

The Center for Home Care Policy & Research, established in 1993, conducts scientifically rigorous research to promote the delivery of high-quality, cost-effective care in the home and community. To date, the Center has been awarded over \$60 million in federal and private grant and contract funding, evolving into a multi-functional scientific research and evaluation team informing VNS Health, local, national, & international health policy, science & evidence-based practice.

**NEW AND NOTABLE:**

- Beginning October 1, 2024, a new IDC-10 code for Sepsis Aftercare can be used once acute sepsis is resolved. This work was led by **Kathryn Bowles** along with the I-TRANSFER study team. This code will help identify sepsis survivors and trigger appropriate clinical interventions in post-acute care settings.
- Research Analyst **Sasha Vergez** was awarded Best Student Poster at the Academy Health Annual Scientific Conference for work *Assessing Delayed Start-of-Care Visits: Neighborhood Disadvantage Impact on Access to Home Healthcare in NYC*.
- A team from Taiwan did a bibliographic review on nursing informatics publications from 1989 to 2023 and determined that, out of 1555 authors, **Kathryn Bowles** (VP and Director) and **Maxim Topaz** (Senior Research Scientist) were the first and third most prolific authors in the world, with 23 and 16 first authored papers respectively.
- **Kathryn Bowles** was elected as a fellow in the New York Academy of Medicine and the National Academy of Medicine. This is considered one of the highest honors in the fields of health and medicine.
- **Margaret McDonald** was selected as a finalist for the 2024 Phyllis Mills Living Legend award.
- Two collaborative studies reached their target recruitment goals: Improving Home Hospice Management through Technology (I-Home) – pilot study in collaboration with Weill Cornell Medicine (N=80, thanks to **Felix Vasquez**) and A Pragmatic Randomized Control Trial of Nurse-Delivered Brief Meaning Psychotherapy for Homebound Patients (N=70, thanks to **Nicole Onorato**) – pilot study in collaboration with Memorial Sloan Kettering. R01 proposals under consideration.

**NEW GRANT AWARDS since June 2024 advisory board meeting (Total New Funding = \$441,024):**

- National Institute on Aging (NIA) K23 (Murali/**McDonald**) *Designing Culturally Sensitive Care Management for Hospice Transitions for Diverse Persons Living with Advanced Dementia* (Mentored Development Award) (\$107,121)
- National Institute on Aging (NIA) R01 (Zhang/**Ryvicker**) *Characterizing and Predicting Patient Trajectories After Hospice Live Discharge among Older Adults with Alzheimer's Disease and Related Dementias* (\$68,924)
- New York Retirement & Disability Research Center (**Cheruvillil/Ryvicker**) *Incongruent Identity Documents (IIDs) Among Transgender and Nonbinary Populations and Structural Implications for Access to Social Security Benefits, Disability Insurance and Healthcare* (\$99,979)
- National Institute on Aging (NIA) R00 (Zolnoori/**McDonald**) *Development of a Screening Algorithm for Timely Identification of Patients with Mild Cognitive Impairment and Early Dementia in Homecare* (\$165,000)

**NEW PROPOSAL SUBMISSIONS since June 2024 advisory board meeting (=7):**

- Agency for Healthcare Research and Quality (NIA) R01 (Resubmission) (Shang/**McDonald**) *Enhancing Palliative Care Integration in Home Healthcare: Assessing Readiness, Identifying Needs, and Overcoming Challenges (EPIC-HHC)* (\$827,803); scored in the 12<sup>th</sup> percentile
- National Institute on Aging (NIA) R21 (Resubmission) (**Davoudi/Topaz**) *Optimizing Fairness in Predicting Risk for Poor Outcomes in Home Healthcare: The CONCERN Model* (\$454,024)
- National Institute on Aging (NIA) R01 (**Riegel**) *Improving Self Care of Caregivers of Adults in Homecare with Heart Failure and Cognitive Impairment* (\$3,755,631)
- National Institute on Aging (NIA) R01 (**Ryvicker**) *Clinical Clusters and Care Pathways in Alzheimer's Disease and Related Dementias* (\$2,257,088)
- National Institute on Aging (NIA) R01 (Zolnoori/**McDonald**) *Tackling Disparity with Sound: Audio-Recorded Patient-Clinician Communication for Early Detection of Mild Cognitive Impairment in Black Older Adults* (\$1,926,990)

- National Institute on Aging (NIA) R01 (Resubmission) (Phongtankuel/**McDonald**) *Improving Home hospice Management of End-of-life issues(I-HoME)* (\$1,959,691)
- National Dementia Workforce Study (NDWS) (Sponsored by the National Institute on Aging (NIA)) Pilot Grant (**Burgdorf/Reckrey**) *Access to Dementia-Aware Home Health Care among Community-Living Persons with Dementia* (\$150,397)

**ONGOING EXTERNALLY FUNDED RESEARCH & EVALUATION STUDIES:** 33 active studies in 2024. 25 still active.

**PEER-REVIEWED PUBLICATIONS & PRESENTATIONS:** 39 manuscripts published so far in 2024, with 16 more under review.

36 scientific presentations given or scheduled for presentation at upcoming conferences.



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## International Journal of Medical Informatics

journal homepage: [www.elsevier.com/locate/ijmedinf](http://www.elsevier.com/locate/ijmedinf)

### Fairness gaps in Machine learning models for hospitalization and emergency department visit risk prediction in home healthcare patients with heart failure

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The findings highlight substantial differences in fairness metrics across diverse patient subpopulations in Machine Learning risk prediction models for heart failure patients receiving home healthcare services. Ongoing monitoring and improvement of fairness metrics are essential to mitigate biases.

### Circulation: Heart Failure

#### ORIGINAL ARTICLE



## Health Coaching Improves Outcomes of Informal Caregivers of Adults With Chronic Heart Failure: A Randomized Controlled Trial

Barbara Riegel <sup>b</sup>, PhD, RN; Ryan Quinn <sup>b</sup>, MPH; Karen B. Hirschman <sup>b</sup>, PhD, MSW; Gladys Thomas <sup>b</sup>, MSW, MBA; Rebecca Ashare <sup>b</sup>, PhD; Michael A. Stawnychy <sup>b</sup>, PhD, CRNP; Kathryn H. Bowles <sup>b</sup>, PhD, RN; Subhash Aryal <sup>b</sup>, PhD; Joyce W. Wald, DO

#### Conclusions

The ViCCY intervention tested in this randomized controlled trial was highly effective in improving self-care and stress in this sample of caregivers of patients with HF. Future research is needed to modify the intervention to improve coping and mental health status and improve generalizability by making the intervention more appealing to a diverse population.