

UK homecare providers' views about, and experiences of, digital care management systems.

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(on behalf of the DACHA DOM research team)

The DACHA DOM study: context

- Nested in larger [DACHA Study](#)
- Context
 - digitalisation of social care
 - digital technologies
 - innovating approaches to / delivery of care
 - digital systems replacing manual or physical systems & processes
 - ‘approved suppliers’
 - health & social care digital systems ‘speaking’ to each other
 - data held in digital format – standardisation /mandatory requirements (MODS)
 - opens up potential for national dataset of homecare users (equivalent to Adult Social Care Workforce Dataset)
 - ...currently a ‘data desert’

DACHA DOM: Study objectives

- Describe current practices
 - use of digital technologies in care management
 - data collected
- Understand homecare providers' views and experiences
 - moving to digital care management systems
 - experiences of using
 - care management
 - in the care encounter
 - integrated care
 - views about 'national dataset'
- Explore homecare clients views and priorities
 - digital technologies within the care encounter
 - data priorities
 - data sharing
- Map commissioners' and research community's data priorities

DACHA DOM: study components

- Homecare providers
 - survey
 - focus groups
- Clients and families
 - interviews
- Commissioners and research community
 - focus groups
- Project advisory groups
 - users & family members
 - homecare professionals

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The survey of UK homecare providers

- Target population
 - Owner/director or manager of an organisation providing homecare where
 - at least some of the care was in the form of regular home visits,
 - the care provided was regulated by the Care Quality Commission
- Survey
 - on-line (Qualtrics)
 - 45 questions, mainly fixed response (~10 min completion time)
 - the type, size and funding status of homecare organisations
 - the systems used to collect and store information
 - specifics of data collected and when
 - use of standardised measures
 - satisfaction with current information management systems and plans for changes or improvements
 - views about contributing to a hypothetical national dataset on people who use homecare
 - distribution
 - national bodies representing homecare providers (n=~6500); for- & not-for project; all sizes. (1 reminder)
 - articles in 'trade press'
 - via researchers' networks
 - Oct – Dec 2022

The qualitative phase

- Recruitment:
 - survey respondents happy to be contacted
 - 21/70 recruited
- Focus groups (n=21)
 - single operating base; paper or mixed paper/digital: n=3/22 recruited
 - single operating base; digital: n=9/33 recruited
 - multiple operating bases; all digital: n=3/9 recruited
 - national or multi-region organisation n=6/7 recruited.
- Topics explored
 - DHSC's digital transformation of social care programme
 - experiences of choosing and implementing digital care management systems
 - for the first time
 - changing system
 - experiences of using digital care management systems
 - views re national dataset of homecare users

Survey findings: the sample

- 155 responses analysed
- Respondent role
 - business owners/franchisees: n=59 (38%),
 - executive or other directors: n=28 (18%)
 - registered/senior managers: n=64 (41%)
 - other n=4 (3%)
- Type of organisation
 - local independent business: 60%
 - franchise (national/regional): 19%
 - national/regional chain: 11%
 - third sector: 7%
 - LA in-house: 3%
 - aligns with national profile
- Number of operating bases
 - 1 operating base: 106
 - 2-3 operating bases: 21
 - 4-10 operating bases: 8
 - 11-19 operating bases: 2
 - 20+ operating bases: 5
- Caseload (quartiles)
 - <30
 - 31-75
 - 76-180
 - 181-26000
- Funder profile
 - LA: 45%
 - Self: 34%
 - Mix: 21%
- CHC commissioned?
 - Yes: 61%
 - No: 39%

Survey findings: information management systems

- Digital vs paper
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Rate of use no different between 2-3 operating base providers and larger providers

All: single operating base

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 - paper only: 5%
- Software systems being used
 - 54 different software systems represented
 - one or more functions
 - guiding and recording the care/needs assessment process
 - care package details
 - specifying and recording of care provided during a homecare visit
 - scheduling/rostering
 - workforce/HR
 - invoicing and/or payroll functions
 - Use of multiple systems
 - 28%: using two systems
 - 9%: using three or more

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 - 28%: using two systems
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 - 72%: using multi-function care management system
 - 20 different CMS represented
 - 1/3 not listed on DHSC's register of assured providers

Survey findings: use of care management systems

| | No. respondents using system | Registered as a digital social care record assured supplier | Homecare specific software? |
|---|------------------------------|---|-----------------------------|
| Digital care management system 'A' | 47 | Yes | No |
| Digital care management system 'B' | 14 | No | Yes |
| Digital care management system 'C' | 11 | Yes | Yes |
| Digital care management system 'D' | 6 | No | Yes |
| Digital care management system 'E' | 5 | No | Yes |
| Other care management software systems being used by 1-3 respondents = 15 | | | |

Satisfaction with current systems: survey findings

- 4/10 respondents wanted to change /improve current information management system
 - entirely-paper based: 2/7 not wanting to change
 - mix paper & digital: 33/60 wanting to change
 - all digital: 26/74 wanting to change
- Desired changes
 - reduce number of systems
 - reduce duplication across systems
 - care management systems: reasons for wanting to change system
 - missing functionalities
 - inflexible (e.g. not supporting person-centred approach)
 - unreliable
 - difficult to use
 - use the data more
 - streamlining reporting, care compliance processes
 - identifying deterioration, predicting care needs
 - improve quality of data entry by homecare workers

Satisfaction with current systems: additional insights from qualitative research

- Early adopters
 - changed CMS multiple times
- CMS's not developed in partnership with homecare providers leads to
 - deficiencies in functionality
 - awkward interface
- CMS not suitable for live-in care or reablement
- Quality of on-going customer support key contributor to degree of satisfaction

Barriers to change

- financial costs
 - purchasing
 - 'tie-ins'/penalties
 - two contracts during data transfer
- lack of time to research options
- time and disruption and risks associated with implementation
 - paper records to digital
 - transferring data
 - training staff
 - ...whilst maintaining care
- constraints imposed by healthcare providers and/or local authorities
-in the context of daily and unpredictable demands & pressures
- small independents: a significant business risk

It is extremely difficult to switch systems. Finding a new system is always a challenge – the sales team will tell you what the system does well, but you also need to try to figure out what it does badly! Once you have found a new system it can be difficult to leave the old system – our current company has a 12-month tie in that requires 3 months advanced notice. And then there is the issue of maintaining access to all the data held on the previous system – this is a huge problem.

There are many IT care software available but unsure which one of these is able to record everything we need. We are wary of changing from our current system as this would cause so much disruption to daily running of the business.

Choosing the right system: insights from qualitative phase

- For the first time, or changing
 - time-consuming
 - highly significant decisions: stressful
- Challenges of...
 - knowing what need from the system; my 'red lines'
 - 'wisdom' comes from using them
 - getting behind the sales pitch
- Lack of transparency / hidden costs
- Differences between providers in what 'core packages' included
 - calls for better regulation

Implementing a CMS: insights from the qualitative phase

- Significant undertaking
 - planning
 - staff time
 - staff skills
 - ..whilst continuing to provide care
- Data migration
 - possible/feasible
 - unanticipated costs
- Concerns re homecare worker resistance unfounded

Views about contributing to a 'National Homecare Dataset'

- Is the creation of a national 'dataset' of people using homecare. populated by non-identifiable data voluntarily submitted by homecare providers, a good idea?
 - yes: 72%
 - unsure: 24%
 - no: 4%

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- Would you consider contributing?
 - yes: 35%
 - maybe: 53%
 - no: 2%
 - don't know: 10%

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 - don't know: 10%
- Most frequently identified factors affecting willingness
 - staff time costs: 75%
 - GDPR concerns: 68%
 - client willingness: 68%

Reflections and implications

- Limitations: convenience sampling, response rate
 -but novel evidence, previously unheard voices
- The use of multiple system
 - incremental digitalisation
- Multi-function care management systems
 - complex pattern of usage: 20 different systems, 1 dominant
 - 10 homecare specific: ? transfer to residential care
 - some not registered as assured providers: viability?, possible future financial cost and disruption to providers
- Dissatisfaction with current systems
 - systems designed without homecare providers
 - to be expected: digitalisation 'in process'
 - 'high stakes' change
 - supporting informed decision-making
 - financial support for changers and not just adopters
- Making more of the data: training, capacity
- Evaluations of digitalisation of social care programme
 - satisfaction as well as uptake