



MEALS ON WHEELS ANNUAL CONFERENCE & EXPO

2018

Healthcare and Community Based Services: Key Partnerships to Promote Aging in Place



Scott A. Trudeau, PhD, OTR/L
Productive Aging Practice Manager
American Occupational Therapy Association
strudeau@aota.org

About AOTA

National professional association established 1917

Represents 213,000 occupational therapy practitioners and students in US

Current AOTA membership is about 60,000



About AOTA

Major programs and activities

- assuring the quality OT therapy services
- improving consumer access to OT services
- promoting the professional development of members

Public awareness and advancing the profession

- providing resources
- setting standards
- serving as an advocate to improve health care



[Practice](#)

[Advocacy & Policy](#)

[Education & Careers](#)

[Conferences & Events](#)

[Publications & News](#)

[About Occupational Therapy](#)

HOME

-A +A

Listen



OT's Centennial ▶

We are excited to spend 2017 celebrating 100 years of occupational therapy! OTCentennial.org is the place to browse, learn, and interact with the profession's history.

Most Visited

[American Journal of Occupational Therapy \(AJOT\)](#)

[Find a School](#)

[Continuing Education](#)

[Shop Store](#)

[Find a Job as an Occupational Therapy Practitioner](#)

- [Autism Strengths](#)
- [PAC Madness](#)
- [OT Month](#)
- [OT's Centennial](#)**
- [Annual Conference](#)



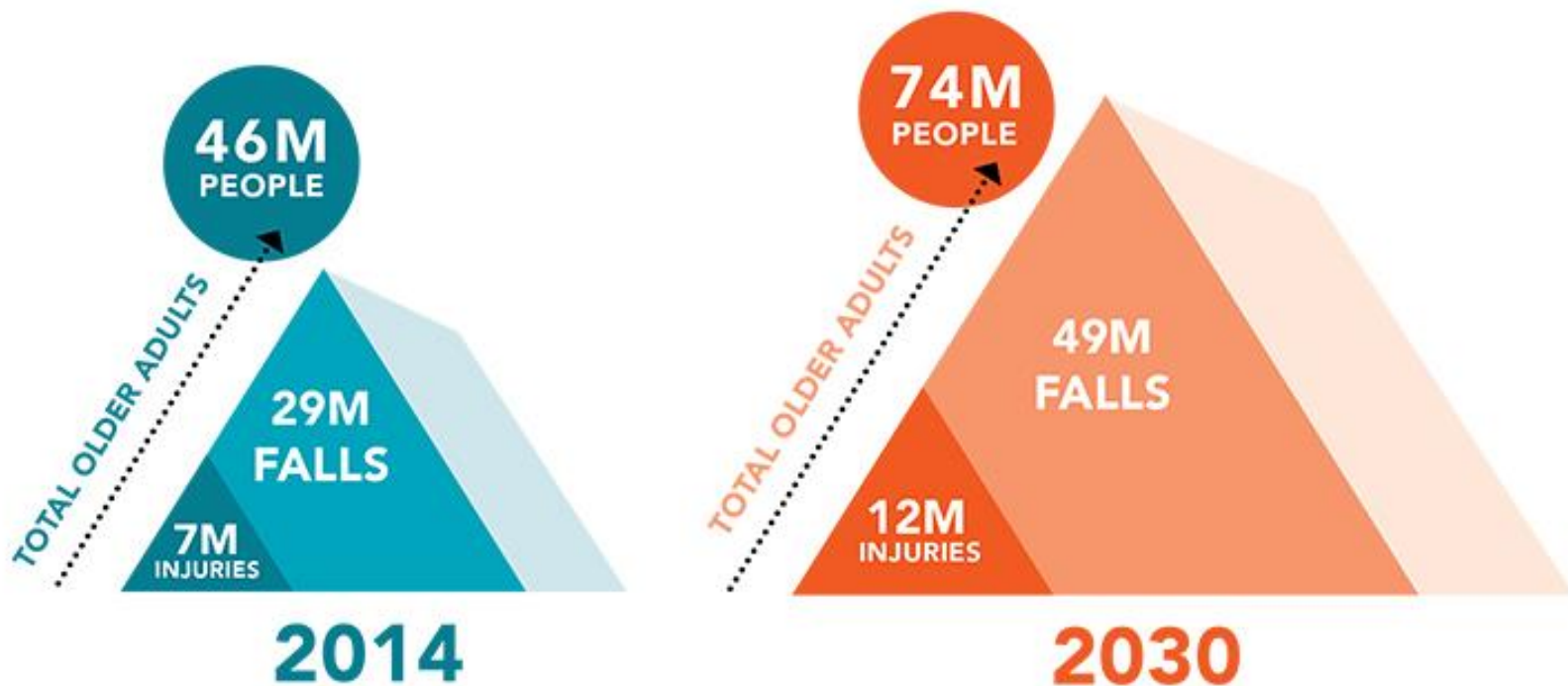
@AOTAInc

Worried about changes to health care as you start your career? Get answers to your politics questions on Late Night:

Sponsored

www.aota.org

OLDER ADULT FALLS A Growing Burden



STEADI Stopping Elderly
Accidents, Deaths & Injuries

www.cdc.gov/stedi



OLDER ADULT FALLS

Startling Statistics



1 second

An older adult falls every second of every day.



1 in 4

One in four older adults reported a fall in 2014.



#1 cause

Falls are the #1 cause of hip fractures.

STEADI Stopping Elderly
Accidents, Deaths & Injuries

www.cdc.gov/steady



OLDER ADULT FALLS

A Common Concern

IN 2014:



1 in 4 older adults reported a fall.



More than
7 MILLION

of those falls required medical treatment or restricted activity for at least a day.



More than
27,000

older adults died as a result of falls — that's 74 older adults every day.

STEADI Stopping Elderly Accidents, Deaths & Injuries

www.cdc.gov/steady



Falls and Community Living

- Continue to be a high cost, high burden issue
- Traditional models not generally successful
- Demographic pressure with ‘Silver Tsunami’
- Issue transcends care settings and community
- Opportunity to enhance prevention and community wellness initiatives
- Collaborative management is lacking in current care models and traditional primary care settings

The Crux of the Problem

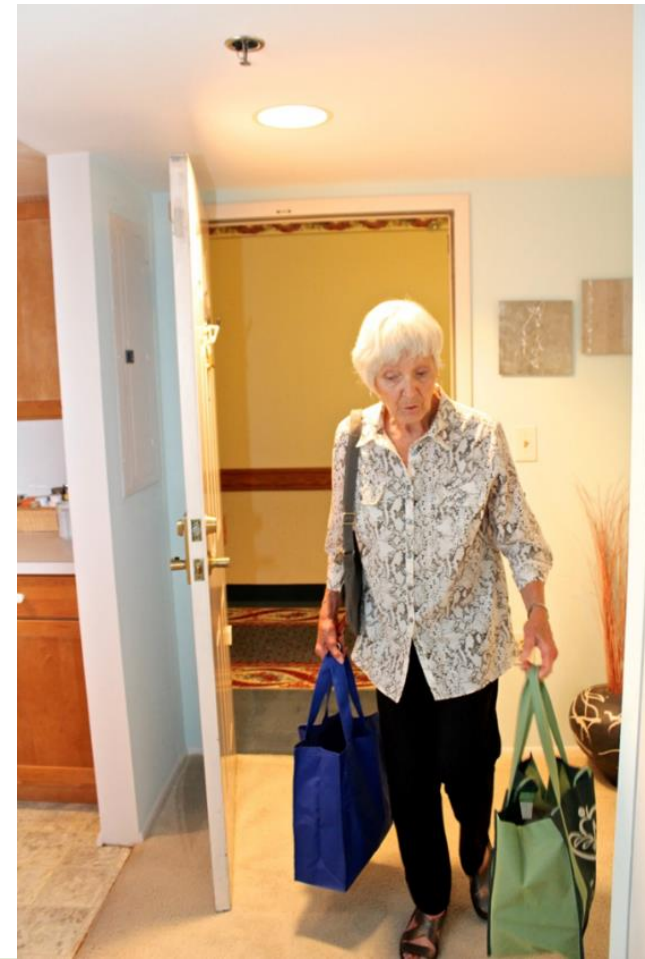
“OTs don’t address falls, that’s PT”

Our colleagues beliefs are often inculcated by our own comments.

We need a dramatic culture change to make headway!

Why - Occupational Therapy?

- Assist people in regaining the skills and abilities necessary for independent and satisfying lives
- Address everyday activities
 - ADL – dressing, bathing, toileting, feeding
 - IADL – cooking, medication management, money management, shopping, *driving and community mobility.*



Why are falls perfect for Interprofessional Teams?

Multi-factorial

- Strength/physical status
- Roles and routines
- Functional status
- Functional Cognition
- Vision
- Environment

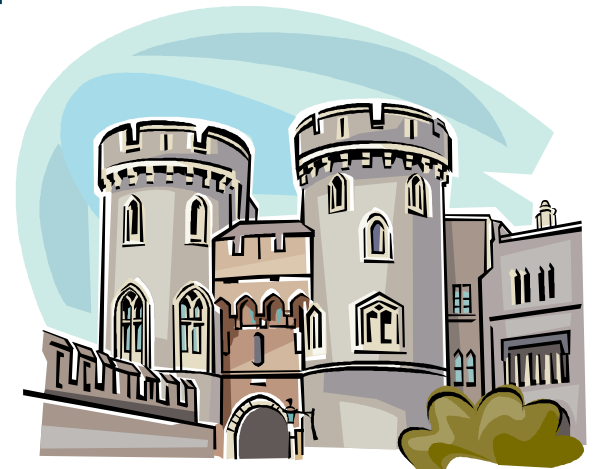
More than just gait and balance!!

Home sweet home?

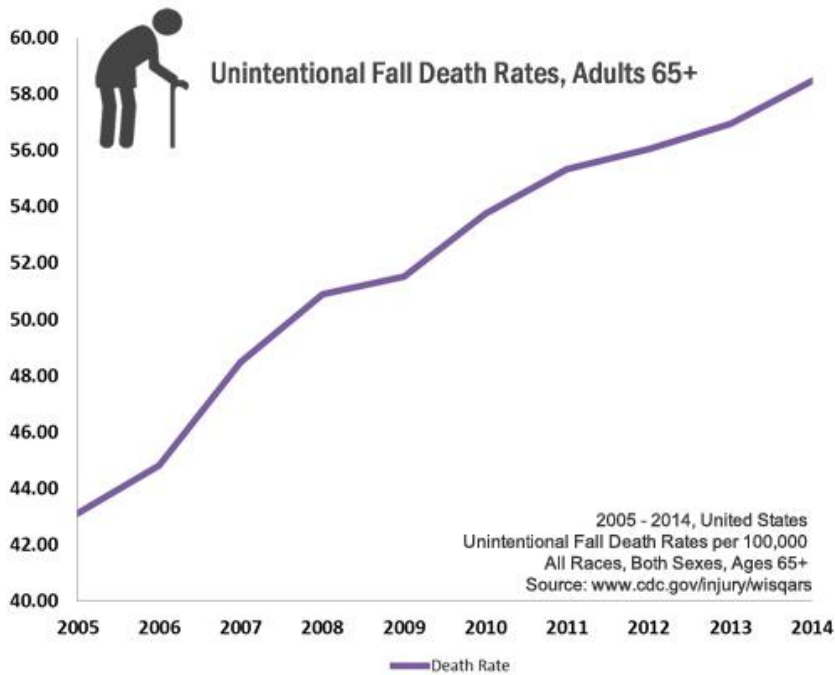


Home Safe Home

- Unrealistic to establish complete safety.
- Goal is to develop a **SAFER** environment.
- Safety may be considered regardless
 - of an individual's functional level.
- Seek to establish concepts, rather
 - than absolutes.
- One size does not fit all.
- A person's home is their castle.



Falls and Fires



Don't Let Your World Go Up In Smoke.

Home fires are preventable.

Make a fire escape plan around your abilities.

If there is a fire in your home, you have less than 3 minutes to get out. If you need to use a wheelchair or a cane, make sure you can get to it easily and get out quickly. If you wear hearing aids or eyeglasses, put them next to your bed while you are sleeping.

U.S. Fire Administration | FEMA | Department of Homeland Security

Learn more about fire prevention: www.usfa.fema.gov

Poisoning

Med
Errors

Household
Cleaners

Carbon
Monoxide



Assessment Considerations



Person Centered

- Functional status
- Client factors



Home Environment Focused

- Features of the built environment



Diagnosis Specific

- Know your population

Important Context

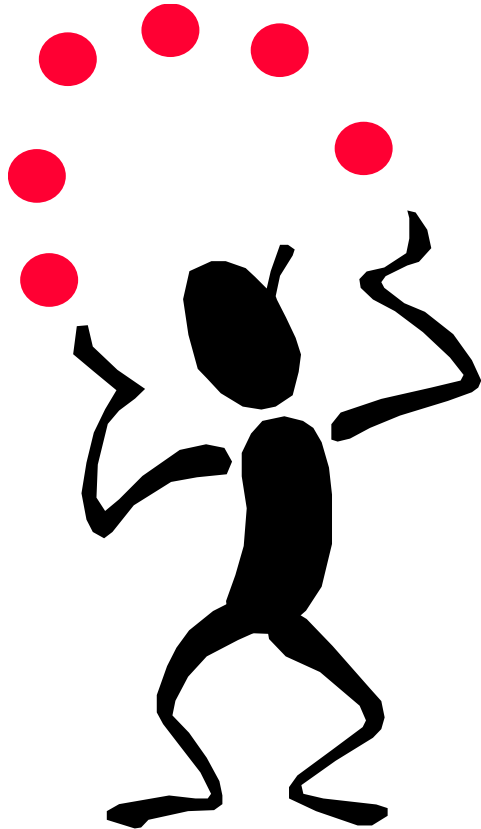
Accidents and injuries are costly, but by definition are **PREVENTABLE**

Costs are both \$\$ and human

- Health care costs
- Lost productivity
- Pain and suffering
- Disability and potential death

One in four older adults will die each year from fall injuries (CDC, 2016)

The juggling act



- ◎ Family is often the expert about the context and care for their loved one.
- ◎ May be difficult to accept the potential risks associated with the chronic disease.
- ◎ Disease awareness and knowledge is critical.
- ◎ Prevention can be very hard to sell.

High intensity risks

Multiple incidents with guns.

Knives used as weapons.

Night time wandering in inclement weather.

Poisoning with cleaning supplies.

Driving incidents.



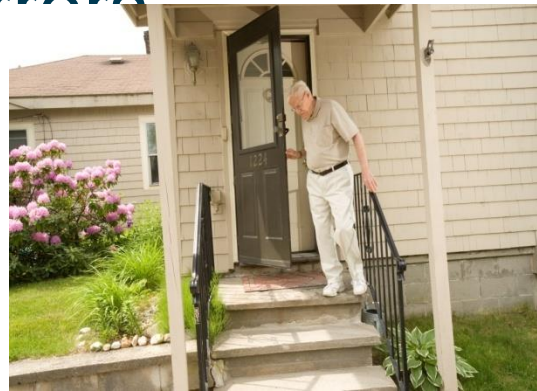
High frequency risks

Falls.

Stove incidents.

General wandering.

Medication errors



Early Evidence of Opportunity

Empirical Research

Higher Hospital Spending on Occupational Therapy Is Associated With Lower Readmission Rates

**Andrew T. Rogers¹, Ge Bai¹, Robert A. Lavin²,
and Gerard F. Anderson¹**

Abstract

Hospital executives are under continual pressure to control spending and improve quality. While prior studies have focused on the relationship between overall hospital spending and quality, the relationship between spending on specific services and quality has received minimal attention. The literature thus provides executives limited guidance regarding how they should allocate scarce resources. Using Medicare claims and cost report data, we examined the association between hospital spending for specific services and 30-day readmission rates for heart failure, pneumonia, and acute myocardial infarction. We found that occupational therapy is the only spending category where additional spending has a statistically significant association with lower readmission rates for all three medical conditions. One possible explanation is that occupational therapy places a unique and immediate focus on patients' functional and social needs, which can be important drivers of readmission if left unaddressed.

Medical Care Research and Review

1–19

© The Author(s) 2016

Reprints and permissions:

sagepub.com/journalsPermissions.nav

DOI: 10.1177/1077558716666981

mcr.sagepub.com



Evidence from CAPABLE

AGING & HEALTH

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

DOI: 10.1377/hlthaff.2016.0140
HEALTH AFFAIRS 35,
NO. 9 (2016): 1558-1563
©2016 Project HOPE—
The People-to-People Health
Foundation, Inc.

AGING & HEALTH

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

Sarah L. Szanton (sszantol@jhu.edu) is an associate professor of nursing and of health policy and management at Johns Hopkins University, in Baltimore, Maryland.

Bruce Leff is an associate professor of medicine and nursing at Johns Hopkins

ABSTRACT The Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program, funded by the Center for Medicare and

MODELS OF GERIATRIC CARE,
QUALITY IMPROVEMENT, AND
PROGRAM DISSEMINATION

Medicaid Cost Savings of a Preventive Home Visit Program for Disabled Older Adults

Sarah L. Szanton, PhD,*¹ Y. Natalia Alfonso, MS,[†] Bruce Leff, MD,*[‡] Jack Guralnik, MD, PhD,[§] Jennifer L. Wolff, PhD,[†] Ian Stockwell, PhD,[¶] Laura N. Gitlin, PhD,*[‡] and David Bishai, PhD[†]

BACKGROUND/OBJECTIVES: Little is known about cost savings of programs that reduce disability in older adults. The objective was to determine whether the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program saves Medicaid more money than it costs to provide.

DESIGN: Single-arm clinical trial (N = 204) with a comparison group of individuals (N = 2,013) dually eligible for Medicaid and Medicare, matched on baseline age



Archives of Physical Medicine and Rehabilitation

journal homepage: www.archives-pmr.org

Archives of Physical Medicine and Rehabilitation 2017;98:896-903



ORIGINAL RESEARCH

Functional Goals and Predictors of Their Attainment in Low-Income Community-Dwelling Older Adults



Brian W. Waldersen, MD, MPH,^a Jennifer L. Wolff, PhD,^b Laken Roberts, MPH,^c Allysin E. Bridges, MA, OTR/L, CAPS,^c Laura N. Gitlin, PhD,^{a,c} Sarah L. Szanton, PhD, ANP^{b,c}

From the ^aJohns Hopkins School of Medicine and School of Public Health, Baltimore, MD; ^bDepartment of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; ^cJohns Hopkins School of Nursing, Baltimore, MD. Current affiliation for Waldersen, Center for Medicare & Medicaid Innovation, Baltimore, MD.

Abstract

Objective: To describe functional goals and factors associated with goal attainment among low-income older adults with disabilities living in the community.

Design: Secondary analysis.

Setting: Participants' homes.

Participants: Older adults (N = 226) with disability who participated in the Community Aging in Place, Advancing Better Living for Elders trial.

Interventions: A 5-month, home-based, person-directed, structured program delivered by an interprofessional team: occupational therapist, registered nurse, and handyman.

Main Outcome Measures: Process of occupational therapist goal setting and attainment at the final occupational therapist visit.

Results: Participants identified 728 functional goals (mean of 3.2 goals per participant), most commonly related to transferring (22.0%; n = 160

CONCLUSION: CAPABLE is associated with lower likelihood of inpatient and long-term service use and lower overall Medicaid spending. The magnitude of reduced Medicaid spending could pay for CAPABLE delivery and provide further Medicaid program savings due to averted services use.

CLINICAL TRIAL REGISTRATION: CAPABLE for Frail dually eligible older adults NCT01743495 <https://clinicaltrials.gov/ct2/show/NCT01743495> J Am Geriatr Soc 66:614-620, 2018.

Improving stair visibility



Medication issues



Kitchen Hazards



Safer stoves



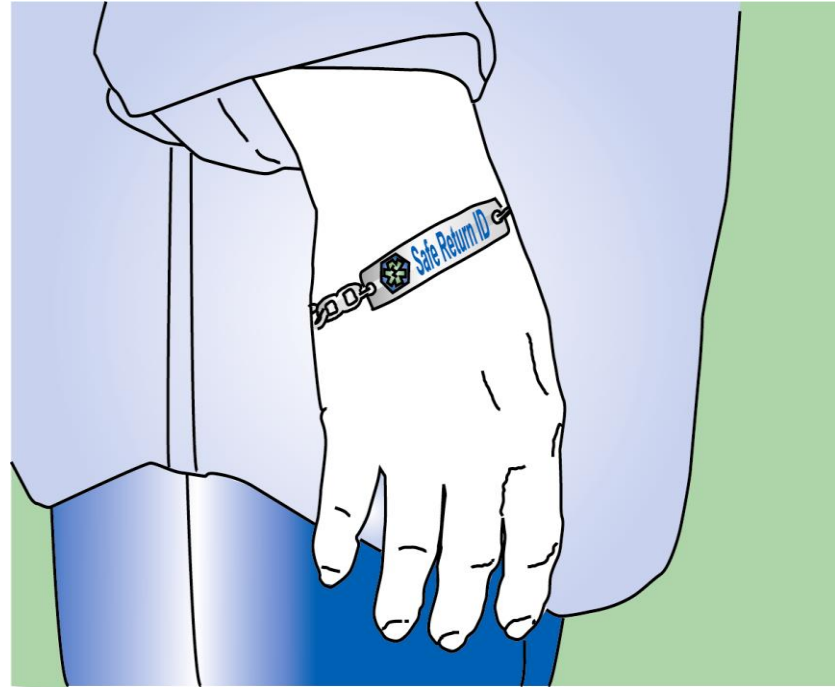
Limit access to hazards



Bathroom safety



Prevent wandering



- Send for an identification bracelet from the Alzheimer's Association "Safe Return" Program.

Wandering continued



Give the name and a recent picture of the person to your local police in case the person wanders away and gets lost.

Independence IN the Home AND in the Community

Prevention of isolation

Prevention of injury

Prolong ability to “age in place?”

Ultimate goal is to promote participation!!





Scott A. Trudeau, PhD, OTR/L
strudeau@aota.org

THANK YOU!

Don't forget to fill out the Post-Session Survey in the Conference app!

