across the country that take in veterans who can’t care for themselves, but don’t want to live in an institution. The vets pay the foster family’s expenses, while the VA covers the costs of regular visits from health-care providers, such as nurses, therapists and dietitians. The result is dramatically lower costs—The VA pays just about $52 a day for patients in foster homes, compared with an average of $469 for those in nursing homes. And many vets like Mr. Strange say they prefer the companionship.

Homeowner and caregiver Cristina Oneic and her dog, Jake, with World War II veteran Roy Strange

Program began in Arkansas a decade ago but remained a pilot project until its director, Thomas Edes, began aggressively promoting it as a way to cut costs and boost the quality of life for severely disabled vets. In 2008, Congress set aside $9 million to expand the program. Last year, that expansion began, with the VA bringing programs to 19 states and Puerto Rico, and Dr. Edes spotted a photo of the caregiver’s grandchildren helping the vet around Disney World. “We take Joe everywhere,” the caregiver explained.

Covering Costs

Veterans pay their caregivers $1,500 to $4,000 a month, depending on the level of assistance they need. For most vets, that’s enough to cover nursing-home fees for all veterans, just those whose ailments are tightly tied to their military service. But so far, about a quarter of the 600 veterans who have gone into medical foster homes are in that category. As long as they’re happy in foster homes, the VA is off the hook for nursing-home care.

Sometimes, of course, the vets aren’t happy in the private admis-
Aging in Place – Caregivers and Home Based Care

• Escalating need for family caregivers, and adequate support
• Home Based Primary Care: Increased access, improved quality and lower total cost of care. Emerging in Medicare
• VA Caregiver Support Program – impact of strong support and training
• For those who do not have a strong family caregiver – Medical Foster Home, with Home Based Primary Care, Caregiver support and Caregiver training.