Translation of COPE for Publicly-Funded Home Care Clients and their Families

https://neurodegenerationresearch.eu/survey/translation-of-cope-for-publicly-funded-home-care-clients-and-their-families/

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Country

USA

Title of project or programme

Translation of COPE for Publicly-Funded Home Care Clients and their Families

Source of funding information

NIH (NIA)

Total sum awarded (Euro)

€ 2,672,333.03

Start date of award

01/08/2014

Total duration of award in years

3

The project/programme is most relevant to:

Alzheimer's disease & other dementias

Keywords

Acquired Cognitive Impairment... Aging... Alzheimer's Disease... Alzheimer's Disease including Alzheimer's Disease Related Dementias (AD/ADRD)... Behavioral and Social Science... Brain Disorders... Caregiving Research... Clinical Research... Clinical Research - Extramural... Clinical Trials and Supportive Activities... Dementia... Health Services... Neurodegenerative... Neurosciences... Translational Research

Research Abstract

DESCRIPTION (provided by applicant): Dementia, a devastating neurodegenerative disease, is the single biggest cause of disease burden, exacting a substantial health-related toll on individuals with dementia and their families and disproportionately higher health and social service costs. In the absence of a cure or widely effective pharmacotherapy to combat dementia and its health-related consequences, translation and implementation of efficacious non-pharmacologic interventions into existing service programs are sorely needed to improve health-related outcomes for individuals with dementia and their family caregivers (CGs), thereby helping avoid or delay costly hospitalizations and nursing home admissions. Accordingly, in response to PA-11-123, a translational study is proposed in which an evidence-based intervention, Care of Persons with Dementia in their Environments (COPE), is incorporated into the Connecticut Home Care Program for Elders (CHCPE), a combined Medicaid waiver and state revenue-funded home care program for older adults at high risk for nursing home admission. COPE is a 4-month, in-home, non-pharmacologic intervention using occupational therapists and advanced practice nurses to maximize physical function in older adults with dementia and improve dementia management skills of CGs. CHCPE clients with dementia and their CGs (n=290 dyads) will be randomly assigned to receive COPE plus customary CHCPE services, or customary CHCPE services alone. Study outcome measures will be similar to those of the original COPE efficacy trial. A cost-benefit analysis will be conducted to determine the potential economic benefit of adding COPE to customary CHCPE services, and implementation processes will be carefully studied. A Translational Advisory Committee composed of Aging Network and other leaders will help develop and guide national COPE dissemination plans. Study aims for CHCPE clients: Aim 1.1: Determine COPE effect on functional dependence 4 months after randomization (at 4 months). Aim 1.2: Determine COPE effects on engagement in activities, quality of life, and neuropsychiatric symptoms (NPS), at 4 months. Aim 1.3: Determine COPE effects on functional dependence, engagement in activities, quality of life, and NPS, at 12 months. Study aims for CGs: Aim 2.1: Determine COPE effect on perceived CG well-being at 4 months. Aim 2.2: Determine COPE effects on confidence in using dementia management strategies at 4 months. Aim 2.3: Determine COPE effects on CG perceived well-being, confidence in using activities, and ability to keep client at home, at 12 months. Translational study aims: Aim 3.1: Determine the net financial benefit of COPE, accounting for COPE intervention costs, CHCPE usual care costs, nursing home costs, and other service costs, at 4 and 12 months. Aim 3.2: Determine the feasibility and acceptability of COPE implementation into the CHCPE from multiple stakeholder viewpoints. This translational study will serve as a national model for embedding and evaluating evidence-based services in publicly-funded home care programs for older adults with dementia at risk for nursing home admission.

Lay Summary

PUBLIC HEALTH RELEVANCE: Dementia, which includes Alzheimer's disease and other brain diseases causing irreversible cognitive decline, is a rapidly growing public health problem in the United States and worldwide. Individuals living at home with dementia and their families can

benefit from carefully tested programs that teach them how to manage symptoms, but these programs are not widely available. This study will introduce such a beneficial dementia care program known as Care of Persons with Dementia in their Environments, or COPE, into Connecticut's publicly-funded home care program for older adults who are at high risk for admission to nursing homes, and will report on its success and how to implement COPE into similar home care programs for older adults that operate in every state in the United States.

Further information available at:

Types:
Investments > €500k

Member States:
United States of America

Diseases:
Alzheimer's disease & other dementias

Years:
2016

Database Categories:
N/A

Database Tags:
N/A