q&a: Annette Totten on a Geriatrics Framework for Home Care: A Quality Improvement Approach

Deborah M. Flores, Interviewer

Abstract: Annette Totten, PhD MPA, is director of the Geriatrics Framework Project at the Center for Home Care Policy and Research of the Visiting Nurse Service of New York, New York, NY. She has held a variety of policy, research, and project management positions in government, private foundations, and university-based research centers including the Ohio House of Representatives, the John A. Hartford Foundation, the New York State Department of Health, the New York University Department of Nursing, the Columbia University School of Nursing, the State Health Data Assistance Center (SHADAC) at the University of Minnesota, and the Veterans Administration. Before joining the Center for Home Care Policy & and Research, Annette was the Director of the Center for the Study of Aging and an Assistant Research Professor at Boise State University. She earned her doctorate in health services research from the University of Minnesota School of Public Health and also holds a Masters of Public Administration from the Robert F. Wagner Graduate School of Public Service at New York University. Her research interests include the organization, financing, and quality of care for chronic conditions and long-term care. She co-authored the book, Meeting the Challenge of Chronic Illness (The Johns Hopkins University Press, 2005) and has developed and taught graduate course on aging, health, and social policy; chronic disease epidemiology; and research methods.

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q The initiative called ''Establishing a National Framework for Geriatric Home Care'' was developed to shape the provision of home care for older adults. What quality improvement objectives are you attempting to achieve?

a The ultimate goal of this project is to ensure that home healthcare is effective in promoting the health and well-being of older adults. Eighty five percent of home healthcare patients are over 65 and most have multiple chronic conditions (Murtaugh et al., *JHQ*, March 2009). So high quality home healthcare requires excellence in geriatrics. Yet, geriatric best practices that have been developed in other settings have not been systematically incorporated into home healthcare practice. Also, very little research has been undertaken in home healthcare so we have limited evidence on how to address the unique challenges inherent in delivering healthcare in the home.

But we will not get from where we are today to effective geriatric home care in one giant leap—it is going to take many incremental steps. This project has created a framework for practice improvement by identifying: (1) existing best practices in geriatrics that are applicable to home care; and (2) areas where we need more knowledge and research evidence to inform practice. Then, based on this information, we have worked with our National Advisory Council (NAC), who are experts in geriatrics and home care, to select six priority areas for practice improvement and develop recommendations. The six priority areas are: care coordination, management, and transitions; medications management; physical function; cognitive function; chronic pain management; and palliative care and advanced illness management. The NAC has developed consensus practice recommendations in each area, as well as a set of overarching principles that define true excellence in home healthcare for older adults.

To go from these recommendations to practice change on the ground will require more work. With support from the Atlantic Philanthropies and the John A. Hartford Foundation, the Center for Home Care Policy and Research at the VNSNY has begun a second phase of this effort, called CHAMP. This includes two strategies, a national Community of Practice to support quality improvement efforts and the expansion of CHAMP multi-modal courses to train frontline home care managers to provide ''best practice'' geriatric care. More information is available at http://www.champ-program.org.

q How will you measure the effectiveness of this program on the provision of effective patient-centered care that is timely, efficient, and equitable?

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a This initiative has been designed to accommodate the fact that change is going to be incremental and needs to occur on many levels. The Frameworks Project is the first phase and our measures of effectiveness are on the industry level. We set out to raise awareness and create collaborations among the home care industry and other stakeholders such as regulatory and accrediting bodies. Our measure of success is that we have obtained the engagement and endorsement of key leaders. The CHAMP courses involve front line managers who undertake hands-on practice improvements in their agency during the course. Each course places a strong emphasis on measurable results, and agency-specific data are collected to capture improvements in key processes of care and important patient outcomes such as reducing ''polypharmacy.'' CHAMP employs an innovative Web-based data submission and reporting system so that managers can monitor their progress and compare it to the aggregate results from all the participating agencies.

q The first National Conference on ''Promoting Excellence in Geriatric Home Care'' was held in July 2008. How achievable are the goals established by the NAC?

a The goals are ambitious because they require fundamental changes in what home care does and how it is done. For example, a frail older person may be admitted to home healthcare for postsurgical care after a hip fracture repair. Changing dressings and physical therapy are necessary, but they are not sufficient for the best possible outcome if the patient is also diabetic and hypertensive, or unable to manage medications due to vision and cognitive impairments, and if there are adult children, they may be at risk for burnout while trying to maintain jobs and care for a parent. Screening, assessment, care planning, and monitoring all need to change. What is encouraging to me is that this did not overwhelm the national conference participants; rather, they were inspired and enthusiastic about taking on change, piece by piece. During the conference people identified actions they could take in their own organizations to promote excellence in geriatric home care and now they are working with each other to turn these action ideas into reality. It is this collaboration that will make the goals achievable.

q Have quality improvement methods surrounding the use of OASIS and other home care outcome reporting tools been effective in achieving results in the current home care environment?

a Yes. National studies, program evaluations, and case studies have repeatedly documented what is a basic tenet of quality improvement, and that is having a target not only helps improve care, it helps improve care faster. OASIS and other reporting tools provide a standardized way for home health agencies to set targets, compare their outcomes with other agencies, and to track their own progress over time.

q How will the current social and economic environment affect your ability to achieve and sustain improvement?

a Social and economic forces have a huge affect on home care. Dr. Joshua Weiner and his colleague discuss several implications in his article in this issue, Making the System Work for Quality in Geriatric Home care. I won't repeat what he has said, but I would like to emphasize that the political changes and the economic difficulties we have been experiencing can be opportunities to promote improvement. Organizations may be more open to change as they work to adjust to environmental stress. If we can successfully make the business case for providing excellent geriatric care, home health agencies may be particularly motivated to consider and implement the recommendations developed for this project.

q What advice would you offer other home care providers who are interested in building a stronger quality improvement focus for their organizations?

a There are two recommendations I would make. First, know your organization and make sure there is a good ''fit'' between your organization and your quality improvement activities. Research evidence and guidelines can help home care providers think about ''what'' they should be doing to provide the best care possible to older people, but it is harder to find solid research on ''how'' to do it. And, in any case, most organizations have distinct and unique features that require a tailored approach to implementation. Thus, home health agencies have to figure some of

this out themselves. Dr. Stock (referencing her paper in this issue) looks at what home care can learn from other settings about implementing best practices. She provides a thorough discussion of the characteristics of both the organization and the interventions that should be considered. It is worth the effort to always think about ''fit,'' because failed quality improvement efforts will discourage people from trying to improve practice in the future.

My second recommendation is that organizations should ''steal shamelessly'' rather then trying to reinvent the wheel. Nothing will torpedo an effort faster then overwhelming people with the enormous task of inventing something completely new. What has been done by others may need to be adapted to fit your organization if you are heeding recommendation one, but that is a much more doable task. To strengthen the focus on quality improvement in your organization, you need to be prepared to ''steal,'' meaning you need to know who is doing what in fields related to your work. In response to the first question, I mentioned that the second phase of this initiative will include the development of a Community of Practice. One goal of this Community is to facilitate the exchange of information and experience among home health agencies as well as with experts in other fields. We want to help professionals network so they can identify what to try in their organizations.

Author's Biography

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