

African Americans in home health: Advance care planning and acute care services use

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Introduction

Home health agencies (HHA)

- largest long-term modality for older adults¹
- fastest-growing healthcare setting in the country¹
- homebound patients with skilled need, visited by interprofessional team (nursing, therapy, social work)²
- HHA patient acuity levels rising²



Image: African American Cultural Concepts

Advance care planning (ACP):

- a conversation held in advance of a medical crisis
- values, goals, beliefs, future treatment choices
- Can include designation of surrogate decision-maker or completion of Advance Directive (AD)³

ACP Protocols (ACPP):

 Procedures supporting healthcare staff in engaging in ACP

Home Health Value-Based Purchasing (HHVBP):

- 2016, Medicare began an experimental program in 9 states to financially incentivize or penalize HHAs according to outcomes⁴
- Hospitalization and ED use weighed heaviest as poor outcomes

Background & Significance

- Many racial/ethnic data are missing from CMS database⁵
- Existing ACP research is primarily conducted outside HHA setting⁶
- CMS made HHVBP universal in 2022⁷

Literature Review

- ACP linked with reduced acute care use in HHA patients with dementia⁸
- African Americans and ACP
 - Low AD completion
- Economic factors; fear of receiving substandard care; mistrust of the healthcare system; lack of diversity among care providers^{9,10}
- Health disparities research in HHAs sparse; findings mixed¹¹
- Highest hospital utilization rate (45%)
 & highest ED utilization rate (34%)
 among Black patients in one region¹¹
- Lower rates of hospitalization in HHAs
- for-profit status
- high rates of dually-eligible patients
- serving > 50% Black population
- located in midwestern, southern, and western regions of the U.S.¹²
- Higher hospitalization and ED use rates among HHA patients: young, white, assisted-living residents with depression¹

Purpose

- Determine whether the proportion of Black patients in HHAs is correlated with robustness of ACP protocols and levels of acute care services use.
- Hypothesis: HHAs with higher proportions of Black patients will have lower ACPP scores and lower WACSUR scores.

Design & Methods

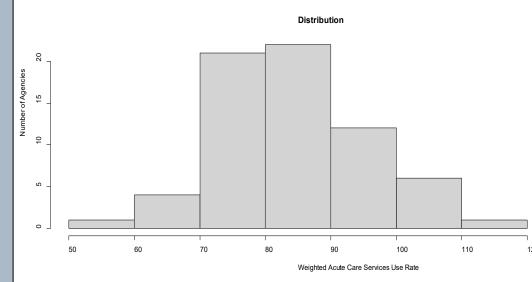
- Cross-sectional, quasi-interventional
- PI contacted 26% of agencies (n = 768) in the 9 HHVBP states & 9 comparable non-HHVBP states
- Sample size N = 89
- Electronic surveys about ACP protocols ACPP: Advance Care Planning Protocol Score

Table 1. Descriptive statistics for ACPP score

ACPP score item name	N	Mean	SD
Gather ACP data	89	2.92	1.79
Written ACP protocols	89	3.06	1.71
% of staff trained	89	2.36	1.65
ACP training funded by agency	89	1.71	1.99
Clinician documentation of ACP	89	3.19	1.62
Number of disciplines documenting ACP	89	3.91	2.04
Proportion of patients offered ACP	89	3.33	1.44
Practice modeled off existing framework	89	1.87	1.69

- Demographic data from CMS
- Acute care services use data from CMS WACSUR: Weighted Acute Care Services Use Rates score
 - Weightshospitalization = 4rehospitalization = 2ED use =1

Figure. Distribution of WACSUR Scores



The distribution of the WACSUR scores was relatively normal. Most agencies scored between 70 and 90.

Results

- **ACPP and proportion of Black patients**: Spearman correlation coefficient r = -0.05 (S = 26039, p = 0.36, one-tailed), not statistically significant
- WACSUR and proportion of Black patients: Spearman correlation coefficient r = 0.019 (S = 11261, p = 0.45, one-tailed), not statistically significant
- Trend found: When the acute care measure was isolated for only hospitalization rate and proportion of Black patients, the Spearman correlation coefficient was r = 0.07 (S = 12252, p = 0.15, one-tailed). (Trend = p < 0.2)

Table 2. ACPP & WACSUR Score Results

	Score Name	N	Mean	Median	SD	Skew
	ACPP	89	22.34	25	8.83	-1.01
	WACSUR	67	83.44	82.12	11.67	0.21

Conclusion & Recommendations

The greater proportion of Black patients, the greater tendency for an HHA to have a higher hospitalization rate, consistent with Chase et al. (2020). 10 Hospitalization is a poor outcome for which an HHA might receive reduced reimbursement under HHVBP. A CMS-commissioned study indicated that Black HHA patients were more likely to be dually eligible for Medicare and Medicaid, and that these patients are "falling behind other patients under HHVBP with regard to improvements in functioning..."²

Per the report and other literature, HHVBP penalties may push agencies to engage in patient selection.¹³



