

GERIATRICS AND EXTENDED CARE DATA AND ANALYSIS CENTER

GECDAC, through its data resources and expertise, curates and analyzes population-based data about Geriatrics and Extended Care (GEC) programs and services, and provides evidence-based information to decision makers. GECDAC also facilitates and supports affiliated clinical researchers, scientists and their staff that engage in research about healthcare and services provided to aging and frail Veterans.

For questions or to contact GECDAC, please e-mail GECDAC@va.gov.

GECDAC SERVICES

Program Evaluation - GECDAC provides accurate and timely evaluations of program effectiveness and costs.

Program Outreach - Using existing targeting tools, GECDAC assists in identifying Veterans who would likely qualify and benefit from participation in various GEC programs.

Measure & Risk Score Development/Validation - GECDAC designs and validates measures and risk scores for use in predicting need for care, costs, risks and other outcomes.

Analysis Planning and Protocol Development - GECDAC provides guidance and consulting to operations and research groups who require extensive analytic planning and protocol development.

Leadership Data Support - GECDAC provides information and analysis to inform VA Central Office decisions and presents GEC information to external stakeholders.

Data Support to VA Field Offices - GECDAC provides data and analytics on Veteran utilization and costs of Geriatrics and Extended Care health services to support and inform field initiatives.

GEC Data Sharing - GECDAC works with data owners to provide access to GECDAC curated value added data. GECDAC also provides access to data summaries and visualizations, databases and data retrieval macros.

GECDAC PRODUCTS

JEN Frailty Index (JFI) - The JFI is a risk score that uses recorded diagnoses to measure the risk of long-term care admissions. GECDAC holds a license from Westat (formerly JEN Associates) to produce JFI scores within VA.

Independence at Home Qualification (IAH-Q) - Independence At Home is a Center for Medicare and Medicaid Services (CMS) demonstration that is modeled after the VA's Home Based Primary Care (HBPC) program. The demonstration uses criteria collectively called IAH-qualification (IAH-Q). A person meets IAH-Q criteria if they have 2+ chronic conditions, need assistance with 2+ activities of daily living (ADLs), have had a non-elective hospital admission within the last 12 months, and received post-acute services that generated a post-acute care assessment. GECDAC modified the IAH criteria by replacing the ADL requirement with a JFI>5 requirement.

Staffing Data - Monthly CLC-level data of nurse staffing number of hours per patient day for Registered Nurses (RN's), Licensed Practical Nurses (LPN's) and Certified Nursing Assistants (CNA's) providing care in Community Living Centers (CLC's).

Residential History File (RHF) - The RHF provides daily tracking of an individual's chronological history of health service utilization and location of care. GECDAC uses the existing RHF infrastructure to develop and build RHF's for its own use and also develops customized RHF's for particular cohorts of interest and specific time frames to share with operational and research colleagues.

GECDAC Core Files (GCF) - The GECDAC Core Files (GCF) is a dataset that includes information of all Veterans who used the Veterans Health Administration in a fiscal year. The per-Veteran, per fiscal year dataset consolidates information from multiple VA and non-VA sources to enable analyses investigating health care utilization patterns, costs, risk factors and outcomes of all Veterans, but primarily pertains to those Veterans receiving GEC services.

GEC Cohort Report - Annual and quarterly summaries of all Veterans using GEC services, nationally, including information on their utilization, VA total and direct costs and Medicare use and costs by categories of GEC service, including institutional and non-institutional care.

PRODUCTS (continued)

VAMC GEC Markets - A per VA Parent Station (a locus of decision) list of counties in which the majority (85% or 90%) of Veterans who received GEC services by the parent station reside.

Community Nursing Home Dashboard - GECDAC and the VA HSR&D Funded Providence Center of Innovation on Long-Term Services and Supports together developed a dashboard to compare the quality of VA contracted nursing homes to other nursing homes that are available to contract in each VAMC GEC Market.

High-Need High-Risk (HNHR Score) - GECDAC developed a risk measure to identify Veterans who meet the Independence At Home qualification using only VA data.

Home Based Primary Care (HBPC) Expansion Targets - GECDAC generates data for two reports that track HBPC expansion. The first report monitors all new HBPC enrollees since the start of the HBPC expansion roll-out (May 1, 2017) who are still actively enrolled as of the end of the current month to determine whether they meet High-Need/ High- Risk (HNHR) criteria. The second report is a quarterly list that ranks Veterans not currently enrolled in HBPC who meet the HNHR criteria. These reports are made available to field personnel through VSSC.

VAMC GEC Users, Utilization and Costs

Visualization - Application to view information from the GEC Cohort Report by parent station beginning in 2007 with periodic (annual or quarterly) updates.

Goals of Care Conversations Database - This database documents responses to questions on the Life Sustaining Treatment (LST) Template and creates a final data set with one record per Goals of Care Conversation (GoCC) per Veteran per day.

CLC/SVH Claims Measure Database - CMS' NHCompare measures of 30-day rehospitalization, ED use and successful discharge are implemented for CLCs and State Veterans Homes (SVHs) using CMS benchmarks (parameters) as well as CLC-based benchmarks.

CLC Aggregates Database - A CLC quarterly database that includes measures describing all Veterans residing in the CLC in the quarter, as well as all admissions. Measures are aggregates of MDS assessments as well as other utilization, cost and Veteran characteristics.

Value-Added MDS 3.0 - Assessments of residents of CLCs, SVHs and community NHs with scores for ADL, cognitive function, Resource Utilization Groups (RUGS), and other risk scores, as well as identification if the MDS assessment was for a long-stayer or short stayer based on the Residential History File.

Site of Death Data - The Residential History File is used to identify location of death (home, hospital, nursing home), sublocation (e.g. type of nursing home), hospice on date of death, HBPC on date of death and payer(s) on date of death (VA, Medicare, other). This data is maintained for all Veteran decedents as well as for a 5% sample of Medicare beneficiary decedents.

MACROS (for programmers and data developers)

Macro to Identify Long-Term/Short-Term Status in NHs - Returns an indicator if the Veteran was a long/short stay patient in a NH on a particular day based on parameters including if long stay is defined as over 90 or 100 days, number of days allowed outside of nursing home setting, etc.

Macro to Retrieve Diagnoses for Particular Individuals in a Particular Time Period - Returns a list of all diagnoses or face-to-face diagnoses identified in VA or VA and Medicare data.

Macro to Create V21 HCC Variables and HCC scores based on VA-Only or VA + Medicare Data - Returns indicators or HCC categories and V21 HCC score.