

The Center for Home Care Policy & Research, established in 1993, conducts scientifically rigorous research to promote the delivery of high-quality, cost-effective care in the home and community. To date, the Center has been awarded ~61 million in federal and private grant and contract funding, evolving into a multi-functional scientific research and evaluation team informing VNSNY, local, national, & international health policy, science & evidence-based practice.

GRANT PROPOSAL EFFORTS. **17 new** proposals submitted in 2021 (7 federal), total of \$2,764,960 in requested funding

- **19** proposals awarded funding (6 of which were 2020 submissions; 10 Federal awards); total value of \$6,243,325 (profiles below)

SCIENTIFIC FOCUS on COVID-19.

- Agency for Health Care Research and Quality R01 (Arbaje & **Bowles/McDonald**) *Making health care safer for older adults receiving skilled home health care services after hospital discharge – COVID-19* (\$305,143)
- Altman Foundation Grant (**Feldman/Russell/McDonald**) *Ensuring Safety of the Home Health Aide Workforce and the Continuation of Essential Patient Care through Sustainable Pandemic Preparedness* (\$75,000)
- Missouri University Intramural Grant (Chase & **Bowles**) *Family caregiving in home health care during the COVID-19 pandemic: A qualitative descriptive study* (\$2,200)
- National Institute of Nursing Research R01 (Aldridge & **McDonald**) *The Impact of COVID-19 on End-of-Life Care for Vulnerable Populations* (\$151,939)

NEW RESEARCH PROJECTS.

- Agency for Health Care Research and Quality R01 (Shang & **McDonald**) *Dis-Infection in Home Healthcare* (\$868,580)
- National Institute on Aging (Phongtankuel & **Shah**) *Developing and piloting a multi-component technology-based care intervention to address patient symptoms and caregiver burden in home hospice* (\$62,377)
- National Institute of Health Pepper Center (Reckrey & **Russell**) *Home Health Aide Continuity Among Home-based Long-Term Care Clients and Its Relationship with Health Outcomes* (\$30,000)
- National Institute of Nursing Research R01 (**Ryvicker**) *Gender affirmation, quality of life, and access to care: A Mixed-method longitudinal investigation* (\$3,465,853)
- National Institute of Nursing Research R21 (Applebaum & **McDonald**) *A pragmatic randomized control trial of nurse-delivered brief meaning centered psychotherapy for homebound palliative care patients* (\$152,667)
- National Institute of Nursing Research R01 (**Bowles & Ryvicker**) *Improving transitions and outcomes of sepsis survivors (I-TRANSFER)* (\$723,909)
- Amazon (Zolnoori & **Topaz**) *Using Speech and Language to Identify Patients at Risk for Hospitalizations and Emergency Department Visits in Homecare* (\$75,557)
- Mother Cabrini Health Foundation (**Soberman & Oberlink**) *VNSNY Veterans Outreach Project* (\$41,069)
- Columbia University Intramural Grant (Shang & **McDonald**) *Development and Testing of the Palliative Care related Knowledge, Attitudes & Confidence in Home Health Care (PC-KAC in HHC)* (\$5000)
- Stanley M. Isaacs Neighborhood Center (**Oberlink**) *VNSNY health coaching initiative at Stanley M. Isaacs NORC* (\$10,000)
- Stanley M. Isaacs Neighborhood Center (**Oberlink**) *VNSNY health coaching initiative at Johnson Houses NORC/Taft Senior Center* (\$10,000)
- Columbia University Intramural Grant (Song & **Topaz**) *Clinical Meaningful Concept in Communication (MC-ICON) study* (\$7,300)
- National Institute on Aging (R00 Segment) (Luth & **McDonald**) *Enhanced Dementia Instruction and Tool in Home Hospice Care (EDITH-HC)* (\$191,186)
- NYC City Council (Whittington & **Oberlink**) *Gender Affirmation Program (Evaluation Component)* (\$48,893)
- National Institute of Health (**Burgdorf**) *Consumer Health Information Technology to Engage & Support Alzheimer's and Dementia Related Disorders (ADRD) Caregivers: Research Program to Address ADRD Implementation* (\$16,852)

ONGOING EXTERNALLY FUNDED RESEARCH & EVALUATION STUDIES. **34** active studies in 2021.

PEER-REVIEWED PUBLICATIONS & PRESENTATIONS. **37** manuscripts published, w/ **10** more under review. **12** Presentations.

STAFFING UPDATES. Recruiting for Research Scientist (Jr. & Sr.) New Hires: Julia Burgdorf, Research Scientist; Sonia Cheruvillil, Project Manager; Greg Horton, Business Manager; and Felix Vasquez, Research Assistant

INTERVENTIONS

Stakeholders: Staff from Intake, Business Development, CHHA administration, regional and team managers, field staff, schedulers, coders, and quality improvement staff have or are currently providing input into process assessment to identify barriers, enablers, and strategies for implementing the three interventions described below. Input maximizes uptake and lays the groundwork for sustainability if the intervention is found successful.

Safe Transitions: Making health care safer for older adults receiving skilled home health care services after hospital discharge

Description: This study seeks to address critical gaps in the understanding of safety issues during the high-risk hospital to home health care transition. This project is analyzing threats, refining and then pilot testing a bundle of interventions

PREVENT: Improving patient prioritization during hospital-homecare transition: A mixed methods study of a clinical decision support tool

Description: This study is a rigorous effectiveness trial evaluating an innovative clinical decision support system (CDSS) called PREVENT. PREVENT assists home care agency schedulers and nurses in prioritizing patients in need of immediate first homecare nursing visits. In the testing phase the teams will use the tool to guide visit timing.

I-TRANSFER: Improving TRANSitions aNd outcomeS of sEpsis suRvivors

Description: The purpose of this study is to advance the science of transitional care for sepsis survivors, the study will test the effectiveness of the I-TRANSFER home health care early visit protocol in the real world and study its implementation with a pragmatic, multi-center, Type 1 hybrid design in partnership with five dyads of acute care and home healthcare providers (11 hospitals and 5 HHC agencies). VNSNY is implementing this intervention in collaboration with New York Langone Medical Center.

EXAMINING NEEDS/OUTCOMES OF VULNERABLE POPULATIONS

Stakeholders: This group of studies collaborate with VNSNY teams serving the targeted study populations, including staff from Population Health, the Gender Affirmation Program, and Hospice. Their inputs help with the identification of important information to collect and study, understand current clinical practices, and eventually help to discern implications of findings and translation to practice.

Development and Testing of the Palliative Care related, Knowledge, Attitudes, & Confidence in the Home Health Care (HHC) Questionnaires

Description: This pilot project is aimed at developing and evaluating the psychometric properties of instruments that measure palliative care knowledge, attitudes, and confidence among clinicians, patients and informal caregivers in the HHC setting.

Gender Affirmation, Quality of Life, and Access to Care: A Mixed-Method Longitudinal Investigation

Description: Gender minorities experience disparities in physical and mental health. Gender-affirming healthcare has the potential to mitigate these disparities, yet this population faces multiple barriers to accessing competent care. This mixed-method, longitudinal cohort study examines changes in psychosocial adjustment and health-related quality of life after gender-affirming surgery, informing the development of future home- and community-based healthcare interventions to promote their health and wellbeing.

The Impact of COVID-19 on End-of-Life Care for Vulnerable Populations

Description: The major goal of the study is to examine the impact of public health containment and mitigation policies implemented during the COVID-19 crisis in the United States on the experiences of patients at the end of life and their families. Hospice is the dominant model of home-based care for those at the end of life and this research will elucidate the ways in which hospices adapted their practices and implemented new policies in response to COVID-19 and in preparation for a broad range of future emergencies.