

## FOCUS GROUP PROTOCOL

### I. INTRODUCTION AND EXPLANATION

- Moderator **introduce yourself and notetaker** (include # of years in home health practice, if appropriate).
- CHPR studies **help answer policy questions** that affect nursing practice.
- You have been asked to participate in this focus group to **help us understand decision making in home health care**.
- The group discussion is scheduled to **last approximately 1-1/2 hours** and will include some **general questions** regarding home health practice as well as **two case studies**.
- We will be **providing** \_\_\_\_\_ as a thank you for your participation.
- We want you to **feel comfortable** sharing your thoughts and ideas.
- Participation is **completely voluntary** and everything that is said, **tape recorded**, and **written down** from this group will **remain confidential**.
- **No** individual or agency **names will be used** in summary reports.
- We are **tape recording** the session so that other CHPR researchers will be able to **hear the discussion**.
- Please **don't use names**; rather, use numbers.
- **Moderator** will also **take notes** so she can summarize at end of discussion.
- Ground Rules/Suggestions:
  1. **Active participation** by everyone is encouraged: please remember that everyone has something to contribute.
  2. **Basic courtesies** need to be observed: please do not interrupt each other.
  3. **Share** any thoughts or ideas you may have.
  4. **Personal respect** is important: all ideas and input are helpful and will be treated as such.
  5. If you speak first on one question, **let someone else speak first on the next**.

## II. QUESTIONING

### A. Introductory Question

I'd like to begin our discussion by finding out **how you think things have changed** in home care nursing since you started practicing?

### B. Key Questions

Now I am going to present and hand out two case studies regarding home health patients. The case studies have been left **purposefully vague** and there is some **missing information** since the charts for these patients are not available. I would like you to imagine that you inherited these cases and that this is all the information that you have. After reading the case studies, I will ask some questions. These questions are for discussion and there are **no right or wrong answers**. We understand that many factors go into decisions about discharge and recertification. Please be sure you include all of these in your comments.

#### **Vignette #1**

*Your patient is Mrs. Smith, an 86-year-old widow who lives alone in a two-story house that has not been upgraded for some time. Her house is not heated. Her only family is a daughter who lives out of state and cannot directly participate in her mother's care. Mrs. Smith's care is covered under traditional fee-for-service Medicare. She was originally referred to your agency by her physician six weeks ago after she had an acute exacerbation of her CHF. She has been hospitalized twice for CHF within the past year. Her other diagnoses include bilateral cataracts and mild loss of hearing bilaterally. She ambulates using a walker. She experiences SOB and light headedness when attempting to dress her lower body. She began receiving SN visits twice a week and home health aide visits three times a week, for assistance in bathing, cooking, and grocery shopping. Her medications include digitalis, a diuretic, a vasodilator, and sublingual nitroglycerin (P.R.N). In the past six months her doctor reports Mrs. Smith has been occasionally forgetful about taking her medications. This has been confirmed by the home health aide and your pill counts.*

*Soon you will have to decide whether to discharge or recertify her for another 60 days. She is now off oxygen and able to maintain her O2 saturations within normal range. Last Monday you were surprised to see her at the hairdresser. However, you worry that once she is discharged her condition will deteriorate again as she is forgetful about taking her medications. Her daughter has said that if her mother cannot take care of herself she will be placed in LTC the next time she gets sick. Mrs. Smith has often told you she hopes to stay in her home until the day she dies.*

- ❑ 1. **What are all of the factors** that you **would consider** when making the decision to either discharge or recertify? (moderator to list on flip chart)
- ❑ 2. You have mentioned X, Y, and Z. Are there other factors you considered?
- ❑ 3. If **homebound status not raised**, ask: Do you think Mrs. Smith is homebound?
- ❑ 4. Always ask: In your mind, **how do you determine** if a patient is **homebound**? (Try to determine specific definitions of frequency and effort of leaving home.)
- ❑ 5. If patient expectations (regarding not wanting to go to a LTC) are not raised, ask participants if it was a consideration.
- ❑ 6. Given this situation, do you think you would discharge or recertify Mrs. Smith?

Moderator:

It is not necessary that the group reach consensus as to whether the patient is discharged or recertified. I would like to hear and write down everyone's ideas.

- ❑ 7. Which of the considerations you've mentioned were **the most important** in your decision making?

Moderator:

Again, it is not important that you reach consensus. I will put a check mark next to those items that are important in anyone's opinion. This will just give us an idea of those issues that have the highest priority.

- ❑ 8. Does your **agency** have any **policies** that would apply to the decision to **recertify or discharge** in this situation? If so, what are they?

**ASK ONLY IF YOU WOULD RECERTIFY PATIENT #1**

- ❑ 9. What kinds of things would you include in your **visit notes** and 485 to **explain the need for recertification**?

That is, what kind of words do you use that your FI "likes" to see in a recertification? Specifically, what words would you use in this case?

- ❑ 10. Do you think that you might have a problem explaining the need for care with Medicare?

- ❑ 11. Does **management and evaluation** come into play for this patient case?

- ❑ 12. **What activities** fall under the category of management and evaluation?

**Vignette #2:**

*Mr. Lucas is a 76-year-old widowed plumber who began receiving home health care 45 days ago under traditional fee-for-service Medicare. His primary diagnosis has been a venous stasis ulcer. Other diagnoses consist of diabetes mellitus and retinopathy. His medications include insulin. He has been receiving SN visits for provision of wound care and medication management and his ulcer has finally healed. You question whether his vision is as good as he says it is. Recently, his cognitive level has been inconsistent, with an occasional inability to process instructions. He has also been receiving home health aide visits twice a week for assistance with bathing, dressing, and meal preparation. At present there is some question as to how well he can do these things without assistance.*

*His daughter, Anne, lives five miles away. She is a single mother of three pre-teen boys. She is willing to help her father but without making major adjustments to her work and family schedule, Anne can only provide her father with assistance on weekends. If she had to cut back her hours at work to care for her father, it would put financial hardship on her family.*

*You need to decide whether Mr. Lucas should be discharged from home health services or recertified for 60 more days.*

- ❑ 1. What are all of the **factors** that you **would consider** when making the decision to either discharge or recertify? (moderator to list on flip chart)
- ❑ 2. You have mentioned X, Y, and Z. Are there **other factors** you considered?
- ❑ 3. Given this situation, do you think you would **discharge or recertify** Mr. Lucas?

Moderator:

It is not necessary that the group reach consensus as to whether the patient is discharged or recertified. I would like to hear and write down everyone's ideas.

- ❑ 4. Which of these **considerations** were the **most important** in your decision making?

Moderator:

Again, it is not important that you reach consensus. I will put a check mark next to those items that are important in anyone's opinion. This will just give us an idea of those issues that have the highest priority.

- ❑ 5. Does your **agency** have any **policies** that would apply to the decision to **recertify or discharge** in this situation? If so, what are they?
- ❑ 6. How would you **involve the patient** in the decision process?
- ❑ 7. To what extent do you think the **patient's daughter should be involved** in the patient's care?
- ❑ 8. To what extent did the **issue of caregiver burden** on the patient's daughter enter into your decision to either discharge or recertify this patient?

**ASK ONLY IF YOU WOULD RECERTIFY PATIENT #2**

- ❑ 9. What kinds of things would you include in your **visit notes and 485 to explain the need for recertification**?

That is, what kind of **words** do you use that **your FI "likes"** to see in a recertification? Specifically, what words would you use in this case?

- ❑ 10. Do you think that you might have a problem explaining the need for care with Medicare?

- ❑ 11. Does **management and evaluation** come into play for this patient case? If so, how?

Now I would like to ask you a couple of questions regarding your **role as decision-makers**. These questions are general and are **not related** to either of **the vignettes**.

- ❑ 1. In general, **how much discretion** do you feel you have **as decision makers** to authorize the **number** and **type** of **services** that you think are appropriate for your patients? Please explain.
  
- ❑ 2. To what extent do you think that your **Fiscal Intermediary influences** the **decisions** that you make regarding the number and type of services that patients receive?

### III. SUMMARY AND CLOSURE

It is getting close to wrap-up time and before we break I would like to share more information about the purpose of these focus groups. We are **trying to understand** how **your interpretation** of coverage rules (in the HIM-11) may be **affecting** your **decision** making at key times like **recertification and discharge**. In looking over the issues raised during our discussion, **would you like to add or change anything** to help us understand how you interpret the HIM-11 or how it affects your decision making?

Thank you very much for your participation.

### IV. DEBRIEFING

A debriefing between the moderator and note-taker will occur after the focus group. The purpose of the debriefing is to provide a forum for open discussion of the group and how it compared to groups at other agencies. The notetaker and moderator will also discuss the participants' responses, both verbal and nonverbal, and how these responses have been recorded in the focus group notes. This will provide important contextual information for the analysis and also a forum for resolving any discrepancies in the notes between notetaker and moderator.