

simplified-Chinese version is a valid tool to assess perceived mental fatigability in Chinese-speaking older adults.

Session 4405 (Paper)

Home Health Care

FAMILY CAREGIVER TRAINING DURING MEDICARE HOME HEALTH CARE: CLINICIAN PERSPECTIVES

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During Medicare home health care, providers often rely on family caregivers to help meet patients' care needs. Beginning in 2018, CMS requires home health agencies to provide training to family caregivers. This qualitative study is the first research to examine current patterns of family caregiver training, and related facilitators and barriers, during Medicare-funded home health care. We conducted semi-structured key informant interviews with home health nurses and physical therapists (n=19) from 4 diverse agencies, then performed thematic analysis of interview transcripts using a hybrid inductive and deductive coding approach. Clinicians described family caregiver education as a dynamic and cyclical process: simultaneously providing patient care, training family caregivers, and gathering additional information about patient needs and caregiver capabilities, then adjusting the care plan accordingly. We present a model of this cyclic process and describe its four major stages: Initial Assessment, Education, Reassessment, and Adjustment. Additionally, clinicians identified a range of structural, individual, and interpersonal factors which impact their ability to successfully train family caregivers. We define each factor and, using illustrative quotes from our interviews, elucidate its role as a facilitator and/or barrier to clinicians' educational efforts. Findings provide the first model of caregiver training during home health care and highlight policy and practice changes to better support clinicians in these efforts; including greater visit flexibility, access to more experienced clinical mentors, and standardized caregiver assessment tools designed for this unique care setting.

HOME HEALTH AGENCIES WITH MORE SOCIALLY VULNERABLE PATIENTS HAVE LOWER EXPERIENCE-OF-CARE RATINGS

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Little is known about the disparities in patient experience of home health (HH) care related to social vulnerability. This study examined the relationships of patient Medicare-Medicaid dual eligible status and race and ethnicity with patient experience of HH care. We analyzed national data from the Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS), Outcome and Assessment Information Set, Medicare claims and Area Health Resources File for 11,137 Medicare-certified HH agencies (HHA) that provided care for Medicare beneficiaries in 2017. Patient-reported experience of care star ratings (1-5)

in HHCAHPS included 3 domains (professional care delivery, effective communication, and specific issues in direct patient care) with each dichotomized into high (4-5) and low (1-3) experience of care. The proportion of patients with dual eligibility and the proportion of racial/ethnic minorities were summarized at the HHA level. HHA with higher proportion of dual eligible patients were less likely to have high experience of care rating in professional care delivery (smallest Odds Ratio [OR]=0.514; 95% CI: 0.397, 0.665; p<0.001), effective communication (smallest OR=0.442, 95% CI: 0.336, 0.583; p<0.001), and specific direct care issues (smallest OR=0.697, 95% CI: 0.540, 0.899; p=0.006). HHA with higher proportion of racial/ethnic minorities were also less likely to have high patient experience of care rating across all three domains (smallest OR=0.265, 95% CI: 0.189, 0.370; p<0.001). Disparities in patient experience of HH care exist and they are associated with low income and racial/ethnic minority status, indicating substantial unmet needs among these socially vulnerable patients.

PATIENT-RATED PERFORMANCE OF HOME HEALTH AGENCIES AND HOSPITALIZATION RISK: A PROPENSITY-SCORE MATCHED ANALYSIS

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Home health care is the most commonly used home- and community-based service to older adults "Aging in Place". Patient experience of healthcare services is a critical aspect of patient-centered care. Indeed, policymakers have linked patient-rated quality of care to payment to healthcare providers. This study aimed to examine the association between patient-rated care performance of home health agencies and risk for hospitalization among Medicare beneficiaries. This study used several national datasets from 2016 and included 491,718 individuals from 8,459 home health agencies. Home health agencies' performance was measured using patient experience star rating from the Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS). Propensity score matching was used to balance the differences in patient characteristics at baseline between those receiving care from high-performing home health agencies and those in lower-performing agencies. On average, patients were 80.5 years old, 65% female, 81% White, 10% Black, and 6% Hispanic, with 90% taking 5 or more medications. Patients had a mean score of 1.73 (SD=1.69) on the Charlson Index. Respectively, 10% and 16% of patients were hospitalized within 30 and 60 days of home health care initiation. Estimates of logistic regression after propensity score matching found that patients receiving care from lower-performing agencies were at similar risk for both 30-day (OR=0.99, p=0.817) and 60-day (OR=1.02, p=0.616) hospitalization following the start of home health care, compared to those in high-performing agencies. Our findings suggest discrepancies (or no relationship) between patient experience and objective outcomes of home health care.