Aging is Cool: Everyone's doing it

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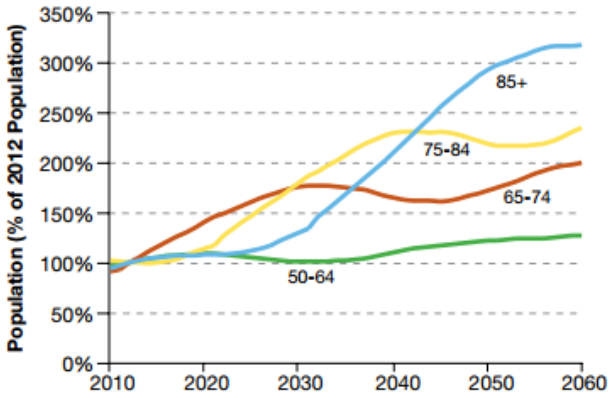
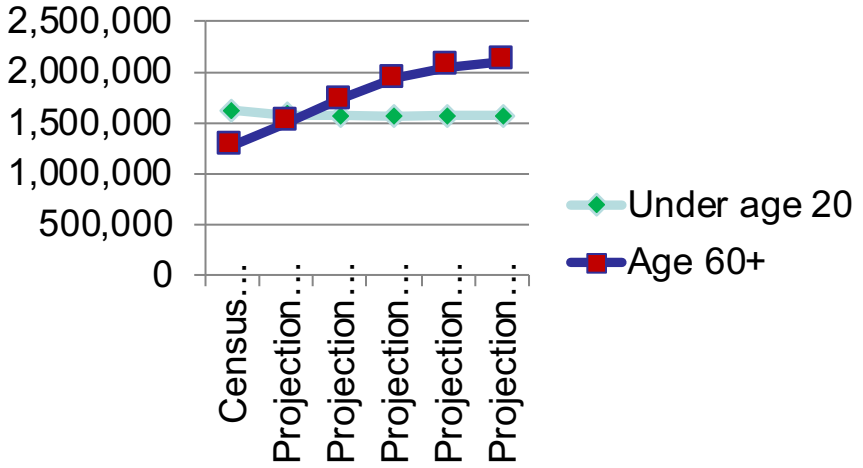
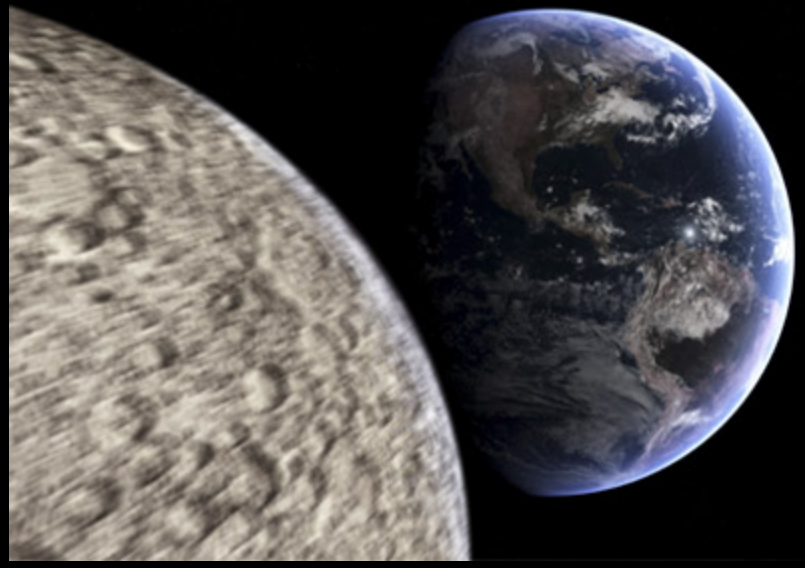
March 6th, 2020

The Demographics

- The demographics tell a tale of two population groups:
  - Healthy, active, economically secure seniors over the age of 60 who work, volunteer and contribute to their communities through civic engagement (and who might also be caring for an elderly relative)
  - Frail, vulnerable, low income seniors over age 85 – the fastest growing segment of the older adult population, who may be isolated and in need of long term services and supports (LTSS) or other resources in order to remain in their homes and communities







& Public Health Social Justice

Changing service delivery by focusing on prevention and function

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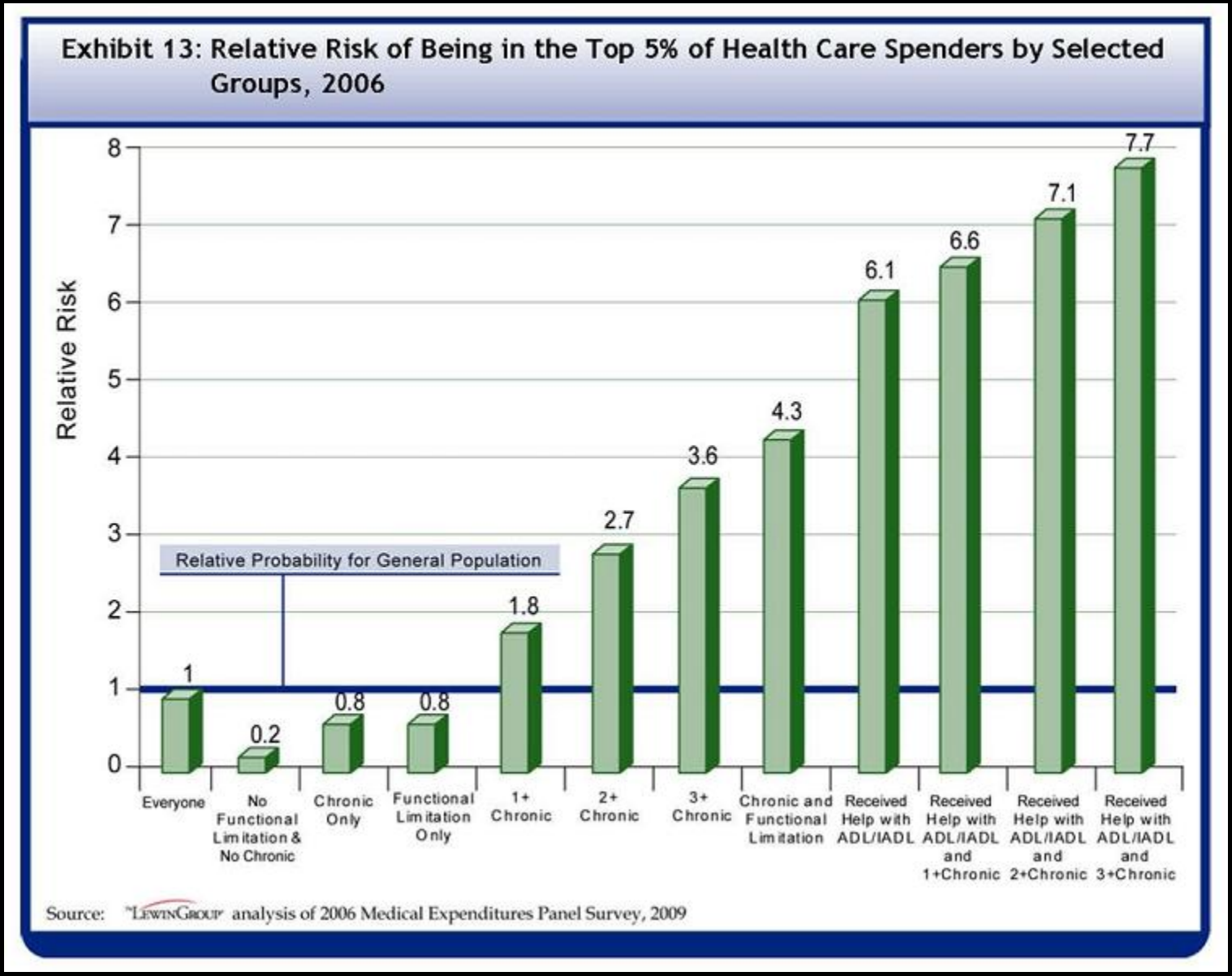
Function as target for better fiscal, population health

- Health systems don't generally cover function in a preventive way – often unaddressed
- Only after an event has occurred
- Addressing function can be expensive
- *But as shift to value happens, health systems and aging agencies may start*

Health Care Spenders, 2006



Aging and financial strain

- 30% of older adults live on < $23,000/year
- Assisted living costs *at least* $32,000/year
- Less than 10% can afford a retirement community
- 25% have no retirement savings

CAPABLE (Community Aging in Place: Advancing Better Living for Elders) Approach

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

CAPABLE Team

Participant

- Self-assessment
- Readiness to change
- Drives own goal and priority setting
- Brainstorms options/solutions; team in consultative role
- Makes progress between each visit – Action Plan in own words
- Exercises, reads material, practices within home
- Absorbs tips for safe independent living
- Uses new skills and equipment regularly

The interdisciplinary team uses motivational interviewing, active listening, and coaching communication methods to enable the participant to achieve the self-prioritized goals

Occupational Therapist

- Functional/Mobility assessment
- Home risk; modifications & equipment needs
- Fall prevention, equipment guidance

Registered Nurse

- Medical history, current healthcare providers
- Key health issues/risks
- Pain, medication review

Handy Worker

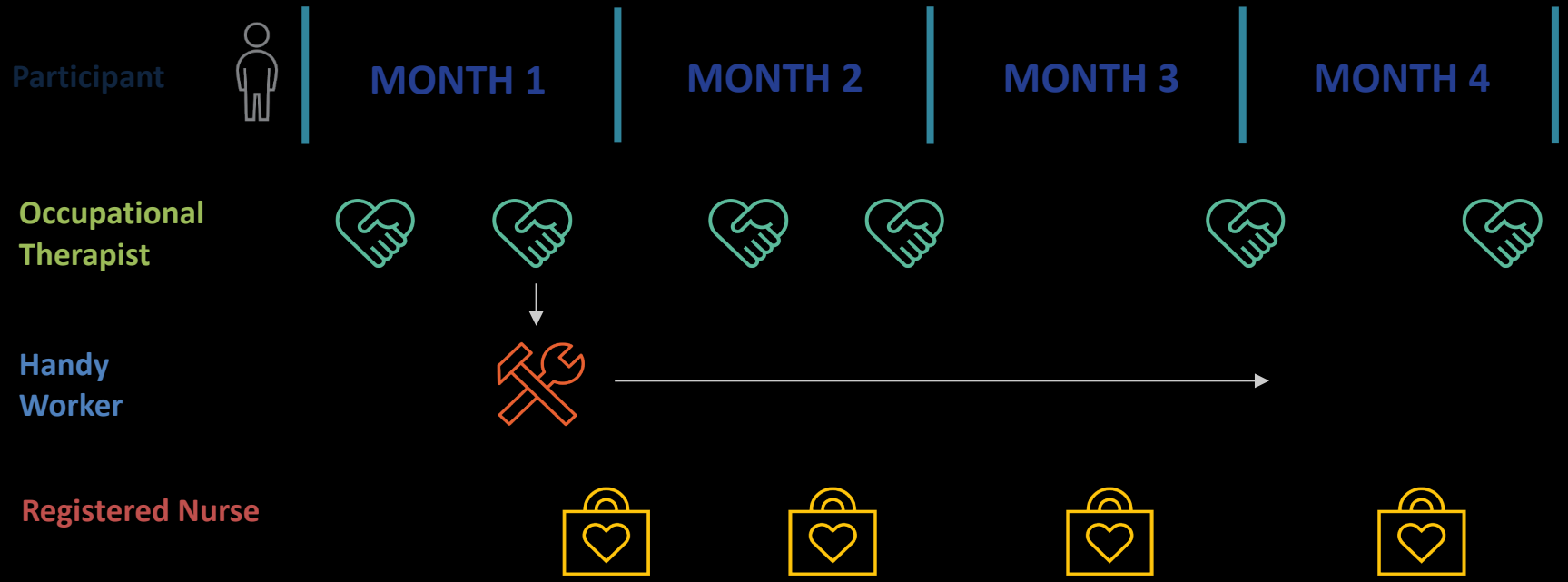
- Receives work order; confers with participant
- Obtains equipment, installs

CAPABLE

- Focused on individual strengths and goals in self-care (ADLs and IADL)
- Client-directed ≠ client-centered
- OT: 6 visits; RN:4 visits; Handy worker: ~$1300 budget over 4 months
- Total program cost ~ $3,000 per client

CAPABLE Program

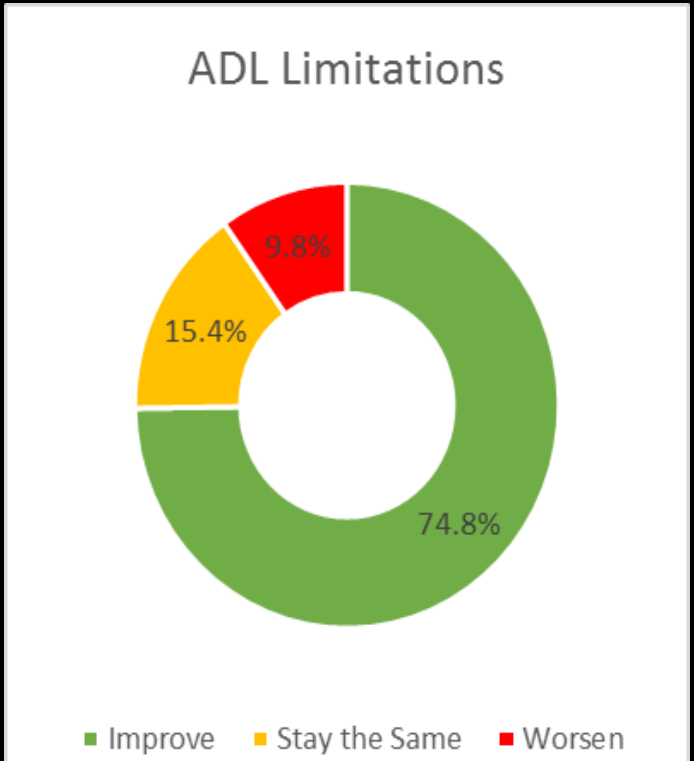
An in-home program targeting older adults with functional limitations to achieve functional goals

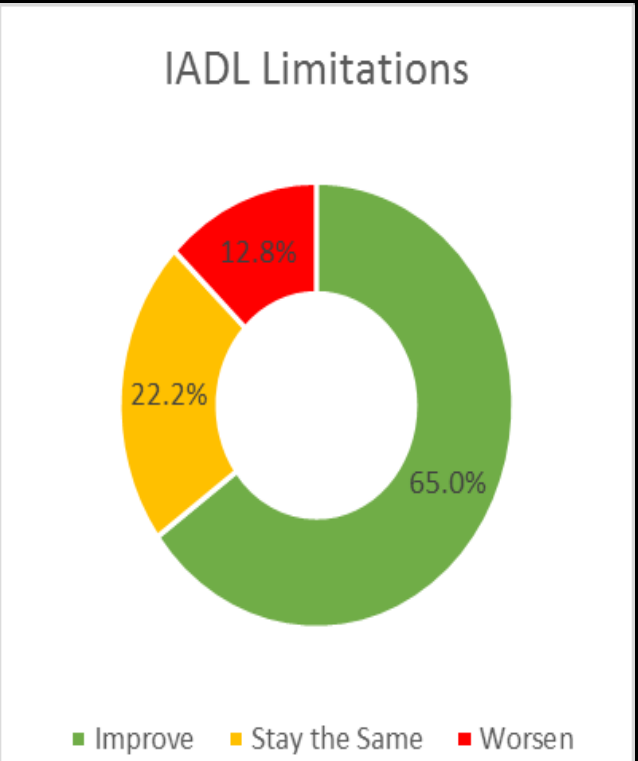


Why do we see improvement?

- Function is modifiable
- Person/environment fit
- Unleashing participants' motivation
- Their own strengths and goals
- Providing resources to achieve those goals
- Builds self-efficacy for new challenges

Exhibit 1. Changes from Baseline to Follow-up in Activities of Daily Living Limitations and Instrumental Activities of Daily Living Limitations





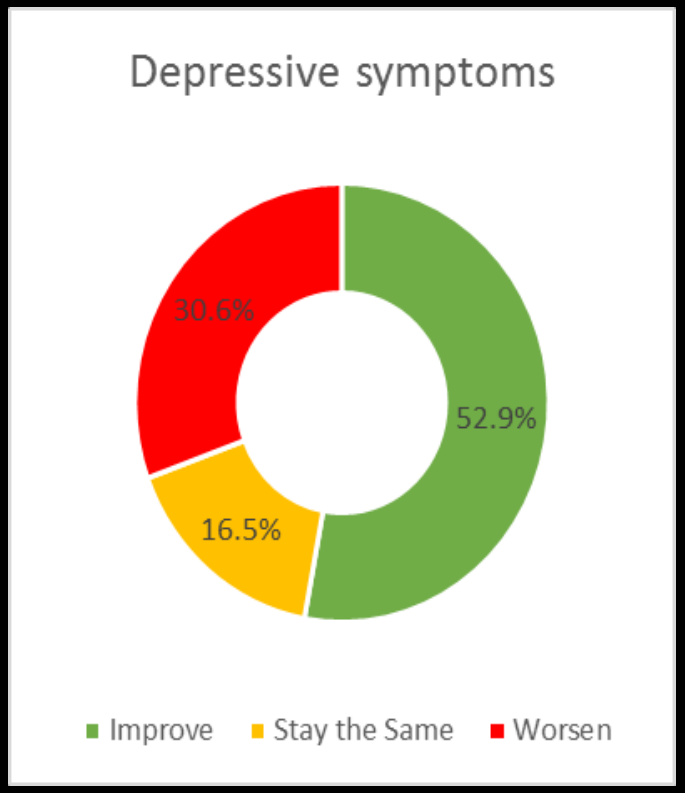
AGING & HEALTH

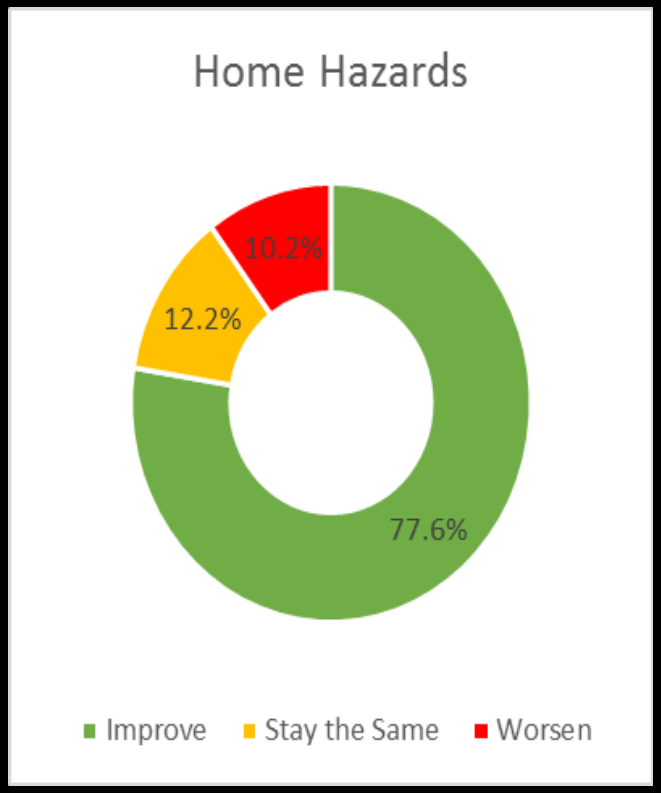
By Sarah L. Szanton, Bruce Leff, Jennifer L. Wolff, Laken Roberts, and Laura N. Gitlin

AGING & HEALTH

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

Exhibit 2. Changes from Baseline to Follow-up in Depressive Symptoms and Home Hazards





CAPABLE saves Medicare > $10k per patient per year

Model	Hospitalization: Per quarter, per 1,000 patients	Hospitalization: 95% CI	ED visit: Per quarter, per 1,000 patients	ED visit: 95% CI	Medicare Expend: Per quarter, per patient	Medicare Expend: 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**
period)	−52*	−113, −8	35	18, 88		,533
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

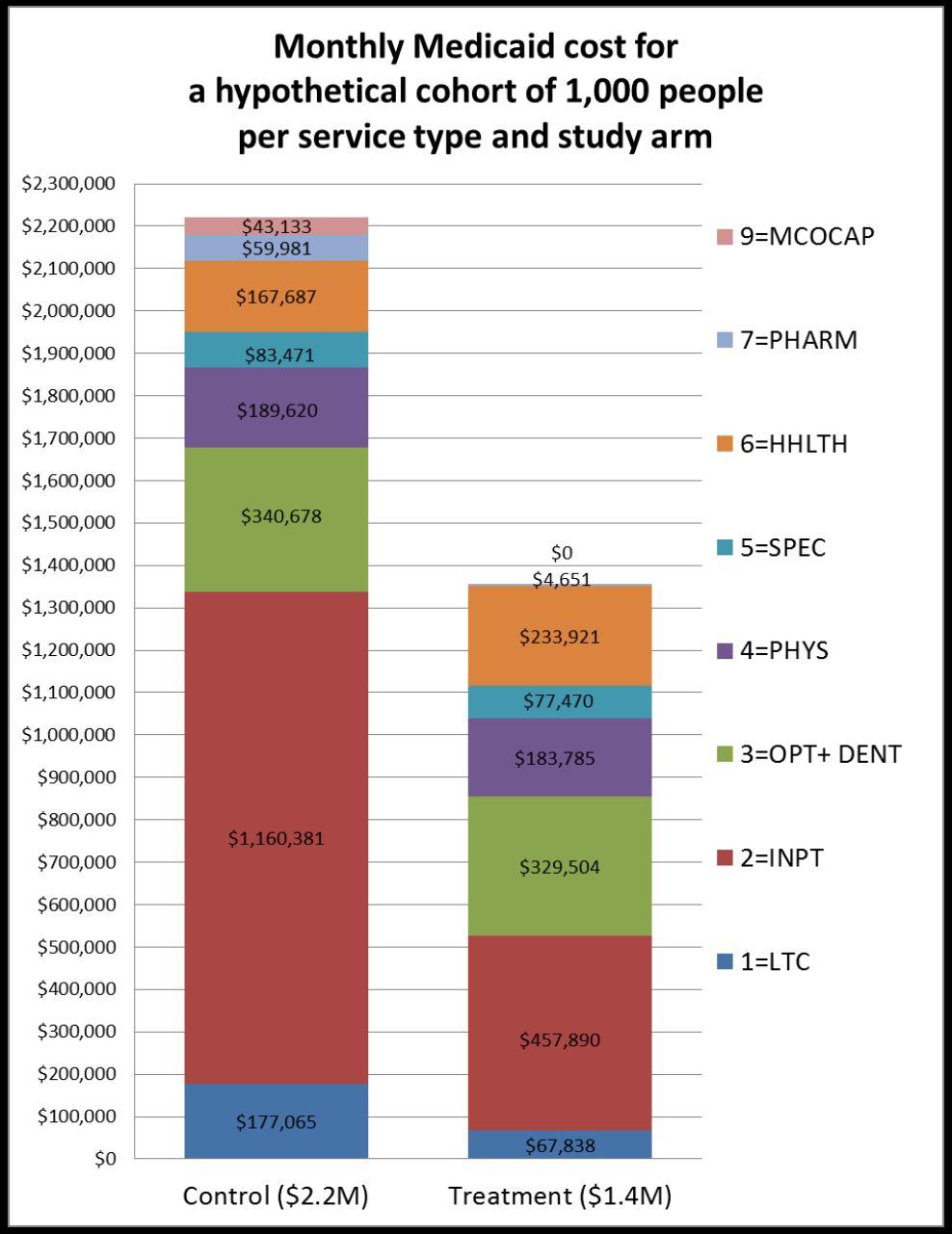
Innovative Home Visit Models Associated With Reductions In Costs, Hospitalizations, And Emergency Department Use

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

Driving the savings

- In Ruiz et al (prior slide) driving the savings are:
  - Reduced readmissions
  - Reduced observation stays
  - Decreased specialty care
  - Reduced nursing home days

What about savings primarily to Medicaid?



Szanton et al, 2017

Addressing Function

- Poor function is costly
- It's what older adults care about
- It's virtually ignored in medical care
- It is modifiable

HOW TO CHANGE
POLICY

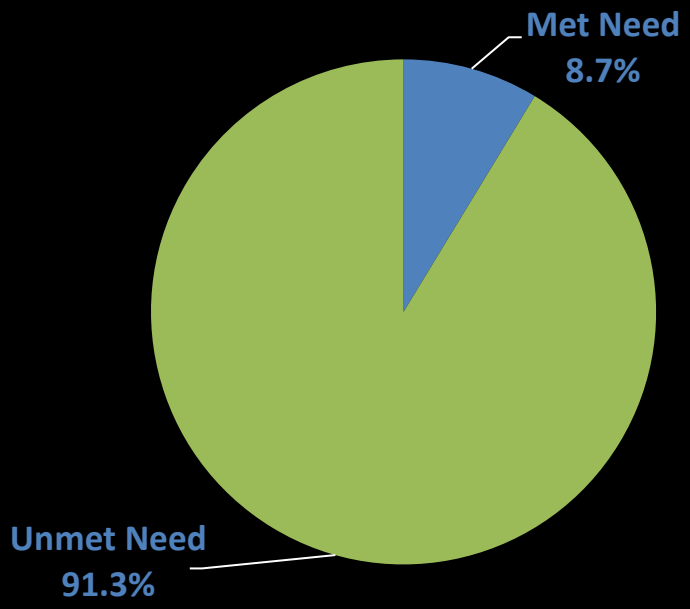
Age-Friendly Health Systems

The John A. Hartford Foundation, the Institute for Healthcare Improvement and partner organizations

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

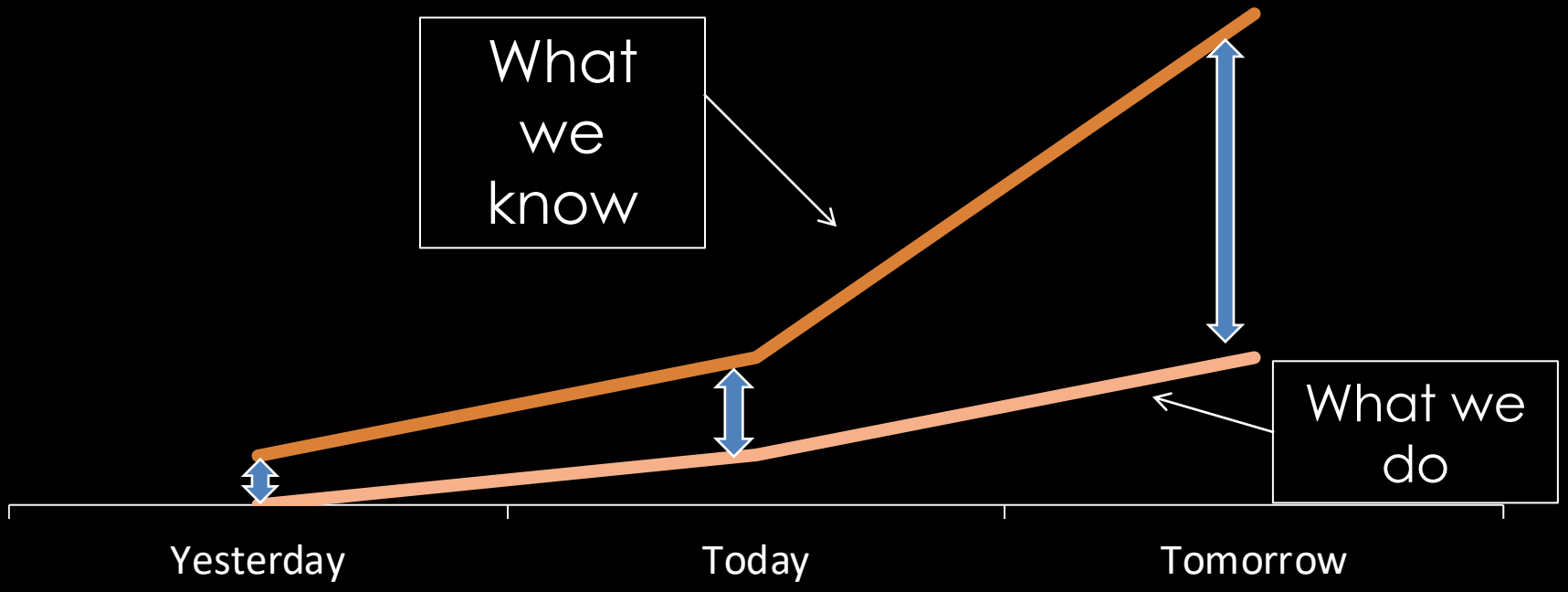
Situation

- We have many evidence-based geriatric models of care that have proven very effective
- Yet most reach only a portion of those who could benefit
  - Difficult to disseminate and scale
  - Difficult to reproduce in settings with fewer resources
  - May not translate across care settings



IHI analysis of model beneficiaries 2016

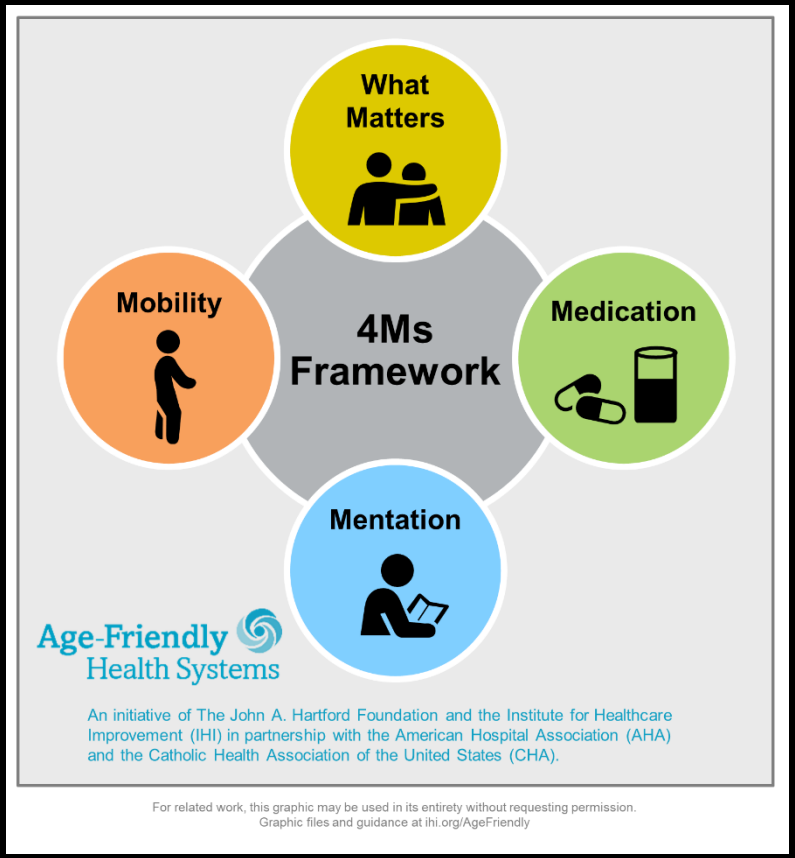
The know-do gap



Ihi.org/AgeFriendly

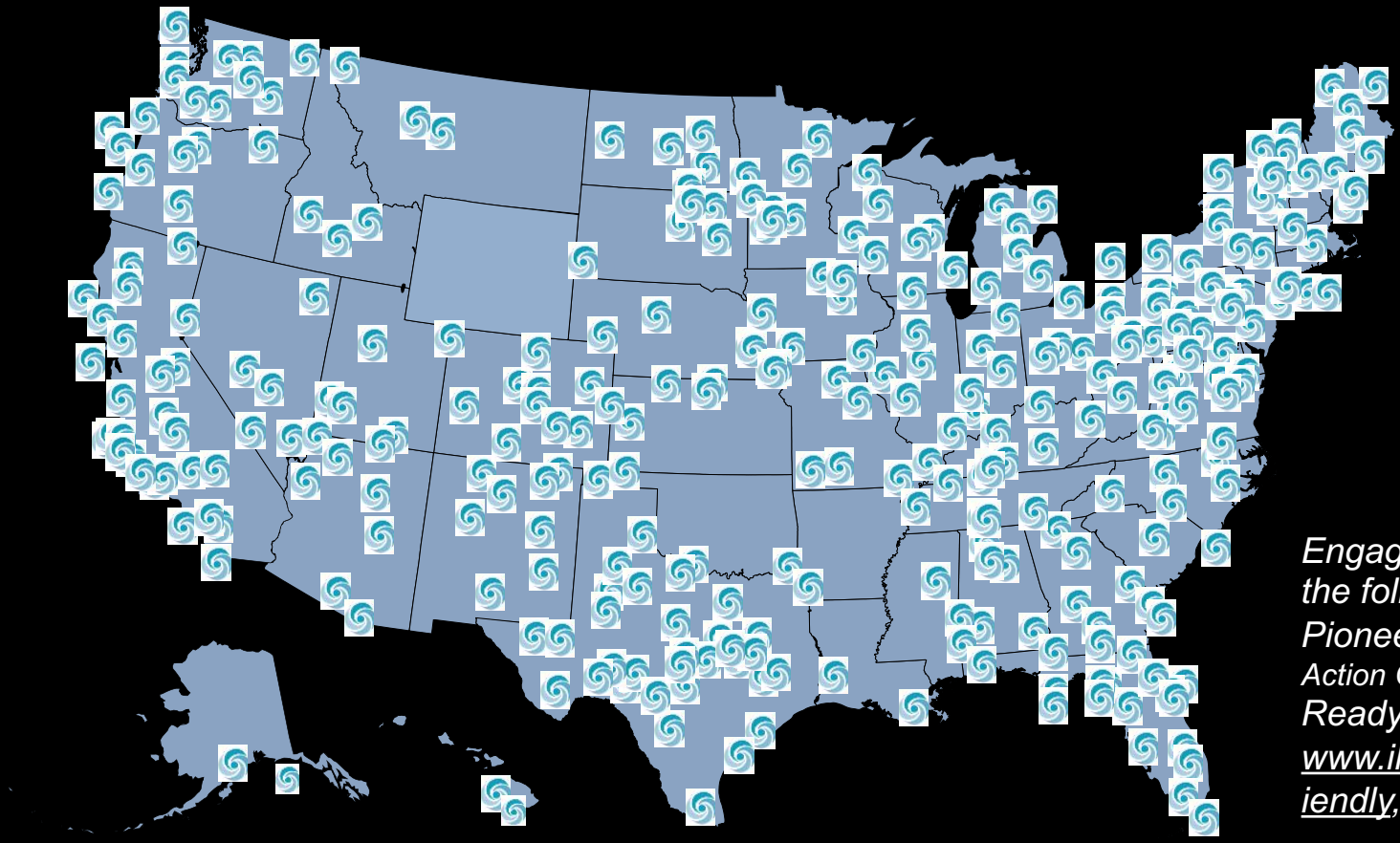
The 4M framework

- Builds on strong *Triple Aim* evidence
- Simplifies & reduces implementation and measurement burden while increasing effect
- Components are synergistic and reinforce one another
- Has an impact on key quality and safety outcomes



Ihi.org/AgeFriendly

Age-Friendly Health Systems 2017 to Present: 476 teams in all 50 States



Engaged in any of the following: Pioneer Site, Action Community, Ready/Set/Go on www.ihi.org/AgeFriendly, Expedition

Ihi.org/AgeFriendly

Thank you!

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Select CAPABLE References

- Aliberti, M. J. R., Covinsky, K.E. (2019). Home Modifications to Reduce Disability in Older Adults With Functional Disability. *JAMA Internal Medicine* January 7th 2019; E1-E2.
- Ruiz, S., Page Snyder, L., Rotondo, C., Cross-Barnet, C., Murphy Colligan, E., Giuriceo, K. (2017). Innovative Home Visit Models Associated With Reductions in Costs, Hospitalizations, and Emergency Department Use. Health Affairs 36: (3): 425-432. doi: 10.1377/hlthaff.2016.1305.
- Szanton, S., Leff, B., Wolff, J. L., Roberts, L., Gitlin, L. N. (2016). Home-Based Care Program Reduces Disability And Promotes Aging In Place. *Health Affairs:* September 2016; (35:9): 1558-1563.
- Szanton, S., Alfonso, Y.N., Leff, B., Guralnik, J., Wolff, J. L., Stockwell, I., Gitlin, L. N., Bishai, D. (2017). Medicaid Cost Savings of a Preventive Home Visit Program for Disabled Older Adults. *JAGS* 2017: 1-7. DOI: 10.1111/jgs.15143.
- Szanton, S., Xue, Q., Leff, B., Guralnik, J., Wolff, J.L., Tanner, E.K., Boyd, C., Thorpe, R. J. Jr., Bishai, D., Gitlin, L. N. (2019). Effect of a Biobehavioral Environmental Approach on Disability Among Low-Income Older Adults A Randomized Clinical Trial. *JAMA Internal Medicine* January 7th 2019; E1-E8.