

Community Nursing Home Program Oversight: Can the VA Meet Increased Demand for Community-Based Care?

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Background: The US Department of Veterans Affairs (VA) Community Nursing Home (CNH) program provides in-person oversight monitoring the quality of care of veterans in VA-contracted community-based skilled nursing homes. The number of veterans receiving CNH care is projected to increase by 80% by 2037.

Methods: Retrospective observational data describing the distance between contracted facilities and VA medical centers (VAMCs) were linked to Centers for Medicare and Medicaid monthly Nursing Home Compare and Brown University Long Term Care: Facts on Care in the US data. Qualitative interviews with CNH-based staff and VA-based CNH program oversight team members were conducted using a semistructured interview guide. Quantitative and qualitative data were analyzed independently and integrated during the interpretation of results.

Results: The number of CNHs per VAMC ranged from 1 to 68

(mean, 18). One in 4 CNHs were > 70 miles from the associated VAMC; among CNHs with 2 to 5 veterans, 44% were located > 50 miles away. Four qualitative themes emerged regarding VA CNH oversight: (1) benefits of VA CNH team engagement/visits, including quality assurance and care coordination; (2) burden of VA CNH oversight due to geographic dispersion with too few or too many veterans at each to achieve efficiency; (3) oversight burdens and limited staffing restricted ability to add CNHs; and (4) remote access and interoperability of electronic health records and balancing the number of CNH veterans with staffing could facilitate successful oversight.

Conclusions: The success of the CNH program will depend on the exchange of information and matching available resources to veterans' needs. At a time when strategies to ease the burden on NHs and VA CNH coordinators are needed, the VA needs to improve to properly scale the program.

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The US Department of Veterans Affairs (VA) Community Nursing Home (CNH) program provides 24-hour skilled nursing care for eligible veterans in public or private community-based facilities that have established a contract to care for veterans. Veteran eligibility is based on service-connected status and level of disability, covering the cost of care for veterans who need long-term care because of their service-connected disability or for veterans with disabilities rated at $\geq 70\%$.¹ Between 2014 and 2018, the average daily census of veterans in CNHs increased by 26% and the percentage of funds obligated to this program increased by 49%.² The VA projects that the number of veterans receiving care in a CNH program will increase by 80% between 2017 and 2037, corresponding to a 149% increase in CNH expenditures.²

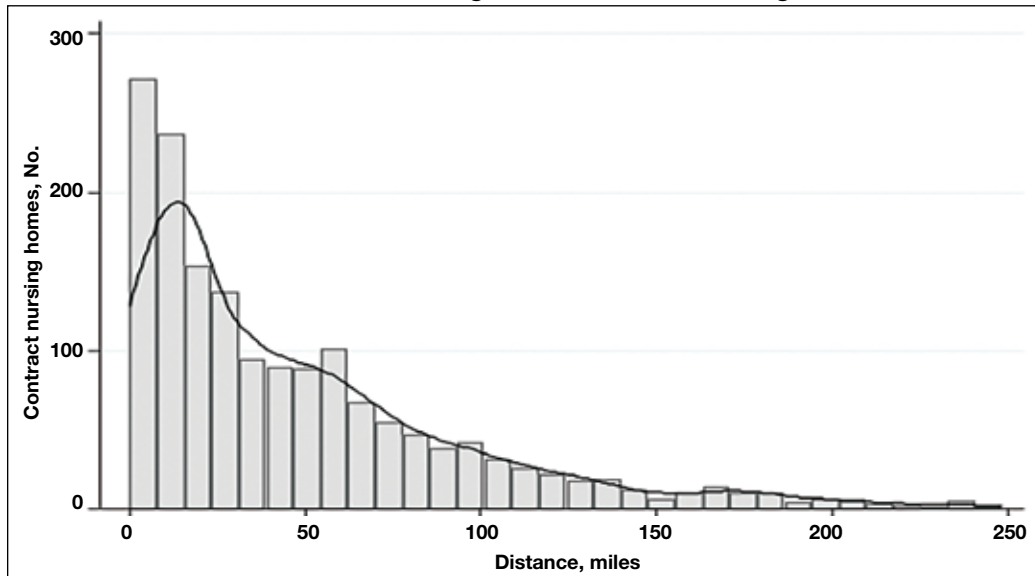
CNH program oversight teams are mandated at each VA medical center (VAMC) to monitor care coordination within the CNH program. These teams include nurses and social workers (SWs) who perform regular on-site assessments to monitor the clinical, functional, and psychosocial needs of veterans. These assessments include a review of the electronic health record (EHR) and

face-to-face contact with veterans and CNH staff, regardless of the purchasing authority (hospice, long-term care, short-term rehabilitation, respite care).³ These teams represent key stakeholders impacted by CNH program expansion.

While the CNH program has focused primarily on the provision of long-term care, the VA is now expanding to include short-term rehabilitation through Veteran Care Agreements.⁴ These agreements are authorized under the MISSION Act, designed to improve care for veterans.⁵ Veteran Care Agreements are expected to be less burdensome to execute than traditional contracts and will permit the VA to partner with more CNHs, as noted in a Congressional Research Service report regarding long-term care services for veterans.⁶ However, increasing the number of CNHs increases demands on oversight teams, particularly if the coordinators are compelled to perform monthly on-site visits to facilities required under current guidelines.³

The objective of this study was to describe the experiences of VA and CNH staff involved in care coordination and the oversight of veterans receiving CNH care amid Veteran Care Agreement implementation

FIGURE 1 Distance Between Nursing Home and Contracting VAMC, FY 2019



Abbreviations: FY, fiscal year; VAMC, Veterans Affairs medical center.

and in anticipation of CNH program expansion. The results are intended to inform expansion efforts within the CNH program.

METHODS

This study was a component of a larger research project examining VA-purchased CNH care; recruitment methods are available in previous publications describing this work.⁷ Participants provided written or verbal consent before video and phone interviews, respectively. This study was approved by the Colorado Multiple Institutional Review Board (Protocol #18-1186).

Video and phone interviews were conducted by 3 team members from October 2018 to March 2020 with CNH staff and VA CNH program oversight team members. Participant recruitment was paused from May to October 2020 as a result of the COVID-19 pandemic and ambiguity about VA NH care purchasing policies following the passage of the VA MISSION Act.⁵ We used semistructured interview guides (eAppendix 1 for VA staff and eAppendix 2 for NH staff, available online at doi:10.12788/fp.0421). Recorded and transcribed interviews ranged from 15 to 90 minutes.

Two members of the research team analyzed transcripts using both deductive and inductive content analysis.⁸ The interview guide informed an a priori codebook, and in

vivo codes were included as they emerged. We jointly coded 6 transcripts to reach a consensus on coding approaches and analyzed the remaining transcripts independently with frequent meetings to develop themes with a qualitative methodologist. All qualitative data were analyzed using ATLAS.ti software.

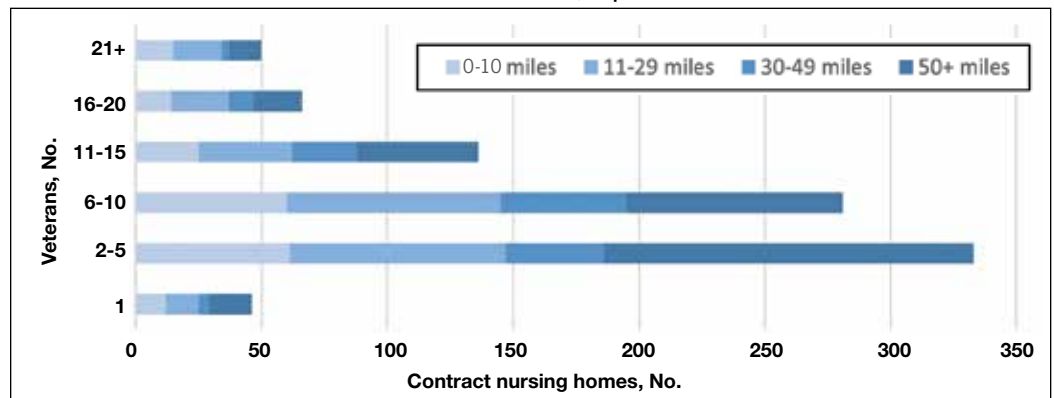
This was a retrospective observational study of veterans who received VA-paid care in CNHs during the 2019 fiscal year (10/1/2018-9/30/2019) using data from the enrollment, inpatient and outpatient encounters, and other care paid for by the VA in the VA Corporate Data Warehouse. We linked Centers for Medicare and Medicaid monthly Nursing Home Compare reports and the Brown University Long Term Care: Facts on Care in the US (LTC FoCUS) annual files to identify facility addresses.⁹

Descriptive analyses of quantitative data were conducted in parallel with the qualitative findings.⁸ Distance from the contracting VAMC to CNH was calculated using the greater-circle formula to find the linear distance between geographic coordinates. Quantitative and qualitative data were collected concurrently, analyzed independently, and integrated into the interpretation of results.¹⁰

RESULTS

We conducted 36 interviews with VA and NH staff who were affiliated with 6 VAMCs

FIGURE 2 Contracted Community Nursing Homes by Veteran Occupancy and Distance to Veterans Affairs Medical Center, April 2019



and 17 CNHs. Four themes emerged concerning CNH oversight: (1) benefits of VA CNH team engagement/visits; (2) burden of VA CNH oversight; (3) burden of oversight limited the ability to contract with additional NHs; and (4) factors that ease the burden and facilitate successful oversight.

Benefits of Engagement/Visits

VA SWs and nurses visit each veteran every 30 to 45 days to review their health records, meet with them, and check in with NH staff. In addition, VA SWs and nurses coordinate each veteran's care by working as liaisons between the VA and the NH to help NH staff problem solve veteran-related issues through care conferences. VA SWs and nurses act as extra advocates for veterans to make sure their needs are met. "This program definitely helps ensure that veterans are receiving higher quality care because if we see that they aren't, then we do something about it," a VA NH coordinator reported in an interview.

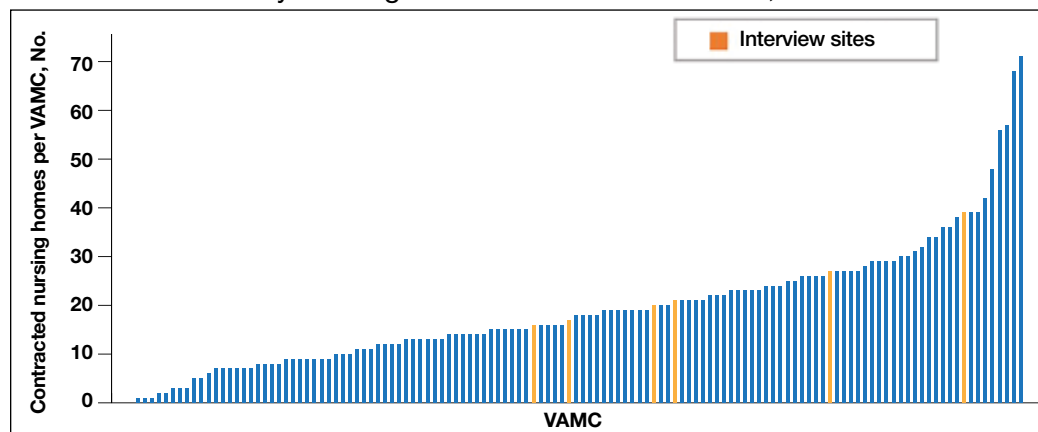
NH staff noted benefits to monthly VA staff visits, including having an additional person coordinating care and built-in VA liaisons. "It's nice to have that extra set of eyes, people that you can care plan with," an NH administrator shared. "It's definitely a true partnership, and we have open and honest conversations so we can really provide a good service for our veterans."

Distance & High Veteran Census Burdens

VA participants described oversight components as burdensome. Specifically, several VA participants mentioned that the charting they completed in the facility during

each visit proved time consuming and onerous, particularly for distant NHs. To accommodate veterans' preferences to receive care in a facility close to their homes and families, VAMCs contract with NHs that are geographically spread out. "We're just all spread out... staff have issues driving 2 and a half hours just to review charts all day," a VA CNH coordinator explained. In 2019, the mean distance between VAMC and NH was 48 miles, with half located > 32 miles from the VAMC. One-quarter of NHs were > 70 miles and 44% were located > 50 miles from the VAMC (Figure 1).

Participants highlighted how regular oversight visits were particularly time consuming at CNHs with a large contracted population. VA nurses and SWs spend multiple days and up to a week conducting oversight visits at facilities with large numbers of veterans. Another VA nurse highlighted how charting requirements resulted in several days of documentation outside of the NH visit for facilities with many contracted veteran residents. Multiple VA participants noted that having many veterans at an NH exacerbated the oversight burdens. In 2019, 252 (28%) of VA CNHs had > 10 contracted veterans and 1 facility had 34 veterans (Figure 2). VA participants perceived having too many veterans concentrated at 1 facility as potentially challenging for CNHs due to the complex care needs of veterans and the added need for care coordination with the VA. One VA NH coordinator noted that while some facilities were "adept at being able to handle higher numbers" of veterans, others were "overwhelmed." Too many

FIGURE 3 Community Nursing Home Contracts Per VAMC, 2019^a

Abbreviation: VAMC, Veterans Affairs medical center.
^aEach column represents 1 of 128 VAMCs.

veterans at an NH, an SW explained, might lead the “facility to fail because we are such a cumbersome system.”

Oversight & Staffing Burden

While several participants described wanting to contract with more NHs to avoid overwhelming existing CNHs and to increase choice for veterans, they expressed concerns about their ability to provide oversight at more facilities due to limited staffing and oversight requirements. Across VAMCs, the median number of VA CNHs varied substantially (Figure 3). One VA participant with about 35 CNHs explained that while adding more NHs could create “more opportunities and options” for veterans, it needs to be balanced with the required oversight responsibilities. One VA nurse insisted that more staff were needed to meet current and future oversight needs. “We’re all getting stretched pretty thin, and just so we don’t drop the ball on things... I would like to see a little more staff if we’re gonna have a lot more nursing homes.”

Participants had concerns related to the VA MISSION Act and the possibility of more VA-paid NHs for rehabilitation or short-term care. Participants underscored the necessity for additional staff to account for the increased oversight burden or a reduction in oversight requirements. One SW felt that increasing the number of CNHs would increase the required oversight and the need for collaboration with NH staff, which would limit her ability to establish close and trusting working relationships with NH staff. Parti-

cipants also described the challenges of meeting their current oversight requirements, which limited extra visits for acute issues and care conferences. This was attributed to a lack of adequate staffing in the VA CNH program, given the time-intensive nature of VA oversight requirements.

Easing Burden & Facilitating Oversight

Participants noted how obtaining remote access to veterans’ EHRs allowed them to conduct chart reviews before oversight visits. This permitted more time for interaction with veterans and CNH staff as well as coordinating care. While providing access to the VA EHR would not change the chart review component of VA oversight, some participants felt it might improve care coordination between VA and NH staff during monthly visits.

Participants felt they were able to build strong working relationships with facilities with more veterans due to frequent communication and collaboration. VA participants also noted that CNHs with larger veteran censuses were more likely to respond to VA concerns about care to maintain the business relationship and contract. To optimize strong working relationships and decrease the challenges of having too many veterans at a facility, some VA participants suggested that CNH programs create a local policy to recommend the number of veterans placed in a CNH.

DISCUSSION

Participants interviewed for this study echoed findings from previous work that

identified the importance of developing trusted working relationships with CNHs to care for veterans.^{11,12} However, interorganizational care coordination, a shortage of health care professionals, and resource demands associated with caring for veterans reported in other community care settings were also noted in our findings.^{12,13}

Building upon prior recommendations related to community care of veterans, our analysis identified key areas that could improve CNH program oversight efficiency, including: (1) improving the interoperability of EHRs to facilitate coordination of care and oversight; (2) addressing inefficiencies associated with traveling to geographically dispersed CNHs; and (3) “right-sizing” the number of veterans residing in each CNH.

The interoperability of EHRs has been cited by multiple studies of VA community care programs as critical to reducing inefficiencies and allowing more in-person time with veterans and staff in care coordination, especially at rural locations.¹¹⁻¹⁵ The Veterans Health Information Exchange Program is designed to optimize data sharing as veterans are increasingly referred to non-VA care through the MISSION Act. This program is organized around patient engagement, clinician adoption, partner engagement, and technological capabilities.¹⁶

Unfortunately, significant barriers exist for the VA CNH program within each of these information exchange domains. For example, patient engagement requires veteran consent for consumer-initiated exchange of medical information, which is not practical due to the high prevalence of cognitive impairment in NHs. Similarly, VA consent requirements prohibit EHR download and sharing with non-VA facilities like CNHs, limiting use. eHealth Exchange partnerships allow organizations caring for veterans to connect with the VA via networks that provide a common trust agreement and technical compliance testing. Unfortunately, in 2017, only 257 NHs in which veterans received care nationally were eHealth Exchange partners, which indicates that while NHs could partner in this information exchange, very few did.¹⁶

Finally, while the exchange is possible, it is not practical; most CNHs lack the staff that would be required to support data trans-

fer on their technology platform into the appropriate translational gateways. Although remote access to EHRs in CNHs improved during the pandemic, the Veterans Health Information Exchange Program is not designed to facilitate interoperability of VA and CNH records and remains a significant barrier for this and many other VA community care programs.

The dispersal of veterans across CNHs that are > 50 miles from the nearest VAMC represents an additional area to improve program efficiency and meet growing demands for rural care. While recent field guidance to CNH oversight teams reduces the frequency of visits by VA CNH teams, the burden of driving to each facility is not likely to decrease as CNHs increasingly offer rehabilitation as a part of Veteran Care Agreements.¹⁷ Visits performed by telehealth or by trained local VA staff may represent alternatives.¹⁵

Finally, interview participants described the ideal range of the number of veterans in each CNH necessary to optimize efficiencies. Veterans who rely more heavily upon VA care tend to have more medical and mental health comorbidities than average Medicare beneficiaries.^{18,19} This was reflected in participants' recommendation to have enough veterans to benefit from economies of scale but to also identify a limit when efficiencies are lost. Given that most CNHs cared for 8 to 15 veterans, facilities seem to have identified how best to match the resources available with veterans' care needs. Based on these observations, new care networks that will be established because of the MISSION Act may benefit from establishing evidence-based policies that support flexibility in oversight frequency and either allow for remote oversight or consolidate the number of CNHs to improve efficiencies in care provision and oversight.²⁰

Limitations

Limitations include the unique relationship between VA and CNH staff overseeing the quality of care provided to veterans in CNHs, which is not replicated in other models of care. Data collection was interrupted following the passage of the MISSION Act in 2018 until guidance on changes to practice resulting from the law were clarified in 2020. Interviews

were also interrupted at the onset of the COVID-19 pandemic.

CONCLUSIONS

The current quality of the CNH care oversight structure will require adaptation as demand for CNH care increases. While the VA CNH program is one of the longest-standing programs collaborating with non-VA community care partners, it is now only one of many following the MISSION Act. The success of this and other programs will depend on matching available CNH resources to the complex medical and psychological needs of veterans. At a time when strategies to ease the burden on NHs and VA CNH coordinators are desperately needed, Veterans Health Information Exchange capabilities need to improve. Evidence is needed to guide the scaling of the program to meet the needs of the rapidly expanding veteran population who are eligible for CNH care.

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Disclaimer

The views expressed in this article are those of the authors and do not reflect the position or policy of the *Federal Practitioner*, the Department of Veterans Affairs, or the United States Government.

Ethics and consent

This study was approved by the Colorado Multiple Institutional Review Board (Protocol #18-1186).

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eAppendix 1 VA Staff Interview Guide

Interviewer Name:

Date:

Time Start:

Time End:

Hello [Mr./Ms./Dr. interview participant name],

My name is [interviewer name] and helping me today are/is [additional team member(s)]. We are conducting site visits and interviewing staff to learn about the VA's Community Nursing Home program at your VA. We are conducting site visits and interviews as part of a research study. This research study is being conducted by Dr. Cari Levy and Dr. Vincent Mor and the COMIRB protocol is #18-1186. What we learn from these interviews will be used to understand the Community Nursing Home referral process and how the VA and community nursing homes establish relationships (either through a contract or a Veteran Care Agreement) at your site, with hopes to make recommendations to improve upon current processes based on what we learn. Your responses are confidential and you will not be identified in any reports, presentations, or publications.

Your participation in this interview is voluntary. **If you feel that participating in this interview impacts your work conditions negatively, please feel free to decline.** You can stop the interview at any time, and let me know if you would rather not answer a particular question.

Do you have any questions?

In order to make sure we capture all of the information you give us, we would like to record this call. The audio-file for the recording will be stored directly to restricted access file on the VA intranet. Is this okay with you? **[Hit record button.]**

Okay, to confirm, I'm starting the recording. Is this ok with you?

If this interview is being conducted over the phone: Okay to confirm, I'm starting the recording. Is this ok with you? By continuing with this interview, you acknowledge that the consent form has been read to you while you followed along with your own copy, that you have been given the opportunity to ask questions, and that you have provided verbal consent to participate in this study. Is this correct?

Grounded prompts: If responses are limited or require clarification, probes may be used to elicit more detailed responses. Probes should use words or phrases presented by the participant using one of the following formats:

- 1. What do you mean by _____?***
- 2. Tell me more about _____?***
- 3. Can you give me an example of _____?***

4. *Can you tell me about a time when _____?*
5. *Who _____?*
6. *When _____?*
7. *Where _____?*

INTERVIEW QUESTIONS
<p>All Participants (Questions 1-6)</p> <ol style="list-style-type: none"> 1. What is your role in the Community Nursing Home (CNH) program at your VA? <ol style="list-style-type: none"> i. Probe: Tell me more about what that entails. a. How long have you worked at the VA? b. How long have you served in this role at the VA? c. How long have you worked in this field? 2. Tell me about the process of initiating a partnership with a community nursing home. <ol style="list-style-type: none"> a. Who is involved? b. How long does the process take? c. What does the process involve? 3. Now to get more specific, how do you select community nursing homes to be part of your VA's CNH program. <ol style="list-style-type: none"> a. What factors come into play? <ol style="list-style-type: none"> i. Probes: Quality? Star rating? Potential match with best treatment for Veteran's care needs? VA provider recommendation? 4. How do you feel about the process of establishing a partnership with a community nursing home at your VA? <ol style="list-style-type: none"> a. What works well? b. What are some of the challenges? c. What changes would you like to see overall and related to your personal experience? 5. Tell me about the annual review process that a community nursing home in your CNH program undergoes to maintain its partnership with your VA. <ol style="list-style-type: none"> a. What does the annual review involve? b. What works well in the review process? c. What are some of the challenges? d. What changes would you like to see? 6. What does a good relationship between a VAMC and the community nursing homes in its CNH program look like? <ol style="list-style-type: none"> a. How does this description align with your current working relationships with the nursing homes in your program? b. What has helped to improve working with community nursing homes? c. What has hindered your working relationship with community nursing homes?

For VA CNH Coordinators, Social Workers, and Nurses (Question 7)

7. Tell me about how you determine which facility in your CNH program a Veteran should be placed in.
 - a. What factors come into play?
 - b. Does the number of Veterans in a community nursing home impact your decision to place a Veteran in that facility? Why or why not?
 - c. Does the proximity of the community nursing home to the Veteran's home impact your placement decision? Why or why not?

For VA Social Workers and VA Nurses (Question 8 and 9 only):

8. Tell me about your role in coordinating care at the community nursing homes in your CNH program.
 - a. How often do you visit community nursing homes?
 - b. Tell me what a typical visit to a community nursing home looks like.
 - i. Probes: How many vets do you see per CNH? Where do you start (with the Veteran visit? reviewing charts? talking with staff?) Who do you communicate with at the nursing home (Veteran? Family? Staff? Administration? CNH program staff?)
 - c. Do you think Nursing Home Compare quality ratings reflect the care Veterans receive in community nursing homes?
 - d. Tell me about how you work with nursing home staff at CNHs to coordinate care for Veterans.
 - i. Probes: What works well? What are the challenges? Can you give me a specific example?

9. How do you feel about the care coordination you provide at the community nursing homes in your CNH program?
 - a. What works well?
 - b. What are the challenges in providing care coordination for the CNH program?
 - c. What would you like to see change in care coordination between community nursing homes and the VA?

All Participants (Questions -10-22)

10. Tell me about the community nursing homes that are currently part of your VA's CNH program and available to your Veterans.
 - i. Probes: A wide variety? Some with expertise in special areas? (dementia care, behavioral health needs? End of life care?) Serve rural Vets also? What type of quality?
11. Which, if any, additional community nursing homes would you like to see become part of your CNH program?
 - a. What would be beneficial about adding this/these nursing home(s)?
 - i. Probes: Provides high quality care? Serves a special population? Is in a geographic location that is underserved?
 - b. Why is/are that/those nursing home(s) not a part of your program?
 - c. Are any nursing homes in the process of joining your CNH program?
12. Tell me about how your VA handles issues with community nursing homes in your CNH program.
 - a. Can you think of a specific example?
 - b. Have you ever considered terminating a partnership with a community nursing home?
 - c. Have you ever considered placing a community nursing home on hold?

13. What have you heard about potential changes in how the VA partners with community nursing homes.
- What do you know about the possibility of using provider agreements with the community nursing homes?

Participants will be read the following sentences and then asked questions

Over the next year, the VA will change how it purchases community nursing home (CNH) care for Veterans by replacing the existing contracts with Veteran Care Agreements. Veteran Care Agreements will be agreements between community nursing homes and the VA to cover primarily long-stay care, but in some cases short-stay care, for Veterans. Veteran Care Agreements will eliminate many of the federal contracting rules, will be simpler than the existing contracts, will take less time to complete (weeks rather than many months) and will be shorter in terms of number of pages (around six pages long). Additionally, some nursing home staff at CNHs that establish Veteran Care Agreements may be asked to complete online trainings on opioid safety, military sexual trauma conditions, Post-Traumatic Stress Disorder, and traumatic brain injury.

All Participants (Questions 14-22)

14. Tell me about your initial thoughts on this change to how the VA purchases community nursing home care.
- What do you think will work well?
 - What do you think some of the challenges will be?
15. What impact do you think Veteran Care Agreements will have on your CNH team?
- How might Veteran Care Agreements impact your CNH team's responsibilities?
 - How might Veteran Care Agreements impact your personal responsibilities?
 - How might Veteran Care Agreements impact your working relationship with CNHs?
16. Tell me about how you and your CNH team/CNH coordinator have been informed of the shift from contracting to Veteran Care Agreements.
- Probes: Who is informing? How is information shared? When was it shared? Was the information adequate?*
- Tell me about whether you think your VA is prepared to shift to Veteran Care Agreements. Why or why not?
17. Tell me about how nursing home administrators at contracted community nursing homes are being informed of this shift from contracting to Veteran Care Agreements.
- Probes: Who is informing? How is information shared? When was it shared?*
- Tell me about whether you think community nursing homes in your program are prepared to shift to Veteran Care Agreements. Why or why not?
18. What will help facilitate the transition to Veteran Care Agreements?
- What might be some barriers to the transition to Veteran Care Agreements?
19. How does the description I provided about Veteran Care Agreements align with the information you have learned on the national CNH calls?
20. Under Veteran Care Agreements, you will be able to approach any community nursing home you want to be part of your CNH program without posting a solicitation. What do you think about this change?
- What do you see as potential benefits of this change?
 - What do you see as potential drawbacks?
 - How will this impact your nurse and social work staff currently visiting CNHs on a monthly basis?
21. What impact do you think Veteran Care Agreements will have on how you determine which facility in your CNH program a Veteran should be placed in?
- What factors do you think will come into play in the placement decision?
- Probes: Number of Veterans at the facility, proximity to the Veterans' home, location*
22. Would it be okay if we followed up with you in the future if we have other questions?

For VA CNH Coordinators and Contracting Only (Questions 23)

23. With this in mind, tell me about how you might select community nursing homes to be part of your program under Veteran Care Agreements?

- a. What factors might come into play in picking new community nursing homes?
Probes: Quality? Match with best treatment for Veteran's care needs? Expertise in special areas (dementia care, behavioral health needs)? Location? Proximity to where Veterans lives?
- b. How might you determine which community nursing homes with existing contracts you will keep in your program?
- c. How might you determine how many community nursing homes you need?

For VA Social Workers and Nurses Only (Question 24)

24. How do you think Veteran Care Agreements will impact your working relationship with community nursing homes?

- a. Tell me about how you think Veteran Care Agreements might impact your role in coordinating care for Veterans
- b. How do you think Veteran Care Agreements might impact your visits to community nursing homes?
Probes: Frequency?

All Participants (Question 25-26)

25. How do you feel about the use of Nursing Home Compare star ratings as a measure of nursing home quality?

- a. Do you think star ratings reflect the quality of care Veterans receive in community nursing homes?

26. What questions do you have for us, or is there anything else you would like to add about your VA's CNH program and/or working with community nursing homes?

Demographic Questions: We would like to ask you a couple of questions about yourself, like what your age is. You have the right to decline this step of the interview or to skip specific questions. Is it ok to begin?

27. What gender do you identify with?

28. What category best describes your race? (Can choose more than one)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/ Pacific Islander
- White
- Multiracial
- Other
- Declined

29. Which category best describes your ethnicity?

- Hispanic
- Non-Hispanic
- Declined

30. What is your age range?

- 18 – 29 years
- 30 – 39 years
- 40 – 49 years
- 50 – 59 years
- 60 – 69 years
- >/= 70 years
- Declined

31. What is the highest level of education you have completed?

eAppendix 2 Nursing Home Interview Guide

Interviewer Name:

Date:

Time Start:

Time End:

Hello [Mr./Ms./Dr. interview participant name],

My name is [interviewer name] and helping me today are/is [additional team member(s)]. We are conducting site visits and interviewing staff to learn about your knowledge of the process of community nursing homes establishing a partnership with the VA. We are conducting site visits and interviews as part of a research study. This research study is being conducted by Dr. Cari Levy and Dr. Vincent Mor and the COMIRB protocol is #18-1186. What we learn from these interviews will be used to understand how the VA establishes relationships with community nursing homes (either through a contract or a Veteran Care Agreement), with hopes to make recommendations to improve upon current processes based on what we learn. Your responses are confidential and you will not be identified in any reports, presentations, or publications.

Your participation in this interview is voluntary. **If you feel that participating in this interview impacts your work conditions negatively, please feel free to decline.** You can stop the interview at any time, and let me know if you would rather not answer a particular question.

Do you have any questions?

In order to make sure we capture all of the information you give us, we would like to record this call. The audio-file for the recording will be stored directly to a restricted access file on the VA intranet. Is this okay with you? **[Hit record button.]**

Okay, to confirm, I'm starting the recording. Is this ok with you?

If this interview is being conducted over the phone: Okay to confirm, I'm starting the recording. Is this ok with you? By continuing with this interview, you acknowledge that the consent form has been read to you while you followed along with your own copy, that you have been given the opportunity to ask questions, and that you have provided verbal consent to participate in this study. Is this correct?

Grounded prompts: If responses are limited or require clarification, probes may be used to elicit more detailed responses. Probes should use words or phrases presented by the participant using one of the following formats:

1. What do you mean by _____?
2. Tell me more about _____?
3. Can you give me an example of _____?
4. Can you tell me about a time when _____?
5. Who _____?
6. When _____?
7. Where _____?

INTERVIEW QUESTIONS

For Nursing Homes with Active Contracts/VCA's (Questions 1-9, 19-22 + Demographics):

1. What is your role at your nursing home?
 - i. Probe: Tell me more about what that entails.
 - a. How long have you worked at the nursing home?
 - b. How long have you served in this role at the nursing home?
 - c. How long have you worked in this field?
 - d. How would you describe the population your nursing home serves?
2. Tell me about the process of initiating a partnership with the VA?
 - a. Who was/is involved?
 - b. How long does the process take?
 - c. What does the start-up process involve?
3. Tell me about why you decided to partner with the VA.
 - a. What factors came into play?
 - b. Did the VA's reputation influence your decision to partner with them?
If yes: How so?
 - c. Describe the relationship your organization (or you personally) had with the VA prior to partnering with the VA.
4. How do you feel about the process of establishing a partnership with the VA?
 - d. What has worked well?
 - e. What are some of the challenges?
 - f. What changes would you like to see overall and related to your personal experience?
5. Tell me about your nursing home's experience with the annual review process of nursing homes the VA has a partnership with.
 - g. What does the annual review involve?
 - h. What works well in the review process?
 - i. What are some of the challenges?
 - j. What changes would you like to see?
 - k. What, if any, internal review does your nursing home conduct?
6. What does a good relationship between a nursing home and the VA look like?
 - l. How does this description align with your current working relationship with the VA?
 - m. What has helped to improve working with the VA?
 - n. What has hindered your working relationship with the VA?

<p>7. Tell me about the role VA social workers and VA nurses play/ed in care coordination at your nursing home.</p> <ul style="list-style-type: none"> a. How often do/did they visit your nursing home? b. Tell me about how your nursing home staff work/ed with VA social workers and nurses to coordinate care for Veterans. <ul style="list-style-type: none"> i. Probes: What works well? What are the challenges? Can you give me a specific example? c. What, if any, rewards or challenges have you experienced in caring for Veterans? d. How many Veterans are in your nursing home right now? e. How do you determine who the VA point person is for a Veteran at your nursing home? <ul style="list-style-type: none"> i. Probes: Does the contact person vary by Veteran? Who is the contact person for your nursing home? What is their role?
<p>8. Tell me about how your nursing home has handled issues with the VA.</p> <ul style="list-style-type: none"> f. Can you think of a specific example? g. Have you ever considered terminating your partnership?
<p>9. How do you feel about the use of Nursing Home Compare star ratings as a measure of nursing home quality?</p> <ul style="list-style-type: none"> a. Do you think star ratings reflect the quality of care Veterans receive/d at your nursing home? Why or why not?
<p>10. What have you heard about potential changes in how the VA partners with community nursing homes?</p> <ul style="list-style-type: none"> a. What do you know about the possibility of using provider agreements between your nursing home and the VA?
<p>11. What questions do you have for us, or is there anything else you would like to add about your experience partnering with the VA?</p>
<p><i>For Nursing Homes with Terminated Contracts/VCA's or Contracts/VCA's on Hold (Questions 1-13, 19-22, 24 + Demographics):</i></p> <p>12. Tell me about why your contract (or Veteran care agreement) with the VA was terminated/ is on hold.</p>
<p>13. Tell me about any attempts your nursing home made/has made to maintain a partnership with the VA prior to/ and after the contract/ Veteran Care Agreement being terminated/ the contract/Veteran Care Agreement being placed on hold.</p> <ul style="list-style-type: none"> a. How did/has the VA respond? b. <i>If the contract/VCA is on hold:</i> Tell me about the process of re-activating your contract/VCA with the VA. <ul style="list-style-type: none"> i. Probe: What does this entail?
<p><i>For Ideal Nursing Homes (Questions 1, 14-22, 24, + Demographics):</i></p> <p>14. Tell me about whether your nursing home has ever considered partnering with the VA? Why or why not?</p> <ul style="list-style-type: none"> a. If you have considered it, why did you ultimately not partner with the VA?
<p>15. Tell me about how a nursing home establishes a partnership with the VA?</p> <ul style="list-style-type: none"> a. Who is involved? b. How long does the process take? c. What does the process involve?

16. What constitutes a good relationship between a nursing home and a payer source?
- What has helped to improve working with your payers?
 - What has hindered your working relationship with your payers?

17. What have you heard about potential changes to how the VA partners with community nursing homes?
- What do you know about the possibility of using provider agreements with the community nursing homes?

18. What questions do you have for us, or is there anything else you would like to add that we haven't touched on?

Participants will be read the following sentences and then asked questions

Over the next year, the VA will change how it purchases community nursing home (CNH) care for Veterans by replacing the existing contracts with Veteran Care Agreements. Veteran Care Agreements will be agreements between community nursing homes and the VA to cover primarily long-stay care, but in some cases short-stay care, for Veterans. Veteran Care Agreements will eliminate many of the federal contracting rules, will be simpler than the existing contracts, will take less time to complete (weeks rather than many months), and will be shorter in terms of number of pages (around 6 pages long). Additionally, some nursing home staff at CNHs that establish Veteran Care Agreements may be asked to complete online trainings on opioid safety, military sexual trauma conditions, Post Traumatic Stress Disorder, and traumatic brain injury.

19. Tell me about your initial thoughts on this change to how the VA purchases CNH care.
- What do you think will work well?
 - What do you think some of the challenges will be?
20. Tell me what information you would like from the VA about Veteran Care Agreements and this shift from contracting to Veteran Care Agreements.
- Can you think of a specific example?
 - How would you like this information to be shared with you?
 - Who would you like the information to come from?
21. Would it be okay if we followed up with you in the future if we have other questions?
22. What capacity does your nursing home have to conduct telehealth visits?

For Nursing Homes with Active Contracts (Question 23)

23. Tell me about any communication you have received from the VA about the shift from contracting to Veteran Care Agreements.
- Probes: Who is informing? How is information shared? When was it shared? Was the information adequate?*
- Can you think of a specific example?

For Ideal Nursing Homes/Nursing Homes with Terminated/On-hold Contracts (Question 24)

24. Tell me about whether you would consider partnering with the VA (again) after Veteran Care Agreements are implemented.
- Why or why not?
 - If yes:* Care Agreements will impact your working relationship with the VA?

Demographic Questions: We would like to ask you a couple of questions about yourself, like what your age is. You have the right to decline this step of the interview or to skip specific questions. Is it ok to begin?

25. What gender do you identify with?

26. What category best describes your race? (Can choose more than one).

American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian/ Pacific Islander

White

Multiracial

Other

Declined

27. Which category best describes your ethnicity?

Hispanic

Non-Hispanic

Declined

28. What is your age range?

18 – 29 years

30 – 39 years

40 – 49 years

50- 59 years

60 – 69 years

>= 70 years

Declined

29. What is the highest level of education you have completed?