

CAPABLE: Addressing Health and Housing to Improve Aging in Place

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Mrs. B





Her Hazardous floor



CAPABLE Approach

- Age in place = person *and* house
- Older adult is the expert
- Professionals use specialized knowledge only to elicit, support what older adult wants
- ↑Physical function ↓depression
- ↓ hospitalization, ↓nursing home

CAPABLE: key aspects

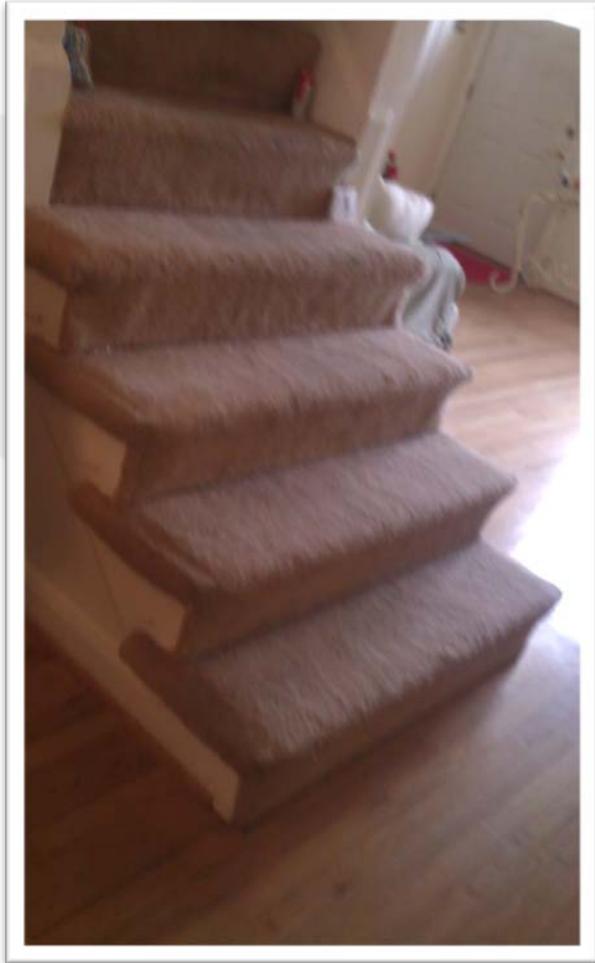
- 4 month duration
- Handyman, Nurse and Occupational Therapist
- OT: 6 visits, RN:4 visits, Handyman: \$1300 budget
- Whole cost = \$2825



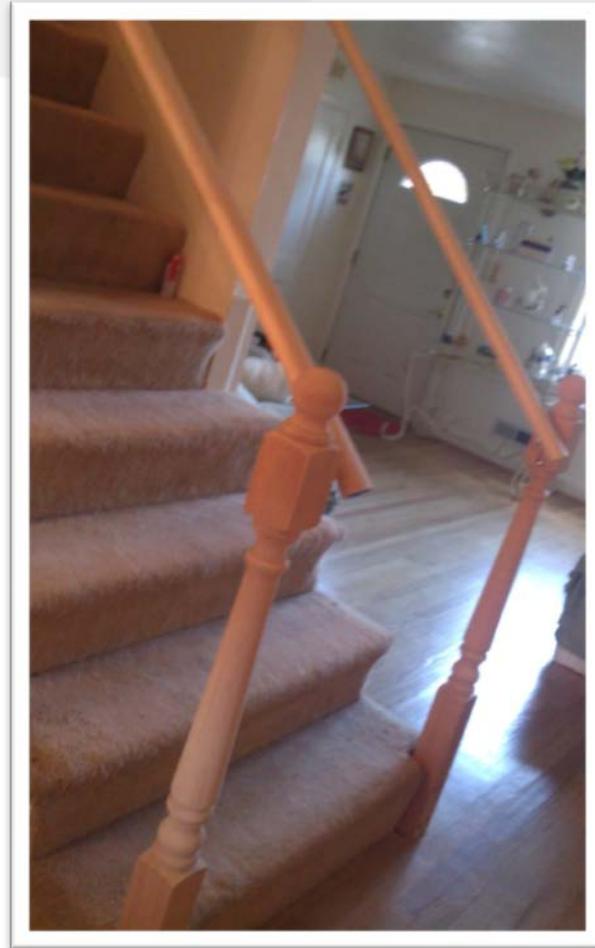
MRS. D.

- Confused, over medicated
- 30 minutes to walk to the bathroom
- Sat on commode all day as a chair
- CAPABLE: Med schedule, chair along hall, chair at top of stairs, railing on both sides, bed risers, wider commode

Before



After

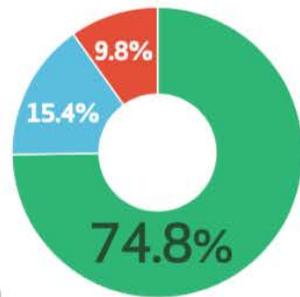


Improvement from baseline to follow up

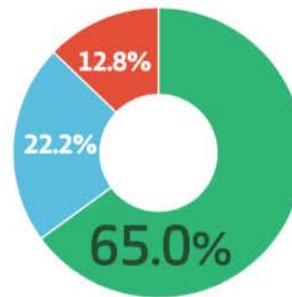
Aging in place

CAPABLE, which enrolled 281 Medicare- and Medicaid-eligible adults ages sixty-five and older, deployed handymen, nurses, and occupational therapists to help participants achieve goals by providing assistive devices and making home repairs and modifications that made it easier to perform ADLs and IADLs.

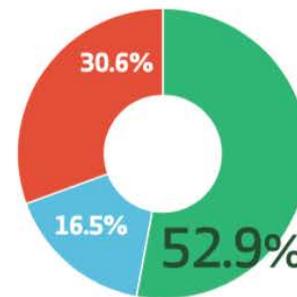
■ Improved ■ Stayed the same ■ Worsened



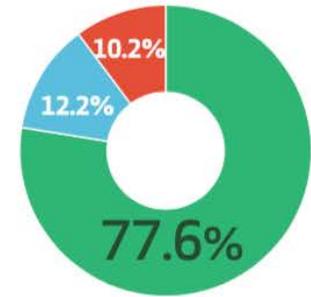
ADL limitations



IADL limitations



Depressive symptoms



Home hazards

Note: ADL = activities of daily living; IADL = instrumental activities of daily living

AGING & HEALTH

By Sarah L. Szanton, Bruce Leff, Jennifer L. Wolff, Laken Roberts, and Laura N. Gitlin

AGING & HEALTH

Home-Based Care Program Reduces Disability And Promotes Aging In Place

CAPABLE saves Medicare >10k per patient per year

Model	Hospitalization		ED visit		Medicare Expend	
	Per quarter, per 1,000 patients	95% CI	Per quarter, per 1,000 patients	95% CI	Per quarter, per patient	95% CI
ABC (over a 2-year period)					211	431
CAPABLE (over a 2-year period)	3	-36, 42	-26	-69, 17	-2,765**	-4,963, -567
DASH (over a 3-year period)	-17**	-25, -9	-24***	-36, -12	-316	-745, 113
AIM (in the last month of life, over a 3-year period)	-76***	-100, -51	30***	11, 49	-5,985***	-7,010, -4,959

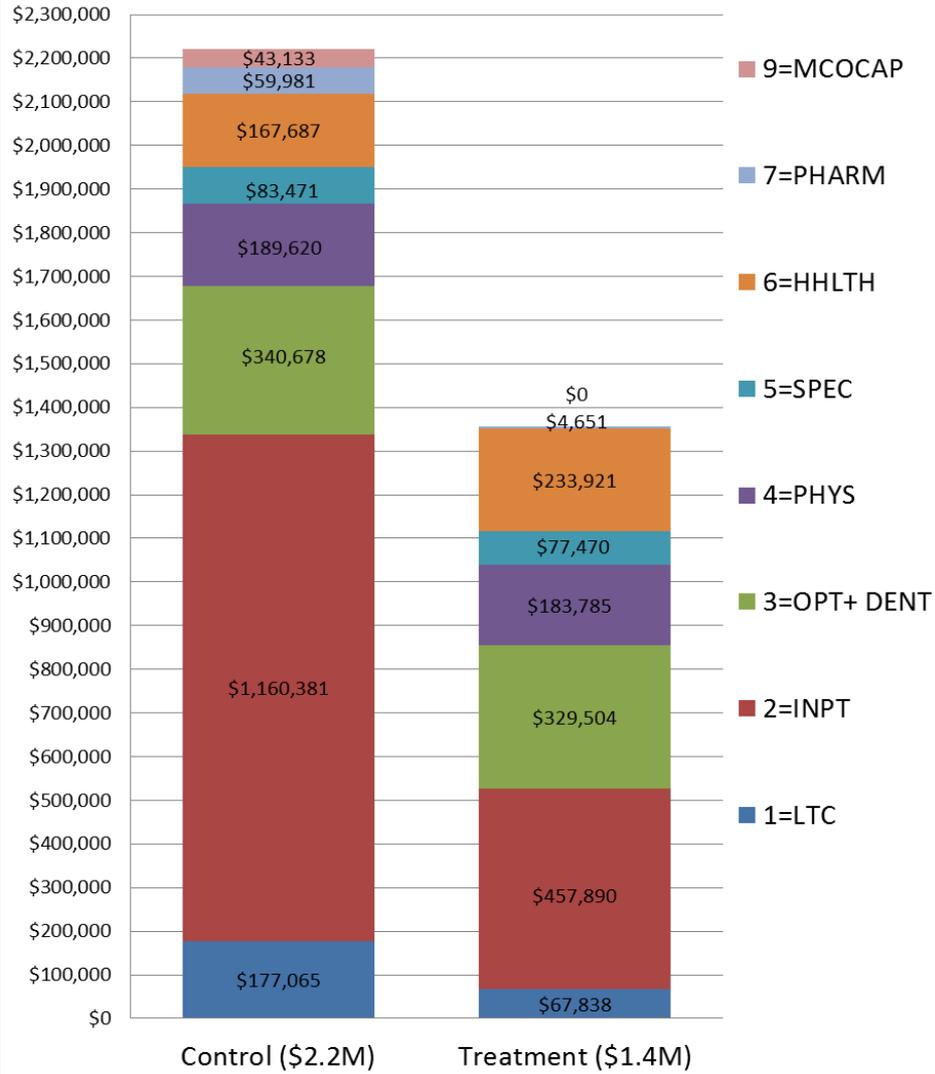
MEDICARE INNOVATION

By Sarah Ruiz, Lynne Page Snyder, Christina Rotondo, Caitlin Cross-Barnet, Erin Murphy Colligan, and Katherine Giuriceo

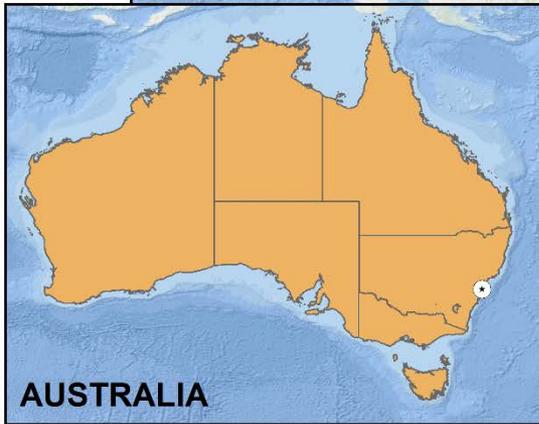
Innovative Home Visit Models Associated With Reductions In Costs, Hospitalizations, And Emergency Department Use

Health Affairs, 2017

Monthly Medicaid cost for a hypothetical cohort of 1,000 people per service type and study arm



CAPABLE in 21 sites



Blending funding streams

- Housing and health usually separate
- Aligning incentives
- Can't only save what it costs, has to be more to motivate funders

Lessons learned in scaling

- Training –
 - Accessible
 - On demand
 - Built on principles – but learner wants to hear procedures
- Scaling: different skill set than testing
- “We already do that”

Questions and discussion

