# Welcome to our second Quarterly Meeting!

If you have not already, please consider joining the network. Scan the QR code to fill out the member survey to receive network communications on upcoming events and activities.

# There's still time to join a Working Group(s):
## 1) State policies
## 2) Access/Unmet needs
## 3) Interventions

Scan the QR code to complete the interest survey and be added to a Working Group email list.

# Meet the panelists

**Bill Zagorski**
**CEO, American Senior Care Center, Inc.**
**Board Chair and Research Committee Chair, National**
**Adult Day Services Association**

**Kim Whitmore, PhD, RN, CPN**
**Assistant Professor, Marquette University College**
**of Nursing**

**Kerri Pendley**
**Chief Growth Officer, FirstLight Home Care**

# Standardization of Adult Day Services Outcomes and Data Collection – The Path Forward

▶ **Bill Zagorski, CEO, American Senior Care Centers, Inc., Chair, NADSA Board of Directors, and Chair, NADSA Research Committee**

**nadsa**
National Adult Day Services Association

# nadsa
## National Adult Day Services Association

- The National Adult Day Services Association (NADSA) is a professional membership association and is the leading voice of the rapidly growing Adult Day Services (ADS) industry as well as the national focal point for ADS providers.

- Our mission is to advance the national development, recognition and use of Adult Day Services.

- Our members include Adult Day Services providers, state and reginal provider associations, corporations, strategic, academic and institutional partners, educators, students, retirees and others interested in working to build better lives for adults in Adult Day Services programs every day. We positively impact the lives of participants, families, communities and our nation.

- **2020: Adult Day Services is a system of professionally delivered, integrated, home and community-based, therapeutic, social and health-related services provided to individuals to sustain living within the community.**

# Modern Healthcare is Data Driven

▶ Adult Day Services can no longer operate in a vacuum

▶ ADS must compete and collaborate with other service delivery models (e.g. PACE, ACOs, etc.)

▶ To compete, ADS needs **DATA**

# Demonstrate Value by Documenting Services, Interventions, Outcomes

- Identify services that lead to positive impacts on
  - Participant (Health Outcomes)
  - Caregiver (Burden Reduction)
  - Community and Payor (Cost Avoidance/Savings)
- But how and what?
  - 2018 Journal of Applied Gerontology, Anderson et al, Developing a Set of Uniform Outcomes Measures for Adult Day Services
    - Detailed Participant Demographics
    - Individual Outcomes (Standard Tools)
    - Health Occurrences
    - Caregiver and Community-Based Outcomes
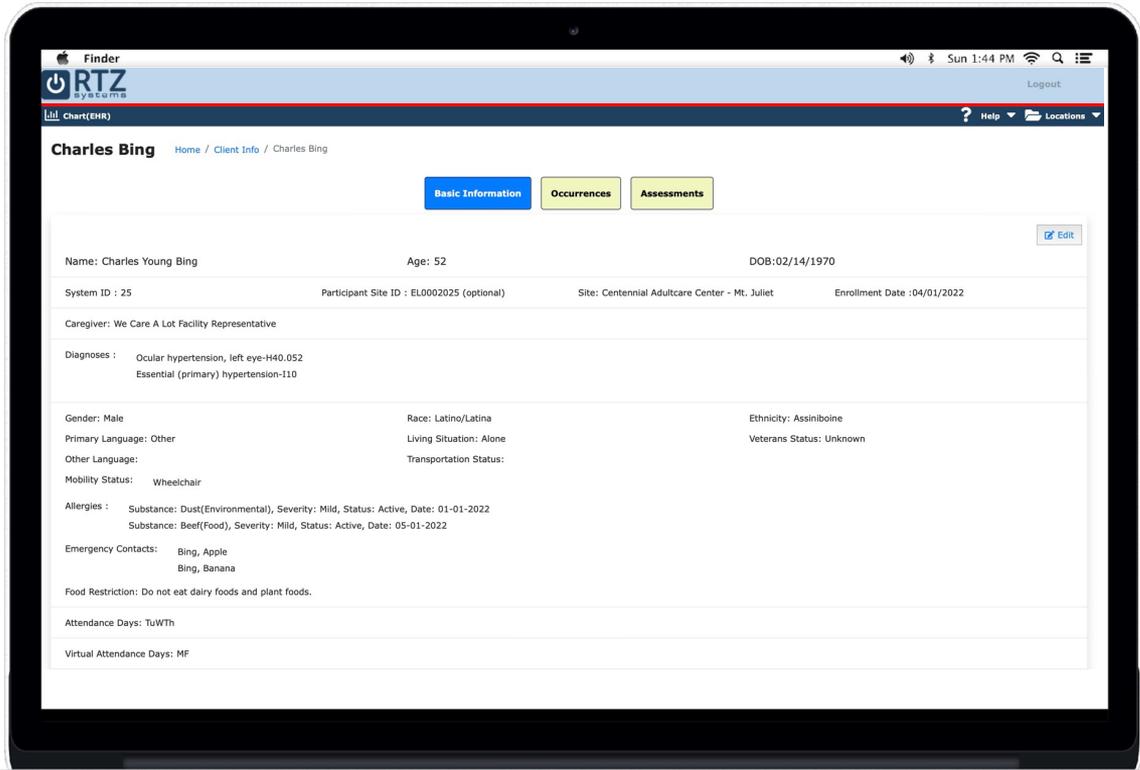
# Organizational Data
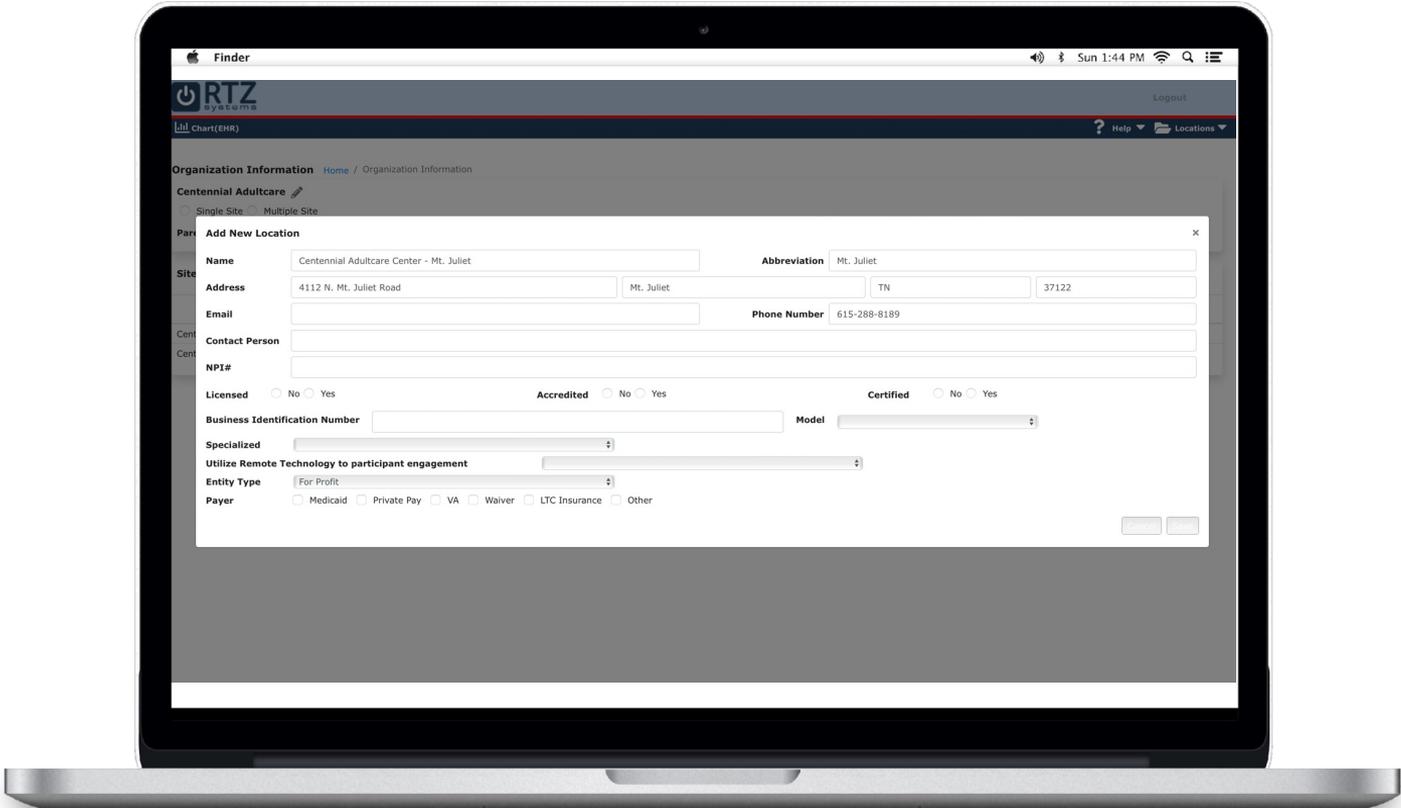
# Participant Data - Demographics

# Participant Data – High-Cost Health Care Utilization

| Outcome | Tool/Scale | Frequency |
|---|---|---|
| ER Visit | Numeric with Date | Occurrence Based |
| Hospital Admission | Yes/No - With Admitting Diagnosis | Occurrence Based |
| Length of Hospital Stay | Numeric with Admission Date | Occurrence Based |
| Hospital Readmission | Yes/No - With Admitting Diagnosis and original admission date | Occurrence Based |
| Injury Inducing Fall | Date and resulting ER or Hosp. Admission | Occurrence Based |
| Medication | Numeric - number of prescribed medication | At enrollment and annually thereafter |
| Hospice/Palliative care use | Yes/No - With Admitting Date | Occurrence Based |
| ALF/SNF Placement | Yes/No - With Admitting Date | Occurrence Based |
| Date of Death | Date | Occurrence Based |

# Participant Data - Outcomes

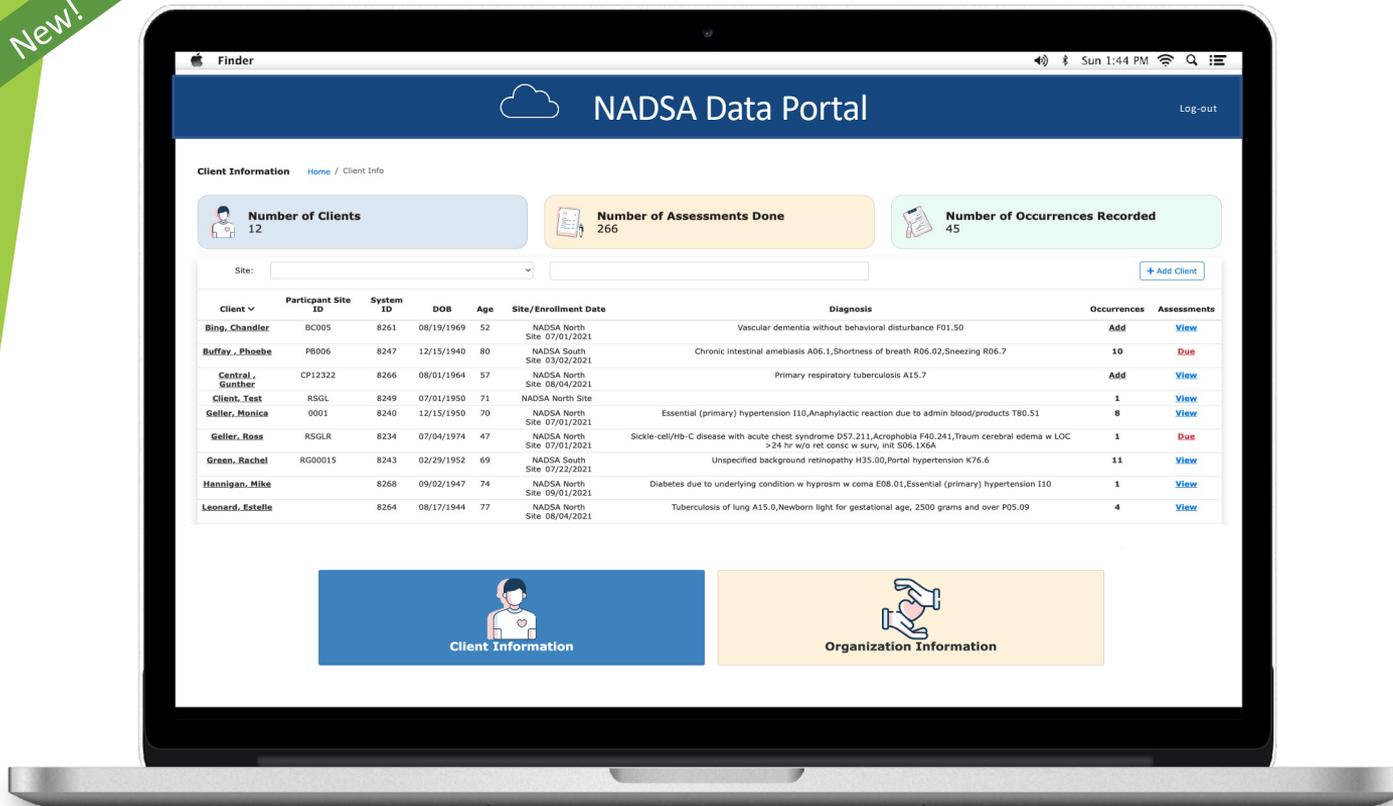| Outcome | Tool/Scale | Frequency |
|---|---|---|
| Functional Health - ADL | **Katz Index** | At Enrollment and at least annually thereafter |
| Functional Health - iADL | **Lawton Scale** | At Enrollment and at least annually thereafter |
| Fall Risk | **Hendrich II** | At Enrollment and at least annually thereafter |
| Depression | **GDS-15** | At Enrollment and at least annually thereafter |
| Loneliness | **UCLA-8** | At Enrollment and at least annually thereafter |
| Nutrition Assessment | **DETERMINE** | At Enrollment and at least annually thereafter |
| Cognitive Function | **SLUMS** | At Enrollment and at least annually thereafter |
| Pain Assessment - Optional | One-Time NRS Pain Scale | At Enrollment and at least annually thereafter |
| Physical Health – Optional | One-time Self-perceived Physical Health Scale | At Enrollment and at least annually thereafter |

# Participant Data – SDOH (Phase 2)

| Outcome | Tool/Scale | Frequency |
|---|---|---|
| Housing Security | Modified AHC-HRSN | At enrollment and annually thereafter |
| Nutrition - Meal/Food Access at home | Modified AHC-HRSN | At enrollment and annually thereafter |
| Transportation Access | Modified AHC-HRSN | At enrollment and annually thereafter |
| Medication Access | Modified AHC-HRSN | At enrollment and annually thereafter |
| Personal Care Access @ home | Modified AHC-HRSN | At enrollment and annually thereafter |
| Healthcare Power of Attorney | Modified AHC-HRSN | At enrollment and annually thereafter |
| Healthcare appointments where possible | Numeric, based on PCP, Specialty, Dentist, etc. | Occurrence based |

# Caregiver Outcomes (Phase 2)

| Outcome | Tool/Scale | Frequency |
|---|---|---|
| Physical Health | One-time Self-perceived Physical Health Scale | At enrollment and annually thereafter |
| Emotional Health | Modified Caregiver Strain Index | At enrollment and annually thereafter |
| | | |

New!

 Finder                                                  🔊 ⋇ Sun 1:44 PM 🔍 ☰

# NADSA Data Portal                                                    Log-out

Client Information   Home / Client Info

| 👤 Number of Clients 12 | 📋 Number of Assessments Done 266 | 📋 Number of Occurrences Recorded 45 |

Site: [                    ]   [                                        ]   + Add Client

| Client ⌄ | Particpant Site ID | System ID | DOB | Age | Site/Enrollment Date | Diagnosis | Occurrences | Assessments |
|---|---|---|---|---|---|---|---|---|
| Bing, Chandler | BC005 | 8261 | 08/19/1969 | 52 | NADSA North Site 07/01/2021 | Vascular dementia without behavioral disturbance F01.50 | Add | View |
| Buffay , Phoebe | PB006 | 8247 | 12/15/1940 | 80 | NADSA South Site 03/02/2021 | Chronic intestinal amebiasis A06.1,Shortness of breath R06.02,Sneezing R06.7 | 10 | Due |
| Central , Gunther | CP12322 | 8266 | 08/01/1964 | 57 | NADSA North Site 08/04/2021 | Primary respiratory tuberculosis A15.7 | Add | View |
| Client, Test | RSGL | 8249 | 07/01/1950 | 71 | NADSA North Site | | 1 | View |
| Geller, Monica | 0001 | 8240 | 12/15/1950 | 70 | NADSA North Site 07/01/2021 | Essential (primary) hypertension I10,Anaphylactic reaction due to admin blood/products T80.51 | 8 | View |
| Geller, Ross | RSGLR | 8234 | 07/04/1974 | 47 | NADSA North Site 07/01/2021 | Sickle-cell/Hb-C disease with acute chest syndrome D57.211,Acrophobia F40.241,Traum cerebral edema w LOC >24 hr w/o ret consc w surv, init S06.1X6A | 1 | Due |
| Green, Rachel | RG00015 | 8243 | 02/29/1952 | 69 | NADSA South Site 07/22/2021 | Unspecified background retinopathy H35.00,Portal hypertension K76.6 | 11 | View |
| Hannigan, Mike | | 8268 | 09/02/1947 | 74 | NADSA North Site 09/01/2021 | Diabetes due to underlying condition w hyprosm w coma E08.01,Essential (primary) hypertension I10 | 1 | View |
| Leonard, Estelle | | 8264 | 08/17/1944 | 77 | NADSA North Site 08/04/2021 | Tuberculosis of lung A15.0,Newborn light for gestational age, 2500 grams and over P05.09 | 4 | View |

Client Information

Organization Information

# nadsa
## National Adult Day Services Association

# RTZ
## systems

# Preliminary Data 2023

As of July 31, 2023.  All data are preliminary.  Statistical significance will increase as sample size grows. Based on **500+ total participants** (22 sites)

## Demographics

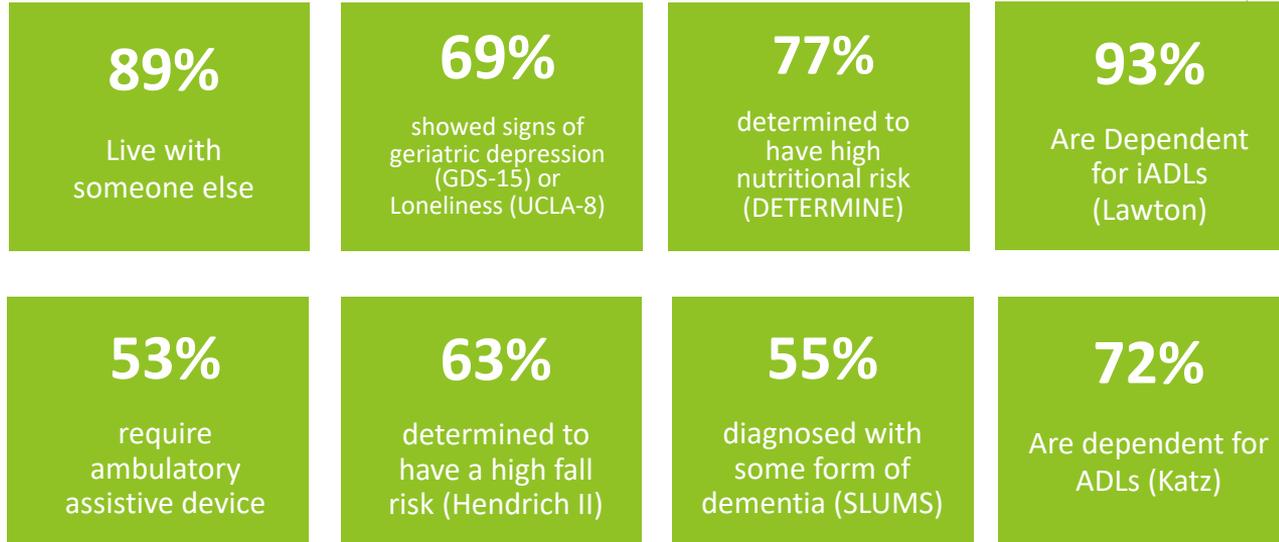**51%**     **49%**          **21%**

### Race

| | |
|---|---|
| White | **40%** |
| Black | **20%** |
| Other Minority | **13%** |
| Missing Data | **17%** |

### Primary Language

| | |
|---|---|
| English | **81%** |
| Spanish | **13%** |
| Other | **2%** |
| Missing Data | **4%** |

**nadsa**
National Adult Day Services Association

# Preliminary Data 2023

As of July 31, 2023. All data are preliminary. Statistical significance will increase as sample size grows. Based on **500+ total participants** (22 sites)

| | | | |
|---|---|---|---|
| **89%** Live with someone else | **69%** showed signs of geriatric depression (GDS-15) or Loneliness (UCLA-8) | **77%** determined to have high nutritional risk (DETERMINE) | **93%** Are Dependent for iADLs (Lawton) |
| **53%** require ambulatory assistive device | **63%** determined to have a high fall risk (Hendrich II) | **55%** diagnosed with some form of dementia (SLUMS) | **72%** Are dependent for ADLs (Katz) |

**Preliminary data demonstrate the high acuity and need of individuals served in ADS across the US. Additional data will highlight the longitudinal benefits to participants, caregivers, and community as well as the cost savings to all pay sources.**

**nadsa**
National Adult Day Services Association

# For more information and involvement

- NADSA National Conference: September 18-20, Atlanta Marriott Buckhead
  - https://www.nadsa.org/education-events/2024-conference-information/

- NADSA Research Committee – Research Office Hours, April 29, June 19: 12pm ET
  - https://us06web.zoom.us/j/81612810731?pwd=kUsazvsGnwQP8RfuumMtUq8HS2Wlqb.1
    Meeting ID: 816 1281 0731 Passcode: 230242

- NADSA Institutional and Academic Partner Membership
  - https://www.nadsa.org/institutional-academic-partner-memberships/

William.Zagorski@centennialadultcare.com

615-298-3399

# Home Care Association of America

## Mission, Vision & Purpose

As the industry's leading trade organization representing home care agencies and their suppliers across the country, the Home Care Association of America (HCAOA) strives to provide member agencies with practical resources to enhance operations, margins, and improve training and quality within our industry. Our association advocates to help ensure caregivers have safe and secure environments in which to work and the industry continues to innovate care in our communities. Finally, our association brings together innovators and suppliers to help sustain families as they age, helping build independence and choice.

**Membership:** Over 4,200 members providing companionship, personal care, skilled care (non-medicare certified)

**Website:** https://www.hcaoa.org/                                          **Email:**

info@hcaoa.org

# STATE OF HOME CARE
## Industry at a Crossroads

**Home Care Association of America**

## HOME CARE ASSOCIATION OF AMERICA'S NEW POLICY PRIORITIES

- ESTABLISH NATIONAL STANDARDS OF CARE
- COLLECT, EVALUATE, AND UTILIZE DATA TO VALIDATE THE VALUE OF HOME CARE
- EMBED HOME CARE IN THE HEALTHCARE ECOSYSTEM
- SUPPORT CAREGIVERS: RECRUITMENT, TRAINING, CAREER PATHING
- FINANCE CARE IN AN ERA OF RISING LONGEVITY
- ADDRESS IMMIGRATION TO ENSURE WE HAVE THE CAREGIVERS WE NEED

# 2024 HCAOA Policy Pillars

**Provider and Agency Supports**:
State licensure assistance
National quality metrics / data collection
Reducing regulatory burden
Workforce tax incentives

**Workforce Supports**:
Immigration
Educational incentives
Efficient scope of practice (expanding scope bc of shortages), incorporating technology
Reducing barriers to entry for caregivers (training, licensure, background checks)

**Client and Family Supports:**
Veterans
Client access to home care services
Family caregivers (paid)
Additional supports for families of home care clients (unpaid, i.e. respite care)

# HCAOA White Paper Topics for 2024

1. Immigration

2. Quality metrics

3. Family caregivers

4. Licensure

# Key Performance Indicators

Most Common KPIs Being Tracked:
- Revenue, Hours served / billed
- Average length of service / stay
  - *Median 9 months*
- Caregiver turnover
  - *Median 77.1%*
- Customer turnover
  - *Median 50.2% - lowest in 5 years*
- Client satisfaction
- Payor mix
  - *65.3% private pay revenue reported by survey participants*
- Top 5 Payors
  - *Private pay, LTCI, VA, Medicaid & Medicaid Waiver*

*Homecare Pulse Benchmark Report 2023

FirstLight®
HOME CARE

# Key Performance Indicators Cont....

Important KPIs Not Being Tracked:
- Hospitalization tracking & Readmission tracking
   - *Only 25% of survey participants reported they are tracking*
- Changes in Condition and reporting
- Missed visit percentages
- Length of time to start services
- Authorization utilization

FirstLight®
HOME CARE

# FirstLight: Our Story

Founded in
**2009**
and headquartered in
**Cincinnati, OH**

FirstLight Home Care **provides companion care, personal care and skilled nursing services** to seniors, adults with disabilities, those with dementia and others in need of assistance.

**100+**
franchises operating in
**200+**
locations

We at FirstLight Home Care exist to **help people have their best day, every day.** Our mission is to provide compassionate home care so that the families we serve have peace of mind knowing their loved ones are receiving the support they need to enjoy the quality of life they deserve.

**37**
states

**69**
single-unit owners

**42**
multi-unit owners
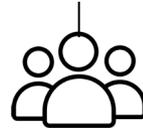
**580,000**
hours billed monthly

FirstLight®
HOME CARE

# FirstLight Home Care's Compassionate Memory Care Program

FirstLight Home Care's Compassionate Memory Care Program is designed to join the journey of those living with dementia by adapting the overall approach to care. FirstLight's care professionals modify communications, tasks, and the environment to ensure those in their care have their best day, whatever that means for them.

The Compassionate Memory Care Program is based on five core principles:
1. Create an environment that encourages the best ability to function
2. Find the person in the client
3. Encourage engagement and participation in meaningful activity
4. Believe all people can communicate beyond words
5. Focus on a person's current abilities

FirstLight caregivers receive comprehensive training to help them understand the changes caused by dementia, as well as the abilities a client may have in each stage. Caregivers focus on person-centric activities that bring clients joy and help improve their overall quality of life.

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HOME CARE

# Data Collection & Challenges

- Two client management systems
- Created a data lake / centralized repository
- Care coordination module implementation
- Memory care program

FirstLight
HOME CARE

# Contacts:

Home Care Association of America: info@hcaoa.org

Kerri Pendley: kpendley@FirstLightHomecare.com

FirstLight®
HOME CARE

# Overview

- Overview of ARCH's Respite Research Initiative
- Committee for Advancement of Respite Research (CARR)
- Current Data Collection Efforts
- Alignment with the 2022 National Strategy to Support Family Caregivers

**ARCH**
National Respite Network
AND RESOURCE CENTER

# An Inclusive Definition of Respite*

"Respite is planned or emergency services that provide a caregiver of a child or adult with a special need some time away from caregiver responsibilities for that child or adult, <u>and</u> which result in some *measurable improvement* in the well-being of the caregiver, care recipient, and/or family system"

*(Kirk & Kagan, 2015)*

ARCH
National Respite Network
AND RESOURCE CENTER

# The ARCH National Respite Network and Resource Center

**Training and Technical Assistance Division** provides support to State Respite Coalitions, service providers and families through consultation, training, evaluation, and research (archrespite.org);

**National Respite Locator Service (NRLS)** helps family caregivers and professionals locate respite services and funding sources in their communities (archrespite.org/respitelocator);

**National Respite Coalition** is the policy and advocacy division of ARCH (archrespite.org/national-respite-coalition); and

**Lifespan Respite Technical Assistance and Resource Center**, funded by the U.S. Administration for Community Living, supports State Lifespan Respite grantees and their partners in developing state respite systems serving caregivers of persons of all ages and conditions (archrespite.org/ta-center-for-respite).

# ARCH Goals for Advancing Respite Research

- Improve access to and quality of respite services

- Identify aspects of respite services and models that make them exemplary

- Evaluate and replicate promising respite services

- Translate research findings into practice and policy

- Identify additional possibilities (e.g., funding opportunities for research)

# ARCH Expert Panel on Respite Research
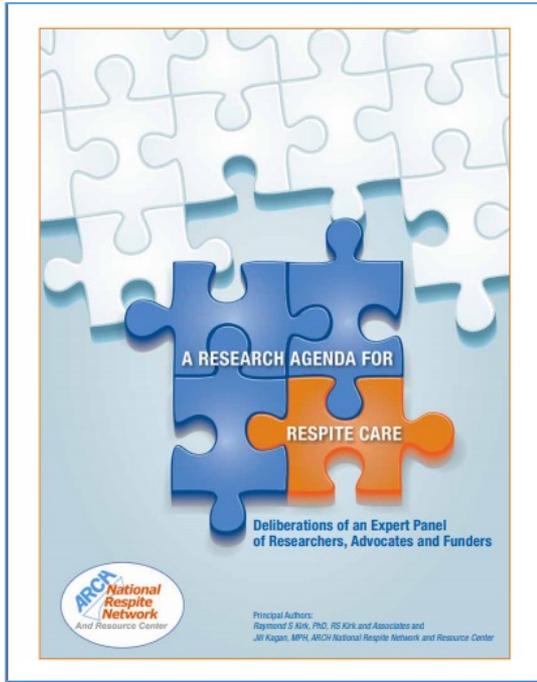

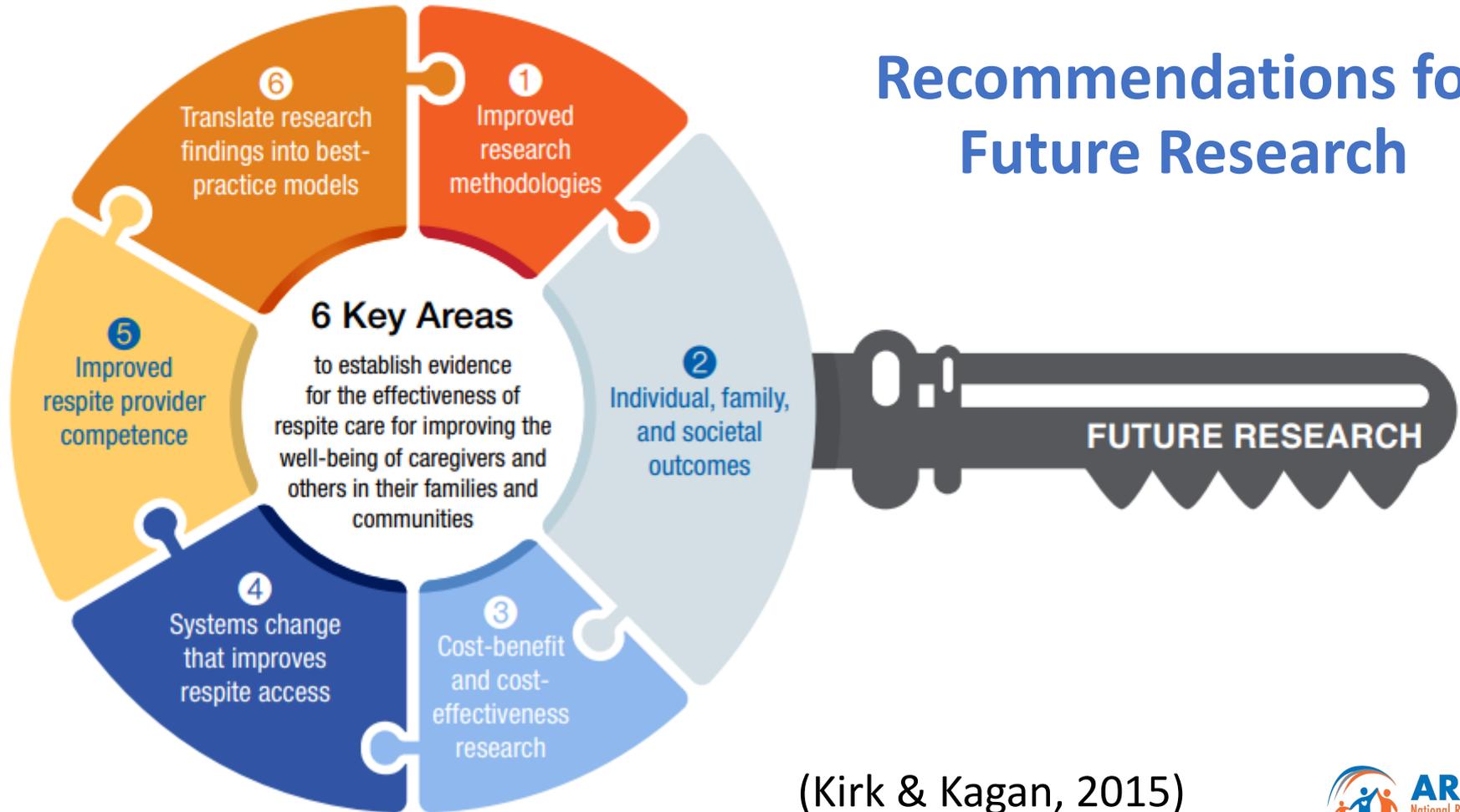
Explore in-depth the current status of respite research

Propose strategies to overcome barriers to research

Develop a plan to encourage rigorous research in key areas that will translate to meaningful strategies and approaches to care.

# Recommendations for Future Research

(Kirk & Kagan, 2015)

Annotated Bibliography of Respite and Crisis Care Studies
*6th Edition*

# 2020 Respite Research Summit Research Considerations

Model definition: Describing the respite model under investigation

Research funding

Measures and measurement

Culturally appropriate research with hard-to-reach populations

Rethinking cost-effectiveness and cost/benefit studies
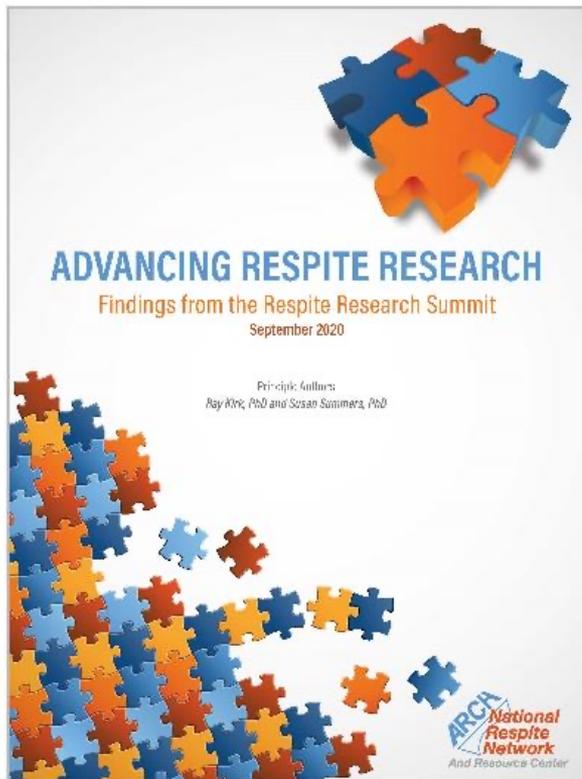
Workforce development and access to respite

Utilizing research findings to inform and improve policy and practice

Impact of COVID-19 on respite and post-pandemic respite

# Committee for Advancement of Respite Research (CARR)

- Advises ARCH on the execution of its respite research initiative

- Comprised of former members of the Expert Panel on Respite Research, research scholars and evaluators, and foundation representatives



**ARCH**
National Respite Network
AND RESOURCE CENTER
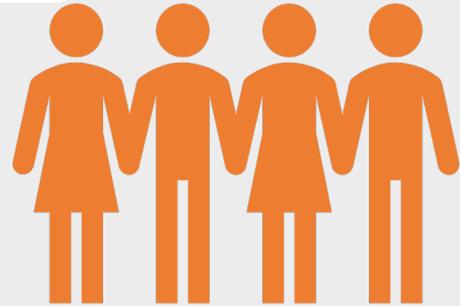
# CARR Work Groups

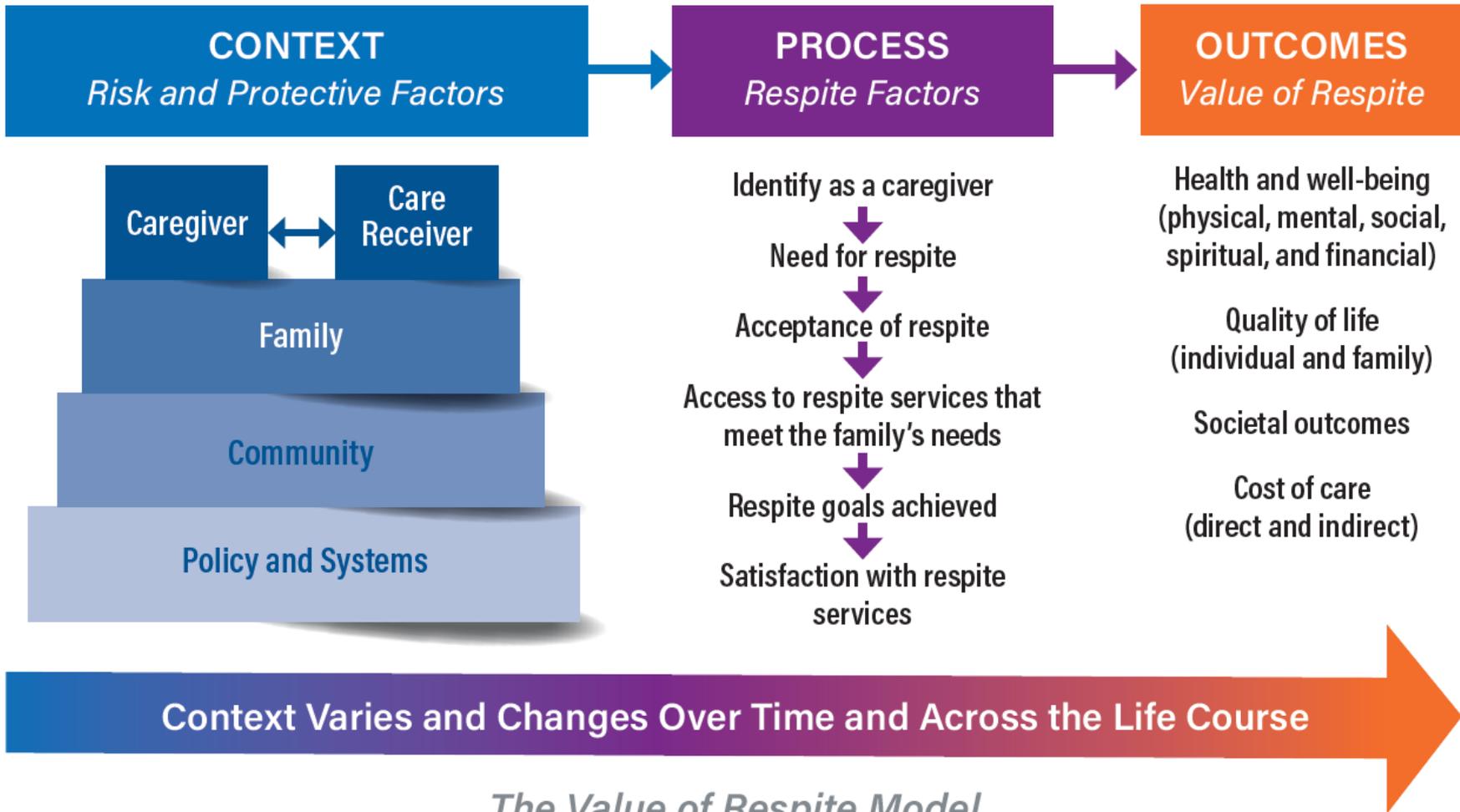 Define and measure the **VALUE** (cost-effectiveness) of respite

 Recommend common data elements (**CDE**) for respite-related research

 Expand **CULTURALLY** appropriate research with historically underrepresented populations

# Products

- Measuring the Value of Respite
- Recommended Common Data Elements (CDEs) for Respite-related Research
- Resources for Culturally and Linguistically Competent Respite Research
- Ensuring Cultural and Linguistic Competence: A Guide for Respite Researchers
- Learn more at archrespite.org/research

ARCH
National Respite Network
AND RESOURCE CENTER

**CONTEXT**
*Risk and Protective Factors*

**PROCESS**
*Respite Factors*

**OUTCOMES**
*Value of Respite*

Caregiver ⟷ Care Receiver

Family

Community

Policy and Systems

Identify as a caregiver
↓
Need for respite
↓
Acceptance of respite
↓
Access to respite services that meet the family's needs
↓
Respite goals achieved
↓
Satisfaction with respite services

Health and well-being (physical, mental, social, spiritual, and financial)

Quality of life (individual and family)

Societal outcomes

Cost of care (direct and indirect)

**Context Varies and Changes Over Time and Across the Life Course**

*The Value of Respite Model*

# Alignment with the 2022 National Strategy to Support Family Caregiving

- Goal 5: Expand data, research, and evidence-based practices to support family caregivers
- CARR Work Groups Crosswalk
- National Alliance for Caregiving CARE Agenda
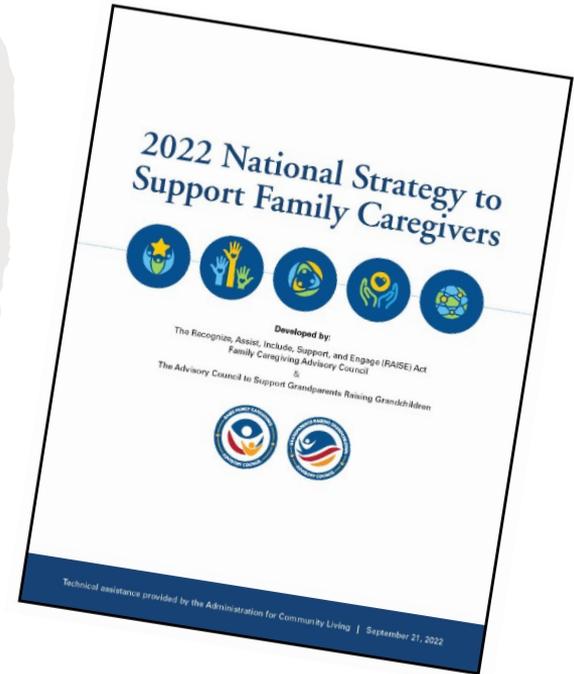
# Respite Research Consortium

- **CONNECTS** interested researchers and funders to engage in respite research that will strengthen the evidence base for respite services

- Get **UPDATES** on new research studies, current literature reviews, data sources, funding opportunities, upcoming events and new report releases

- **SHARE** information about your respite research study on the ARCH website in order to recruit family caregivers, respite providers or other study participants

- **SUBSCRIBE** at *archrespite.org/research/respite-research-consortium/#Subscribe*

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# Join the BREAK Exchange

- International group of researchers, respite providers, agencies, and individuals who are committed to building a culture of evidence-based respite care

- Currently, there are more than 292 members from 18 countries in the Exchange!

- Follow the BREAK Exchange on Social Media

- Visit our website, join the email list, and complete your member profile at **breakexchange.org**

- Email us at info@BREAKexchange.org

# CONTACT INFORMATION
## archrespite.org/respite-research

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ARCH National Respite Network

JKagan@archrespite.org

**Kim Whitmore, PhD, RN**

Marquette University

kimberly.whitmore@marquette.edu

ACL
Administration for Community Living

# Q&A

**Please raise your hand or drop your question in the Q&A box**
- **If your question is specific to one panelist, please state their name**

# Panelist Questions

**What are some unique challenges for dementia consumers within your setting/types of care?**

**What would be some potential harmonized measures across your settings/types of care?**

**What would it take to develop harmonized measures across these three settings/types of care?**

# Have you registered for our upcoming Learning & Development Session: "Equitable Partnerships in Research" on May 2?

Scan the QR code to register and receive the Zoom meeting link.
Register here

# Thank you for joining us!