CAPABLE: Supporting Individual Goals to Build Independence

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“Rather than the presence or absence of disease, the most important consideration for an older person is likely to be their functioning.”

-World Report on Aging and Health, 2015
The Older Adult Experience in 2018

Population of US adults 65+ projected to double to 100 million by 2060

Most older adults prefer to age at home, few have made plans or modifications to do so

Functional impairment is costly for individuals and the healthcare system

Function is rarely assessed or addressed during medical visits

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The Approach

Interdisciplinary Team

Nurse

Handyperson

Occupational Therapist

Intervention is *Client*-directed

Focus on *individual strengths* and *goals* in self-care

*Treats the home environment*
Overview

10 In-home Visits over 4 Months, Total Cost = $2825

Occupational Therapist: 6 Visits

Registered Nurse: 4 Visits

Handyworker: $1300 budget over 4 months
• **Function-focused** assessments – brainstorm, action plan, progress, & readiness to change

**Occupational Therapist**
- Fall risk and recovery education
- Home safety assessment
- Home modifications/repairs & collaborate with handyworker
- Train client with new assistive devices

**Registered Nurse**
- Review medications, create med calendar
- Focus on function in relation to:
  - Pain management
  - Mood
  - Strength and balance
  - Communication with PCP

**Handyworker** Reviews home modifications, repairs, and costs with OT. Completes work order within the 4-month period.
Interdisciplinary Team

Nurse

Handyworker

Occupational Therapist

↑ Function
Number of ADLs considered “difficult” decreased by 50%\(^1,2\)

↓ Depression
PHQ-9 Scores Improved in 53% of participants\(^1\)

In the words of a participant, “Before CAPABLE came in, everything was ‘I can’t. I can’t take the risk.’ CAPABLE taught me how to function. You gave me the tools to function with.... Everything you have done has given me my independence. My independence.”
Healthcare Savings

Average savings to Medicare $2765 per quarter ($922 per month), per participant (95% CI -$4963, -$567)

Average savings to Medicaid $867 per month, per participant (90% CI -$2352, +$385)

Hospitalizations and Nursing Home Admissions
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<th>Funding</th>
<th>Examples</th>
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<td>National Scaling through Center for Medicare</td>
<td>• Physician-focused Payment Model Technical Advisory Committee (PTAC-</td>
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<td>and Medicaid Services (CMS)</td>
<td>proposal in preparation)</td>
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<td></td>
<td>• Medicaid Home and Community Based Waiver-Michigan</td>
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<td>• Program of All-inclusive Care for the Elderly (PACE)</td>
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<td>Accountable Care Organizations</td>
<td>Allina Health, Mid-coast Health, Mercy Health, Johns Hopkins MAP</td>
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<td>Medicare Advantage Plans</td>
<td>Coverage through expansion of MA benefits in Chronic Care Act?</td>
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<td>Foundation Funding</td>
<td>National Center for Healthy Housing</td>
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<td>Harry and Jeannette Weinberg Foundation</td>
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<td>Public/Private Partnerships</td>
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<td>Habitat for Humanity, NIH, CMMI</td>
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Acknowledgements

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Supplemental Slides
### Implementation Sites

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<th>Partner</th>
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<td>The National Center For Healthy Housing</td>
<td>4 sites: CA, VT, PA, NC</td>
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<td>Habitat For Humanity</td>
<td>6 sites: MD (2), MN, PA, TN, CO</td>
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<tr>
<td>Michigan Medicaid Waiver</td>
<td>4 sites: Grand Rapids, Detroit, Flint, Saginaw</td>
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<td>Mercy Health (Trinity Health) (ACO)</td>
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<td>Colorado Visiting Nurse Association</td>
<td>Denver, CO</td>
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<td>Northwest Housing Partnership/Attuned Health</td>
<td>Chicago, IL</td>
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<td>Maine Housing Authority Partners/Mid-coast Health</td>
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<td>Johns Hopkins Medical Alliance for Patients (ACO)</td>
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<td>Johns Hopkins Hospital/JH Home Care</td>
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<td>Visiting Nurse Association of New York City</td>
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<td>Na Pu’uwai/Kapuna Aging in Place with Assistance</td>
<td>Lanai, HI</td>
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