

IMPROVING DEMENTIA CARE THROUGH CAREGIVER EMPOWERMENT:

Durable claims-based outcomes demonstrated in a digital care, pragmatic real-world trial

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Digital caregiver support programs can positively alter the ADOD journey for the caregiver, the patient, the physician and the payer

INTRODUCTION

The Ceresti Digital Caregiver Empowerment Program (DCEP) was deployed to 164 family caregivers of Medicare Advantage patients with ADOD.

The primary objective of this pragmatic trial was to demonstrate that increasing the knowledge, skills and confidence of family caregivers (e.g., spouses, adult children) via personalized education, proactive coaching and remote monitoring—delivered via an app on a dedicated tablet computer—reduces avoidable patient hospitalizations.

Durability of claims-based outcomes was also studied. Caregiver engagement, caregiver satisfaction and caregiver mental health were also tracked

METHODS

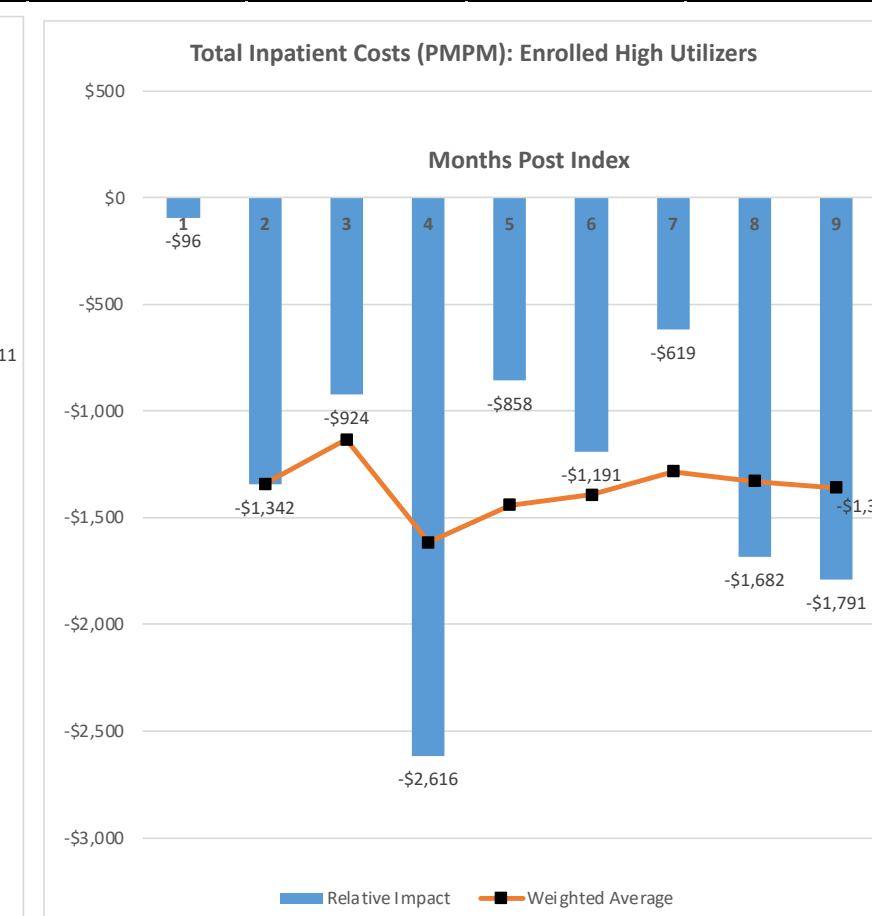
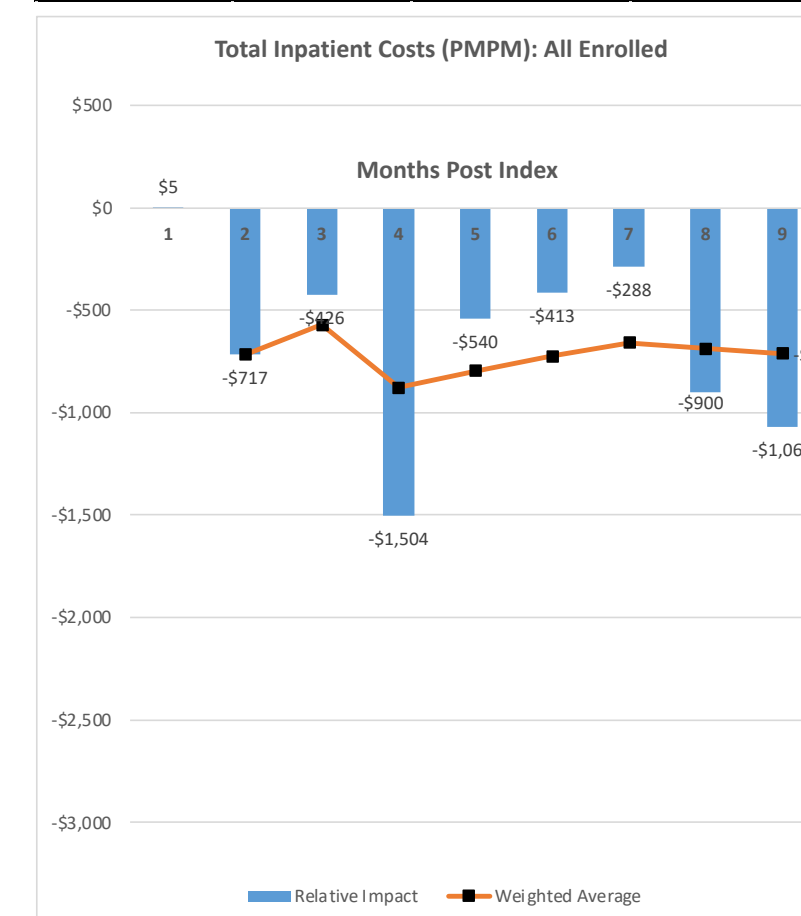
Patients were included in the claims analysis if their caregiver was enrolled in the DCEP for at least 45 days. Patient outcomes were compared to outcomes from a 3:1 propensity matched comparison group, post-index, from the DCEP start date to the end of claims.

Comparison group members were matched to enrollees on demographics, pre-index utilization and costs, and other factors, including the patient's frailty index. The first 30-days post-index were deemed a "transition" period.

The impact of the DCEP was determined by comparing the 6-month pre-index averages to outcomes from the 30-day post-index period using the "difference-in-differences" approach

RESULTS

Outcomes for Enrollees vs Comparison Group, more than 30 days post-Index, to end of claims data	ALL ENROLLED (N= 131, Eligibility = 8.38 mos)			ENROLLED HIGH UTILIZERS (N= 63, Eligibility = 8.27 mos)		
	Relative Diff.	P-value	% Relative Diff.	Relative Diff.	P-value	% Relative Diff.
Medical Costs PMPM	-\$780	0.001	-58%	-\$1,564	0.000	-65%
Inpatient Costs PMPM	-\$617	0.001	-102%	-\$1,209	0.001	-96%
Inpatient Admissions PMPM	-0.045	0.009	-84%	-0.083	0.014	-75%
ED Visits PMPM	-0.035	0.036	-42%	-0.079	0.011	-51%
30 Day Readmissions Rate	-36%	0.003	-89%	-36%	0.003	-89%



Statistically significant reductions in medical costs and utilization were observed

Durable reductions in patient medical costs were observed

CONCLUSIONS

Empowering family caregivers of patients with ADOD in a personalized digital caregiver empowerment program (DCEP) provides durable reductions in patient hospitalizations and medical costs.



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