



Home Care Research Initiative

An RWJF national program

SUMMARY

The *Home Care Research Initiative* supported primary research projects to improve knowledge about home care health policy and practice.

Home and community-based services—ranging from skilled nursing and physical therapy to help with daily activities such as bathing and dressing—are vital to many people with chronic illness or disability.

By 1995, these services had become the fastest-growing component of U.S. health care spending, according to the Visiting Nurse Service of New York. Demand for home care was increasing while, at the same time, financial and political forces were pushing for cuts in spending growth.

Key Results

According to the national program director, Penny Hollander Feldman, Ph.D., at the Visiting Nurse Service of New York, the program substantially contributed to current knowledge about spending on home and community-based services and options for expanding managed long-term care and assisted living. The *Home Care Research Initiative*:

- Addressed gaps in knowledge that are relevant to policy by funding nine primary research projects.
- Synthesized existing research, worked to develop consensus on home and community-based service goals and successes and advanced new concepts and paradigms by commissioning 26 papers (20 of which were completed) to inform policy-makers, practitioners and researchers.
- Worked with policy-makers and long-term care opinion leaders to:
 - Identify relevant long-term care research issues.
 - Understand how to communicate research results in ways that are responsive to their needs through meetings and publications.

Several projects influenced long-term care policy or have the potential to do so, according to Feldman. These include:

- Two projects where staff worked with state decision-makers to install and test new mechanisms for assessing needs and targeting long-term care services in Michigan and New Hampshire.
- One project where staff worked with officials in the Massachusetts home care system to identify the obstacles that must be overcome to facilitate the purchase and use of assistive devices.
- An analysis of national survey data that showed that the use of inexpensive assistive devices results in less use of long-term care services by people who are disabled. See [Lessons Learned](#) for lessons from this project.

See [Project List](#) for reports on the individual projects.

Program Management

The Visiting Nurse Service of New York in New York City, through its [Center for Home Care Policy and Research](#) (a nonprofit institute), served as the national program office.

Funding

The Board of Trustees of the Robert Wood Johnson Foundation (RWJF) authorized the program in July 1995 for \$4.8 million. Total authorizations through June 2002 were \$6.64 million.

THE PROBLEM

Home and community-based services—ranging from skilled nursing and physical therapy to help with daily activities such as bathing and dressing—are vital to many people with chronic illness or disability.

By 1995, these services had become the fastest growing component of health care spending in the United States, according to the Visiting Nurse Service of New York.

Demand for home care was increasing due to:

- Consumer preference.
- The aging of Americans.
- The increasing number of families with limited time available to provide informal care.
- Pressure to reduce hospital and nursing home stays.

- Technological advances that made it possible to manage more complex conditions at home.

At the same time, financial and political forces were pushing for cuts in spending growth and limits on the government's fiscal responsibility. Proposed changes in Medicare and Medicaid—the public programs that pay for most home and community-based services—would alter delivery systems, payment mechanisms, provider incentives and service patterns.

Managed care organizations were becoming more active in chronic illness and supportive services.

CONTEXT

In 1991, the Robert Wood Johnson Foundation (RWJF) made care for the chronically ill a priority. Staff recommended redirecting thinking about chronic services beyond treatment of acute illness and toward the development of community care that would expand the choices available to people with chronic conditions.

In 1995, RWJF funded three national programs to test ways of giving consumers more choices in the services they use and the people who provide them:

- *Self-Determination for Persons with Developmental Disabilities* awarded grants to states for programs that enabled people with developmental disabilities to make their own decisions about the care they receive. (See the [Program Results](#).)
- *Cash and Counseling* provides poor elderly people with money to buy home care services and gave them additional support with tasks such as financial planning and bookkeeping.
- *Independent Choices: Enhancing Consumer Direction for People with Disabilities* tested a wide range of approaches to giving people with disabilities greater choice in the kind of care they receive. (See the [Program Results](#).)

RWJF also wanted to support research that explored key issues in home and community-based care for the chronically ill.

PROGRAM DESIGN

In July 1995, the RWJF Board of Trustees authorized up to \$4.8 million to establish the *Home Care Research Initiative*. The national program's goal was to support research designed to improve knowledge about home care policy and practice.

The program was based on the premise that more effective strategies for allocating dollars, targeting services and promoting delivery system efficiency would be the key to maintaining and expanding home and community care benefits.

The initiative supported original research and the synthesis and analysis of existing research by:

- Funding primary research projects addressing gaps in knowledge that were relevant to policy.
- Synthesizing existing research, working to develop consensus among experts on home and community-based care goals and successes and advancing new concepts and paradigms.
- Working with policy-makers to identify relevant long-term care research issues and to communicate research results in ways that are responsive to their needs.

The *Home Care Research Initiative* supported research projects that focused on:

- Resource allocation mechanisms (i.e., issues around financing home and community-based care services).
- Delivery system efficiency.
- The impact of the [Balanced Budget Act of 1997](#) on Medicare home health policy. The Balanced Budget Act contained many home health policy changes, including eligibility and coverage criteria and payment policy to home health care agencies).

See [Appendix 1](#) for more details on each research area.

THE PROGRAM

National Program Office

In December 1995, RWJF established the national program office at the [Center for Home Care Policy and Research](#), a nonprofit institute run out of the Visiting Nurse Service of New York.

Penny Hollander Feldman, Ph.D., director of the center and a former faculty member at Harvard University's School of Public Health and Kennedy School of Government, served as program director.

Mia Oberlink, one of the program's deputy directors, served as the primary liaison between RWJF and the grantees.

Technical Assistance and Direction

The national program office:

- Worked with RWJF and the nine-member national advisory committee made up of policy-makers, researchers and experts in home care practice (see [Appendix 2](#) for a list of members) to formulate the research agenda and key research questions.

- Organized and managed the solicitation and project-selection process, including convening meetings of the National Advisory Committee to assist staff in reviewing applications and making grant recommendations.
- Monitored the progress of the sites and their projects.
- Held annual conferences of project directors.
- Commissioned papers and managed their dissemination.
- Planned and conducted activities to develop consensus about what does and does not work in home and community-based care.
- Marketed the initiative through informal contacts and by creating a [website](#).
- Disseminated findings from research, concept papers and synthesis/consensus projects to the policy and research communities.

Site Selection

The national program office developed and distributed three calls for proposals to prospective grantees. The national advisory committee:

- Helped define specific focuses.
- Reviewed the calls for proposals.
- Solicit interest in the program.
- Reviewed proposals.
- Attended reverse site visits (where the project directors visited the national program office).
- Recommended projects for funding.

Technical consultants also reviewed the proposals for technical merit and contribution to the field ([Appendix 3](#)).

The *Home Care Research Initiative* awarded nine project grants and two project-related grants over three funding rounds.

- The first two funding rounds sought projects focused on resource allocation mechanisms and delivery system efficiency.
- The third funding round focused on the impact of the Balanced Budget Act on Medicare home health policy.

The national program supported research projects that focused on:

- Specific programs (e.g., Michigan Managed Long-Term Care Initiative and Connecticut's Medicaid Home and Community-Based Waiver Program).
- Types of home care assistance (e.g., adaptive equipment, human and technological assistance, mental health care).
- The impact of long-term care insurance on caregiving, home care risk groups and assisted living programs.
- The largest study focused on the effects of changes in home health policy mandated by the Balanced Budget Act.

For a complete listing of grants, grantees, locations and dates of grants, see the [Project List](#).

The national program office staff also:

- Held high-level meetings of policy-makers, information brokers and researchers to identify and communicate relevant long-term care research issues and findings. This included a:
 - State policy-makers conference (to discuss recent research findings and insights and state decision-makers' expertise in adapting their long-term care systems to meet the needs of an aging population).
 - Working group meeting of researchers and policy-makers (to identify important long-term care and policy issues to improve long-term care capacity and define "information brokering" challenges and identify current efforts).
- Conducted an [environmental scan](#) of long-term care policy research to:
 - Identify critical gaps in knowledge from the perspective of researchers and policy-makers.
 - Assess the role of "information brokers" in translating and disseminating research findings to decision-makers.

Special Program Elements

RWJF awarded two grants to the Visiting Nurse Service of New York to:

- Commission and disseminate concept papers that re-examined the underlying premises of home and community-based services and introduced new perspectives to the long-term care field (ID# 031099).
- Examine state options for allocating resources to home and community-based care (ID# 030172).

Under the first grant, the national program office synthesized existing research by commissioning 26 concept papers (of which 20 were completed) to inform policy-makers, practitioners and researchers.

The first set of papers focused on the conceptual underpinnings of three key issues in home and community-based services:

- System goals.
- Public/private responsibilities.
- Efficiency.

Eight of these papers, with an overview by Feldman, were published as a special issue of the *Journal of Aging and Health*, entitled "Advancing the Conceptual Underpinnings of Home-Based Services" (vol. 11, no. 3, 1999).

American Rehabilitation (vol. 24, no. 3, 1998) and Harvard University (2000), separately, published two other papers.

The second set of papers focused on synthesizing state-of-the-art policies and practices in six areas affecting community-based long-term care:

- Assessment, targeting and [risk adjustment](#).
- Effective coordination between medical and supportive services.
- Effective linkage between housing and supportive services.
- Financing options.
- The changing role of community-based long-term care.
- State long-term care reform strategies.

The 10 completed papers, with an overview by Feldman, were published in a special issue of the *Journal of Aging and Health* entitled "From Philosophy to Practice: Selected Issues in Financing and Coordinating Long-Term Care" (vol. 15, no. 1, 2003).

Under the second grant, the Visiting Nurse Service of New York studied current state efforts to reallocate long-term care resources and expand home and community-based services for elders. The researchers:

- Conducted a literature review on state long-term care allocation practices.
- Surveyed 75 state agencies on aging.
- Visited six state agencies on aging.
- Analyzed state Medicaid expenditures on long-term care services.

- Reported their findings in *State Strategies for Allocating Resources to Home and Community-Based Care*. (See the [Bibliography](#).)

Key Findings

- Medicaid spending on home and community-based services is growing faster than spending on nursing home care.
- The share of Medicaid long-term care resources going to home and community-based services is still small in most states.
- Most states seek additional revenue to fund home and community-based services, principally through Medicaid [waiver](#) programs.
- Many states are trying to expand individual purchases of private long-term care insurance (for a description of past RWJF efforts to expand individual purchases of private long-term care insurance, see [Program Results](#) on the *Program to Promote Long-Term Care Insurance for the Elderly*).
- States seek to expand programs with [capitated](#) long-term care services, though programs for seniors tend to be small.
- States are rapidly expanding public funding of long-term care services for seniors living in assisted living facilities and other supportive housing arrangements. The national program office produced two policy briefs and a fact sheet based on the project.

Communications

The national program office published and distributed:

- Ten policy briefs, which are available [online](#).
- An article in the *Gerontologist*.
- A report entitled *State Strategies for Allocating Resources to Home and Community-Based Care*.

The national program office distributed the policy briefs to 1,400 to 2,000 state policy-makers, Congressional staffers and other long-term care experts and researchers; and the report to 600 federal and state policy-makers and long-term care researchers.

Staff also convened a Working Group Meeting that brought researchers and policy-makers together to discuss key long-term care issues. See the [Bibliography](#) for details on communication activities.

OVERALL PROGRAM RESULTS

According to the national program director, the *Home Care Research Initiative* substantially contributed to current knowledge about spending on home and community-based services and options for expanding managed long-term care and assisted living.

The *Home Care Research Initiative*:

- **Addressed gaps in knowledge that are relevant to policy by funding nine primary research projects.**
- **Synthesized existing research and worked to develop consensus on home and community-based service goals and successes and advanced new concepts and paradigms.** It did so by commissioning 20 completed concept papers to inform policy-makers, practitioners and researchers.
- **Worked with policy-makers and long-term care opinion leaders through meetings and publications to identify relevant long-term care research issues and to understand how to communicate research results in ways that are responsive to their needs.**
- **The national program office's [environmental scan](#) has the potential to shape the field by ensuring that research that is produced more closely matches the needs of decision-makers and is disseminated in a form that is useful to them (ID# 037051).**
- **The *Home Care Research Initiative* has contributed to identifying issues in home and community-based care.** Through the research projects and the commissioned papers, HCRI has documented significant long-term-care trends and explored their policy implications, including:
 - The shift away from institutional care toward home and community-based services and the increased emphasis on Medicaid [waivers](#) to fund home and community-based service expansion.
 - The declining federal dollars available for Medicare home health services and associated declines in service use.
 - The increasing role of long-term care insurance and the nature of benefits used by claimants.
 - The growth in alternative care settings and the intensification of associated regulatory issues.
 - The increased experimentation with improved targeting mechanisms.
 - The changing role of unpaid caregiving in the long-term care system.
- **The *Home Care Research Initiative* also enhanced communication between researchers and state policy-makers, who received more information on long-**

term care and increased their awareness of the value and importance of research.

Project Results

According to the national program director:

- **Two projects collaborated with key state decision-makers to install and test new mechanisms for assessing needs and targeting long-term care services.**
 - Brant E. Fries, Ph.D., from the University of Michigan helped the state of Michigan establish a managed long-term care initiative—MI Choice—by developing and evaluating a telephone and in-person screening system and quality indicators, for the program (see [Program Results](#) on ID# 031808).
 - Stephen J. Bartels, M.D., from Dartmouth Medical School helped the New Hampshire Division of Behavioral Health implement the Outcomes-Based Treatment Planning System in mental health centers statewide.

The system is a guided assessment and treatment planning toolkit for non-physician clinicians in community mental health and home care settings to improve the care of older people with mental disorders (see [Program Results](#) on ID# 035254).

- **An analysis of national survey data by Susan M. Allen, Ph.D., from Brown University showed that the use of inexpensive assistive devices (e.g., canes and crutches) results in less use of long-term care services by people who are disabled.** (See [Program Results](#) on ID# 034188.)
- **Francis G. Caro, Ph.D. from the University of Massachusetts at Boston helped the Massachusetts home care system identify the obstacles that must be overcome to facilitate the purchase and use of low-cost assistive devices (e.g., tub seats and jar openers) in a real-world policy context.** (See [Program Results](#) on ID# 030870.)
- **William Weissert, Ph.D., from the University of Michigan developed a home care budget model that ties services to the risk and value of preventing adverse outcomes (e.g., death or nursing home placement).** His findings provide the basis for further testing and a demonstration to assess the practical value of this system. (See [Program Results](#) on ID# 031360.)
- **Christopher Murtaugh, Ph.D., from the Visiting Nurse Service of New York examined state options for allocating resources to home and community-based care, laying the groundwork for meaningful interstate comparisons.** (See [Grant Results](#) on ID#s 030172 and 031099.)
- **Nelda McCall from Laguna Research Associates examined the impact of the Balanced Budget Act on Medicare beneficiaries, home health agencies and the health care system overall.**

She also demonstrated the reduction in services that accompanied a major change in federal payment and benefit policies. Her analysis of market area and patient-level clinical and service data will allow other researchers to explore possible adverse outcomes for vulnerable Medicare patients. (See Program Results on ID#s [045788](#) and [044186](#).)

- **Korbin Liu, Sc.D., and Sharon K. Long, Ph.D., from the Urban Institute described the effects of changes in federal and state policy on beneficiaries and service providers in Connecticut.** (See [Program Results](#) on ID# 034592.)

They found that some home health agencies in Connecticut closed or merged with others because of the change in the Medicare payment structure resulting from the Balance Budget Act. Many agencies reduced staff and benefits and scaled back overhead.

- **Other projects and papers by Marc Cohen, Ph.D., Brenda Spillman, Ph.D., and Yung-Ping Chen, Ph.D., have the potential to encourage fresh thinking on ways to stimulate private financing for long-term care.**

Cohen studied how long-term care insurance affects the amount and type of formal and informal services used. (See [Program Results](#) on ID# 031352.) Spillman and Chen wrote papers about long-term care financing options (ID# 031099).

- **Rosalie A. Kane, D.S.W., at the University of Minnesota School of Public Health studied apartment-style assisted living for older adults to gain better clarity on the physical environments of these settings, costs and health outcomes.**

Kane found that few residents with high needs for [activities of daily living](#) assistance were living in assisted living settings. (See the [Program Results](#) for ID# 034398.)

LESSONS LEARNED

1. **To communicate effectively with decision-makers, researchers must synthesize, translate and disseminate research-based information.** Publishing research in academic articles or reports is not enough to have an impact on policy and systems development.

The *Home Care Research Initiative* dedicated resources to "brokering" information to decision-makers, paying careful attention to the information's source, timeliness and format and to being sensitive to decision-makers' information "overload." (National Program Director)

2. **Task-oriented work group meetings and conferences that bring researchers and policy-makers together can be invaluable in framing problems, building a shared understanding of knowledge and determining how best to disseminate available information.** The *Home Care Research Initiative* established work groups and used a carefully and tightly planned agenda, careful recruitment of open-minded

policy-makers and researchers and skilled, responsive facilitation to make the process work.

Putting researchers and policy-makers together for a day or two is risky but rewarding when it works. (National Program Director)

- 3. Make intensive, systematic efforts to identify problems where significant research progress is possible and could contribute significantly to the development of effective systems and policy.** General requests for investigator-initiated projects tended to yield poor and irrelevant applications. Research focused on policy and systems should be targeted, and requests for applications should provide careful guidance on the questions to be addressed and the general approaches to be employed.

The *Home Care Research Initiative* moved from investigator-initiated projects to a more targeted solicitation. (National Program Director)

- 4. Involve decision-makers in the research process early to increase the likelihood that results will be relevant and understandable to them.** By doing this, the *Home Care Research Initiative* overcame the significant "cultural" and language gaps that might have impeded effective communication between researchers and decision-makers. (National Program Director)
- 5. Collecting primary data—a process that often requires interviews—is a very painstaking, time-consuming and costly task.** Project directors in the *Home Care Research Initiative* whose projects involved primary data collection usually experienced time overruns. (National Program Director)
- 6. Few state policy-makers are interested in and willing to commit their time to building bridges between the research and policy communities.** The *Home Care Research Initiative* staff experienced challenges in identifying policy-makers to work with, but once this was accomplished, these policy-makers helped to shape the initiative's agendas and disseminated the program's work. (National Program Director)
- 7. Commissioning papers is a productive way to extend a project's resources.** The *Home Care Research Initiative* used commissioned papers to effectively summarize and synthesize important information and extended its expertise by recruiting the papers' authors. However, commissioning papers adds another management task (i.e., recruiting authors, facilitating publication, etc.). (National Program Director, Program Officer)
- 8. Disseminating annual conference summaries to attendees might reinforce the "take-away messages."** The *Home Care Research Initiative* did not do this, but staff felt that it would have been an effective way to reinforce each conference's "take-away messages." (National Program Deputy Director)

9. **Projects that are being implemented in an active policy world encounter shifts in policy, and must accommodate these changes in ways that will not undermine project goals.** For example, a project to design and test a screening system for people seeking assistance under Michigan's home and community-based long-term care programs had to revise its timeline when the state put a temporary hold on program reform. (National Program Director)
10. **Pay careful attention, and use a marketer's perspective, when choosing a program's name.** The name *Home Care Research Initiative* was too narrow for the initiative's policy and research audiences since the residential, institutional, service and other components of community-based long-term care systems and policies are so interconnected. Any successor to this program should probably choose a more "universal" name that conveys the full scope of the initiative's activities. (National Program Director)
11. **The field of long-term care needs to expend more effort in developing a new generation of young researchers.** National program staff noted this during the initiative but did not have any resources to deal with this problem. (National Program Director)

AFTERWARD

After the *Home Care Research Initiative* program ended, national program staff completed dissemination activities, including three additional policy briefs, and monitored the active projects through their conclusion.

RWJF awarded the Visiting Nurse Service of New York another grant, the purpose of which is to make research that is relevant to policy and technical information more accessible to state and local decisions-makers involved with long-term care services (see [Program Results](#) on ID# 043592).

Under this grant, the Visiting Nurse Service of New York is serving as an information broker by:

- Synthesizing, translating and disseminating the findings of researchers and other technical experts on selected long-term care issues.
- Bringing together researchers, technical experts, state and local decision-makers and opinion leaders to develop a shared language to examine long-term care problems and a common understanding of the knowledge base available to address these problems.

RWJF is using the results of the *Home Care Research Initiative* to inform [Community Partnerships for Older Adults](#), a national program to help communities build comprehensive long-term care systems that include social and health services to support vulnerable older adults and help them age successfully.

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APPENDIX 1

Areas of Research in the *Home Care Research Initiative*

Resource Allocation Mechanisms

Despite broad agreement that home and community-based services improve the well-being of consumers and their informal caregivers, there is little consensus among experts on the appropriate criteria for allocating resources for these services.

Recent research had demonstrated wide variations nationally in home care service use and expenditures across regions, states, agencies and payer types. Little was known about the causes and effects of such variation.

At the state and local levels, many case studies documented innovative state efforts to redirect long-term care dollars toward home and community-based care services. Yet, most of these studies were descriptive rather than analytical, and little was known about the relative efficacy of alternative allocation strategies.

At the individual level, there is a growing literature on the outcomes of home-based care but insufficient information about appropriately matching supports with people with different conditions and risks.

Also, the old rationale that increasing home care benefits pays for itself by keeping people out of nursing homes was no longer tenable, given research findings to the contrary. As new approaches emerge, new information must be developed describing when and for whom home and community-based care provide added value.

Questions of interest included:

- What are the benefits of particular services and service models for different populations? What are the most useful measures for relating service use to outcomes, and what are the most effective predictors of beneficial outcomes?
- What are the causes and effects of variations in the use of home and community-based services across different areas, programs, payers and populations?
- How do different levels and types of informal support, different organizational arrangements and varying financial incentives affect the mix of formal skills and services provided, and what are the implications for costs and outcomes?
- What triage mechanisms do states, localities and managed care plans use to sort services and people in need? What is the evidence for their relative efficacy and how can they improve efficacy?

- How do the professional identities and organizational incentives of various gatekeepers affect the volume and mix of medical and supportive services?

Delivery System Efficiency

Whatever the basis for resource allocation, the delivery system will almost certainly require new approaches that move beyond traditional, labor-intensive, one-on-one care in the home.

Researchers should examine further the emerging models such as:

- Assisted living arrangements.
- Services in senior centers and naturally occurring retirement communities.
- Shared-aide or cluster care programs.
- Strategies for reinforcing informal supports and integrating them with formal care.

They should explore and analyze the uses of technological assistance and sophisticated advances in telemedicine. Effective research in these areas could improve the ability to measure and achieve efficiencies within and across service settings and modalities.

Questions of interest included:

- How can satisfactory outcomes be achieved at lower cost through innovative strategies that reconfigure service packages, redefine the unit of service, redesign jobs and/or reduce transaction costs for consumers and providers?
- How do alternative housing and support arrangements affect service use, quality and cost?
- To what extent can information, communication and assistive technologies extend the reach of professional and paraprofessional service providers and facilitate informal care and self-management of chronic conditions?
- What factors prevent or facilitate the participation of individuals and families in the care process? What kinds of organizational arrangements, financial incentives and consumer education or information strategies can be shown to encourage and support informal and self-care? What strategies exist or can be developed for efficiently integrating formal and informal care?
- How are cost-effectiveness and quality of service delivery affected by public and private payment and regulatory policies?
- What is the impact of unionization and of laws governing professional practice on innovations in job design and service delivery, including paraprofessional responsibilities?

Impact of the Balanced Budget Act of 1997 on Medicare Home Health Policy

Between 1986 and 1996, Medicare home health expenditures grew nine-fold, from \$1.9 billion to \$18.3 billion, due to the expansion of the Medicare home health benefit.

Concerned about rapidly rising home care costs and their contribution to projected deficits in Medicare, Congress enacted a variety of home health policy changes in the Balanced Budget Act of 1997.

The *Home Care Research Initiative* sought to develop research to help decision-makers understand how the home care delivery system was responding to these changes in home health policy, and what the impacts were on vulnerable populations (e.g., older adults at risk of nursing home placement).

Questions of interest included:

- How have policy changes affected the likelihood that beneficiaries will receive service, the duration and type of services received and the likelihood of adverse outcomes, such as potentially preventable hospitalizations, nursing home admissions and/or unmet needs?
- How do provider responses vary across regions, states or localities as a function of different market structure, different competitive conditions and different levels and kinds of state and local expenditures for post-acute and long-term care?
- How do Medicare home health policy changes and agency responses affect the broader health and long-term care systems?
- What are the implications of the study's findings for the future development of federal and state policies affecting home care payment and coverage?

APPENDIX 2

Home Care Research Initiative (HCRI) National Advisory Committee

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

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APPENDIX 3

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APPENDIX 4

Glossary

ADL (activities of daily living): Basic daily tasks of life, such as eating, continence, transferring in and out of bed, toileting, dressing and bathing. An ADL scale allows a health professional to establish the levels at which an older adult functions in caring for himself or herself and performing these activities.

BBA (Balanced Budget Act of 1997): The BBA included a variety of home health policy changes, including eligibility and coverage criteria and, most significantly, payment policy to home health care agencies (through limits on allowable costs per visit and caps on the number of visits per beneficiary). It mandated major changes in the way Medicare home health is reimbursed.

Capitation: A method for payment to health care providers that is common or targeted in most managed care arenas. Unlike the older fee-for-service arrangement, in which the provider is paid per procedure, capitation involves a prepaid amount per month to the provider per covered member, and is usually expressed as a per-member per-month fee. The provider is then responsible for providing all contracted services required by members of that group during that month for the fixed fee, regardless of the amount of charges incurred.

Case management: The monitoring and coordination of treatment given to patients with a specific diagnosis or requiring expensive or extensive services.

Case manager: An individual who handles case management.

DRGs (diagnosis-related groups): Standard classification codes for diagnoses.

Environmental scan: Developing an understanding of the current environment in a particular field or subject area by identifying and obtaining information from key informants and other resources. The aim is to identify trends, gaps and issues as a basis for future planning.

IADL (instrumental activities of daily living): Activities include using a telephone, shopping, preparing food, housekeeping, doing laundry, using transportation, taking medications and handling finances. An IADL scale measures competence in these functions, which are less bodily oriented than physical self-maintenance.

National Health Interview Survey on Disability Supplement (NHIS-D): The National Health Interview Survey on Disability Supplement and its Adult Followback Survey are ongoing surveys of people with disabilities who are living in the community. They provide information on demographic characteristics of respondents, medical conditions of respondents and use of home care and technological aids by state Medicaid beneficiaries.

Paraprofessional: Relatively low-skilled, direct-care long-term care workers, such as personal care assistants, certified nurse assistants and home health aides.

Prospective payment system: A method of reimbursement used by the federal Centers for Medicare & Medicaid Services that bases Medicare payments on a predetermined, fixed amount. The payment amount derived for a particular service is based on the classification system of that service (for example, DRGs for inpatient hospital services).

Quality-adjusted life year: A measurement unit to define health outcomes that result from medical or surgical care, expressed in terms of the number of years of life in a less-desirable health condition as compared to years of full health. A year of perfect health is considered equal to a 1.0 quality-adjusted life year. The value of a year in ill health would be discounted. For example, a year bedridden might have a value equal to 0.5 quality-adjusted life years.

Risk adjustment: An insurance/managed care mechanism that compensates for the above-average costs of the bad risks, so that the consequences of poor risk selection are ameliorated and the incentives to engage in aggressive risk selection are reduced.

Risk pool: A fund of money set up to distribute risk among participants and thus insure that the losses faced by any one participant are minimized.

Sensitivity: How well a "test" identifies the correct item being studied, for example, people who have the condition being studied. Any test will balance sensitivity and specificity.

Specificity: How well a "test" identifies only the correct item being studied, for example, not including people who do not have the condition being studied. Any test will balance sensitivity and specificity.

Time series analysis: An analysis conducted on people observed over multiple time periods.

Waiver: Formal governmental permission to have certain requirements for programs waived.

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"1999 *Home Care Research Initiative Annual Meeting—Methods for Expanding Home and Community-Based Services*," July 12–13, 1999, San Diego. Attended by 29 National Advisory Committee members, HCRI grantees, other researchers and staff members from 27 organizations. Examples of organizations represented include Laguna Research Associates, University of Michigan Institute of Gerontology, University of Michigan Department of Health Management and Policy, the Urban Institute and Visiting Nurse Service of New York. Five presentations.

"2000 HCRI State Policy-Makers Conference," March 12–14, 2000, Charleston, SC. Attended by 53 HCRI grantees, authors of commissioned papers, other researchers, policy-makers, reporters and Visiting Nurse Service of New York staff, from 42 organizations and agencies, including the Washington State Department of Social and Health Services, the New Jersey Department of Health and Senior Services, the Institute for the Future of Aging Services, AAHSA (American Association of Homes and Services for the Aging), the Administration on Aging, and the Coalition of Wisconsin Aging Groups. Five panels and one small working group session.

"2000 *Home Care Research Initiative Annual Meeting—Improving the Evidence Base for Long-Term Care Policy-Making: Addressing the Information Glut, Knowledge Gaps and Transmission Failures*," December 10–12, 2000, Scottsdale, AZ. Attended by 43 National Advisory Committee members, policy-makers, advocates, researchers and HCRI staff members from 30 organizations and agencies, including Arkansas Department of Human Services, Dartmouth Medical School, National Governors' Association, University of Colorado Health Sciences Center, and the National Institutes of Health. Five panels with 11 presentations, one small working group session, and two discussion sessions.

Sponsored Workshops

"Concept Authors Workshop," Visiting Nurse Service of New York, January 27, 1997, New York. Attended by 11 concept paper authors and National Advisory Committee members.

"Applicant Workshop," June 3, 1997, San Francisco, June 5, 1997, Washington and June 18, 1997, Chicago. Attended by more than 200 researchers.

"Working Group Meeting," Visiting Nurse Service of New York (national program office of the *Home Care Research Initiative*), August 29, 2001, New York. Attended by seven *Home Care Research Initiative* staff members, and 10 researchers and policymakers, from nine organizations and agencies, including Brown University, the National Association of State Units on Aging, the Arkansas Department of Human Services, and the University of Minnesota.

PROJECT LIST

Reports on the projects managed under this National Program are listed below. Click on a project's title to see the complete report, which typically includes a summary, description of the project's objectives, its results or findings, post grant activities and a list of key products.

- [Gradual Shift Seen in Public Funds From Nursing Homes to Community-Based Services \(March 2004\)](#)
- [Home Care Budget Model Tries to Direct Resources to Where Needed Most \(March 2004\)](#)
- [Legislative Fallout from Balanced Budget Act: Fewer Visits by Home Health Aides \(March 2004\)](#)
- [Long-Term Care Insurance Adds Caregiving Hours, Does not Reduce Amount of Informal Care, Study Finds \(March 2004\)](#)
- [Low-Cost Equipment to Help Elderly People with Daily Tasks Is of Some Benefit \(March 2004\)](#)
- [Michigan Project Creates Screening System and Develops and Tests Quality Measures for Home-Based Medicaid Patients \(September 2006\)](#)
- [National Study Looks at Seniors in Assisted Living \(March 2004\)](#)
- [Researchers Test Outcomes-Based Treatment Plan on Older Adults with Mental Health Issues in New Hampshire \(September 2006\)](#)
- [Study Finds Canes, Crutches and Wheelchairs Greatly Reduce Need for Human Help \(September 2006\)](#)
- [Study Looks at Seniors Who Opt Out of Connecticut Medicaid Home and Community-based Care Program \(September 2006\)](#)