

THE CENTER FOR HOME CARE POLICY & RESEARCH AT VNS HEALTH

TABLE: 2025 ACTIVE PROJECTS

(IN ALPHABETICAL ORDER BY NAME OF PROJECT) – AS OF 11/21/2025

Project Name		Funder	VNS Health Research Staff	Main Focus Area	Project Dates
1	<p>Characterizing and Predicting Patient Trajectories After Hospice Live Discharge among Older Adults with Alzheimer's Disease and Related Dementias</p> <p>Description: This study characterized trajectories of care transition, functional decline, and healthcare utilization after hospice live discharge.</p>	<p>National Institute on Aging (NIA) <i>Subcontract with Weill Cornell Medicine</i></p>	Ryvicker Kapela	Quality & Outcomes	09/01/24-08/31/25
2	<p>Development of a Screening Algorithm for Timely Identification of Patients with Mild Cognitive Impairment and Early Dementia in Homecare</p> <p>Description: This study seeks to develop a mild cognitive impairment (MCI) and early-stage dementia (ED) screening algorithm using linguistic and acoustic features extracted from patients' verbal communications and electronic health record data.</p>	<p>National Institute on Aging (NIA); <i>Subcontract with Columbia University</i></p>	McDonald Spens Vergez	Quality & Outcomes	09/01/24-06/30/27
3	<p>Disparities in Infection in Home Health and Patients/Caregivers' Perceptions (Dis-Infection in HHC)</p> <p>Description: This multisite study is examining socio-economic disparities in infection events and will explore infection prevention and control related knowledge, attitudes, and practices among home healthcare patients and their caregivers. The final year of this study includes the pilot testing of an intervention to improve infection control practices.</p>	<p>Agency for Healthcare Research and Quality (AHRQ): <i>subcontract with Columbia University</i></p>	McDonald Russell Barrón-Vayá Sridharan Onorato Vergez Kapela Vasquez Flaherty	Quality & Outcomes	09/03/21-08/31/26
4	<p>Effects of Family Caregiver Availability and Capacity on Home Health Care for Older Adults with Alzheimer's Disease and Related Dementias</p> <p>Description: Aims: 1. Characterize caregiver role (including types of assistance provided, availability and capacity) during HH for patients with Alzheimer's Disease and Related Dementias (ADRD); 2. Determine the impact of caregiver availability and capacity on home health care delivery for patients with ADRD; 3. Assess the impact of caregiver availability and capacity on home health outcomes for patients with ADRD.</p>	National Institute on Aging (NIA)	Burgdorf Barrón-Vayá	Quality & Outcomes	04/15/23-03/31/26
5	<p>ENGAGE-D: DEsigning Care ManaGement for Hospice TrAnsitions for Persons Living with AdvancEd Dementia</p>	National Institute on Aging (NIA);	McDonald Onorato	Quality & Outcomes	08/01/24-07/31/28

	<p>Description: The aim of this study is to design and pilot a care management intervention to improve hospice transitions for diverse persons living with advanced dementia.</p>	<i>subcontract with New York University</i>			
6	<p>Enhancing Dementia Instruction and Toolkit in Home Hospice Care (EDITH-HC) Description: This research study sought to improve the quality of care provided to home hospice persons living with dementia (PLwD) and their family caregiver (FCG). This study developed and preliminarily tested an educational training program and FCG assessment tool for hospice nurses and social workers (clinicians) to improve clinician knowledge about end-of-life care for PLwD and to improve support for and reduce burden among FCG of home hospice PLwD.</p>	National Institute on Aging (NIA); <i>subcontract with Rutgers, The State University</i>	McDonald Kapela Vasquez	Quality & Outcomes	09/01/21-08/31/25
7	<p>Health-Related Quality of Life and Psychosocial Wellbeing for Individuals Managing Chronic Conditions after a Major Surgery Description: This mixed-method, longitudinal cohort study examines the psychosocial adjustment and health-related quality of life of individuals with one or more chronic health conditions admitted to home healthcare after genital reconstructive or other major surgery, informing future home- and community-based healthcare interventions to promote their health and wellbeing.</p>	National Institute of Nursing Research (NINR); <i>collaborating with University of Pennsylvania & Columbia University</i>	Ryvicker Cheruvillil	Supporting Communities	07/01/21-04/30/26
8	<p>“HEAR-HEARTFELT” (Identifying the risk of Hospitalizations or Emergency department visits for patients with HEART Failure in managed long-term care through vErbal communicaTion) Description: The aim of this project was to provide mentorship to a junior nurse researcher and to examine whether audio-recorded verbal telephone communication can be utilized to improve risk prediction.</p>	National Institute of Nursing Research (NINR); <i>subcontract with the University of Pennsylvania</i>	Topaz Sridharan	Quality & Outcomes	09/01/23-08/30/25
9	<p>Homecare CONCERN: Building risk models for preventable hospitalizations and emergency department visits in home care Description: This study further developed and validated a preventable hospitalization or ED visit risk prediction model (Homecare-CONCERN). Traditional (time varying Cox regression) and cutting-edge time-sensitive analytical methods (Deep Survival Analysis and Long-Short Term Memory Neural Network) for risk model development was applied. In addition, the team prepared Homecare-CONCERN for clinical trial via pilot testing.</p>	Agency for Healthcare Research and Quality (AHRQ)	Topaz Bowles McDonald Barrón-Vayá Sridharan Kapela Davoudi	Quality & Outcomes	09/30/20–07/31/25
10	<p>I-TRANSFER-HF: Improving TRansitions ANd OutcomeS for Heart FailurE Patients in Home Health Care: A Type 1 Hybrid Effectiveness/Implementation Trial</p>	National Heart, Lung Blood Institute (NHLBI);	Bowles McDonald Ryvicker	Quality & Outcomes	09/01/23-08/30/28

	<p>Description: This study will test an intervention called Improving TRAnsitions ANd OutcomeS for Heart FailurE Patients in Home Health CaRe (I-TRANSFER-HF), comprised of a first HHC nursing visit on the day of or day after hospital discharge with a total of three or more nursing visits the first week, <u>and</u> an outpatient visit within 7 days of discharge. The real-world effectiveness of this intervention for reducing 30-day readmissions in a national, pragmatic, multi-center, Type 1 Hybrid stepped wedge cluster randomized trial in partnership with 4 geographically diverse dyads of hospitals and HHC agencies (“hospital-agency dyad”) compared to usual care will be examined.</p>	<i>subcontract with Weill Cornell Medicine</i>	Barrón-Vayá Sridharan		
11	<p>Improving Care Transitions and Self-care among Informal Caregivers of Hospitalized Older Adults through Digital Tools Description: The primary aim of this study is to compare the efficacy of the Virtual Caregiver Coach for You (VICCY) intervention compared to digital health information alone in improving self-care of caregivers of hospitalized community-dwelling older adults with multiple chronic conditions who transition from hospital to home.</p>	National Institute on Aging (NIA); <i>subcontract with University of Pennsylvania</i>	Riegel	Quality & Outcomes	09/01/23-05/31/28
12	<p>Improving Self-Care of Caregivers of Adults in Homecare with Heart Failure and Cognitive Impairment Description: Previously, we developed and tested a virtual health coaching intervention to improve caregiver self-care. The intervention was effective in a sample of heart failure caregivers. In this new study, we will expand testing to a broader, more challenging population of underserved caregivers caring for patients with heart failure and cognitive impairment. If it works in these caregivers, this will be further evidence that the intervention may be able to address a need for support for millions of caregivers worldwide.</p>	National Institute on Aging	Riegel Onorato McDonald Bowles Burgdorf Barrón-Vayá	Quality & Outcomes	09/15/25-08/31/30
13	<p>Improving TRAnsitions anD outcomeS oF sEpsis suRvivors (I-TRANSFER) 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 intervention in the real world and study its implementation with a pragmatic, multi-center, Type 1 hybrid, stepped wedge randomized trial in partnership with five dyads of acute care and HHC providers (ten clinical sites in total).</p>	National Institute of Nursing Research (NINR); <i>subcontract with University of Pennsylvania</i>	Bowles Barrón-Vayá Ryvicker	Workforce Training/ Quality & Outcomes	12/01/20-11/30/26
14	Incongruent Identity Documents (IIDs) Among Transgender and Nonbinary Populations and Structural Implications for Access to Social Security Benefits, Disability Insurance and Healthcare	New York Retirement &	Cheruvillil Ryvicker	Quality & Outcomes	10/01/24-09/30/25

	<p>Description: This study explored the impact of incongruence in official identity documents for transgender and nonbinary (TGNB) people.</p>	Disability Research Center			
15	<p>Investigating Changes in Home Health Access and Quality for Medicare Beneficiaries with Alzheimer's Disease and Related Dementias Following Recent Payment System Revisions</p> <p>Description: The goal of the proposed research is to assess PDGM's impact on community entry to home health access, care delivery, and outcomes for community-living older adults with ADRD.</p>	National Institute on Aging (NIA)	Burgdorf Barrón-Vayá	Quality & Outcomes	09/01/23-08/31/26
16	<p>Leveraging Home Health Aides to Improve Outcomes in Heart Failure</p> <p>Description: The goal of the project was to develop, and pilot test a novel intervention for home health aides caring for patients with heart failure, in order to avert avoidable readmissions and improve patient outcomes. VNS Health investigators are advisors to this study and helped with the logistics of pilot testing of the intervention.</p>	National Heart, Lung, and Blood Institute (NHLBI); <i>subcontract with Weill Medical College of Cornell University</i>	McDonald Vergez Sridharan	Workforce Training/ Quality & Outcomes	12/15/19-11/30/25
17	<p>Optimizing Clinical Documentation Quality to Reduce Health Disparities in Home Healthcare: the ENGAGE Study</p> <p>Description: Stigmatizing language in the clinical notes negatively affects the quality of patient care and the attitudes of clinicians who view the notes. This project aims to design and pilot-test a technology-driven system, ENGAGE, that will help to identify and reduce the use of stigmatizing language among home healthcare nurses. Achieving this goal will health disparities and improve the quality of care for patients treated in home healthcare settings.</p>	National Institute on Minority Health and Health Disparities (NIMHD); <i>subcontract with Columbia University School of Nursing</i>	Topaz McDonald Sridharan Gross	Quality & Outcomes	12/01/23-11/30/28
18	<p>Patterns & Preferences of Home-Based Service Use for Persons with Dementia</p> <p>Description: The overall objective of this study is to describe Home and Community Based Service use across the spectrum of payers and providers for people with dementia and identify individual and cultural factors associated with variation in use.</p>	Alzheimer's Association	Burgdorf Russell Vergez	Quality & Outcomes	12/01/23-11/30/25
19	<p>A Pragmatic Randomized Control Trial of Nurse-Delivered Brief Meaning Centered Psychotherapy for Homebound Palliative Care Patients</p> <p>Description: The primary aim of the study was to determine if homecare nurses, the frontline clinicians who typically serve this vulnerable patient population, can effectively deliver meaning</p>	National Institute of Nursing Research (NINR); <i>subcontract with Sloan-Kettering Institute for Cancer Research</i>	McDonald Onorato Kapela	Quality & Outcomes	09/01/21-07/31/25

	centered psychotherapy for palliative care and reduce psychological suffering in their advanced cancer patients.				
20	<p>A speech-processing algorithm for automatic screening of Black patients with mild cognitive impairment (MCI) and early dementia (ED) in the home healthcare setting</p> <p>Description:</p> <p>The primary goal of this study was to utilize the routinely generated data in the HHC setting, including African American patient-nurse verbal communication and the Outcome and assessment Information Set (OASIS – a federally required assessment of patients admitted to HHC), to develop a screening algorithm for timely identification of MCI-ED patients.</p>	National Institute on Aging (NIA): <i>subcontract with UPenn a2Collective AI/Tech + Aging</i>	Topaz Zolnoori Spens	Quality & Outcomes	06/01/23-05/31/25
21	<p>Supporting Dementia Caregivers During Medicare Home Health: Developing the DECLARE Needs Assessment Intervention</p> <p>Description:</p> <p>Family caregivers often act as an extension of the care team during home health care for older adults, yet their capacity and needs are not systematically assessed which limits their access to necessary support. This proposal would develop, refine, and pilot test a self-assessment intervention for the home health setting to improve communication and support between the care team and family caregivers to patients with Alzheimer's Disease and Related Dementias. Proposed research and training activities would support the career development of Dr. Julia Burgdorf, whose career goal is to improve home- and community-based care for older adults by developing pragmatic clinical interventions to advance provider-led engagement and support of family caregivers.</p>	National Institute on Aging (NIA)	Burgdorf McDonald Kapela Flaherty Vasquez	Quality & Outcomes	06/01/23-02/29/28
22	<p>Using automated speech processing to improve identification of risk for hospitalizations and emergency department visits in home healthcare</p> <p>Description:</p> <p>The goal of this study is to refine and finalize an automated speech processing system that uses patient-nurse audio recorded communication to improve identification of risk for hospitalizations and emergency department (ED) visits. We will audio-record regular nurse visits, extract and examine features that may serve as indicators of risk and develop a prediction risk model. In future work, this risk model can be integrated into home healthcare workflow to trigger timely and personalized alerts about concerning patient risk.</p>	National Institute on Aging (NIA); <i>subcontract with Columbia University School of Nursing</i>	Topaz McDonald Onorato Vergez Sridharan Flaherty	Quality & Outcomes	06/15/23-02/29/28
23	VNS Health Veterans Outreach Project Description:	Mother Cabrini Health Foundation	Stern	Supporting Communities	01/01/20-12/31/25

	<p>The Research Center’s role in this project is to provide data collection support and conduct an evaluation of the Veteran Liaison Program, which strives to expand healthcare access to veterans and their families; assist veterans in accessing benefits and community resources to ensure they are receiving the care and services to which they are entitled; help bridge the transition into the community from in-patient facility settings; and provide educational sessions for nurses, social workers, and home health aides to sensitize them to the special needs of veteran patients.</p>				
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