

# Support the Medicare Home Health Accessibility Act

H.R. 7148

Establishing occupational therapy (OT) as a Medicare home health qualifying service will help seniors avoid costly interventions.

1 in 4 seniors 65+ has



a fall annually

Total = 29 million falls<sup>1</sup>



3 million

emergency department visits<sup>1</sup>



950,000

hospitalizations or rehab stays<sup>1</sup>



32,000

deaths from fall-related injuries<sup>1</sup>

## Economic Cost

The US spends \$50 billion annually related to falls.<sup>2</sup>

## Cost-Benefit of OT

A recent study indicated home modifications delivered by OT showed potential to avert \$442 million in direct medical costs and prevent nearly 1/3 of falls among seniors.<sup>3</sup> Another study found that OT home assessment reduced falls by 40% in high-risk seniors.<sup>4</sup>

Evidence also shows that OT-led home modifications reduced hospital readmissions, saving \$22,120 per senior over two years.<sup>5-6</sup>

Further research demonstrates that seniors participating in OT-led home modifications experienced a 30% decrease in disability in basic self-care, as well as reduced depression and pain.<sup>6-7</sup>

Additionally, a 2023 study found that two OT home modification visits were cost-effective to support successful aging at home compared to paid caregiving or institutional care.<sup>8</sup>

## Role of OT in the Home: Fall Prevention

Assess physical, behavioral, and environmental factors and provide intervention to reduce fall and injury risk, improve home safety, and maximize function so seniors remain independent in their homes.<sup>9</sup>

1 in 9 seniors 65+ has



Alzheimer's dementia

Total = 6.7 million Americans<sup>10</sup>



32%

seniors with dementia hospitalized annually<sup>10</sup>



18 billion

hours of care provided by informal caregivers<sup>10</sup>



\$340 billion

unpaid care provided by informal caregivers<sup>10</sup>

## Economic Cost

The US spends \$345 billion annually related to dementia.<sup>10</sup>

## Cost-Benefit of OT

Evidence shows that an OT-led home support program for seniors with dementia and their informal caregivers: 1) saved \$6,667 in annual medical costs, 2) improved seniors' ability to engage in daily activities, and 3) enhanced caregivers' well-being and skills.<sup>11-12</sup> These seniors demonstrated fewer behavioral symptoms, enabling them to live at home longer by reducing triggers for hospital stays, nursing home placements, and excessive medication use.<sup>11</sup>

Other studies indicate that an OT dementia support program delivered in the home increased seniors' daily functioning and reduced caregiver burden by managing challenging behaviors.<sup>13-14</sup>

Analyses of another OT home program for seniors with dementia and their caregivers improved mood, quality of life, and health status of both seniors and their caregivers, saving an average of \$2,621 over three months.<sup>15-16</sup>

## Role of OT in the Home: Dementia Care

Train caregivers how to adapt daily routines, modify the environment, use effective communication strategies, and handle challenging behaviors when caring for seniors with dementia.<sup>17</sup>

9 in 10 seniors 60+ have



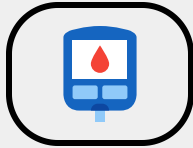
at least 1 chronic condition

Total = 45.6 million Americans<sup>18</sup>



1/3

of deaths are caused by heart disease or stroke (leading cause)<sup>19</sup>



\$37 billion

spent annually on complications from type 2 diabetes<sup>20</sup>



41.9%

have obesity, increasing risk for other conditions<sup>21</sup>

### Economic Cost

The US spends \$4.1 trillion annually related to chronic conditions.<sup>18</sup>

### Cost-Benefit of OT

A recent study found that seniors with multiple chronic conditions who participated in an OT-led self-management program saved an average of \$2,548 in healthcare costs over 6 months.<sup>22</sup> These seniors also reported improved quality of life and demonstrated increased independence in daily activities.<sup>23</sup>

Research also demonstrates that preventative OT is cost-effective; seniors at high risk for poor health because of disparities showed improved mental well-being after modifying their lifestyles in collaboration with an occupational therapist.<sup>24</sup>

A 2022 review of numerous studies shows that OT interventions focusing on habits and routines are effective in improving the health and quality of life of seniors with chronic conditions or disabilities in a variety of settings, including the home.<sup>25</sup>

### Role of OT in the Home: Chronic Conditions

To enable seniors to live healthy, productive lives by addressing social and environmental barriers, increasing awareness of chronic disease through education, enhancing motivation for behavior change, and modifying habits and routines.<sup>26</sup>

1 in 4 seniors 71+ has



low vision or blindness

(after correction)

Total = 8 million Americans<sup>27</sup>



90%

of blindness caused by diabetes is preventable<sup>28</sup>



2x the falls

reported annually by seniors with visual impairment<sup>29</sup>



30%

of seniors with macular degeneration develop depression<sup>30</sup>

### Economic Cost

The US spends \$134 billion annually related to vision loss.<sup>31</sup>

### Cost-Benefit of OT

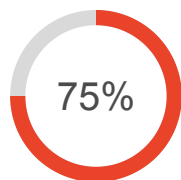
Evidence shows that home-based OT providing low vision rehabilitation and training in adaptive activities increased engagement in daily activities and reduced the incidence of severe depression in high-risk seniors with age-related macular degeneration.<sup>30</sup>

Another study found that an OT home safety program for seniors with severe visual impairment resulted in 41% fewer falls and was more cost-effective than an exercise program even when combined with vitamin D supplementation.<sup>32</sup>

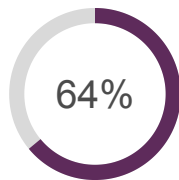
### Role of OT in the Home: Low Vision

To assist seniors in modifying daily activities, adapting the environment, managing related comorbidities, and learning new skills--such as assistive technology--to cope with progressive vision loss and prevent accidents and injuries.<sup>33</sup>

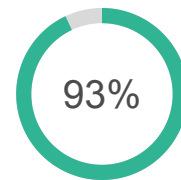
### Medicare and Medicaid pay for:



healthcare costs related to falls<sup>2</sup>



healthcare costs related to dementia<sup>10</sup>



healthcare costs related to chronic disease<sup>34</sup>

## References

1. Moreland, B., Kakara, R., & Henry, A. (2020). Trends in nonfatal falls and fall-related injuries among adults aged  $\geq 65$  years - United States, 2012-2018. *Morbidity and Mortality Weekly Report*, 69, 875-881. <https://doi.org/10.15585/mmwr.mm6927a5>
2. Florence, C. S., Bergen, G., Atherly, A., Burns, E., Stevens, J., & Drake, C. (2018). Medical costs of fatal and nonfatal falls in older adults. *Journal of the American Geriatrics Society*, 66(4), 693-398. <https://doi.org/10.1111/jgs.15304>
3. Stevens, J. A., & Lee, R. (2018). The potential to reduce falls and avert costs by clinically managing fall risk. *American Journal of Preventive Medicine*, 55(3), 290-297. <https://doi.org/10.1016/j.amepre.2018.04.035>
4. Pighills, A. C., Torgerson, D. J., Sheldon, T. A., Drummond, A. E., & Bland, J. M. (2011). Environmental assessment and modification to prevent falls in older people. *Journal of the American Geriatrics Society*, 59(1), 26-33. <https://doi.org/10.1111/j.1532-5415.2010.03221.x>
5. Ruiz, S., Snyder, L. P., Rotondo, C., Cross-Barnet, C., Colligan, E. M., & Giuriceo, K. (2017). Innovative home visit models associated with reductions in costs, hospitalizations, and emergency department use. *Health Affairs*, 36(3), 425-432. <https://doi.org/10.1377/hlthaff.2016.1305>
6. Szanton, S. L., Leff, B., Li, Q., Breyse, J., Spoelstra, S. Kell, J., Purvis, J., Xue, Q.-L., Wilson, J., & Gitlin, L. N. (2021). CAPABLE program improves disability in multiple randomized trials. *Journal of the American Geriatrics Society*, 69(12), 3631-3640. <https://doi.org/10.1111/jgs.17383>
7. Szanton, S. L., Xue, Q.-L., Leff, B., Guralnik, J., Wolff, J. L., Tanner, E. K., Boyd, C., Thorpe Jr., R. J., Bishai, D., & Gitlin, L. N. (2019). Effect of a biobehavioral environmental approach on disability among low-income older adults: A randomized clinical trial. *JAMA Internal Medicine*, 179(2), 204-211. <http://doi.org/10.1001/jamainternmed.2018.6026>
8. Grasso, A. Y., Murphy, A., & Abbott-Gaffney, C. (2023). The impact of a two-visit occupational therapy home modification model on low-income older adults. *Open Journal of Occupational Therapy*, 11(1), 1-9. <https://doi.org/10.15453/2168-6408.2047>
9. Chase, C. A., Mann, K., Wasek, S., & Arbesman, M. (2012). Systematic review of the effect of home modification and fall prevention programs on falls and the performance of community-dwelling older adults. *American Journal of Occupational Therapy*, 66(3), 284-291. <http://dx.doi.org/10.5014/ajot.2012.005017>
10. Alzheimer's Association. (2023). 2023 Alzheimer's disease facts and figures. *Alzheimer's & Dementia*, 19(4), 1-132. <http://doi.org/10.1002/alz.13016>
11. Fortinsky, R. H., Gitlin, L. N., Pizzi, L. T., Piersol, C. V., Grady, J., Robison, J. T., Molony, S., & Wakefield, D. (2020). Effectiveness of the Care Of Persons with dementia in their Environments (COPE) intervention when embedded in a publicly-funded home- and community-based service program. *Innovation in Aging*, 4(6), igaa053. <https://doi.org/10.1093/geroni/igaa053>
12. Pizzi, L. T., Jutkowitz, E., Prioli, K. M., Lu, E., Babcock, Z., McAbee-Sevick, H., Wakefield, D. B., Robison, J., Molony, S., Piersol, C. V., et al. (2022). Cost-benefit analysis of the COPE program for persons living with dementia: Toward a payment model. *Innovation in Aging*, 6(1), igab042. <https://doi.org/10.1093/geroni/igab042>
13. Gitlin, L. N., Winter, L., Dennis, M. P., Hodgson, N., & Hauck, W. W. (2010). Targeting and managing behavioral symptoms in individuals with dementia: A randomized trial of a nonpharmacological intervention. *Journal of the American Geriatrics Society*, 58(8), 1463-1474. <https://doi.org/10.1111/j.1532-5415.2010.02971.x>
14. Gitlin, L. N., Jacobs, M., & Earland, T. V. (2010). Translation of a dementia caregiver intervention for delivery in homecare as a reimbursable Medicare service: Outcomes and lessons learned. *The Gerontologist*, 50(6), 847-854. <https://doi.org/10.1093/geront/gnq057>
15. Graff, M. J. L., Vernooij-Dassen, M. J. M., Thijssen, M., Dekker, J., Hoefnagels, W. H. L., OldeRikkert, M. G. M. (2007). Effects of community occupational therapy on quality of life, mood, and health status in dementia patients and their caregivers: A randomized controlled trial. *The Journals of Gerontology: Series A*, 62(9), 1002-1009. <https://doi.org/10.1093/gerona/62.9.1002>
16. Graff, M. J., Adang, E. M., Vernooij-Dassen, M. J., Dekker, J., Jönsson, L., Thijssen, M., Hoefnagels, W. H., & Rikkert, M. G. (2008). Community occupational therapy for older patients with dementia and their care givers: Cost effectiveness study. *BMJ*, 336(7636), 134-138. <https://doi.org/10.1136/bmj.39408.481898.BE>
17. Raj, S. E., Mackintosh, S., & Stanley, M. (2021). Home-based occupational therapy for adults with dementia and their informal caregivers: A systematic review. *American Journal of Occupational Therapy*, 75(1), 1-27. <https://doi.org/10.5014/ajot.2020.040782>
18. National Council on Aging. (2023). *Get the facts on healthy aging*. <https://www.ncoa.org/article/get-the-facts-on-healthy-aging>
19. Centers for Disease Control and Prevention. (2022, September 8). *Health and economic costs of chronic diseases*. National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/chronicdisease/about/costs/index.htm>
20. Centers for Disease Control and Prevention. (2022, November 21). *Diabetes complications are costly in older adults*. <https://www.cdc.gov/diabetes/resources-publications/research-summaries/diabetes-complications-costly.html>
21. Centers for Disease Control and Prevention. (2022, May 12). *Adult obesity facts*. <https://www.cdc.gov/obesity/data/adult.html>
22. Gillespie, P., Hobbins, A., O'Toole, L., Connolly, D., Boland, F., & Smith, S. M. (2022). Cost-effectiveness of an occupational therapy-led self-management support programme for multimorbidity. *Family Practice*, 39(5), 826-833. <https://doi.org/10.1093/fampra/cmab006>
23. Garvey, J., Connolly, D., Boland, F., & Smith, S. M. (2015). OPTIMAL, an occupational therapy led self-management support programme for people with multimorbidity in primary care: A randomized controlled trial. *BMC Primary Care*, 16(59), 1-11. <https://doi.org/10.1186/s12875-015-0267-0>
24. Clark, F., Jackson, J., Carlson, M., Chou, C.-P., Cherry, B. J., Jordan-Marsh, M., Knight, B. G., Mandel, D., Blanchard, J., Granger, D. A., et al. (2012). Effectiveness of a lifestyle intervention in promoting the well-being of independently living older people: Results of the Well Elderly 2 randomised controlled trial. *Journal of Epidemiology & Community Health*, 66(9), 782-790. <https://doi.org/10.1136/jech.2009.099754>
25. Pyatak, E. A., Carandang, K., Rice Collins, C., & Carlson, M. (2022). Optimizing occupations, habits, and routines for health and well-being with Lifestyle Redesign®: A synthesis and scoping review. *American Journal of Occupational Therapy*, 76(5), 7605205050. <https://doi.org/10.5014/ajot.2022.049269>
26. Fields, B., & Smallfield, S. (2022). Occupational therapy practice guidelines for adults with chronic conditions. *American Journal of Occupational Therapy*, 76(2), 7602397010. <https://doi.org/10.5014/ajot.2022/762001>
27. Killeen, O. J., De Lott, L. B., Zhou, Y., Hu, M., Rein, D., Reed, N., Swenor, B. K., & Ehrlich, J. R. (2023). Population prevalence of vision impairment in US adults 71 years and older: The National Health and Aging Trends Study. *JAMA Ophthalmology*, 141(2), 197-204. <http://doi.org/10.1001/jamaophtholmol.2022.5840>
28. Centers for Disease Control and Prevention. (2022, December 19). *Fast facts about vision loss*. Vision Health Initiative. <https://www.cdc.gov/visionhealth/basics/ced/fastfacts.htm>
29. Ehrlich, J. R., Hassan, S. E., & Stagg, B. C. (2019). Prevalence of falls and fall-related outcomes in older adults with self-reported vision impairment. *Journal of the American Geriatrics Society*, 67(2), 239-245. <https://doi.org/10.1111/jgs.15628>
30. Deemer, A. D., Masof, R. W., Rovner, B. W., Casten, R. J., & Piersol, C. V. (2017). Functional outcomes of the Low Vision Depression Prevention Trial in age-related macular degeneration. *Investigative Ophthalmology & Visual Science*, 58(3), 1514-1520. <https://doi.org/10.1167/iovs.16-20001>
31. Rein, D. B., Wittenborn, J. S., Zhang, P., Sublett, F., Lamuda, P. A., Lundeen, E. A., & Saadine, J. (2022). The economic burden of vision loss and blindness in the United States. *American Academy of Ophthalmology Journal*, 129(4), 369-378. <http://doi.org/10.1016/j.ophtha.2021.09.010>
32. Campbell, A. J., Robertson, M. C., La Grow, S. J., Kerse, N. M., Sanderson, G. F., Jacobs, R. J., Sharp, D. M., & Hale, L. A. (2005). Randomised controlled trial of prevention of falls in people aged  $\geq 75$  with severe visual impairment: The VIP trial. *BMJ*, 331(817), 1-8. <https://www.bmj.com/content/331/7520/817.short>
33. Kaldenberg, J., & Smallfield, S. (2020). Occupational therapy practice guidelines for older adults with low vision. *American Journal of Occupational Therapy*, 74(2), 7402397010p1-7402397010p23. <https://doi.org/10.5014/ajot.2020.742003>
34. Centers for Medicare and Medicaid Services. (2021). *Multiple chronic conditions*. [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/MCC\\_Main](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/MCC_Main)