A new home care model to decrease costs: The CAPABLE approach

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Associate Professor

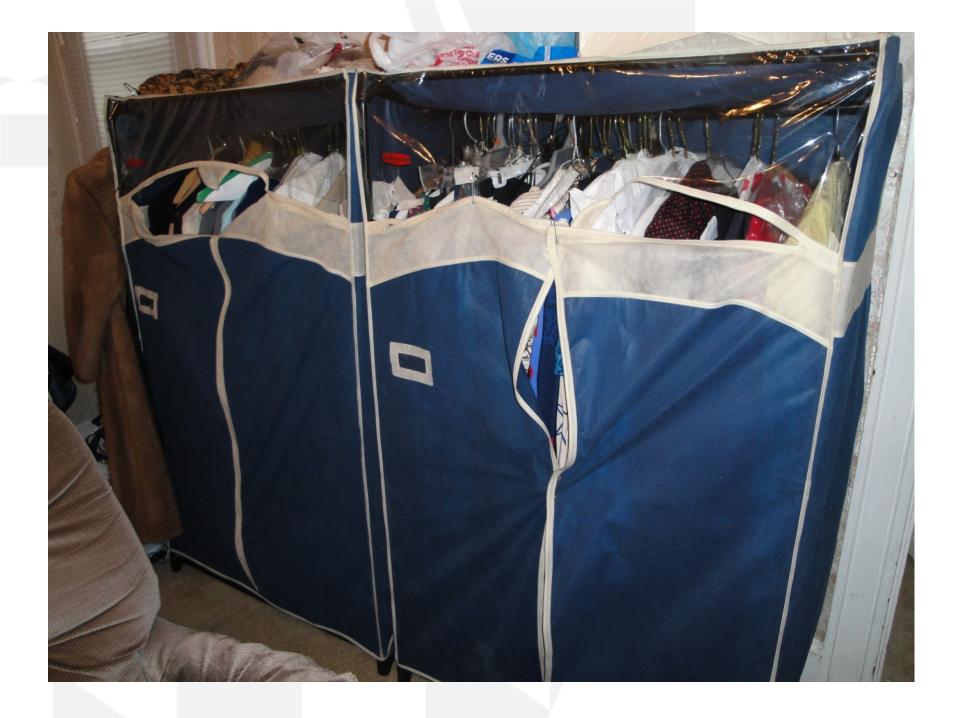
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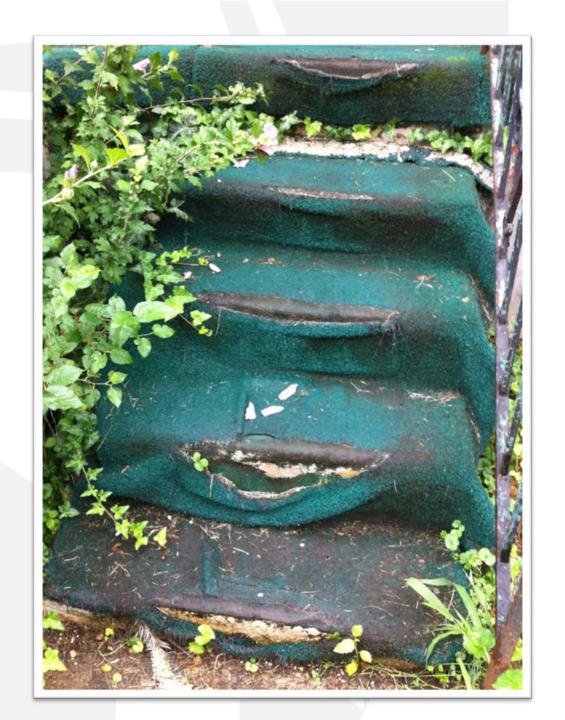
Mrs. B





Her Hazardous floor





Mrs. B



Physical Function

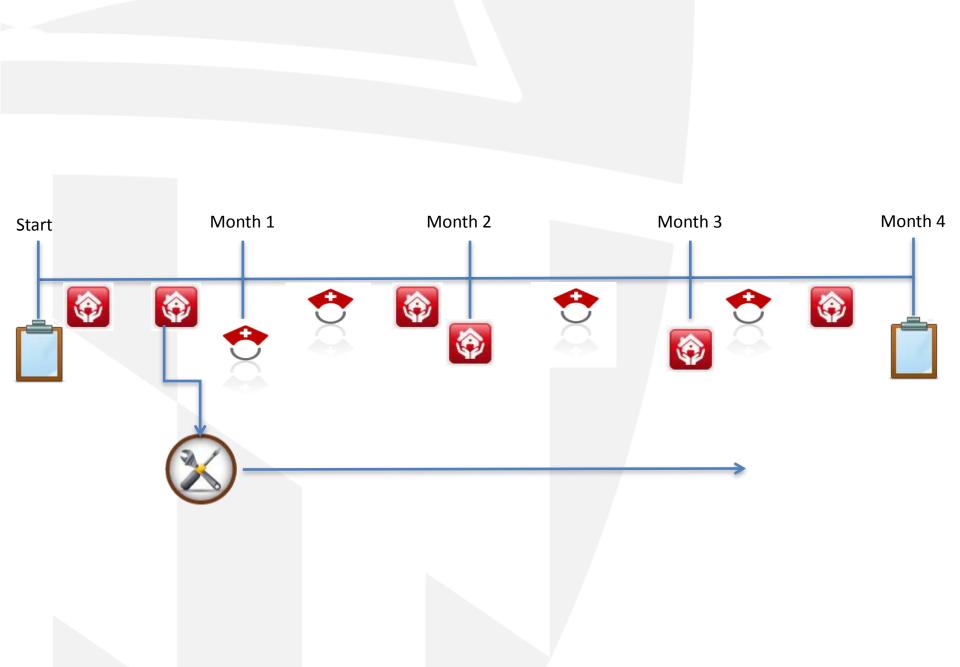
- Older adults care about
- Unaddressed by most medical and transitional models
- Costly (46% of the health care \$)

HHS, 2010, Closer Look at Chronic Conditions

CAPABLE

- Focused squarely on individual strengths and deficits and goals in self-care (ADLs and IADL)
- Client-directed as opposed to clientcentered
- Handyman, Nurse and Occupational Therapist
- OT: 6 visits, RN:4 visits, Handyman: \$1300 budget





Before After





CAPABLE's current state

- Randomized trial with NIH funding
- CMS Innovations Center grant
- Piloting in the Michigan Medicaid
 Waiver in a home care setting
- Piloting in Australia

Szanton et al, Contemporary Clinical Trials, 2014 Szanton et al, in press, Journal of the American Geriatrics Society Szanton et al, 2011, Journal of the American Geriatrics Society,

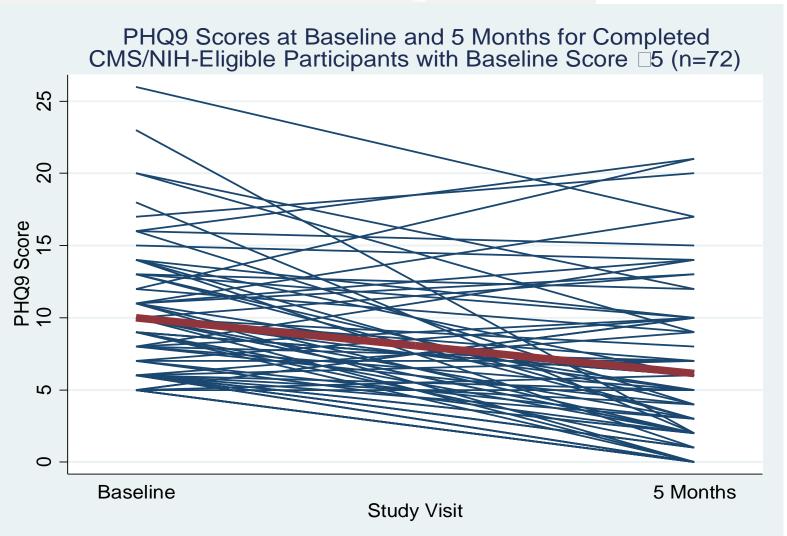
Project funded by CMS Innovation

- Planned N = 500 people with Medicaid and Medicare
- If deemed successful, can become national policy
- All-inclusive, CAPABLE costs \$3,300 one time.
- Nursing home care in U.S. averages \$75,000 per year.

Preliminary results from CMS trial

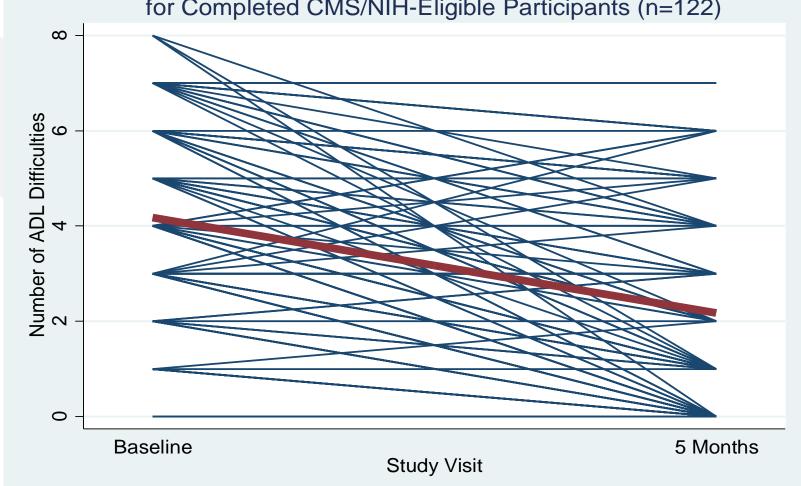


Decreasing Depressive Symptoms

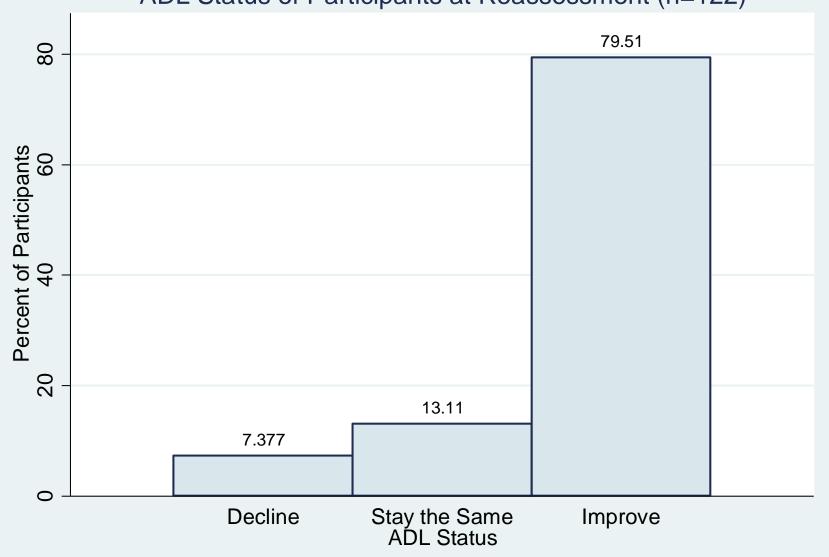


Decreasing Functional Limitations

Number of ADL Difficulties at Baseline and 5 Months for Completed CMS/NIH-Eligible Participants (n=122)







MRS. D.

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

MRS. H.

- Asthma, DM, HTN, Arthritis
- Breathless limited ADLs, couldn't walk up steps
- Limited outside of house
- CAPABLE: connected with prior NP
 - Switched from Aleve to Tylenol
 - CAPABLE exercises
 - Super ear
- Easier to take a bath -> decreased pain
- Railings, repaired linoleum floor



PAYOR POSSIBILITIES

- CMS committed to scaling if meets Triple Aim
- Accountable Care Organizations
- Medicare Advantage
- Maryland Hospital Waiver

Challenges to Scaling

- Provider re-framing
- Preventive vs. treatment mindset

Mrs. Jackson

