

# **Testing a Dementia Care Intervention for Widespread Adoption: The COPE CT Study**

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- **No financial conflicts of interest to disclose.**
- **COPE CT study funded by the National Institute on Aging (R01 AG044504)**

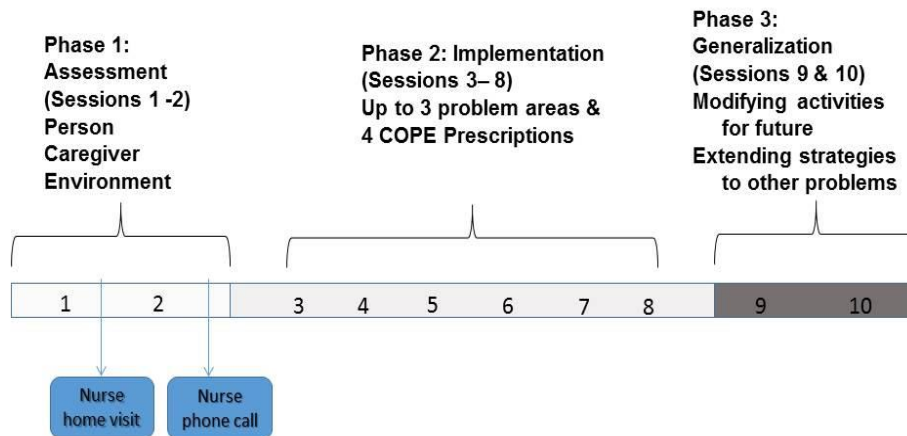
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## Presentation Outline

- COPE intervention overview
- COPE CT study pragmatic trial elements
- Selected findings and next steps
- COPE adoption potential in LTSS and health systems

## COPE Intervention Phases



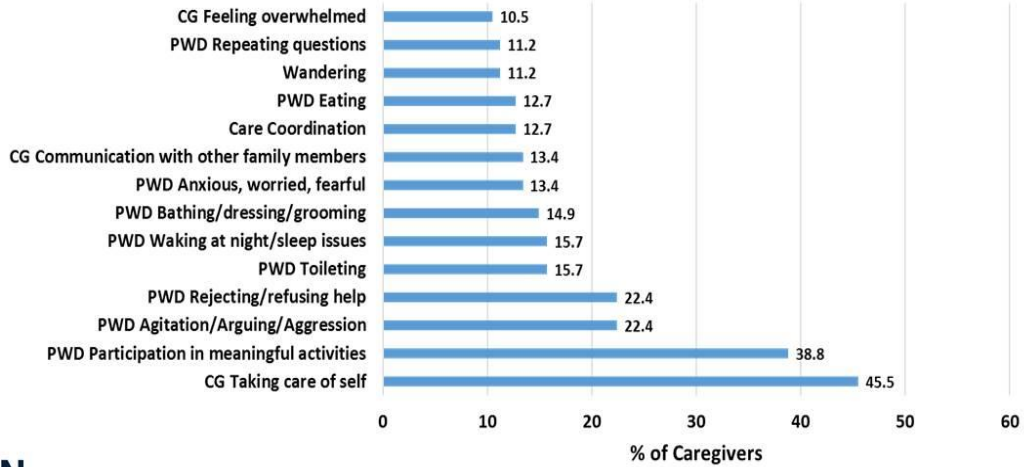
## Pragmatic Trial Elements of COPE CT Study Design

- **Effectiveness-implementation hybrid design<sup>1</sup>**
  - Engages key stakeholders in decisions about study design and evaluation
  - Investigators planned study with care management organization partner and Connecticut Medicaid program staff.
- **Source of data : care management organization's electronic data base**
- **Care managers verified clients generated by electronic search**
- **Care managers introduced study and invited participation as part of routine monthly telephone client monitoring process.**
- **Achieved study enrollment goal as a result of this design process.**
  - 291 persons with dementia and caregivers (dyads) enrolled and randomized

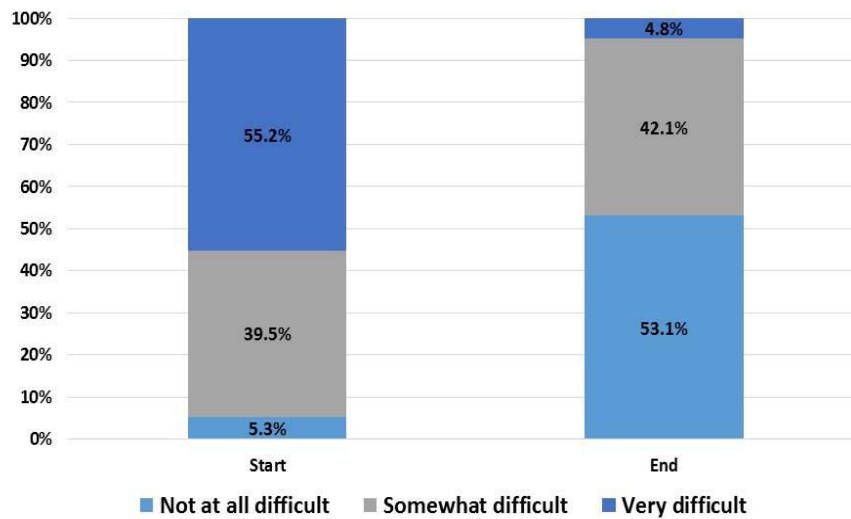
## COPE Nurse Component Selected Findings

- **Of 83 persons with dementia who provided urine sample, 14% had abnormal laboratory results suggesting new medical conditions.**
- **Of 72 persons with dementia who provided blood, 38% had abnormal results suggesting new medical conditions.**
  - Renal insufficiency/dehydration and anemia most common conditions.
- **COPE nurse or caregiver contacted physicians of persons with dementia to report abnormal laboratory findings.**

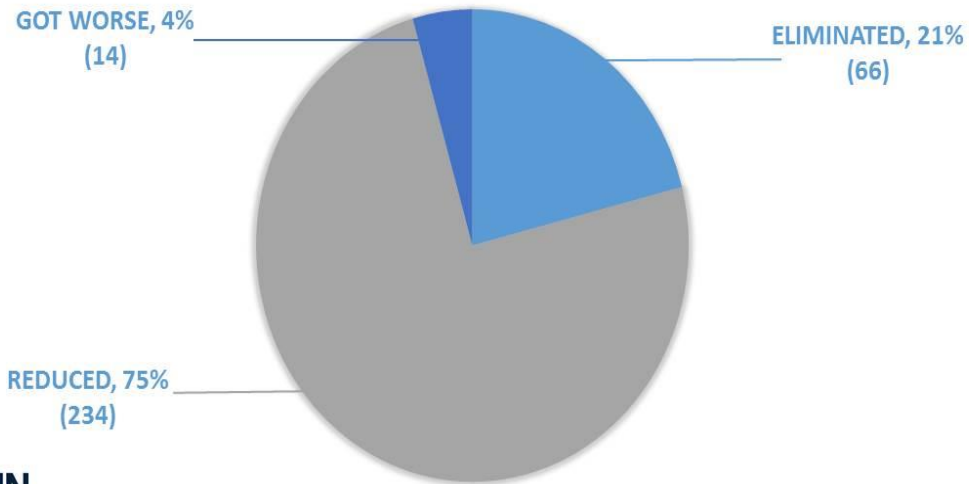
## COPE OT Component Selected Findings: Most Common Caregiver-identified Problems



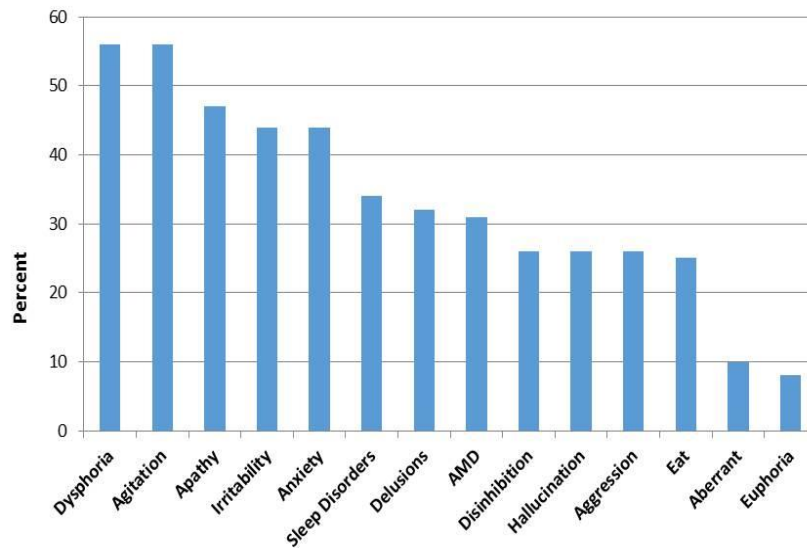
## Level of Difficulty Managing Caregiver-identified Problems, Start and End of COPE Intervention



## Level of Resolution of Caregiver-identified Problems at End of COPE Intervention



## Prevalence of Neuropsychiatric Symptoms in Persons with Dementia, based on Neuropsychiatric Inventory (NPI)



## COPE Effects on Neuropsychiatric Symptoms in Persons with Dementia

- **Strong trend ( $p=0.08$ ) in NPI total score in favor of COPE treatment group**
  - NPI mean score decreased in the COPE group over 4 months, no change in NPI mean score over 4 months in usual care group.
- **Subgroups in which COPE had statistically significant effect on NPI score**
  - Medicaid-eligible persons with dementia ( $p=0.002$ )
  - Dyads who lived apart ( $p=0.016$ )
  - Person with dementia had higher baseline cognitive status ( $p=0.03$ )

## Results: COPE Effects on Outcomes for Caregivers

- **Statistically significant effect of COPE intervention on caregiver perceived well-being ( $p<0.001$ ); mean score increased over 4 months in COPE group, did not change in usual care group.**
- **COPE showed a trend toward increasing caregiver confidence using activities ( $p=0.18$ ); confidence scores increased over 4 months in both groups and in the COPE group this increase was greater.**
- **Subgroup analyses planned.**

## Next Steps in COPE CT Study

- **12 month post-randomization data will be analyzed to examine sustained effects of COPE.**
- **Cost-related data being collected and analyzed to determine net financial benefit of COPE.**
  - COPE intervention costs
  - Use of health services during study period
  - Willingness to pay for COPE

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## COPE Adoption Potential

- **Medicaid-funded long-term services and supports (LTSS) such as Waiver programs ideal settings for COPE adoption.**
- **Medicare Advantage plans growing rapidly; many enrolling dually eligible adults, another potential reimbursement system to facilitate adoption.**
- **Health systems with primary care components ripe settings for adoption given growth of Patient-Centered Medical Homes & Accountable Care Organizations, with Medicare fee-for-service shared savings opportunities.**
- **Private pay market also possible.**

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## COPE CT Study Investigators and Staff

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