Caring for Homebound Veterans during COVID-19 in the U.S. Department of Veterans Affairs Medical Foster Home Program

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OVERVIEW

- The onset of the COVID-19 pandemic made older, homebound adults increasingly vulnerable to contracting the virus and suffering from social isolation[1,2,3,4].
- Research has focused on institutional long-term care (LTC) facilities like nursing homes[5,6,7] the experiences of older adults, caregivers, and health care providers in home-based LTC settings remain largely unstudied[8,9]
- There are approximately 4.7 million veterans living in rural communities across the US, and more than half are over the age of 65[10], presenting significant demand for LTC in places with limited access to health care.
- The United States Department of Veterans Affairs Medical Foster Home (MFH) program cares for medically complex Veterans residing in the private homes of non-VA caregivers rather than institutional care settings like nursing homes[11].

OBJECTIVES

Describe care delivery adaptations to COVID-19 in rural Medical Foster Homes

Explore the use of telehealth in Medical Foster Homes during COVID-19

Describe COVID-19 vaccination strategies in Medical Foster Homes

Explore strategies used to mitigate social isolation of Veterans and caregivers

STUDY DESIGN

- Conducted interviews with 16 MFH programs
- Between December 2020 and February 2021, two team members conducted N = 37 phone interviews with participants from 16 of the 20 MFH programs contacted.
- Participants included MFH coordinators, MFH caregivers, and HBPC providers **(Table 1)**.
- Applied inductive and deductive approaches to the thematic analysis with Atlas.ti version 9.0 qualitative analytic software.

Participant Characteristics	Number of Total Respondents (N= 37)	
Participant Role	MFH Caregiver	13
	HBPC Provider	11
	Coordinators	13
Age Range of Caregivers	50-59 years old	3
	60-69 years old	6
	70-79 years old	4
Role of HBPC Provider	Registered Nurse	5
	Nurse Practitioner	3
	Psychologist	1

Table 1. Characteristics of the Study Sample

RESULTS

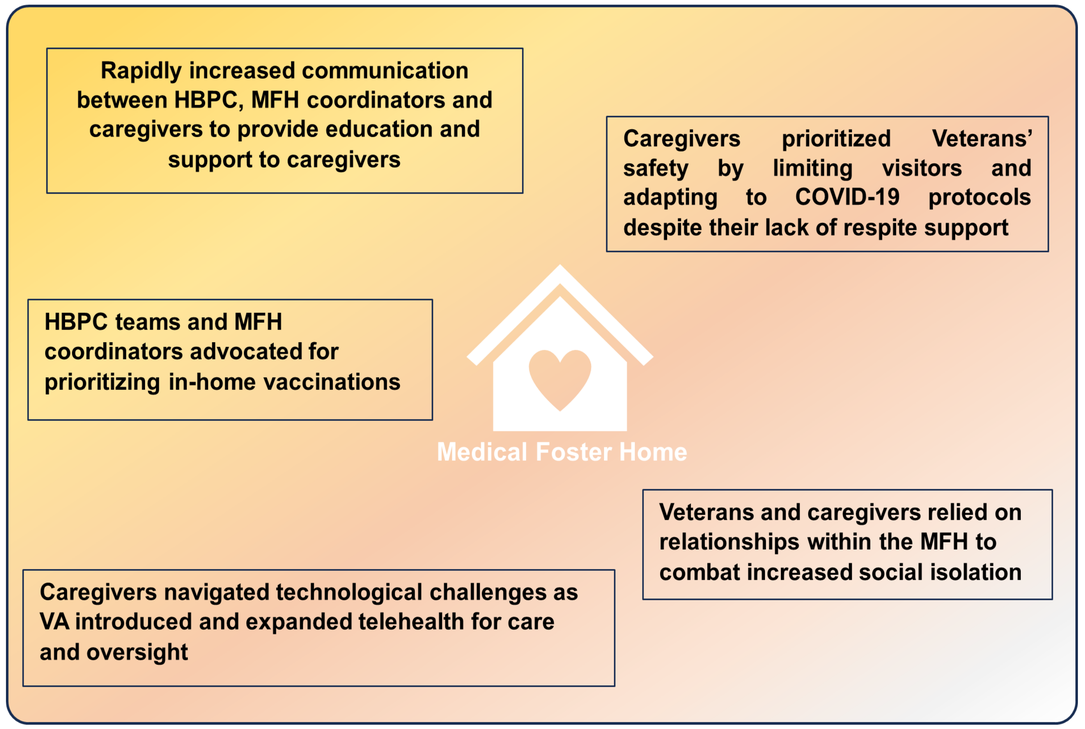

Figure 1. Identified themes that reflected adaptations to providing safe and high-quality care for rural MFH Veterans during the COVID-19 pandemic.

COVID-19 Vaccine Information and Distribution

- MFH coordinators advocated for in-home vaccinations.
- Barriers to in-home vaccination included system-wide logistical concerns of storage transport, and distant locations of rural MFH.
- Some MFH coordinators had more information than others at the beginning of vaccine availability.

Managing Social Isolation

- Caregivers and their Veterans relied on relationships with each other and stayed in contact with outside social networks via phone and socially distanced family visits through windows.
- Some MFH organized weekly calls between caregivers and site coordinators to foster solidarity and provide support for caregivers.

Telehealth Changes

- Telehealth usage for care oversight increased compared to pre-pandemic.
- Many MFH veterans were unable to participate in telehealth appointments without the assistance of their caregivers.

"That they have decided locally is that Veterans that participate in Home Based Primary Care are in higher need than the normal population, so we're really first in line along with folks in CLC [VA nursing homes known as Community Living Centers]… so we have already started scheduling for our Veterans to go and get those vaccines started." (Coordinator, Site K)

"A big part of this program is being able to have the Veterans be social and be able to be around other Veterans and other, other folks and just not be so isolated because that, the isolation really is, is bad for mental health. People need to be around other people. People need to be able to be told that they're important and that they're loved and cared for and that just helps their mental state." (Caregiver, Site K)

CONCLUSIONS

- Clear, rapid, and regular communication and intentional care coordination among VA staff and MFH caregivers ensured high-quality care for homebound, older, medically complex veterans during COVID-19 pandemic.
- MFH is a valuable program that protected and cared for Veterans in private homes to keep Veterans safe while receiving support from VA HBPC and MFH providers and staff.
- MFH allowed Veterans to remain in the community in family-based environments and endured less social isolation compared to older adults in other LTC settings.
- Increased use of telehealth was an adaptation that allowed for care provision and oversight, despite some barriers to use, and signals that this is a valuable tool for MFH caregivers and their Veterans.

IMPLICATIONS

- MFH caregivers who are not VA employees, proved to play an integral role in caring for Veterans during the pandemic.
- The VA plans to expand the MFH to all VAMC by 2026, thus further investigation of how to best coordinate care between VA providers and non-VA MFH caregivers is crucial to the success of the program.

LIMITATIONS

- Only 16 of 20 invited MFH sites participated
- Did not include experiences in urban settings

REFERENCES

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DISCLOSURES

All authors declare that they have no conflicts of interest.

Ethical review and approval by the Institutional Research Board were waived for this study due to its designation by the Department of Veterans Affairs Research & Development committee as a quality improvement project.