



CAPABLE 201

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GRATITUDE

Why isn't an Equality lens Enough?

Equality



Equity





CAPABLE origins

Row Homes in Baltimore, Maryland

Mrs. B's Story



Her Wardrobe



Her Floor



Her Exterior Stairs



Addressing Disability, Fostering Function

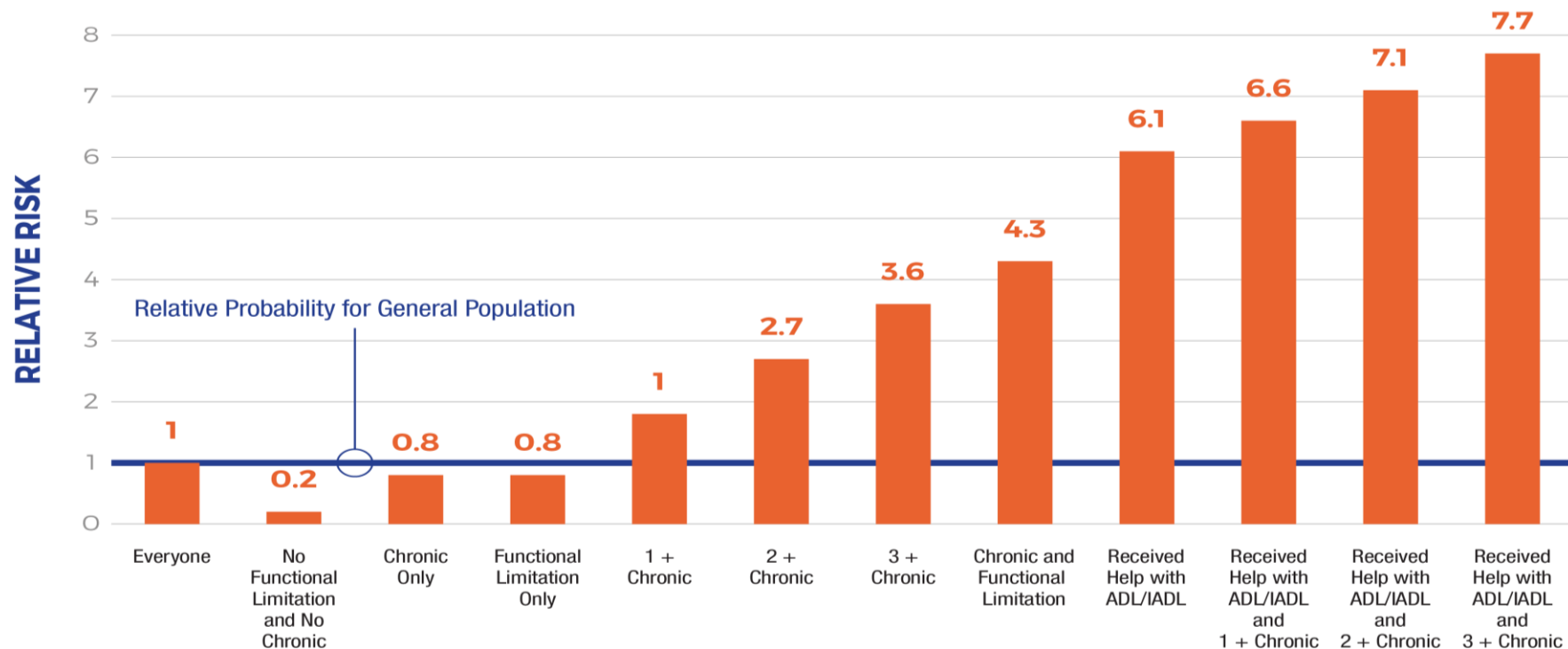


- Treating the whole person
- Modifying the environment
- Best fit

Functional Limitations Are Costly



Relative risk of being in the top 5% of Healthcare spenders, 2006



Source: LewinGroup analysis of 2006 Medical Expenditures Panel Survey, 2009

Older Adults Drive Population Outcomes



CAPABLE: Key Aspects



**4-month
duration**

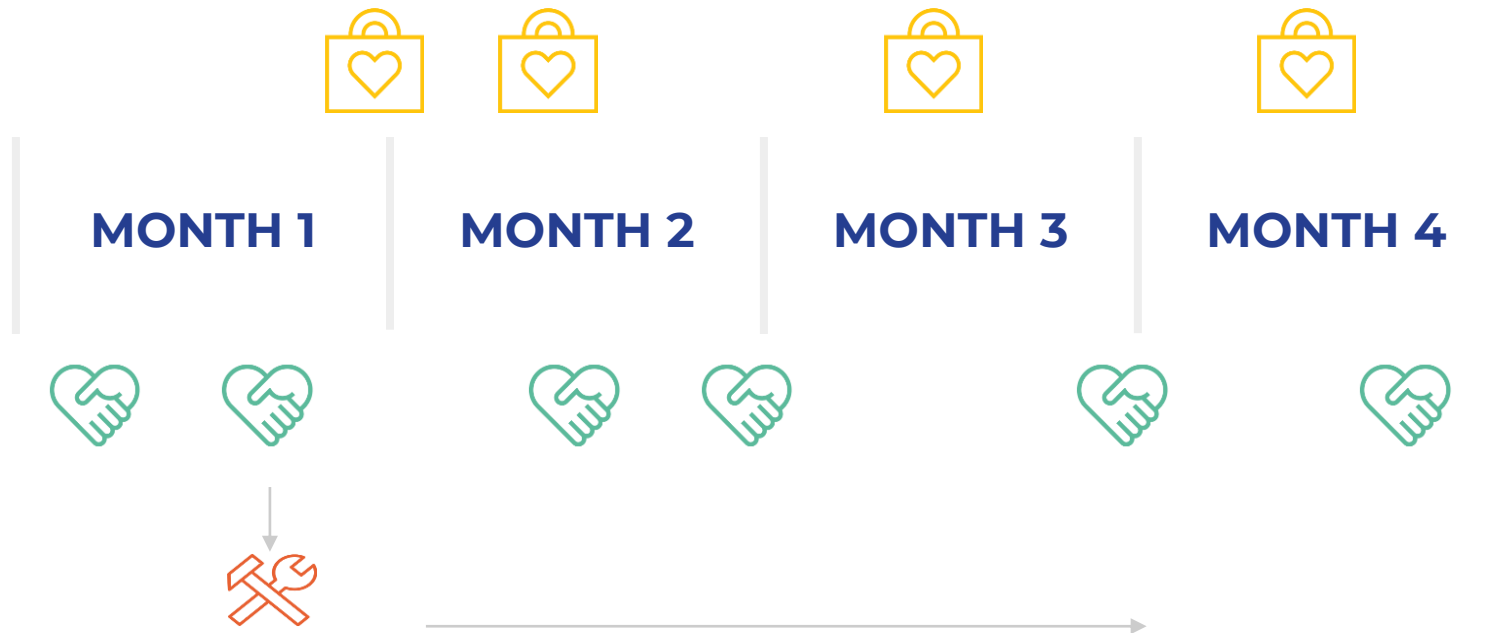
**Handyworker
Nurse, OT**

**Total
Cost:
\$2,825**

**ADLs
and
IADL**

OT:
6 visits
RN:
4 visits
Handyworker:
\$1300
budget

CAPABLE Program Components



CAPABLE: Approach



Mrs. R's Goal

**Prepare meals
more easily
without shortness
of breath and
pain.**



CAPABLE Home Modifications



1

The handy worker lowers the cabinets so Mrs. R can reach items and organize her spices using less energy.

CAPABLE Home Modifications



2

A reacher gives Mrs. R better control when picking up items.

CAPABLE Home Modifications



3

The handy worker installs an above stove mirror so Mrs. R can see the food in pots and pans while seated.

Goal Achieved

**Mrs. R is able to
prepare meals
more easily
without shortness
of breath and
pain.**



Staircase Before and After Home Modifications

Before

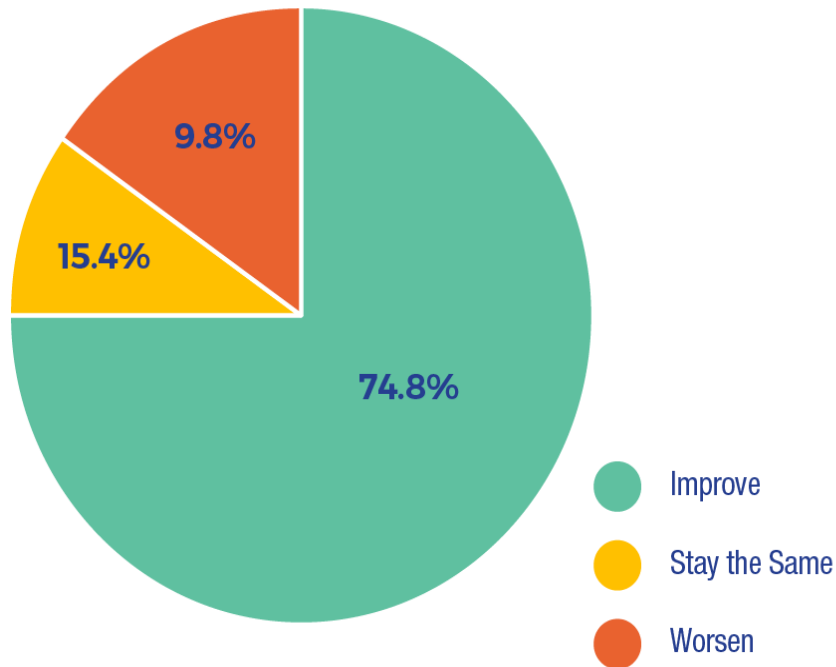


After

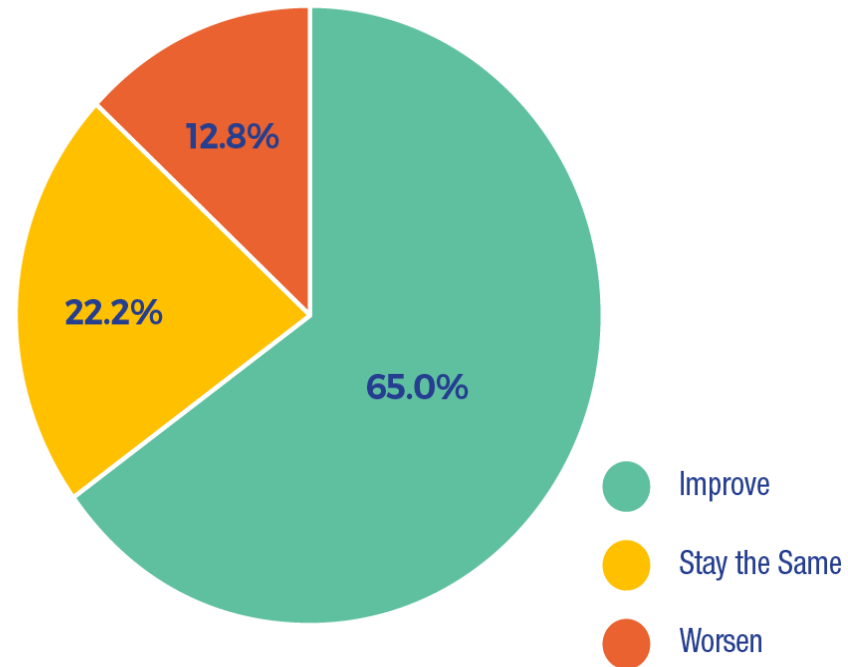


RESULTS from CMMI funding: Improvements in ADL and IADL Limitations

ADL LIMITATIONS



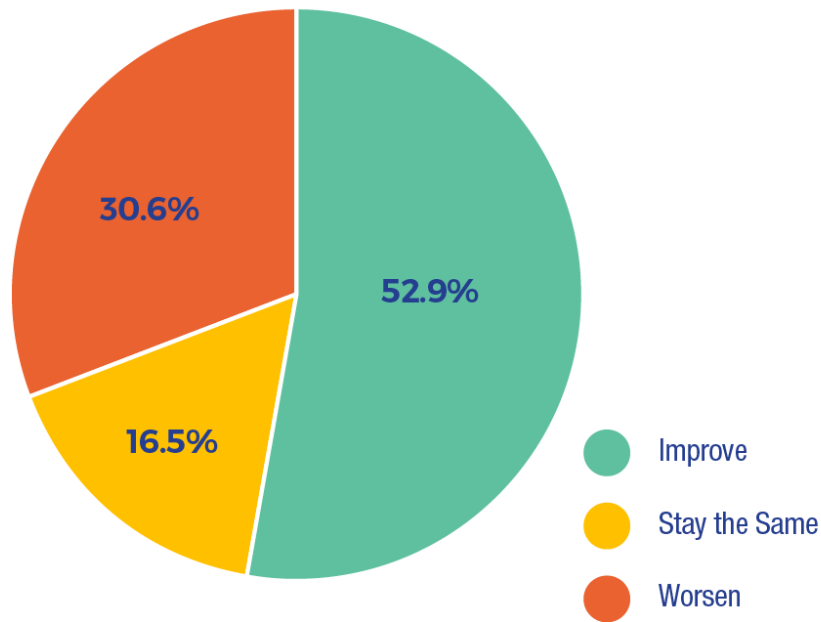
IADL LIMITATIONS



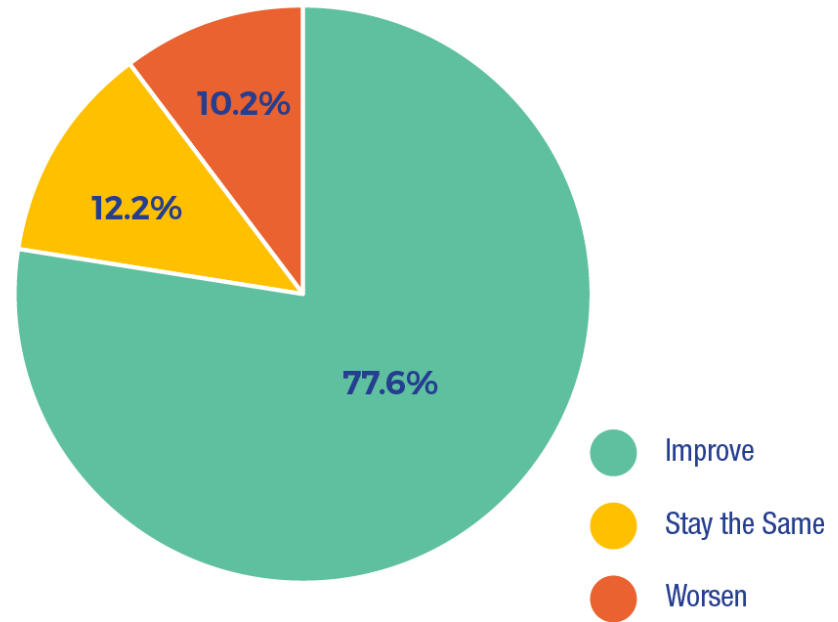
Improvements in Depressive Symptoms and Home Hazards

RESULTS from CMMI funding

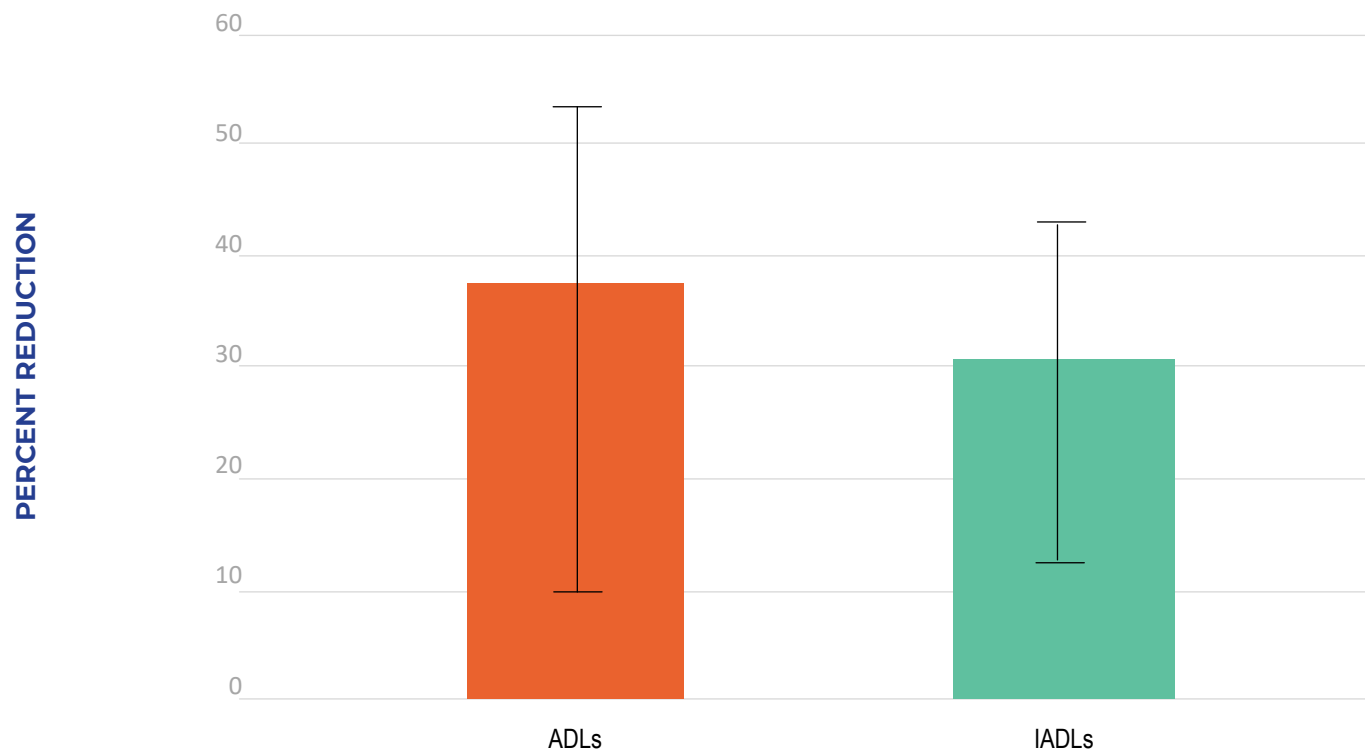
DEPRESSIVE SYMPTOMS



HOME HAZARDS



Five Month Reduction in ADL and IADL Difficulty



*Adjusted for sex, race, baseline values of outcome measure, and baseline differences between the two groups

Research

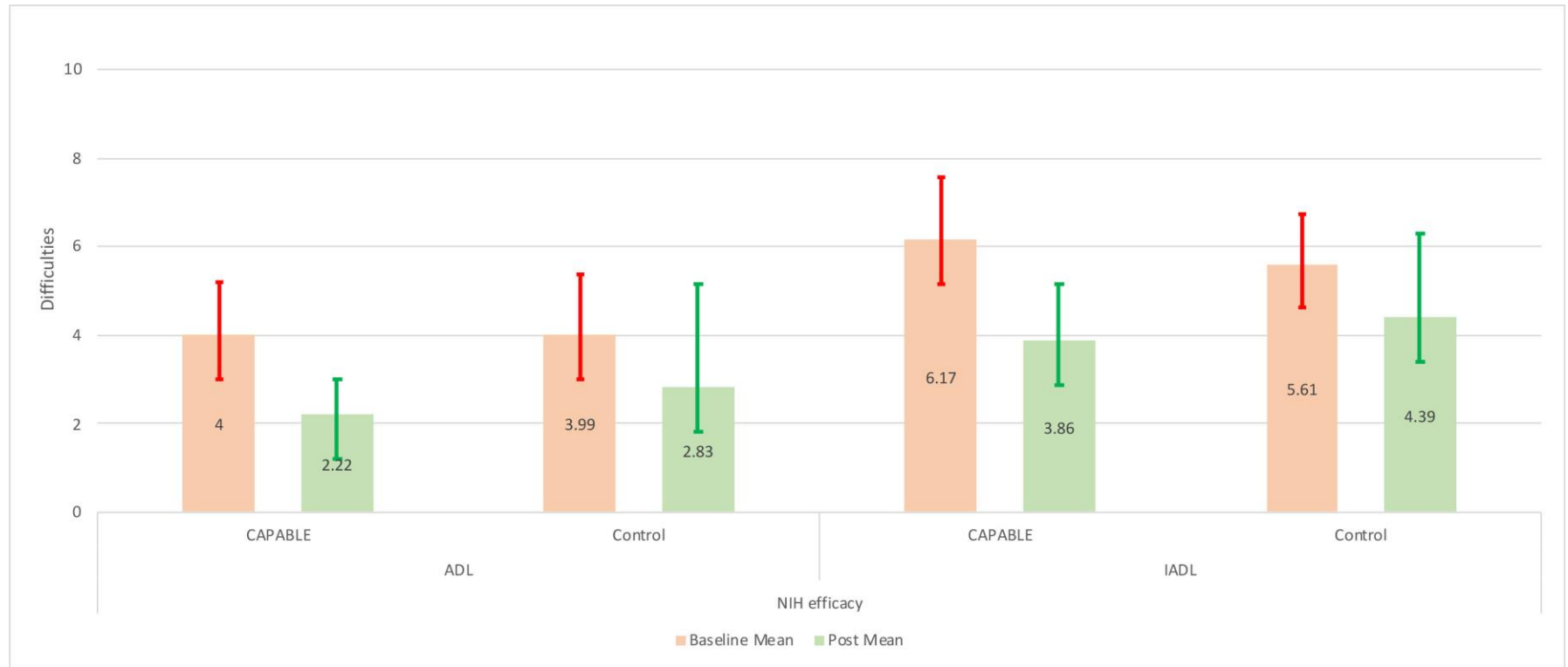
JAMA Internal Medicine | Original Investigation

Effect of a Biobehavioral Environmental Approach
on Disability Among Low-Income Older Adults
A Randomized Clinical Trial

Szanton L, Stanton, PhD; Qian L, PhD; Brown L, MD; Jack G, MD; Jennifer L, PhD; Elizabeth R, PhD; Cynthia Boyd, MD, MPH; Richard J, PhD; David Bluh, PhD; Laura N, PhD

Szanton et al,
JAMA Internal Medicine, 2019

RCT: Five Month Reduction in ADL and IADL Difficulty



Research

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Szanton L, Stanton P, Qian L, Kim P, Brown L, et al. JAMA. 2019;321(12):1155-1164. doi:10.1001/jama.2019.1155

Szanton et al JAMA Internal Medicine, 2019

CAPABLE Saves Medicare >20k Per Person

	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
CAPABLE (over a 2-year period)	3	-36, 42	-26	-69, 17	-2,765**	-4,963, -567

MEDICARE INNOVATION

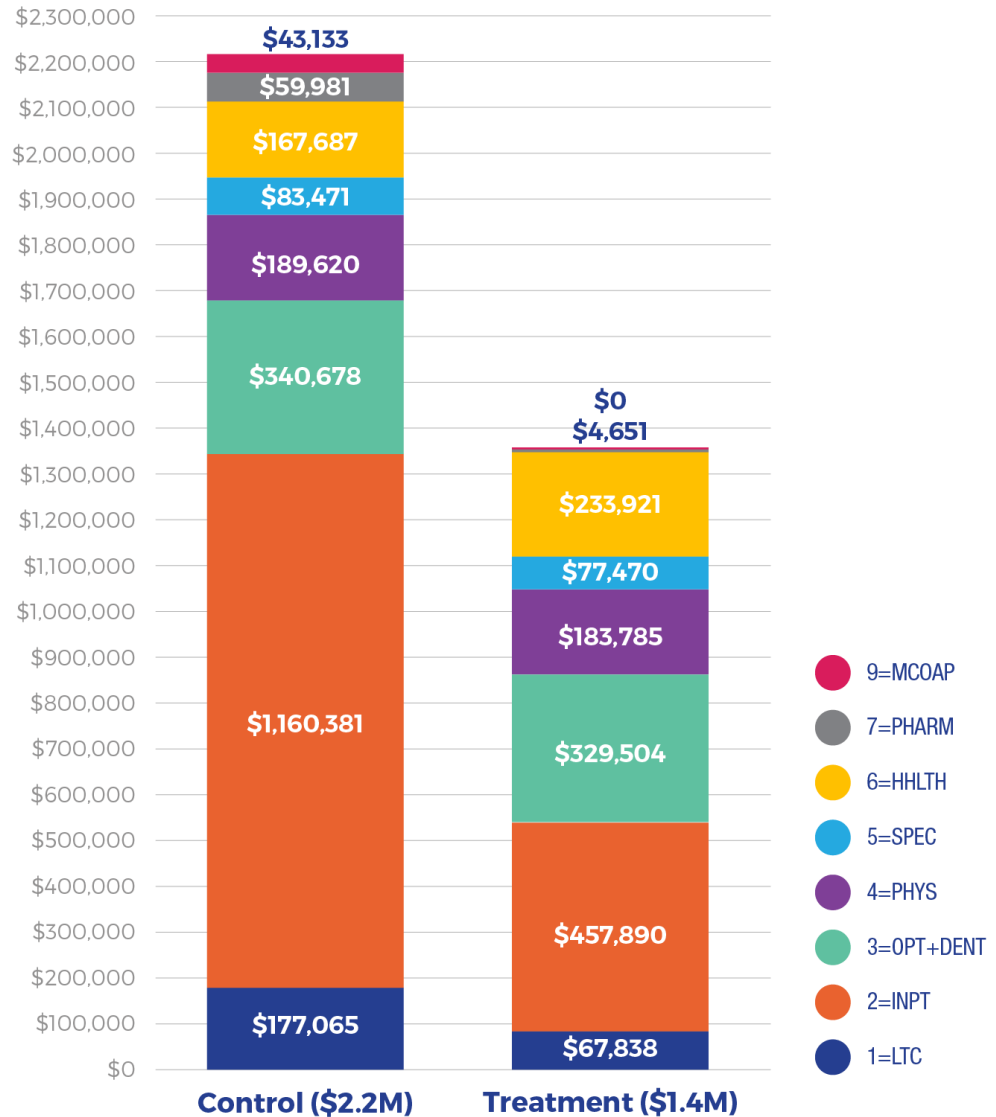
By Sarah Ruiz, Lynne Page Snyder, Christina Rotondo, Caitlin Cross-Barnet, Erin Murphy Colligan, and Katherine Giuriceo

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

** p < 0.05 From Ruiz, Health Affairs, 2017

Monthly Medicaid Cost for a Hypothetical Cohort of 1,000 People Per Service Type and Study Arm

Szanton et al 2017 JAGS



Program Satisfaction: CAPABLE v. Attention Group after Participation



After being stuck for two years



CASE STUDY

MRS. D

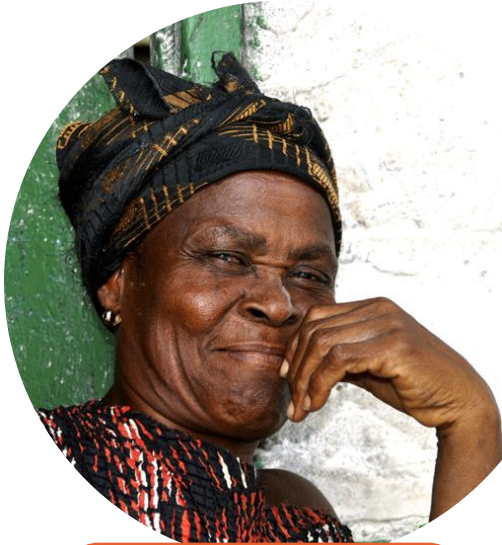
Health Concerns

- Confused, over-medicated
- 30 minutes to walk to the bathroom
- Sat on commode all day as a chair

CAPABLE Solution

- Meds schedule
- Chair along hall
- Chair at top of stairs
- Railing on both sides
- Bed risers
- Wider commode

Now able to hear and engage



CASE STUDY

MRS. H

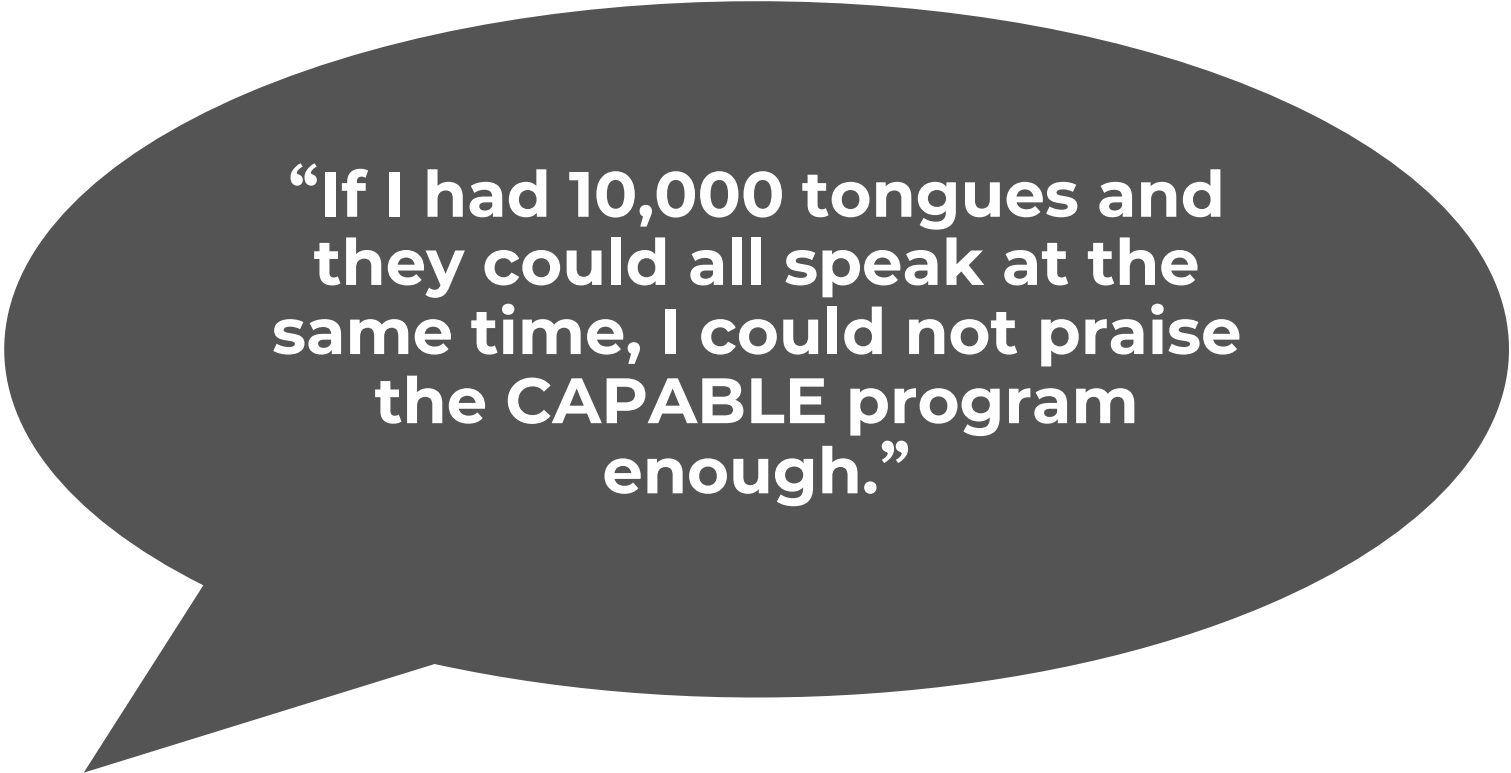
Health Concerns

- Asthma, DM, HTN, Arthritis
- Breathless
- Limited ADLs, couldn't walk up steps, or outside house

CAPABLE Solution

- Connected with PCP for long-acting inhalers
- Switched from Aleve to Tylenol
- CAPABLE exercises
- Easier to take a bath → decreased pain
- Super ear
- Railings, repaired linoleum floor

If I had 10,000 tongues.....



“If I had 10,000 tongues and they could all speak at the same time, I could not praise the CAPABLE program enough.”

Why This Works



- Ensure the person-environment fit
- Unleash people's motivation
- Honor their strengths and goals
- Provide resources to achieve those goals
- Build self-efficacy for new challenges

Function: It's What We Do

- Poor function is costly.
- It's what older adults care about
- It's virtually ignored in medical care
- **It can be modified**



34 Implementation Sites



Drivers to Scale

- Common sense and strong evidence
- Huge need among older adults in community
- Policy shift towards value (**Maryland hospital waiver!**)
- Policy shift towards social determinants
- Policy shift towards person-centered care

Constrainers That Keep it Small

- No clear path to approval and payment (unlike drug a drug which has FDA)
- Under appreciation of function as modifiable
- Housing AND health
- Wrong pocket problem for those not in value based arrangements
- Even with SDOH focus, minimal \$ for non-medical benefits

Policy Endorsements

HUD – Older adult home modification program – and earlier HUD research

Biden, 7/21/20: “A pilot program now in 27 cities, in 16 states where a nurse, an occupational therapist and a handyman come to the home that’s caring for an aging family member...It initially found that about \$3,000 in program costs yield more than \$20,000 in saving to the government from hospitalization for other reasons. Simple steps to save lives, save money, and provide critical peace of mind.”

PTAC Backs Model Aimed at Better Living for Seniors

— CAPABLE intervention focuses on better "functional ability" for older adults with chronic conditions

by Shannon Firth, Washington Correspondent, MedPage Today June 17, 2019





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@sarah_Szanton = twitter