The CAPABLE program: description and policy possibilities

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Home as ultimate translational context
Mrs. B
Clinic visit for Mrs. B

• Focus on her chronic conditions
• But what keeps her out of a nursing home?
Functional limitations are costly

- 50% of community-living Americans have a chronic condition
- The **14%** of Americans who have both chronic conditions and functional limitations account for **46%** of all health care spending.
- Not counting nursing homes

HHS, 2010, Closer look at Chronic conditions
Benefits of function in home

- Individual
- Family
- Societal
- Tax-payer or social policy
Mrs. B
The problem in the U.S.

- 42% of current older adults report a functional limitation or disability
- Absolute number will increase as the population ages
- These disabilities are the primary modifiable predictor of nursing home admission
- Nursing homes cost $150 billion/year

Clemans-Cope, 2011, Martin, Friedman et al, 2010
Disability as a gap

• The gap between a person’s abilities and their environment (Verbrugge and Jette, 1994)
If disability is the gap, how to approach?
• What you can do determines where you can live.
• The conditions of where you live can determine what you can do.
• CAPABLE targets both at once.
CAPABLE

• Focused squarely on individual strengths and deficits and goals in self-care (ADLs and IADL)
• Client-directed as opposed to client-centered
• Handyman, Nurse and Occupational Therapist
• OT: 6 visits, RN:4 visits, Handyman: $1000 budget
Pilot Study design

• Randomized control pilot study (N=41)
• Baseline and 4 month follow-up
• Low-income functionally vulnerable older adults (≥ 1 ADL or ≥ 2 IADL limitations)
• Cognitively intact
• Intervention group received all three interventions
• Control group received equivalent amount of “attention.”

Szanton et al, 2011 JAGS
Pilot Sample

- Approx 80% lived alone
- 80% African-American
- Average age 79 (range 66-92)
- Average ADL limitations were 2.3
- Average EuroQOL of 0-100 = 60
Attention control

• Mirror the amount of social attention, empathy and engagement provided to experimental group
• Participants reminisce with RAs about lives
• Sedentary activities of choice (e.g. scrapbooks, pictures, cookbooks)
## CAPABLE pilot participants’ evaluation

<table>
<thead>
<tr>
<th>How much did participation in CAPABLE...</th>
<th>Control</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“a great deal”</td>
<td>“some”</td>
</tr>
<tr>
<td>Helped them take care of selves</td>
<td>53%</td>
<td>15%</td>
</tr>
<tr>
<td>Made life easier</td>
<td>15%</td>
<td>38%</td>
</tr>
<tr>
<td>Benefited them</td>
<td>31%</td>
<td>62%</td>
</tr>
<tr>
<td>Believe CAPABLE would help others</td>
<td>31%</td>
<td>38%</td>
</tr>
</tbody>
</table>
CAPABLE pilot results

(average change by group) from 0-24 weeks

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Intervention</th>
<th>Change</th>
<th>Control</th>
<th>Intervention</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>24 week</td>
<td>Baseline</td>
<td>24 week</td>
<td>Baseline</td>
<td>24 week</td>
</tr>
<tr>
<td>Difficulty with ADLs (0-5 possible score)</td>
<td>2.6 (1.4)</td>
<td>2.1 (2.3)</td>
<td>Improve (19%)</td>
<td>2.1 (1.2)</td>
<td>0.7 (0.8)</td>
<td>Improve (67%)</td>
</tr>
<tr>
<td>Difficulty with IADL (0-5 possible score)</td>
<td>2.0 (1.1)</td>
<td>1.8 (1.9)</td>
<td>Improve (10%)</td>
<td>2.3 (1.4)</td>
<td>1.2 (1.3)</td>
<td>Improve (48%)</td>
</tr>
<tr>
<td>EuroQOL 5-D (out of 100)</td>
<td>63</td>
<td>55</td>
<td>Decline (13%)</td>
<td>57 (18.7)</td>
<td>78 (15.8)</td>
<td>Improve (37%)</td>
</tr>
</tbody>
</table>

Szanton et al, JAGS, 2011
Project funded by CMS

• Planned N = 500 people with Medicaid and Medicare
• No control group
• Comparison group
• If deemed successful, can become national policy
• Nursing home care in U.S. averages $75,000 per year. CAPABLE costs $4,000 one time.
Decreasing Pain

Participant EuroQOL Pain Rating at Baseline and 5 Months for Completed CMS/NIH-Eligible Participants (n=52)
Decreasing Depressive Symptoms

PHQ9 Scores at Baseline and 5 Months for Completed CMS/NIH-Eligible Participants with Baseline Score >4 (n=35)
Decreasing Functional Limitations

Number of ADL Difficulties at Baseline and 5 Months for Completed CMS/NIH-Eligible Participants (n=52)
ADL Status of Participants at Reassessment

- Decline: 7.692%
- Stay the Same ADL Status: 13.46%
- Improve: 78.85%
Larger CAPABLE RCT currently

- R01 from NIH
- Planned N= 300
- Same design as pilot but also measuring 52 week outcomes and health care costs for both arms
Historic Moment Now

- Affordable Care Act
- Demographics of older adults
- Medical costs skyrocketing
- Nurses poised to work at the top of their licenses
State Level Policy

• DHMH Initiative to change hospital payment
• MI-CAPABLE in Michigan –
  – Pilot will start in 2014
  – Roll out likely in 2015 statewide
Mrs. Jackson
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- David Bishai  Jeri Allen
- Qian-Li Xue  Jennifer Wolff
- Claire Twose
Questions?

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Next Public Health Practice Grand Rounds
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