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 homes5,6,7, 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 6510, 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

RESULTS

- Rapidly increased communication between HBPC, MFH coordinators and caregivers to provide education and support to caregivers
- Caregivers prioritized Veterans’ safety by limiting visitors and adapting to COVID-19 protocols despite their lack of respite support
- Veterans and caregivers relied on relationships within the MFH to combat increased social isolation
- HBPC teams and MFH coordinators advocated for prioritizing in-home vaccinations
- Caregivers navigated technological challenges as VA introduced and expanded telehealth for care and oversight

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.

<table>
<thead>
<tr>
<th>Participant Characteristics</th>
<th>Number of Total Respondents (N= 37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Role</td>
<td></td>
</tr>
<tr>
<td>MFH Caregiver</td>
<td>13</td>
</tr>
<tr>
<td>HBPC Provider</td>
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<tr>
<td>Coordinators</td>
<td>13</td>
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<tr>
<td>Age Range of Caregivers</td>
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<tr>
<td>50-59 years old</td>
<td>3</td>
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<tr>
<td>60-69 years old</td>
<td>6</td>
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<tr>
<td>70-79 years old</td>
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<tr>
<td>Role of HBPC Provider</td>
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<td>Registered Nurse</td>
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<tr>
<td>Nurse Practitioner</td>
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<tr>
<td>Psychologist</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 1. Characteristics of the Study Sample

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, prepared 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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Contact Maya Katz at maya.katz@cunscuhtz.edu for questions

ACKNOWLEDGEMENTS & CONTACT

All authors declare that they have no conflicts of interest.

DISCLOSURES

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.