



Age Out Loud!



Aging is Cool: Everyone's doing it

Alice Bonner, PhD, RN
Adjunct Faculty
Johns Hopkins University
School of Nursing
October 21st, 2019



Aging Policy





Quincy Senior Games



Being able to do
the things you
always used to
do...

The Demographics



Let Unfrazzle
Manage All Your
Caregiving Tasks

Unfrazzle keeps track of your day-to-day caregiving tasks, and lets you share some or all of them. You decide which tasks to track, which to assign, and Unfrazzle does the rest. Flexible reminders allow you to schedule one-time or on-going events.

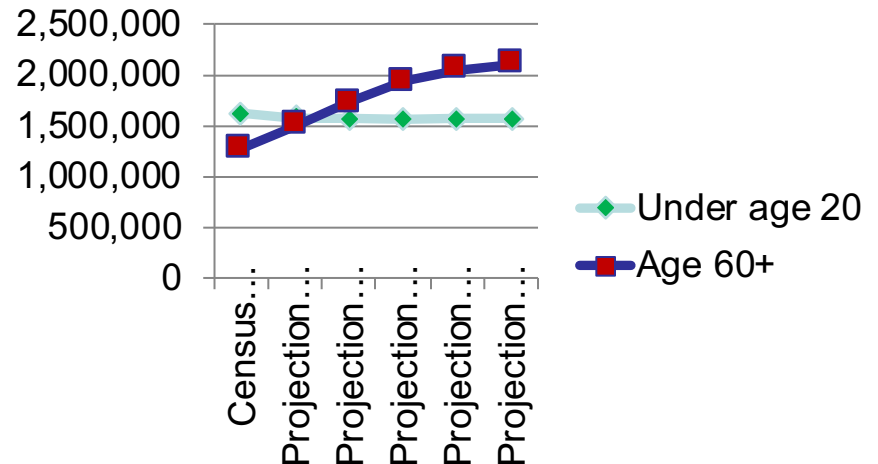
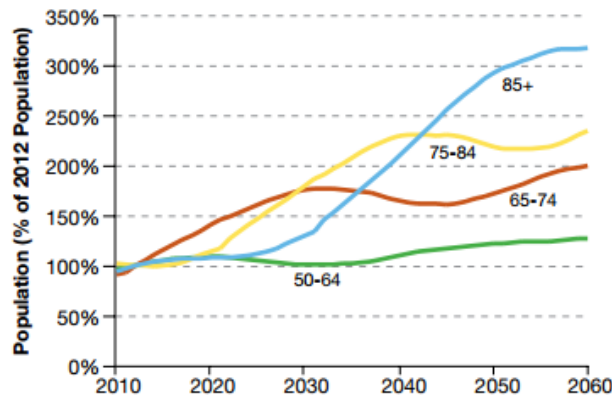
Unfrazzle keeps everyone in sync, so you can always check-in to make sure assigned tasks are completed.

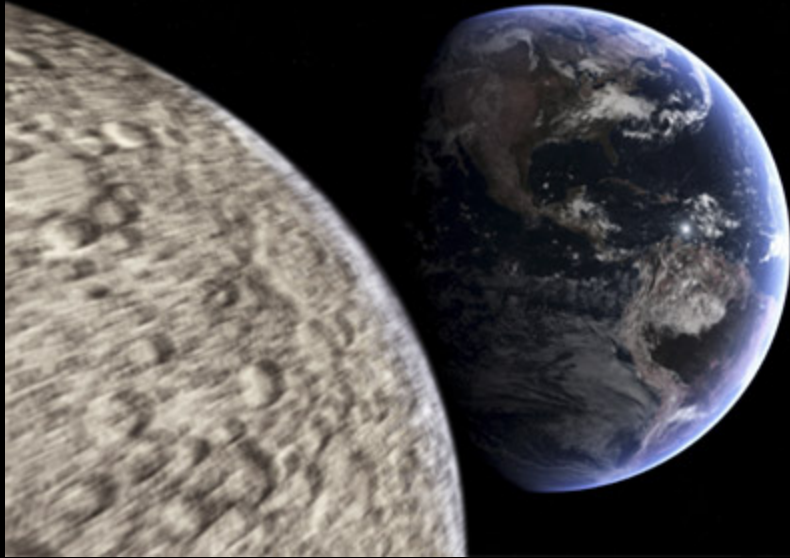
Three mobile devices (two smartphones and one tablet) are shown, displaying the Unfrazzle app interface. The interface includes a calendar, a list of tasks, and a map showing locations.

Photo by A. Tenapel

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





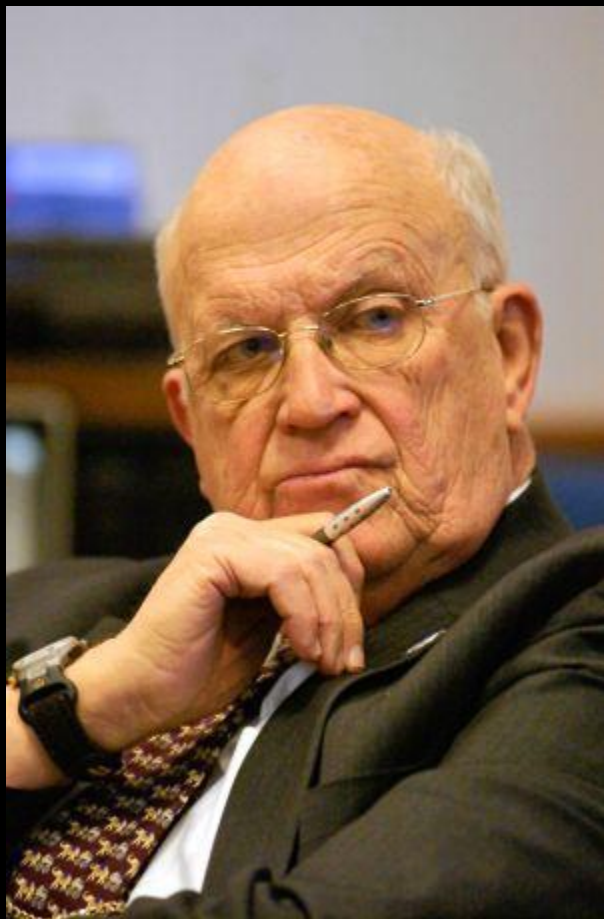
**& Public Health
Social Justice**

When the status quo is not ok



Homeless Elders





John Lepper

39,000 Grandparents raising Grandchildren in Massachusetts

An Invitation
You are invited to attend the
**GRANDPARENTS
RAISING
GRANDCHILDREN
CONFERENCE**

for grandparents, support group facilitators,
providers, and community leaders

June 10, 2015
Best Western Royal Plaza Hotel, Marlboro

This event will provide you an opportunity to meet,
collaborate, and learn from various providers and state
agencies working with and on behalf of grandparents
raising grandchildren from across the Commonwealth.

There will be a World Cafe discussion about issues
important to kinship caregivers in the morning. In the
afternoon, workshops will cover a variety of topics
including The Legal System, Sustaining a Successful
Group, and How Addiction Impacts Families. There
will be a resource table available and opportunities for
information sharing throughout the event.

- * Light morning refreshments and lunch are included
- * Space is limited
- * Please register with:
Colleen Pritoni
by June 5, 2015
Colleen.pritoni@state.ma.us
or call (781) 794-4479

Sponsored by
Commission on the Status of Grandparents Raising Grandchildren
www.massgrg.com

Please Join Us

Relationships



Relationships...



Meaningful activities



NEW YORK TIMES BESTSELLING AUTHOR OF
THE CHECKLIST MANIFESTO

Atul Gawande



Being Mortal

Medicine and What Matters in the End



Palliative and End of Life Care

Goals
Preferences
Wishes

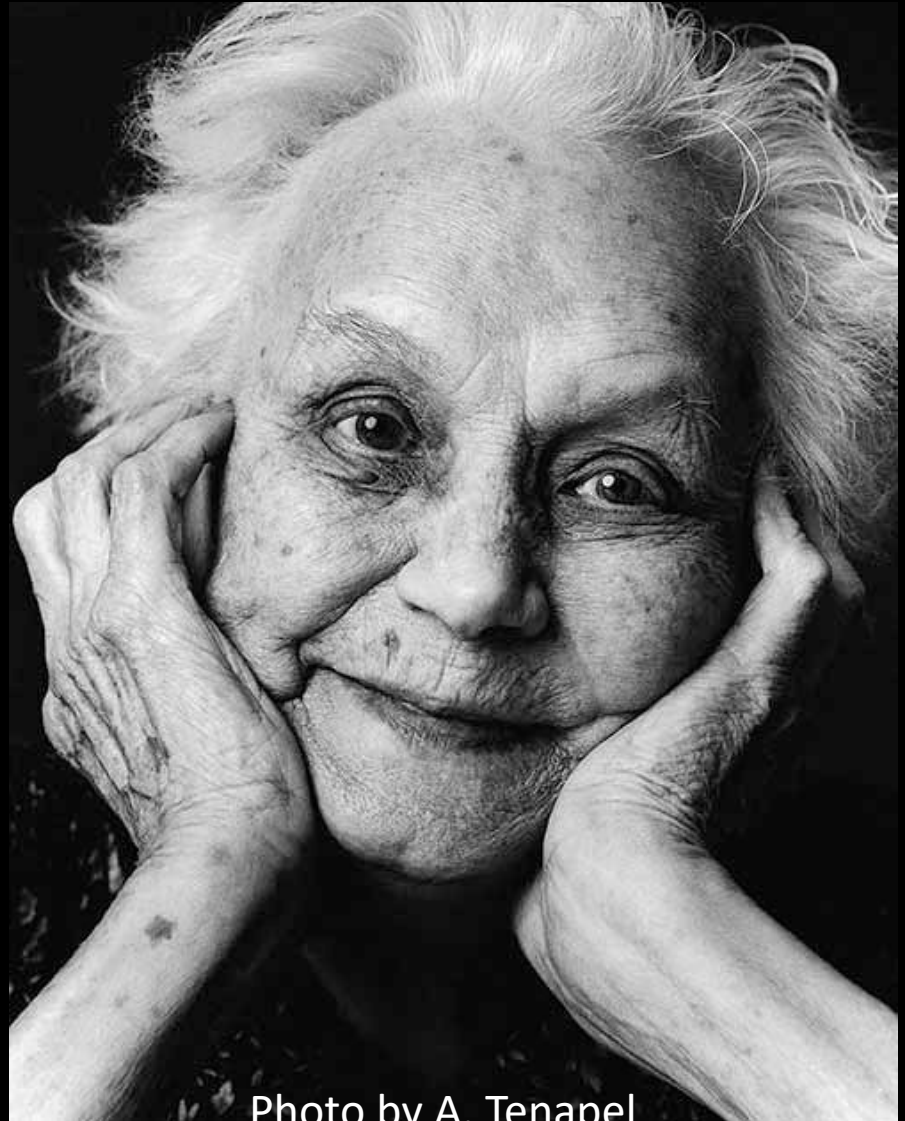


Photo by A. Tenapel

Changing service delivery by focusing on prevention and function

Sarah L. Szanton, PhD ANP FAAN

Professor

Johns Hopkins School of Nursing

Johns Hopkins Bloomberg School of Public Health

Director, Center for Innovative Care in Aging

sszanto1@jh.edu

Alice Bonner, PhD, RN

Director of Strategic Partnerships for CAPABLE

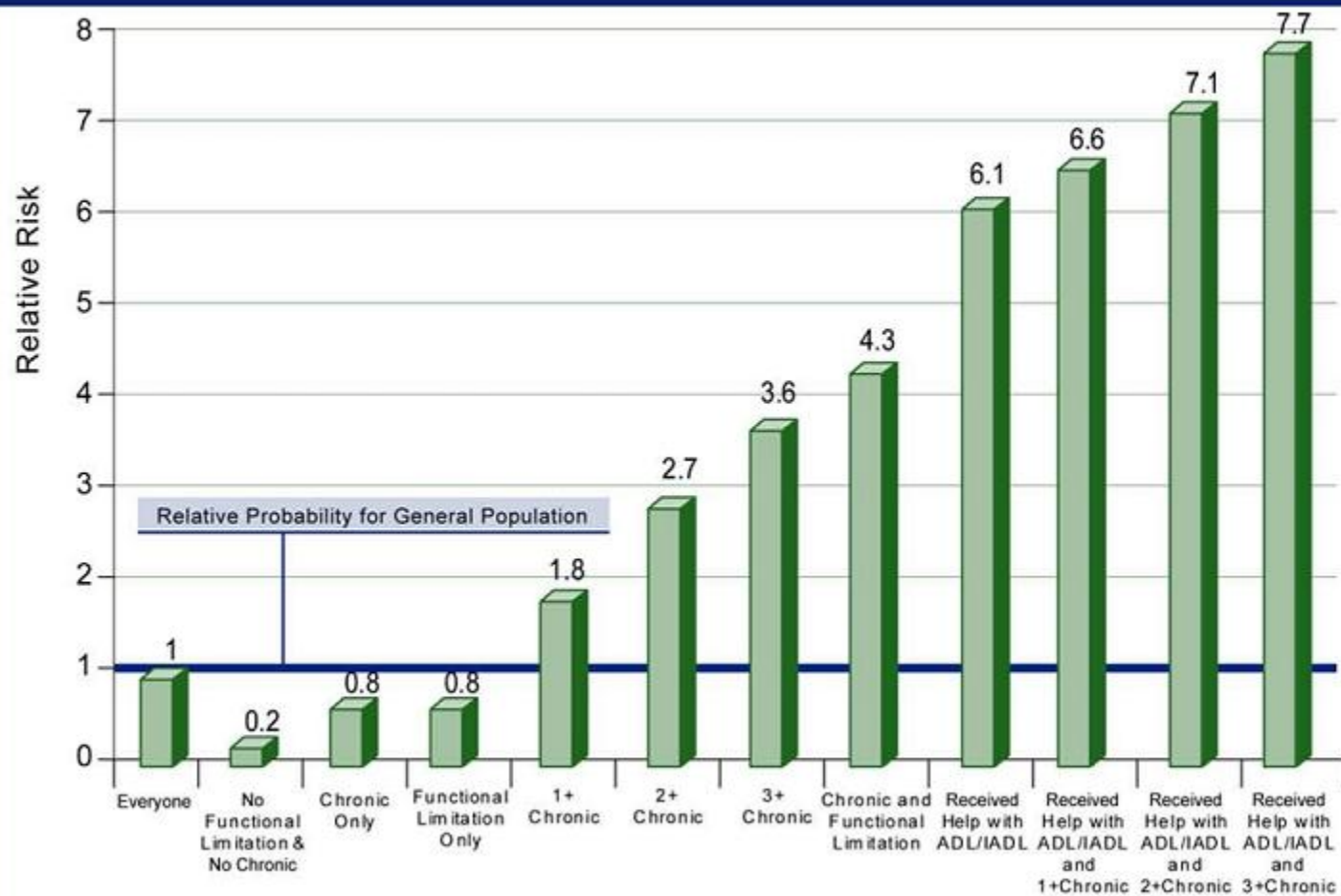
abonner9@jh.edu

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

Exhibit 13: Relative Risk of Being in the Top 5% of Health Care Spenders by Selected Groups, 2006



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

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: Better Living for Elders) Approach

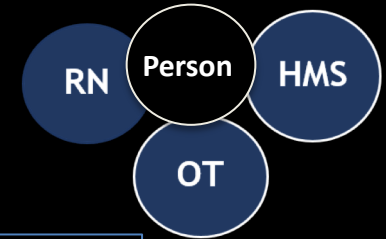
- Age in place = person *and* home
- Older adult is the expert
- Professionals use specialized knowledge only to elicit, support what older adult wants
- ↑Physical function ↓depression
- ↓ hospitalization, ↓nursing home

Mrs. B





CAPABLE Team - at a glance



Person/Participant

- Self-assessment
- Readiness to change
- Goal setting – participant driven & priorities set by participant
- Brainstorming options/solutions; team in consultative role
- Work/actions to progress between each visit – Action Plan
- Exercises, education, practice
- Learn and apply tips for safe independent living

OT

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

RN

- Pain, depression, medication review, exercise
- Key health issues/risks
- Participant priorities

Handyman

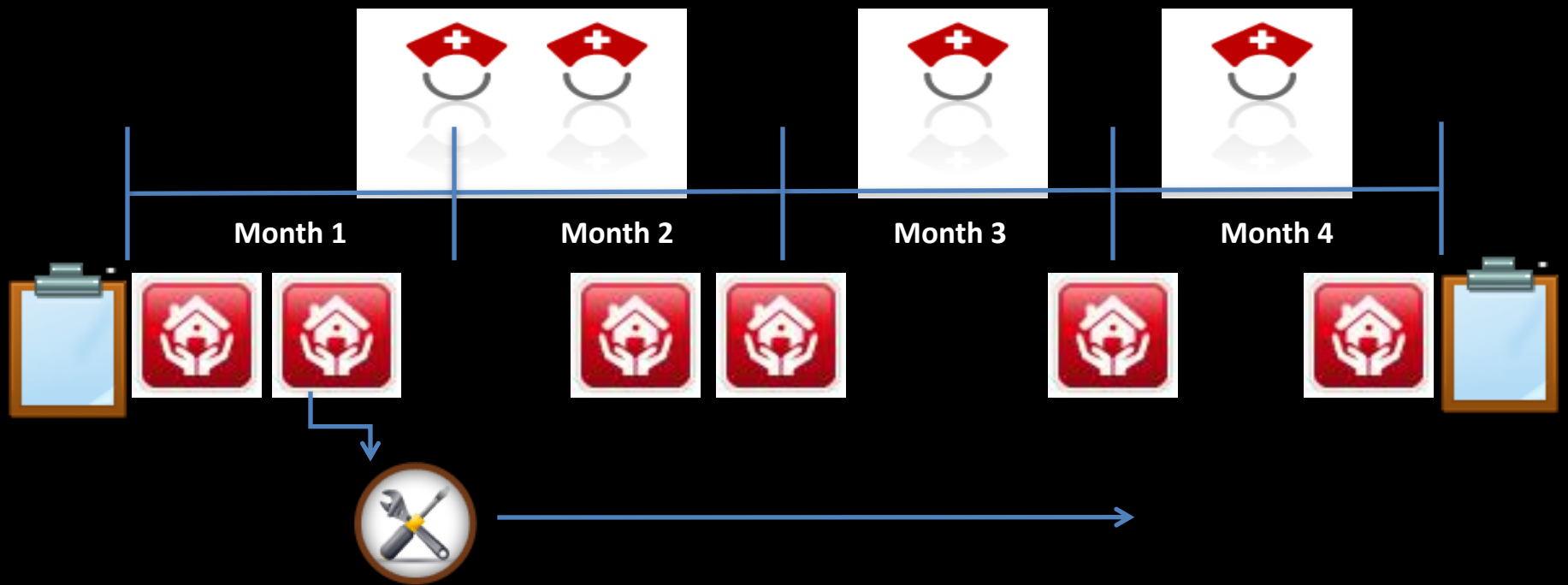
- Receives work order; confers with participant
- Obtains equipment, installs instruction/guidance for participant

Active
listening,
Interdisciplinary
communication

CAPABLE

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





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

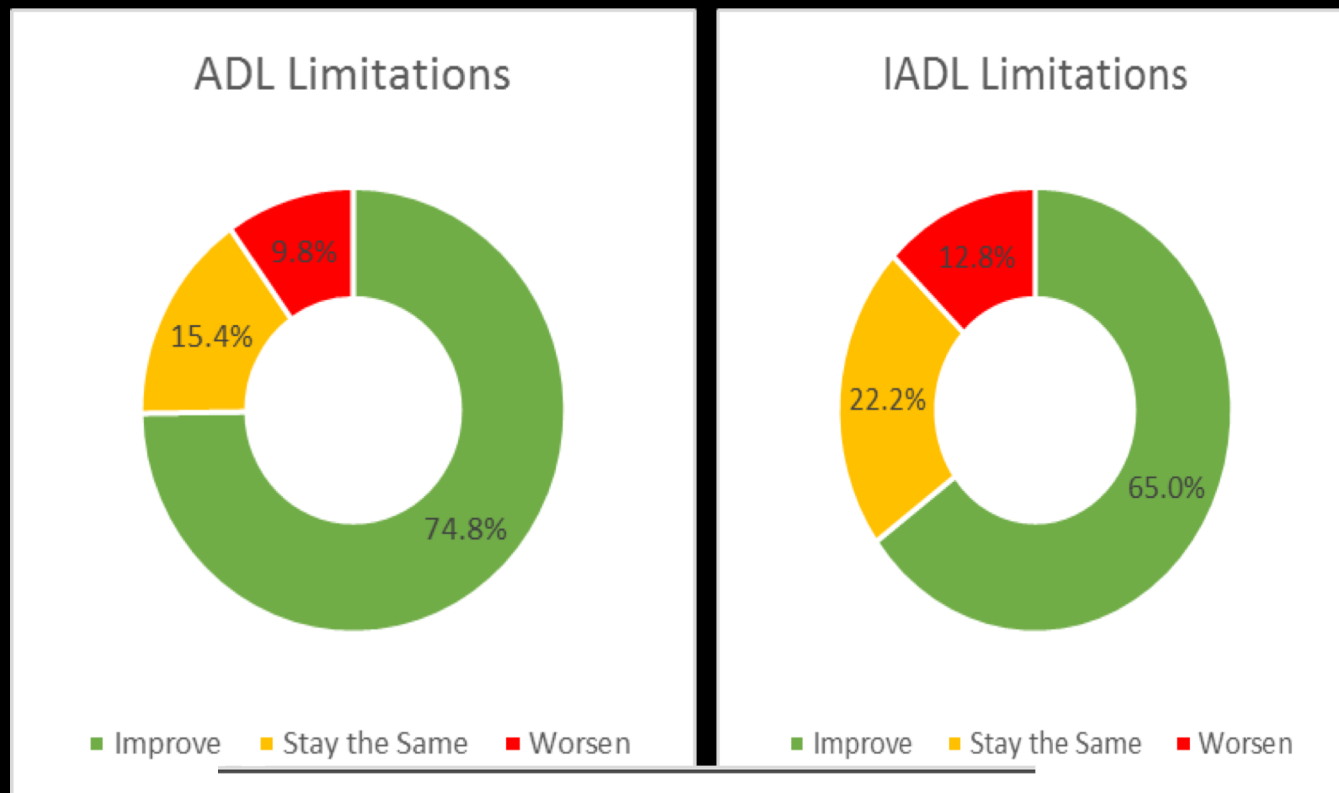


CAPABLE

27 Implementation Sites



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



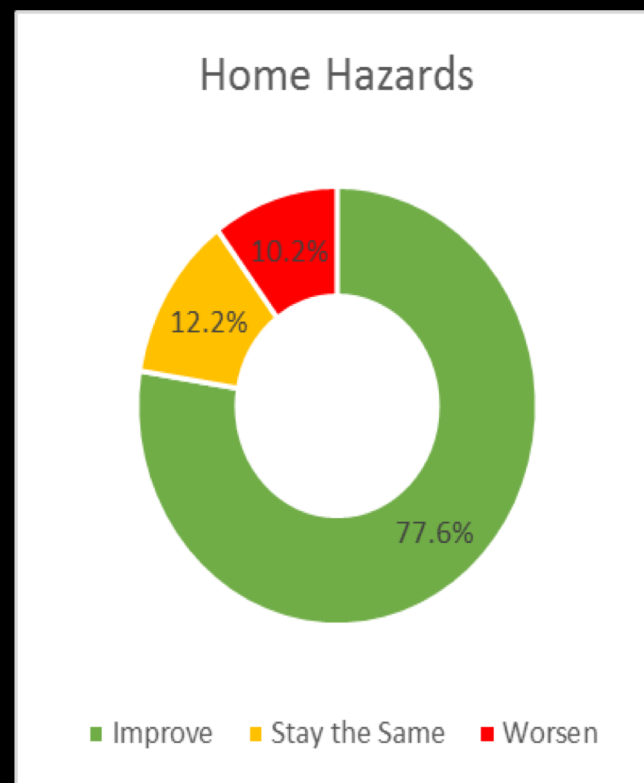
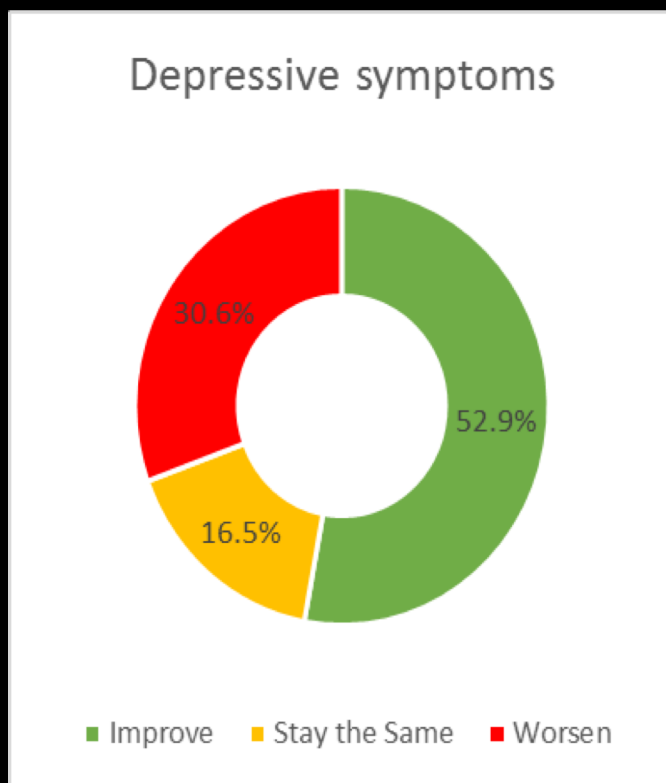
AGING & HEALTH

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		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)	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

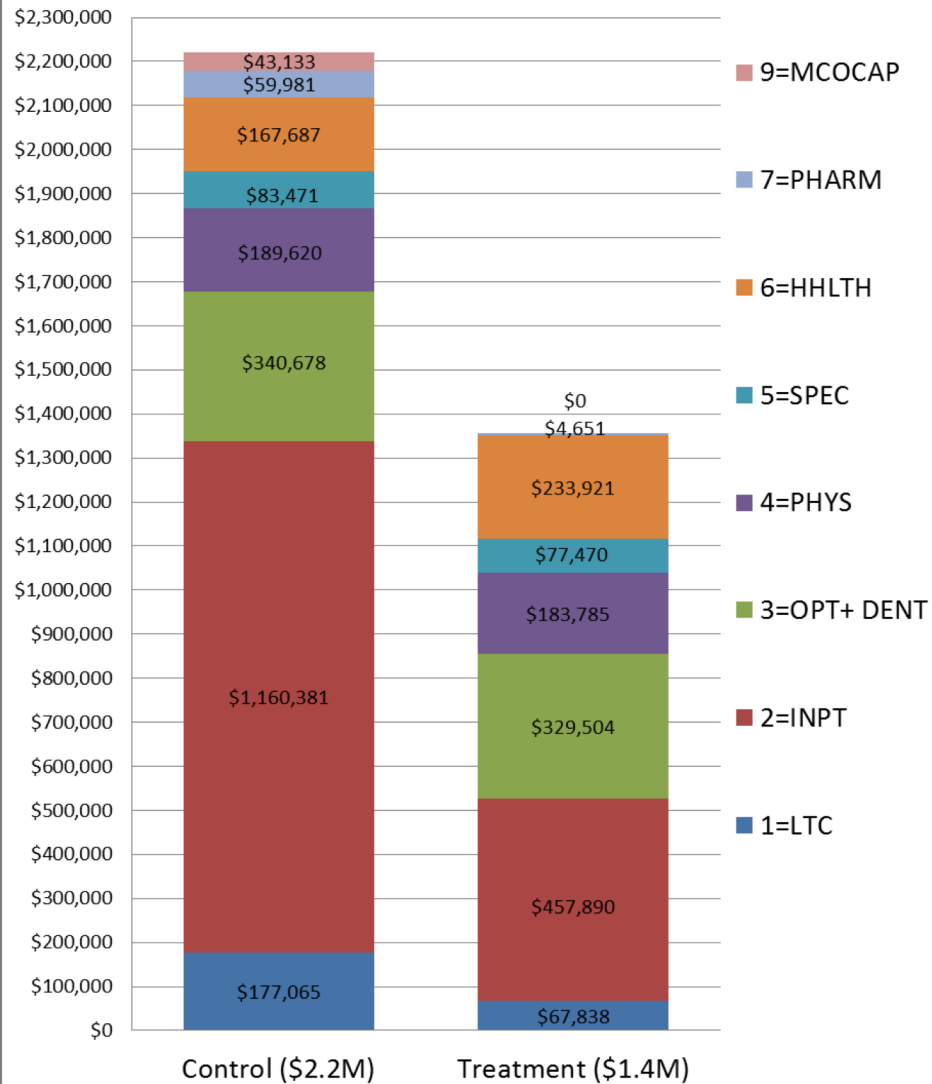
** p < 0.05 From *Health Affairs*, 2017

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?

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



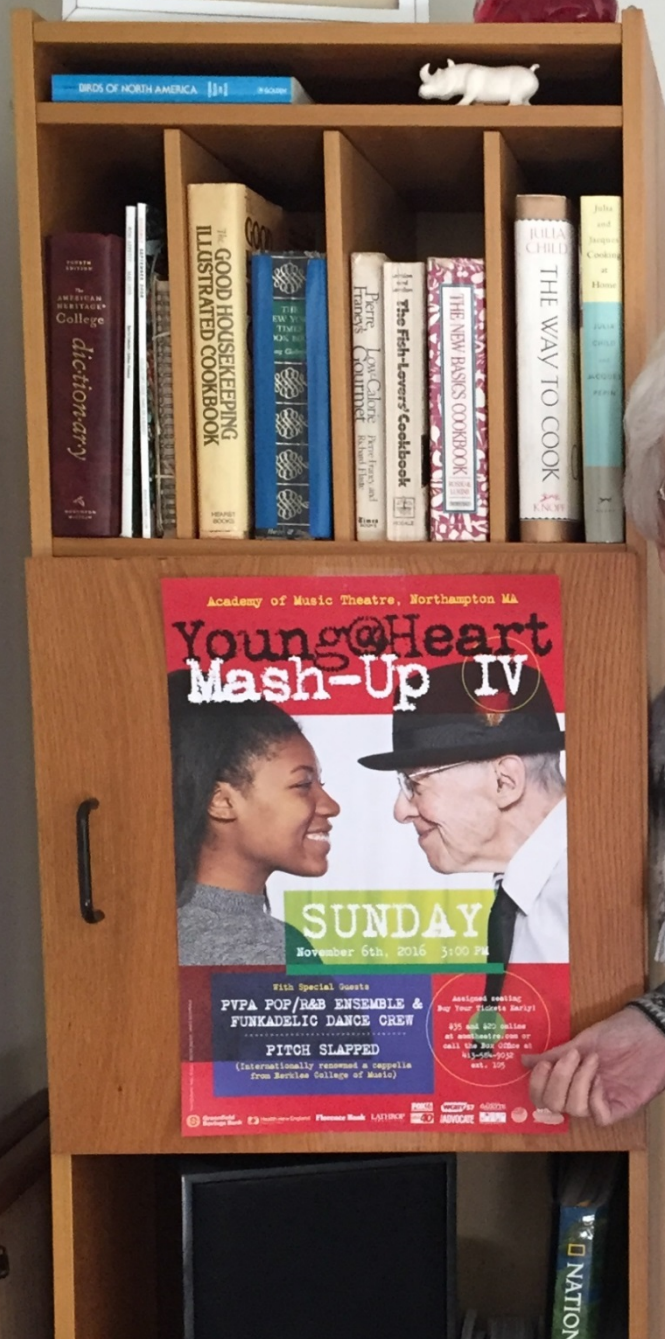
Addressing Function

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

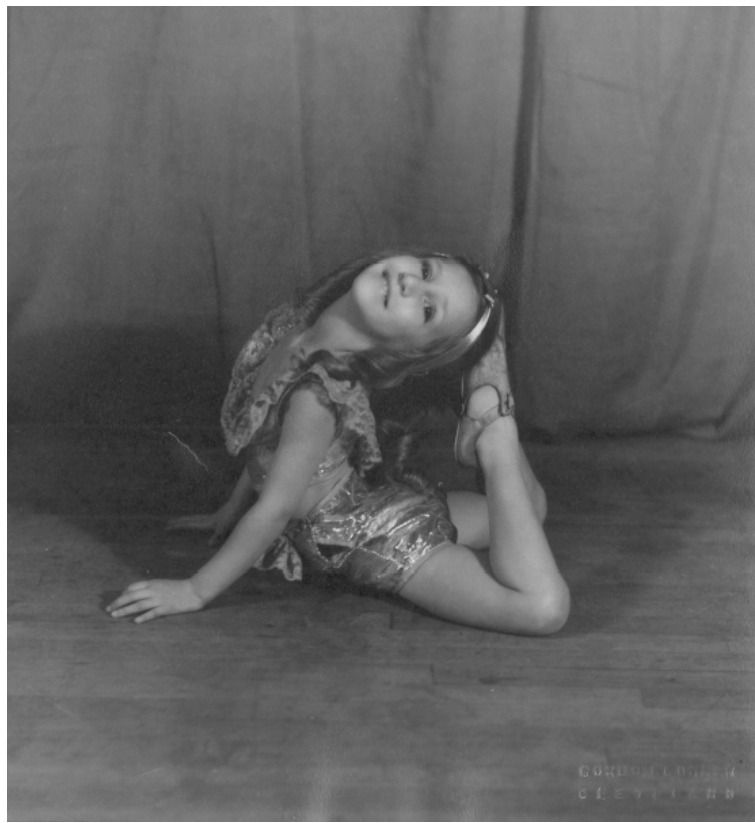
HOW TO CHANGE
POLICY



Team Joanne



Always a performer...





2016 Walk to End Alzheimer's

Caregivers



ORIGINAL INVESTIGATION

Unexplained Variation Across US Nursing Homes in Antipsychotic Prescribing Rates

The NEW ENGLAND JOURNAL *of* MEDICINE

ORIGINAL ARTICLE

Relapse Risk after Discontinuation
of Risperidone in Alzheimer's Disease

ATYPICAL ANTIPSYCHOTICS

Broadened Use Of Atypical
Antipsychotics: Safety,
Effectiveness, And Policy
Challenges

Department of Health and Human Services

OFFICE OF
INSPECTOR GENERAL

MEDICARE ATYPICAL ANTIPSYCHOTIC DRUG CLAIMS FOR ELDERLY NURSING HOME RESIDENTS

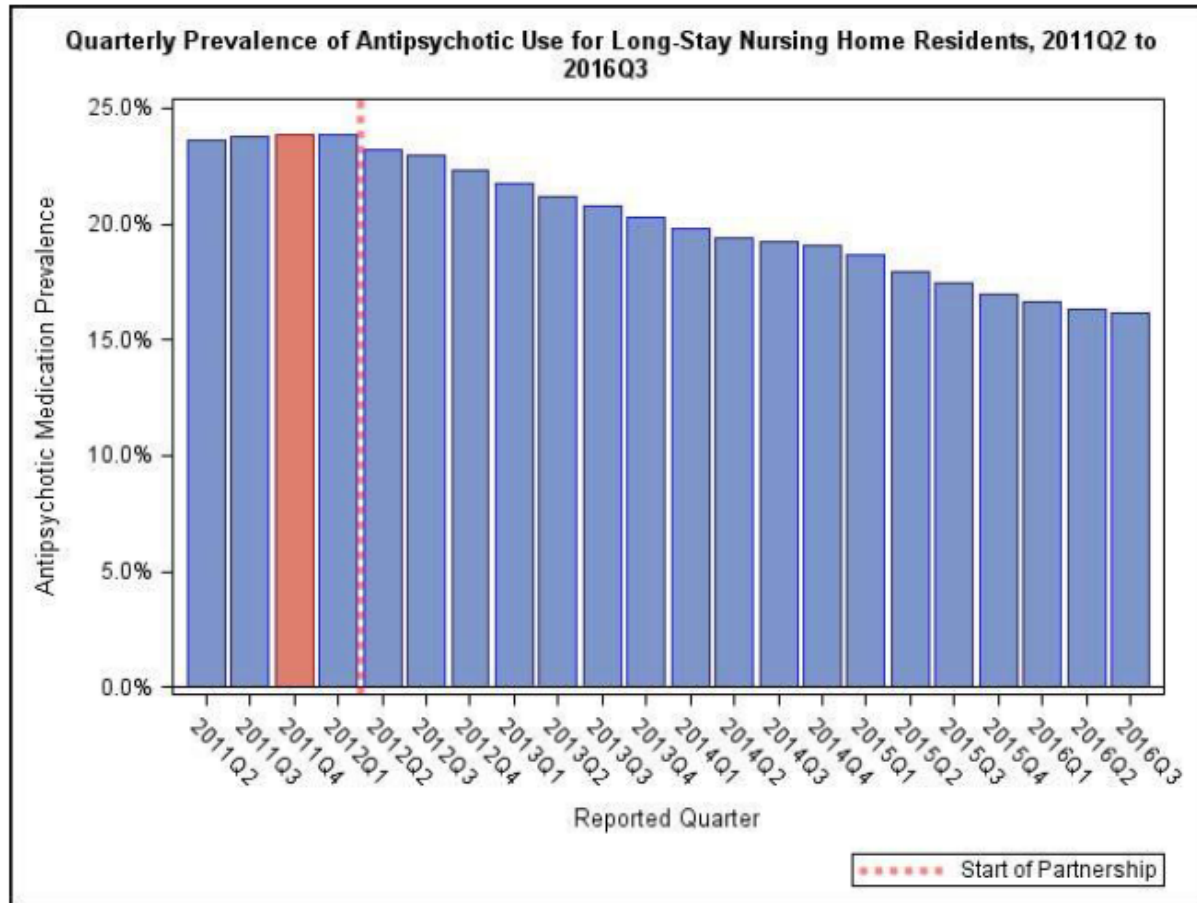


Daniel R. Levinson
Inspector General

May 2011
OEI-07-08-00150

CMS National Partnership to Reduce Antipsychotic Use

For more information on the National Partnership, please send correspondence to dnh_behavioralhealth@cms.hhs.gov.



Miles Davis




Write a
different
kind of
prescription...

SAFETY FEATURES ON THIS DOCUMENT INCLUDE: ON FACE - COLORED VOID BACKGROUND - MICROPRINT LINES - ERASURE PROTECTION
REVERSE Rx DROP-OUT - THERMOCHROMIC INK - ON BACK - ARTIFICIAL WATERMARK - COIN REACTIVE INK

Memorial Hospital
100 W. Main, Hometown, USA PH: 922-222-2222

Name _____ Date _____
Address _____ DOB/Age _____


 **GIVE FULL DIRECTIONS FOR USE**

RE-ORDER FROM FORMGRAPHICS, INC. 1-800-888-8796

Refills 0-1-2-3-4-5- _____ Signature of prescriber _____
DEA # _____ Name (Printed) _____

Label unless checked here ☐
Generic substitution unless checked here ☐

U.S. Department of Health & Human Services - Public Health Service - Indian Health Service

 **VERIFICATION BOX:** HOLD BETWEEN THUMB AND FOREFINGER OR BREATHE ON IT. COLOR WILL DISAPPEAR, THEN REAPPEAR.
DURING THE ABSENCE OF COLOR THE WORD SECURE WILL SHOW IN THE WINDOW.



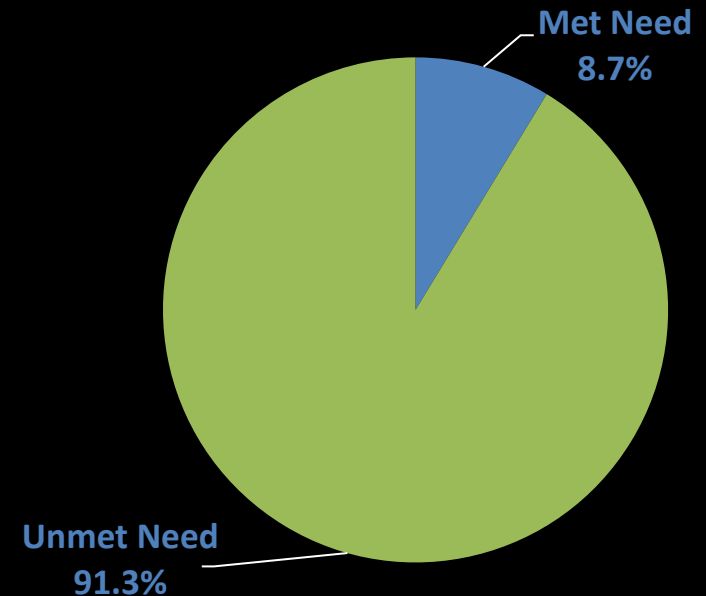
The John A. Hartford Foundation, the Institute for Healthcare Improvement and CMS

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).



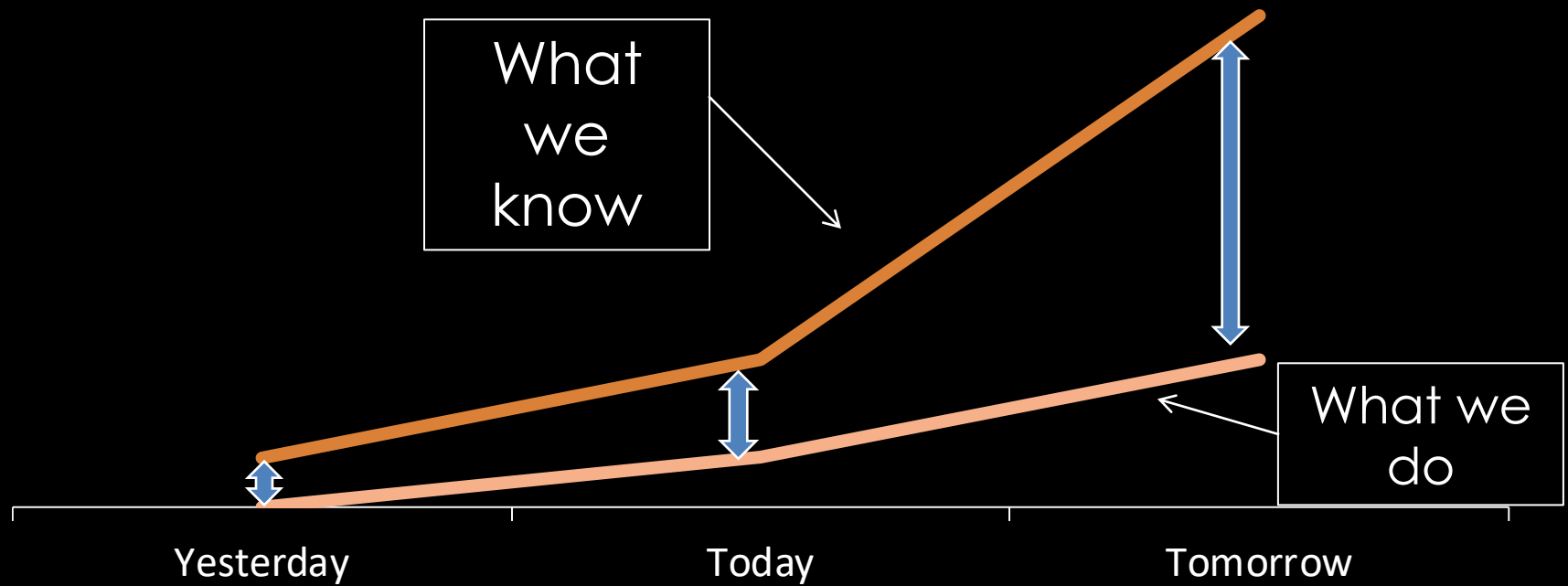
Situation

- 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



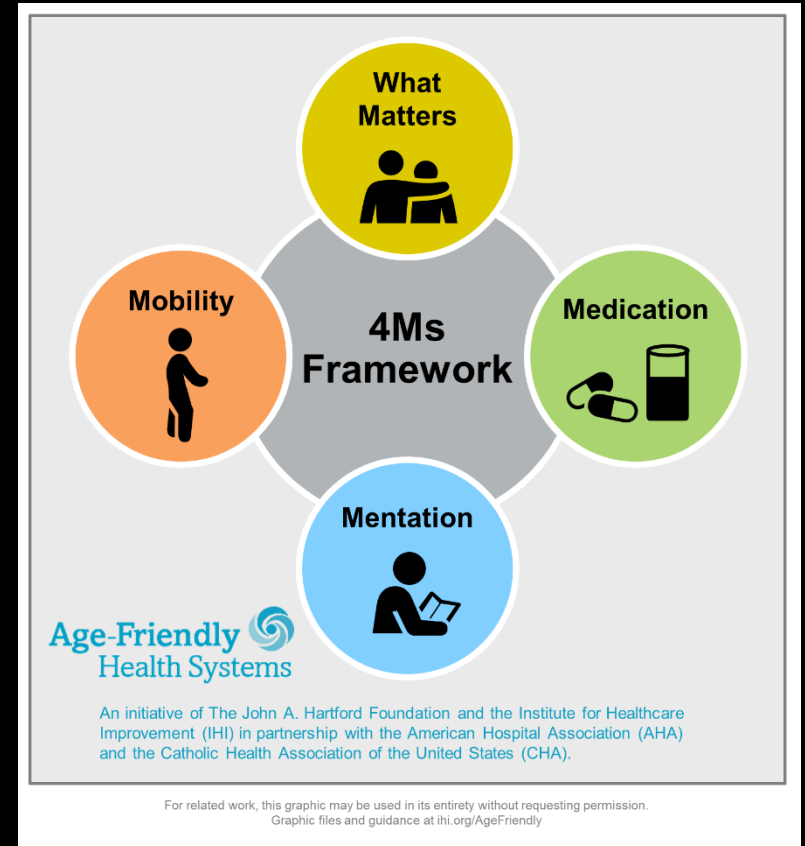
IHI analysis of model beneficiaries 2016

The know-do gap

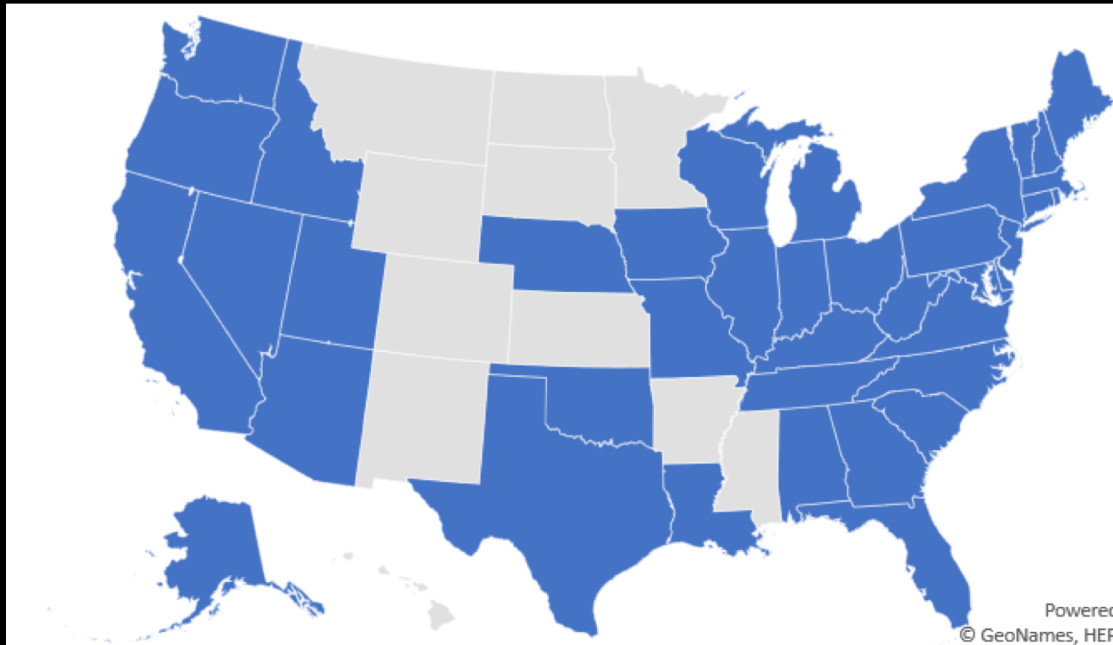


The 4M framework

- 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



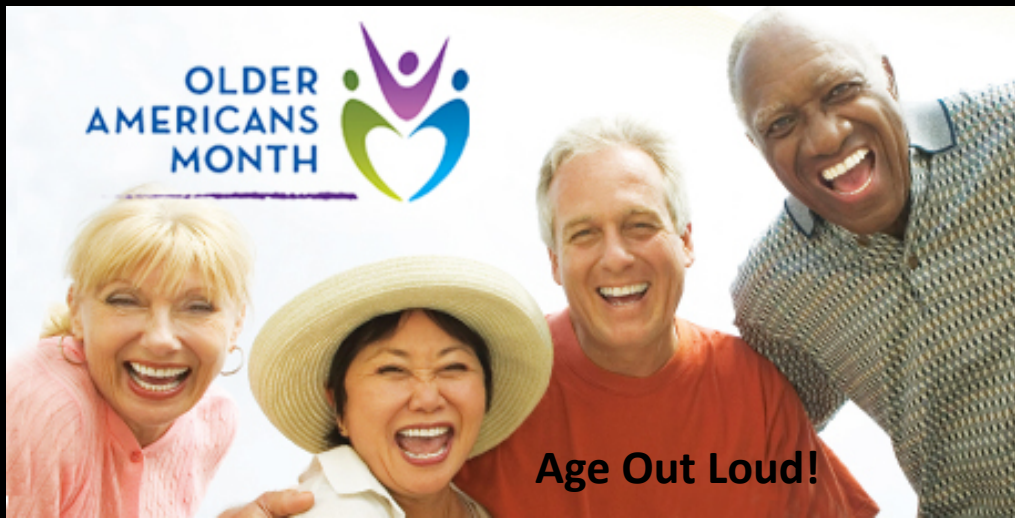
Movement with momentum



327 teams in 42 states
as of June 30th, 2019

Older and Bolder!





Vibrant, Purposeful Aging





Thank you!
abonner9@jh.edu