Design of Novel Fidelity Measure for Use in Certification of Medical Respite Programs

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NATIONAL HEALTH CARE for the HOMELESS COUNCIL

HCH2024

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The National Institute for Medical Respite Care is a special program of the National Health Care for the Homeless Council.

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Disclosures

The authors have no conflicts of interest to disclose.

Funding Statement:

BK: Institutional consulting contract (held by University of Houston) with NIMRC relevant to the work described in this presentation.

JW: No funding to disclose.

CS: employment by the National Health Care for the Homeless Council (NHCHC), who manages the contract from the US Health Resources and Services Administration (HRSA) to operate the National Institute of Medical Respite Care (NIMRC).

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Learning Objectives

1. Describe the importance of fidelity to practice and policy standards and accreditation on the rapidly growing field of medical respite;
2. Discuss the process for developing a practical, validated measure of fidelity to best practices in medical respite identified through prior research;
3. Evaluate the psychometric properties of two rounds of pilot testing of such a measure.

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Medical Respite

Outcomes of Medical Respite

Effect on Hospital Use

- Several studies identified decreased re-admission rates following MRC stays
- Studies also found time spent as an inpatient and ER visits decreased for those who discharged to MRC

Effect on Services Utilization

- Individuals discharged to MRC were more likely to increase outpatient service use
- One study found increased time spent in housing and decreased time spent in other institutions

Cost Savings

- MRC results in cost savings for hospitals even when hospitals fund the MRC stay
- Specialty medical care conducted at MRC settings was a significantly lower cost than receiving the same care in the hospital

Source: Medical Respite Care Literature Review

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Outcomes of Medical Respite

Impact on Consumers

- MRC was found to improve health-related quality of life and positive impact health management
- Women may be more likely to leave MRC early: lack of privacy, power dynamics, and history of victimization

Reducing Gaps in Services

- MRC consumers overall had high rates of connection to Medicaid, income, PCPs, and behavioral health
- Connection to PCP reduced readmission rates
- High referral rates indicate a need for MRC within communities

MRC Specific Outcomes

- A harm reduction focused OPAT intervention resulted in high rates of treatment completion
- Screening for brain injury resulted in positive health outcomes (case studies)
- Factors associated with leaving MRC early included being a women, >50 y.o., living outside prior to MRC, lack of income and/or ID, and substance use

Source: Medical Respite Care Literature Review

Leading to the Ask:

A Measure of Fidelity for Medical Respite Care:

- Fidelity to the Guiding Principles
- Predictive of Adherence to the (*previously established*) Standards for Medical Respite Care
- Flexible to the Wide Range of Care Models

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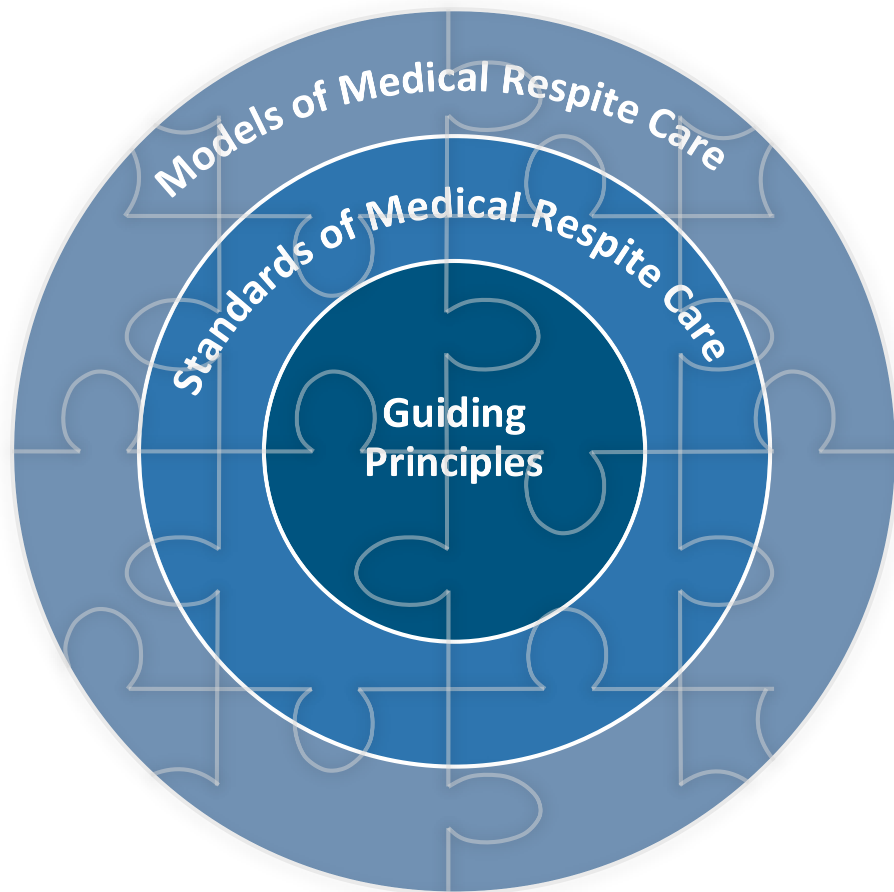
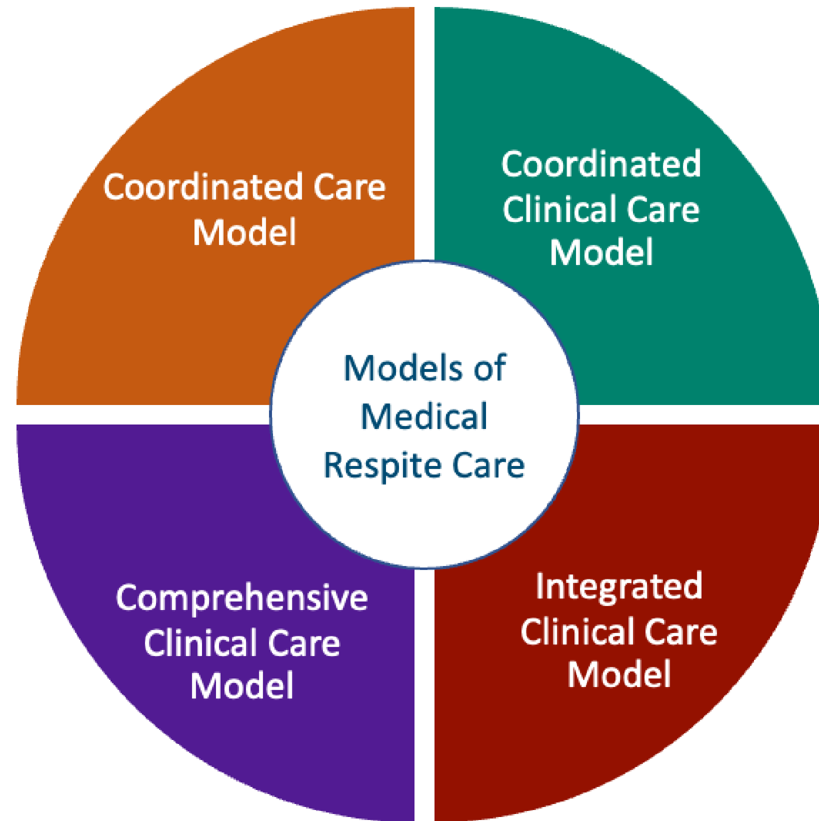
The Framework for Medical Respite Care



Models of Medical Respite Care



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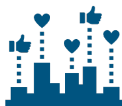
Standards for Medical Respite Care Programs

Standard 1:

- Medical respite program provides safe and quality accommodations.



Standard 2:

- Medical respite program provides quality environmental services.

Standard 3:

- Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings.

Standard 4:

- Medical respite program administers high quality post-acute clinical care.

Standard 5:

- Medical respite program assists in health care coordination, provides wrap-around services, and facilitates access to comprehensive support services.

Standard 6:

- Medical respite program facilitates safe and appropriate care transitions out of medical respite care.

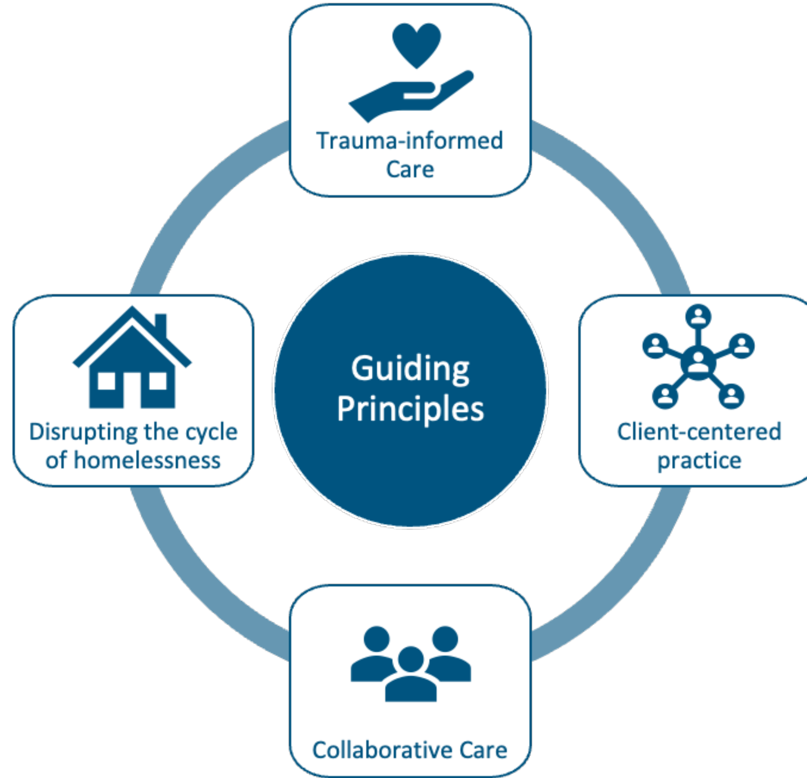
Standard 7:

- Medical respite care personnel are equipped to address the needs of people experiencing homelessness.

Standard 8:

- Medical respite care is driven by quality improvement.

The Guiding Principles for Medical Respite Care



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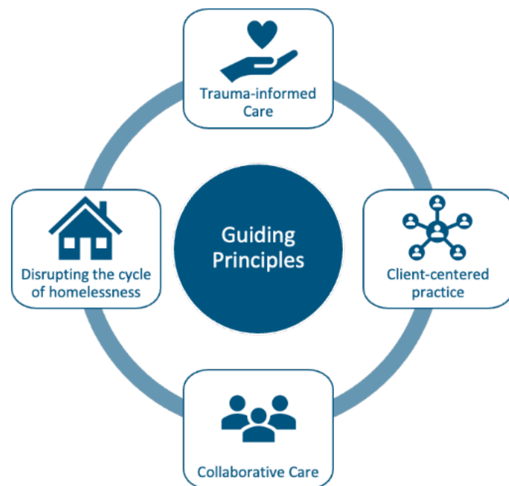
The Guiding Principles for Medical Respite Care: How did we get here?



Focus group interviews

Medical respite providers & consumers

Analysis of interview recording for themes

Analytic memo across 4 researchers

Review for exemplar quotes

Analysis of existing publications on MRC

Including literature review

Materials for programs

Principles reviewed by RCPN SC

Discussion

How do you see this reflected in your practice or program?

Do you think these principles guide your program explicitly or implicitly?

How does this help shape program or quality improvement in medical respite?

The Process

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Initial Review

- Extensive Literature Review to Identify Validated Measures

Pilot Phase 1:

- *Long Form; Construct Validity & Factors*

Transition:

- *Item Reduction Review*

Pilot Phase 2:

- *Validation with Standards, Tests for Model Flexibility and Equity*

Review of Validated Measures

Area	Measure
Trauma Informed Care	→ Harm Reduction Assessment Scale (HRAS; 25 items)
Client Centered Practice	→ Patient-Centered Care Assessment Tool (P-CAT; 13 items) – BONUS: Healthcare Provider Attitudes Toward the Homeless Index (HPATHI; 19 items)
Collaborative Care	→ Collaborative Practice Assessment Tool (CPAT; 56 items, 8 subdomains)
Disrupting the Cycle of Homelessness	→ None identified (de novo recommendation; 17 items)

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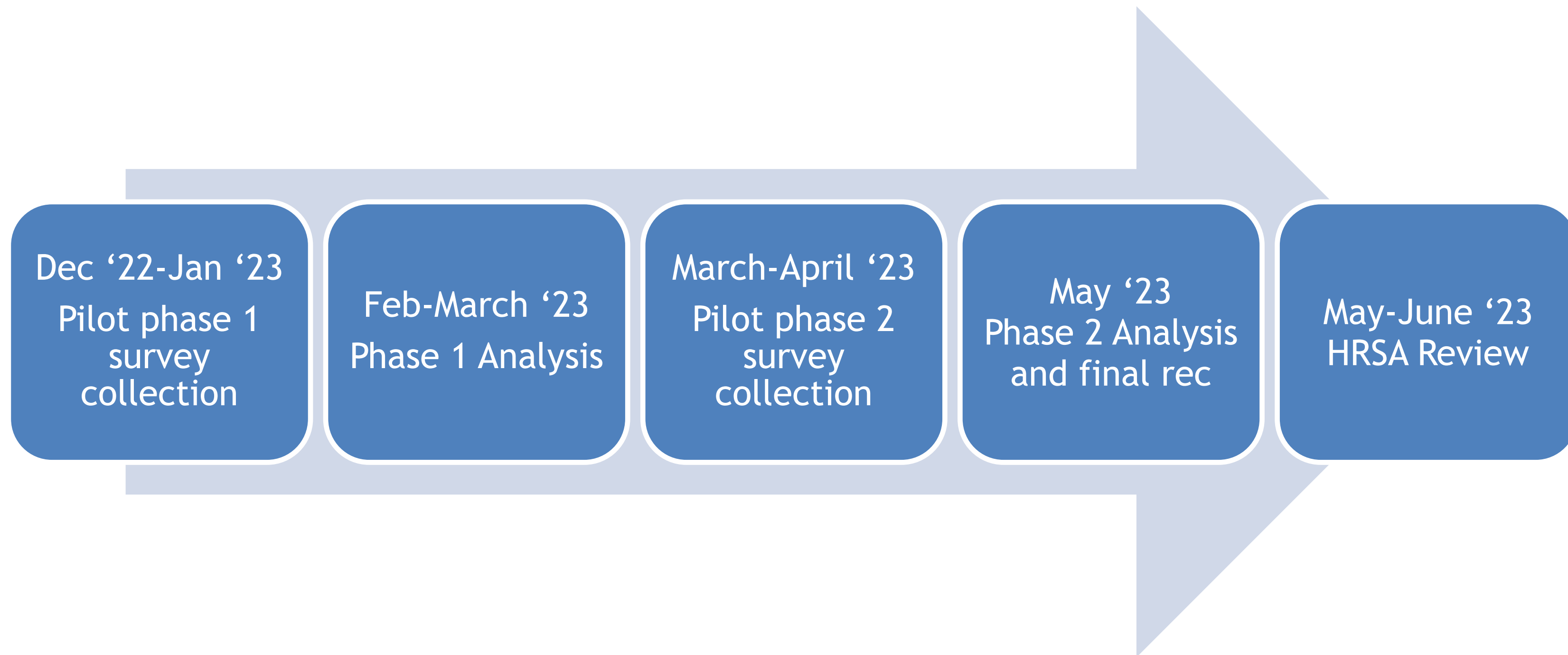
Measuring Medical Respite Fidelity: A whole process



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Phase 1

- 34 programs invited
- Eligibility: Completion of the Organizational Standards Self-Assessment
- Psychometric testing:
  - Descriptive tests,
  - Intercorrelation matrices,
  - Exploratory factor analyses,
  - Correlation tests

Phase 1 Results

- 21 responses (62% resp rate)
- Domain intercorrelation: low
- Factor models: multiple factors
- Correlation with Standards
  - Domain-level: Low-moderate
  - Individual item-level: High

Transition from Phase 1 to Phase 2

1. Factor models (eigenvalues >1.0) dictated the retained # of items within each measure
2. Highest loading item on each factor selected
3. Close ties adjudicated by a subject matter expert focus group

<u>Reduced to 45 items</u>

Trauma-Informed Care (5)
Client-Centered Care (8)
Attitudes toward the Homeless (4)
Collaborative Care (10)
Disrupting the Cycle of Homelessness (5)

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Phase 2

- 86 respondents
- 48 MR provider agencies
- Construct validity: good fit with subdomains
- Within-agency tests showed moderate consistency (ICC=0.79)

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WHITE PAPER

Fidelity to the Guiding Principles of Medical Respite Care: Development and Use of a Fidelity Measure

August 2023

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Introduction

Medical respite care is defined as acute and post-acute care for people experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets or in shelter, but who are not ill enough to be in a hospital. While programs vary in size and structure, they all share the same fundamental elements: short-term residential care that allows people experiencing homelessness the opportunity to rest, recover, and heal in a safe environment while accessing medical care and other supportive services. Medical respite care (also referred to as recuperative care) has grown substantially since its inception, as more communities are recognizing the need for programs that address gaps in affordable housing and health care[i]. As the field grows, so does the need for resources for programs and providers to ensure the clients[*] who access medical respite services are receiving safe and quality care.

Available from:
Fidelity to the Guiding Principles of Medical Respite Care: Development and Use of a Fidelity Measure

Phase 3 and beyond

- Field Test Cohort Programs (5):
  - Adjustment to absorb HPATHI items
  - Intra-organization reliability
- Phase 1-3 cohorts and future enrollees:
  - Alignment of the fidelity measure with Program Standards (criterion validity)
  - Construct validation with organizational roles, career stage, lived experience, and job satisfaction

Questions

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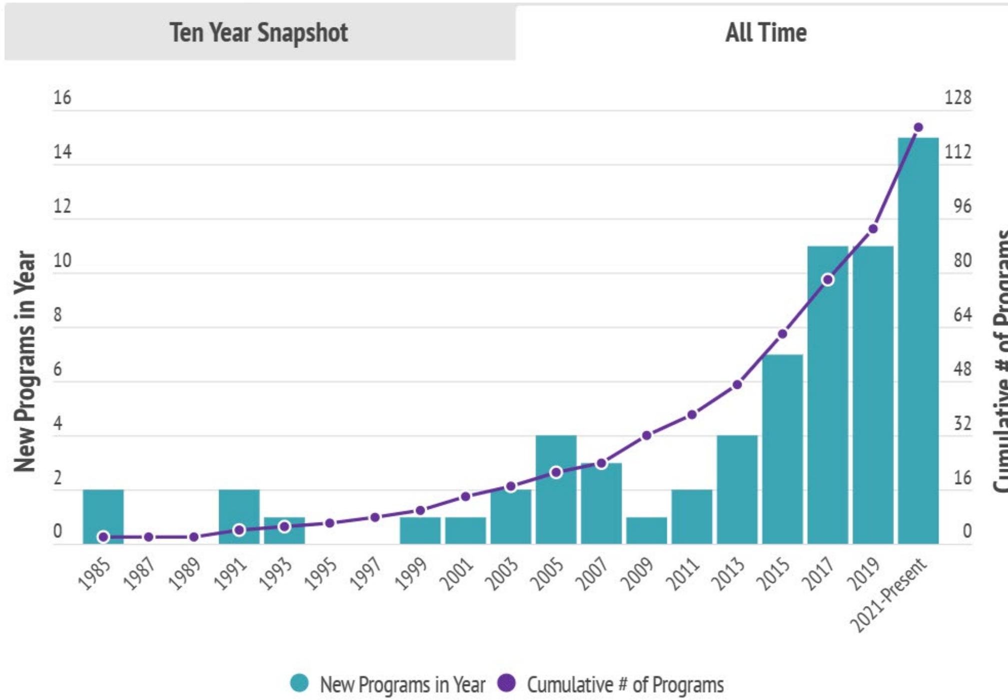
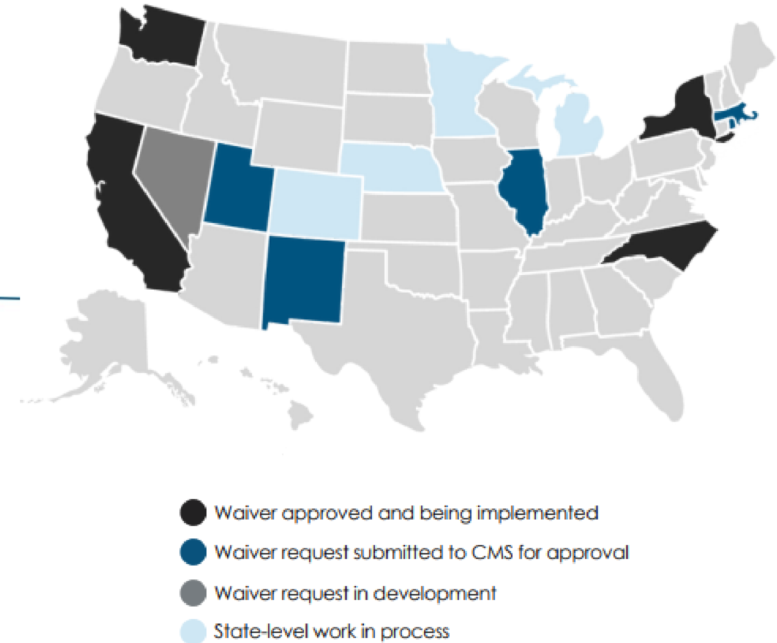
Why is Certification Needed?



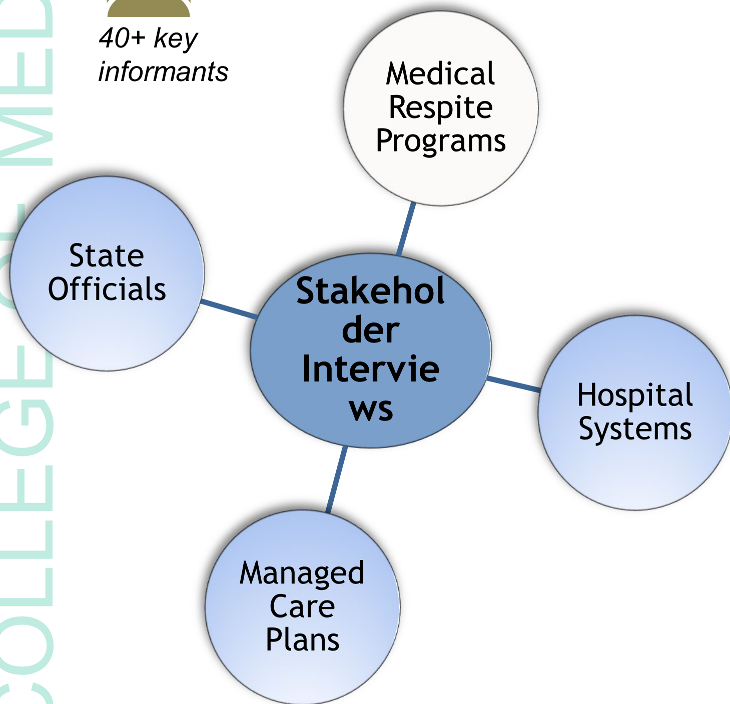


**Based on available data from 123 MRC programs in 2023*

State of MRC Dashboard: here; Status of State-Level Medicaid Activity on MRC: here

Perspectives from the Field

40+ key informants



Benefits & Opportunities	Concerns: Unintended Consequences	Strategies for Optimization
Clearly Define MRC	Cost & Burden	Pragmatic
Quality Improvement (internal)	Limit Flexibility	Supportive & Collaborative
Quality Demonstration (external)	Discourage Startups	Attainable
Streamline Funding Negotiations		Inclusive of Different Models
Credibility & Promotion (locally & nationally)		

Takeaway*: *Yes, certification is needed – let's do it well!

Certification Process Overview

NIMRC Support:
· Customized technical assistance (TA)

· Repository of resources and materials

· Peer learning and mentorship opportunities

· Capacity building funding opportunities*

Application, Consultation, Orientation

Preliminary Standards Self-Assessment — Models of MRC: Preliminary Self-Identification

FIDELITY MEASURE TO THE GUIDING PRINCIPLES

EVIDENCE OF CLIENT ENGAGEMENT — *Evidence of Support from Partner Organization(s)*

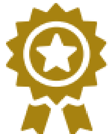
STANDARDS ASSESSMENT: OFFICIAL SUBMISSION — MODEL OF MRC: OFFICIAL INVENTORY SUBMISSION

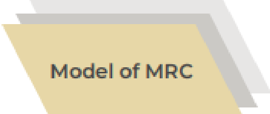
Site Visit from Peer MRC Provider

Quality Improvement Plan & Closeout

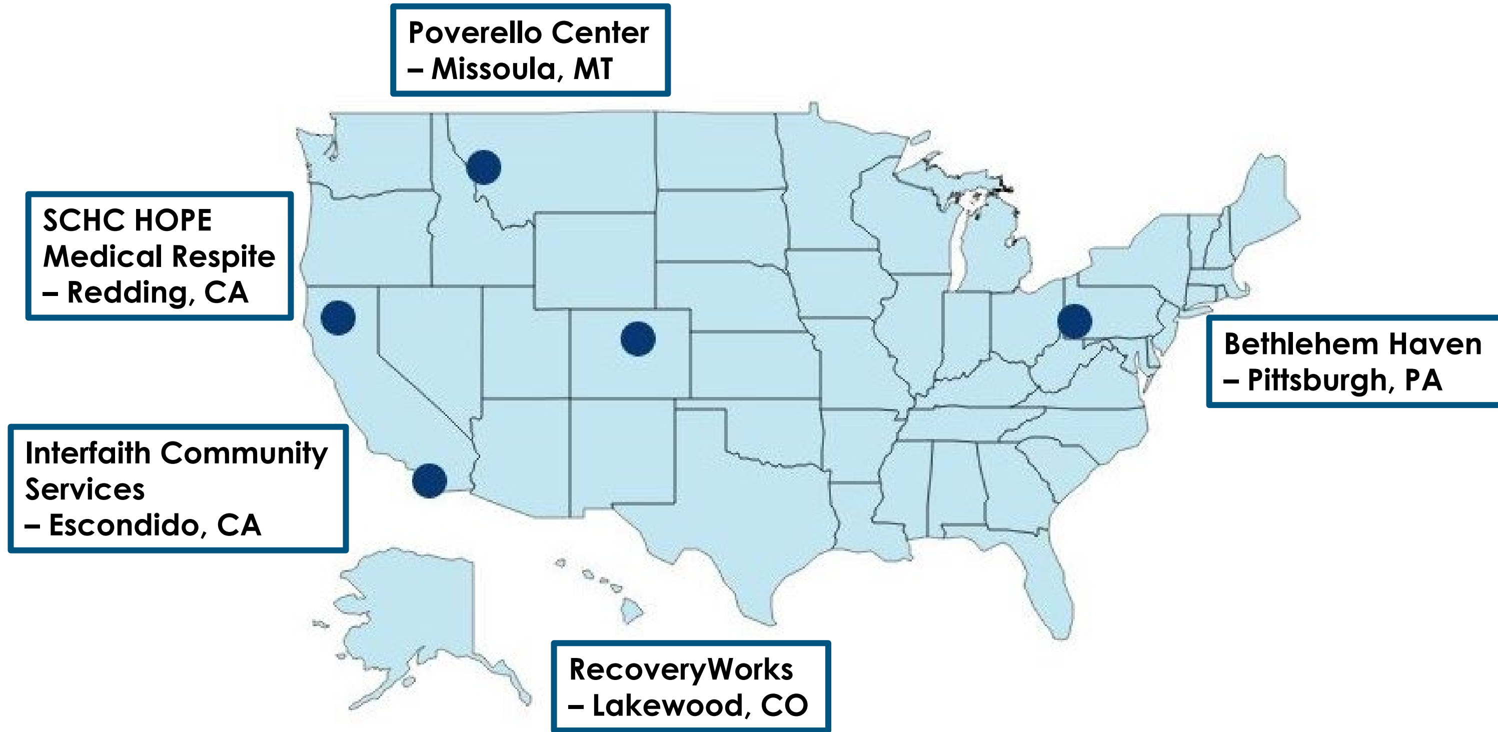
Insufficient for Certification

CERTIFIED



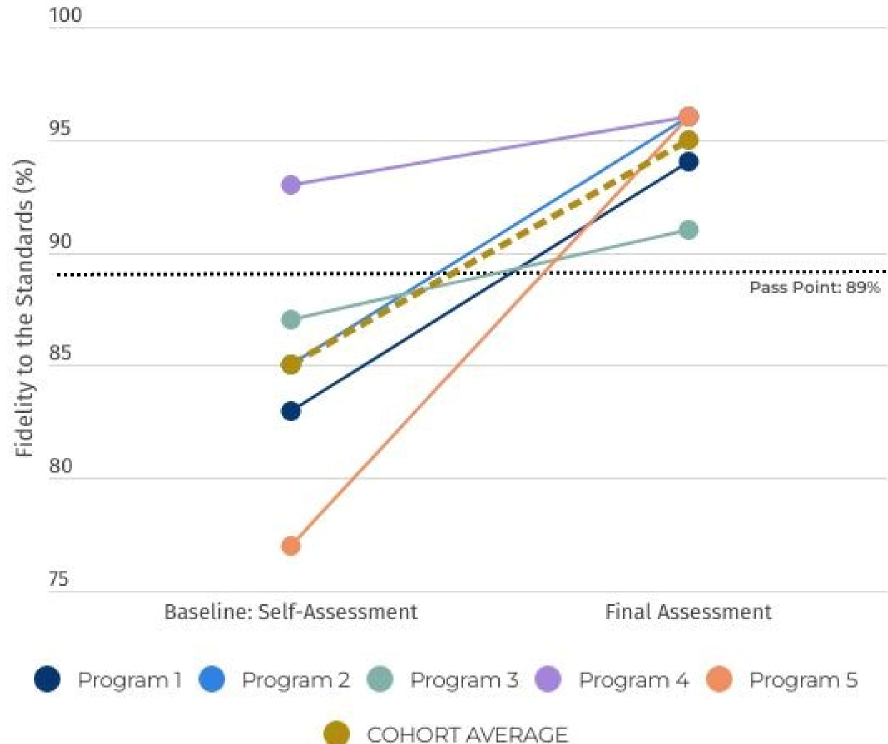


Field Test Cohort: Participating MRC Programs



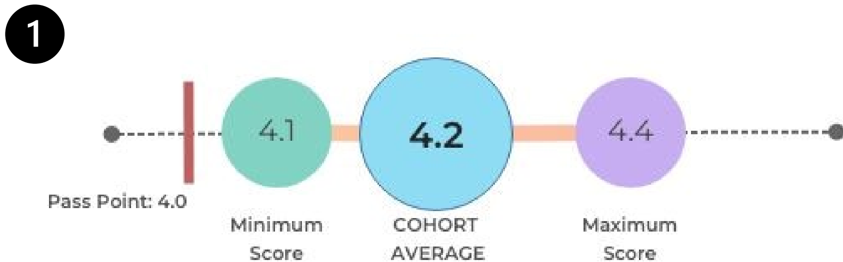
Key Field Test Results (1 of 2)

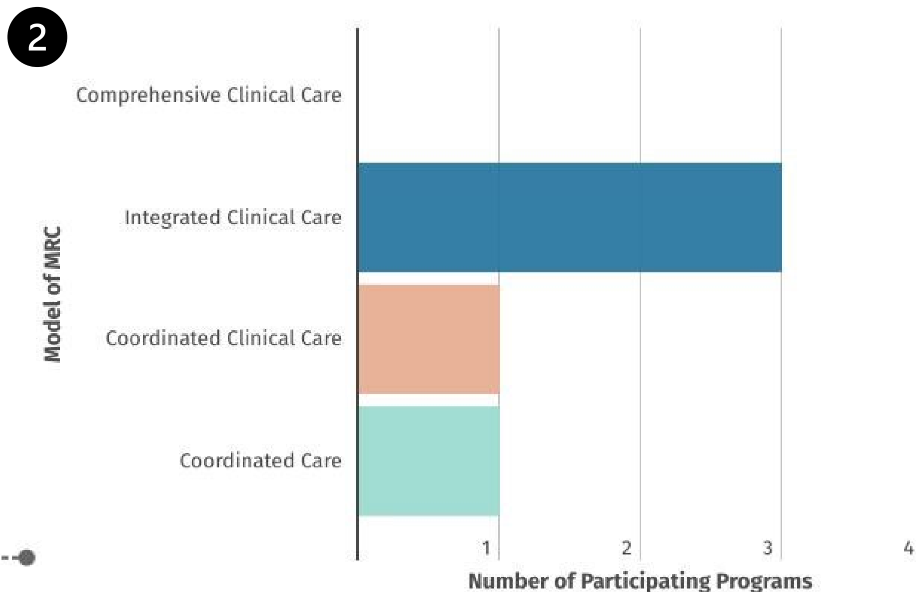
All 5 MRC programs successfully completed the field test!



Key Field Test Results (2 of 2)

1. Field Test Programs' Fidelity to the Guiding Principles (scale: 1.0 – 5.0)
2. Field Test Programs by Model of Medical Respite Care





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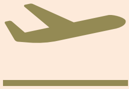
Other Accomplishments

***All* of the MRC programs participating in the field test…**

…provided at least **three** forms of evidence that they collect and utilize **client feedback**.

…demonstrated **formalized partnerships** with other organizations in their community.



…hosted a successful **site visit** from a peer MRC provider.

Feedback from Participants (1 of 2)

Scenario: *"Imagine the only thing you know about another MRC program is that they have been certified by NIMRC…"*

Question: *"How confident would you be in referring a someone to that program?"*

Response:

- *"Very confident"* (55%)
- *"Confident"* (45%)

Challenges Noted:

- Competing priorities and limited time
- 41 – 60 total hours to complete

Feedback from Participants (2 of 2)

…nice to have an existing structure to pull from…

…helped us feel more confident in our decisions and approaches...

…opened up ideas for growth and evaluation…

People are looking for some sort of symbol of quality…

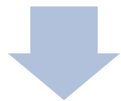
…opens the door to different types of funding…

…sense of legitimacy and confidence that feels really good…

…helped give us some steps to put it into a concrete action…

What’s Next?!

<u>Summer 2024</u>: Pilot the certification process with 10 MRC Programs



<u>Early 2025</u>: Launch the fully-operational certification program!

ON THE HORIZON 2024-2025

Certification for Medical Respite Programs

Visit our certification webpage (updated periodically)

Contact Stephen at swilder@nhchc.org with questions

Gratitude for Supporters of Certification:

CHCF

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How to Use the Medical Respite Fidelity Measure

Step 1. Send your program staff the REDCap link to the Fidelity Measure tool.

Step 2. Have staff anonymously complete the Fidelity Measure tool.

- Ideally, at least 3 staff members will complete the tool. If possible, staff representation should be diverse and reflect all roles within the program.

Step 3. NIMRC receives the Fidelity Measure responses and responds within 14 days of submission.

Step 4. NIMRC sends program responses, a brief summary of the outcomes and overall fidelity score, and recommendations based on the program's results.

Scoring: Average of Domain Averages

Questions?

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