The Older Americans Act Title IIID and the Evidence-Based Program Requirement

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OAA Title III-D: The Evidence-Based Program Requirement

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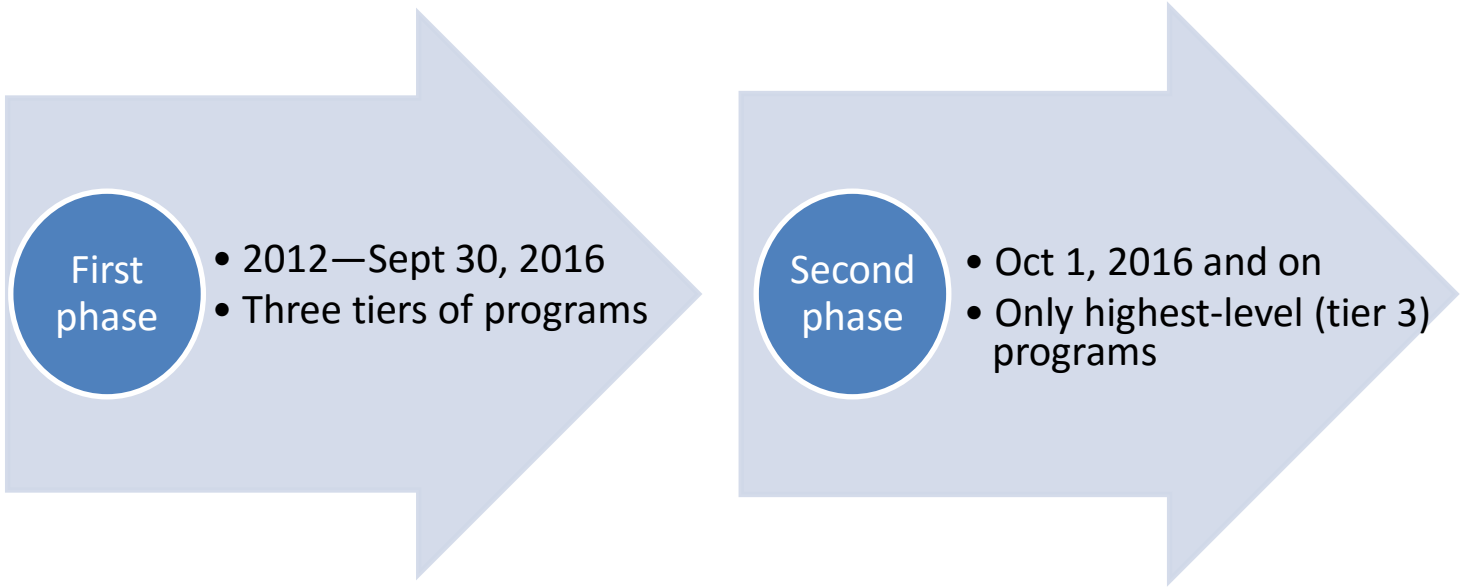
Title III-D in the Legislation

- 2012: Congress changed Appropriation Bill language
  - Funding amount for Title III Part D section 361 of the Older Americans Act for Disease Prevention and Health Promotion may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective.
- 2016 OAA re-authorization added “evidence-based” into Title III-D itself, affirming the language in the appropriations bills

Phasing in the Evidence-Based Program Requirement



- Wanted to help states meet the evidence-based program requirements, without abruptly ending programs taking place

Three-Tiers of Evidence-Based (2012-FY2016)

Minimal Criteria (Tier 1)

Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and

Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

Intermediate Criteria (Tier 2)

All of the Minimal Criteria, PLUS:

Published in a peer-review journal; and

Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.); and

Some basis in translation for implementation by community level organization.

Highest-Level Criteria (Tier 3)

All of the Intermediate Criteria, PLUS:

Proven effective with older adult population, using Experimental or Quasi-Experimental Design; and

Fully translated in one or more community site(s); and

Includes developed dissemination products that are available to the public.

ACL Definition of Evidence-Based, Oct 1, 2016

AKA “highest-level only”

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design; and
- Research results published in a peer-review journal; and
- Fully translated in one or more community site(s); and
- Includes developed dissemination products that are available to the public.

State Responsibility

- States are to ensure that Title III-D funds are spent only on evidence-based programs for older adults
- **SUAs have discretion on how they implement this requirement**
  - SUAs can choose to be more restrictive than ACL's criteria
  - However, SUAs cannot be less restrictive than ACL's criteria

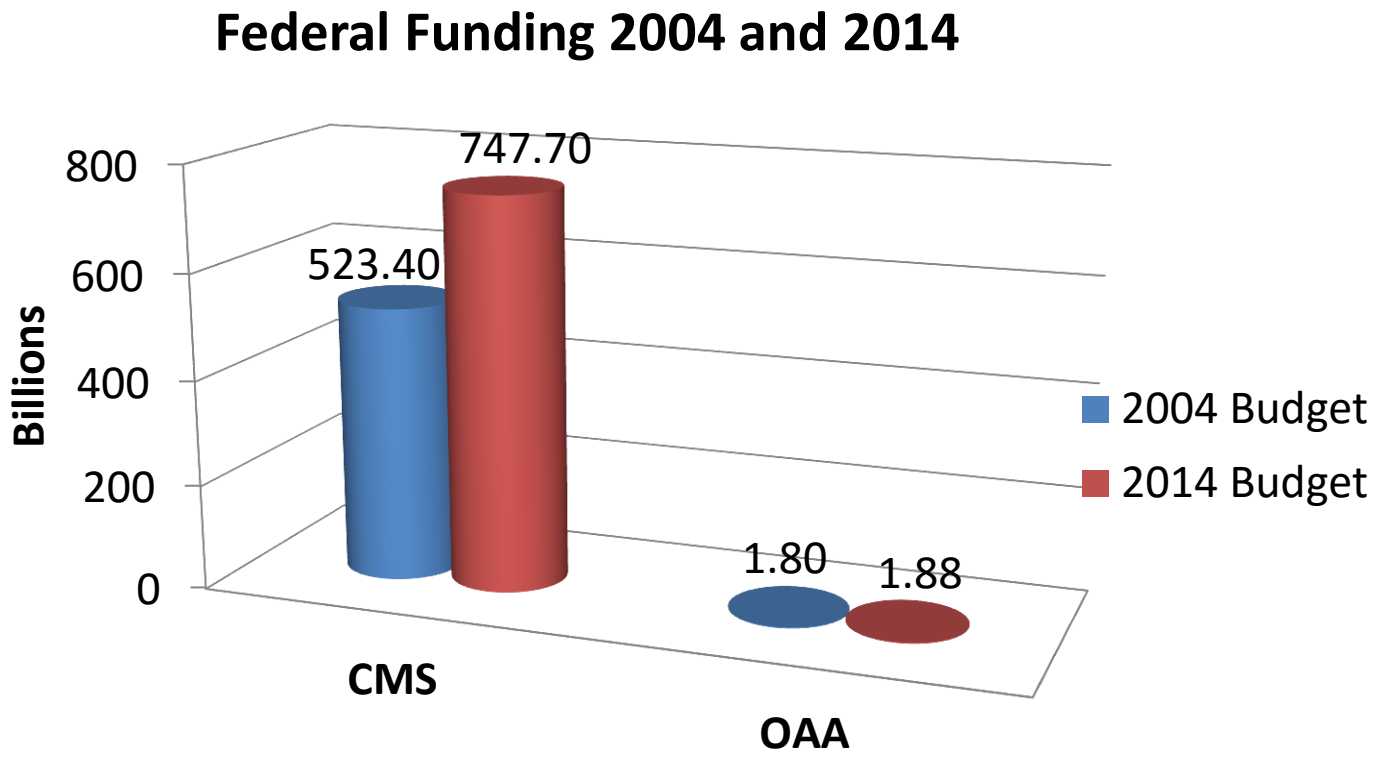
Examples of Evidence-Based Programs

- Common program types include:
  - Class-based physical activity programs
  - Falls prevention programs (classes or one-on-one)
  - Self-management programs
  - One-on-one health interventions within the home

What Makes Something a "Program"?

- Different than stand-alone materials or resources (even if they are based on scientific evidence)
- Must be studied itself—as a program.
- Should have resources for the leader/organization to guide implementation and dissemination materials for program participants

Why is there an EBP Requirement?



- Proving the value of OAA investments to Congress
- Opportunity where AAAs can provide something payers want

ACL Perspective

- Recognize the significant challenge with this requirement
- Dedicated to helping states and AAAs implement appropriate programs
- Grateful for the resources from our non-governmental partners

Lessons Learned—Best Practices

Strong state leadership to the aging network and the public Health promotion staff identified and made available

- TA provided to AAAs
- Conference calls held regularly
- Centralized websites with workshop locators
- State-wide branding/marketing materials available

Lessons Learned—Best Practices, cont.

Consider the Hub Model

- A State, AAA, or network of AAAs serves as a hub.
- The hub holds the licenses, orders materials and supplies in bulk, provides marketing services and provides trainers and facilitators
- Reduces costs and increases efficiencies

Lessons Learned—Best Practices, cont.

Leverage existing infrastructure, such as prior and current discretionary grants from AoA/ACL:

- Evidence-based Disease & Disability Prevention Program (2003-2012)
- ARRA grants (2010-2012)
- PPHF Chronic Disease Self-Management Education grants (2012, 2015)
- PPHF Falls Prevention grants (2014, 2015)

Lessons Learned—Best Practices, cont.

Don’t build from scratch

- See who you can buy services from within your state/PSA
- Partner with nonprofits already doing this work, braid funding
- Leverage existing resources
  - Contract with other organizations to provide your workshops
  - May be less expensive than paying for your staff or volunteers to be trained

Maryland's Experience: Translating Federal Requirements into State Programs

MARYLAND DEPARTMENT OF AGING

Larry Hogan, Governor Boyd K. Rutherford, Lt. Governor Rona Kramer, Secretary

Successful Implementation Steps

- ✓ Provide timely translation of federal requirements
- ✓ Consider option for AAAs to request additional evidence-based programs for IIID funding
- ✓ Create or gather existing training and reporting materials
- ✓ Track and share activities, best practices

Timely Translation FY2012: Tiered Levels

- ✓ Lowest, Moderate, Highest
- ✓ Permitted all levels
- ✓ Shared AoA guidance and training documents
- ✓ Added Title III-D EB requirements to Annual HP Monitoring Report

Title III-D Monitoring Report

(REMINDER: COMPLETE A SEPARATE PAGE FOR EACH TITLE IIID PROGRAM)

Program # _____: Name of Program: _____
Amount of Title IIID funding: $_____
(Total figure for all programs combined *must equal* total Title IIID allocation)

Category of Evidence Level: (check one) ○ Minimal ○ Intermediate ○ Highest

Place a check mark on applicable checklist based on the Evidence Level for this Program to indicate the documentation on file. Documentation must be on file at AAA and available for review:

Required Materials for Minimal Evidence Level:

- ☐ Copies of the key peer-reviewed journal articles or guidelines and/or consensus statements based on scientific evidence from the National Institute of Medicine, Food and Drug Administration or other similar institution.
- ☐ Explanation of the program, including agenda of event(s), contracts for service(s), and etc which fully detail the service(s) provided.
- ☐ Schedule of program delivery for the current Federal fiscal year.
- ☐ Copies of licenses or other necessary certifications for all practitioners.

Required Materials for Intermediate Evidence Level:

- ☐ Copies of the key peer-reviewed journal articles or guidelines and/or consensus statements based on scientific evidence from the National Institute of Medicine, Food and Drug Administration or other similar institution.
- ☐ Explanation of the program, including agenda of event(s), contracts for service(s), and etc which fully detail the service(s) provided.
- ☐ Schedule of program delivery for the current Federal fiscal year.
- ☐ Copies of licenses or other necessary certifications for all practitioners.
- ☐ Copies of, or full resource listing for, the evidence base supporting the program or service implementation with the adult population
- ☐ Copies of outcome studies, including results, for this program

Required Materials for Highest Evidence Level:

- ☐ The Program appears on the list of Tier III Evidence-Based programs provide in APD-12-04.
- ☐ Schedule of program delivery for the current Federal fiscal year.
- ☐ Copies of licenses or other necessary certifications for all practitioners.

Timely Translation FY2015: Highest Only

- ✓ Monitoring focus on documentation

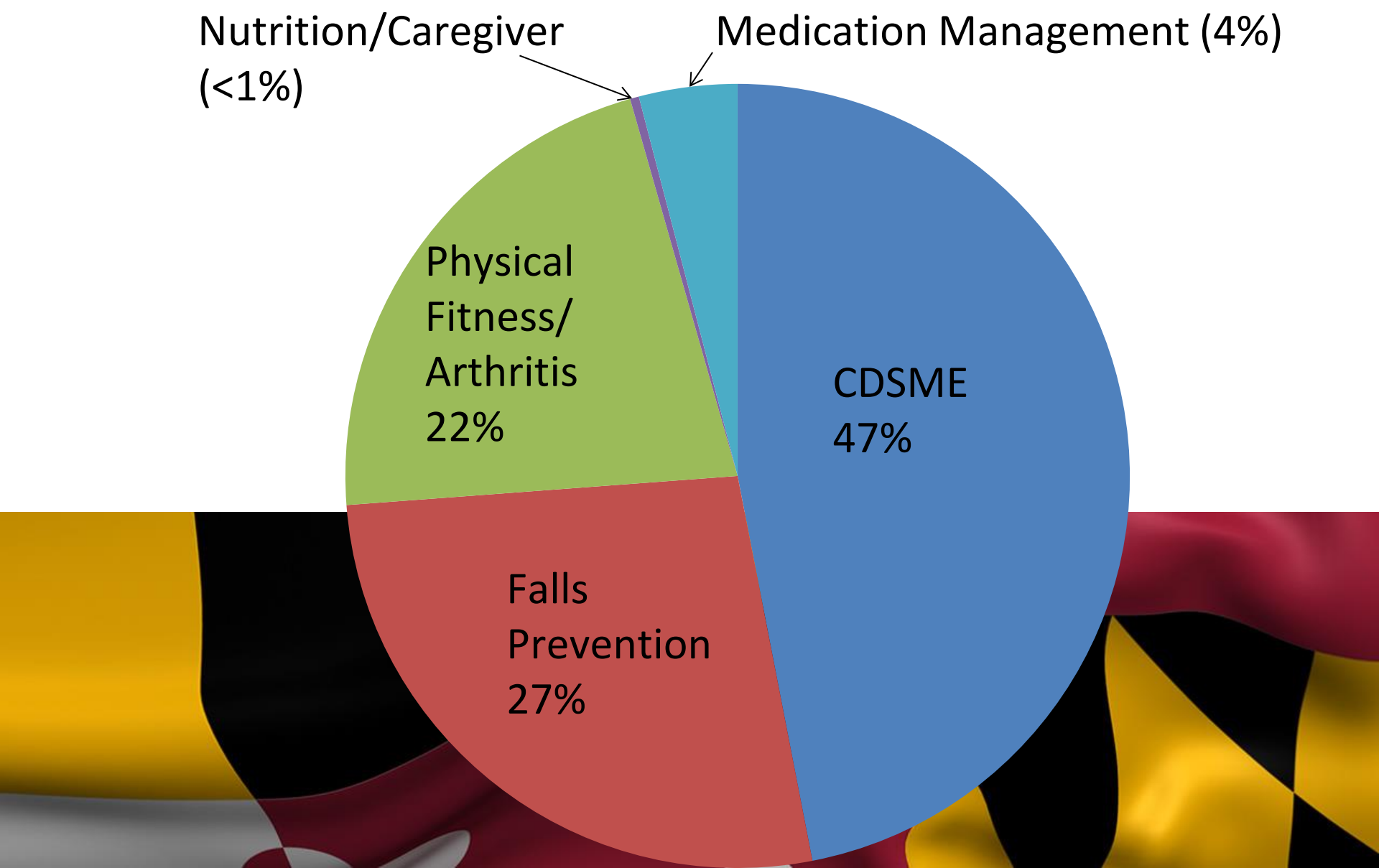
- ✓ Shared federal compendiums and encouraged regular use of ACL website for updates

Timely Translation FY2015: Highest Only

- ✓ Annual HP Monitoring Report Title III-D requirements updated

- ✓ Established “Consideration of Highest Level” Request Process

Title III-D Expenditure Areas



Statewide Landscape of Title III-D Programs

	CDSME	Falls Prevention	Fitness - Arthritis	Healthy Eating or Hypertension	Caregiver or Mental Health	Medication Management
Allegany						
Anne Arundel						
Baltimore City						
Baltimore Co						
Calvert						
Carroll						
Cecil						
Charles						
Frederick						
Garrett						
Harford						
Howard						
MAC						
Montgomery						
Prince George's						
Queen Anne's						
St. Mary's						
USA						
Washington						

RED boxes indicate EB programs which currently receive no IIID funding

PROGRAM	FOCUS AREA	PROVEN OUTCOMES *			
HEALTHY EATING FOR SUCCESSFUL LIVING	EATING HEALTHFULLY AND PHYSICAL ACTIVITY	IMPROVED EATING HABITS	LOWER BLOOD PRESSURE/ CHOLEST	WEIGHT LOSS OR WEIGHT MAINTENANCE	
HOMEMEDS	ADDRESS MEDICATION-RELATED PROBLEMS AND ERRORS	PREVENTS FALLS	REDUCES RE-ADMISSIONS	REDUCES MEDICATION ERRORS	
ENHANCE FITNESS	FUNCTIONAL FITNESS & WELLBEING	IMPROVED SOCIAL FUNCTION	IMPROVED DEPRESSION	IMPROVED PHYSICAL FUNCTIONING	
STEPPING ON	FALLS (Falls → inactivity and isolation)	BEHAVIORAL CHANGE DURING AT-RISK SITUATIONS	IMPROVED CONFIDENCE	REDUCED FALLS	
PEARLS	REDUCES SYMPTOMS OF DEPRESSION AND & IMPROVES QUALITY OF LIFE	>50% REDUCTION IN DEPRESSION SYMPTOMS	HIGHER RATE OF COMPLETE DEPRESSION REMISSION	HIGHER QUALITY OF LIFE AND EMOTIONAL WELLBEING	

*Sample of Key Outcomes.

CDSME Example: Connecting to The Accountable Care Act

Triple Aim Goal	Outcome Measure
Better Care	Communication with MD ↑ IMPROVED
	Medication Compliance ↓ IMPROVED
	Health Literacy ↑ IMPROVED
Better Outcomes	Self-assessed Health ↓ IMPROVED
	PHQ Depression ↓ REDUCED
	Quality of Life ↑ IMPROVED
	Unhealthy Physical Days ↓ REDUCED
	Unhealthy Mental Days ↓ REDUCED
Lower Health Care Costs	% w/ ED Visits in the Past 6 Months ↓ REDUCED

Translate **Fidelity**; Select Outcomes

- ✓ Credentialing at all levels
- ✓ Mentoring/supervision
- ✓ Adherence to curriculum
- ✓ Program Updates
- ✓ Continuing education
  - -Refreshers

Translate **Fidelity**; Select Outcomes

- ✓ Follow instructional format
- ✓ (workshop, individual, etc)
- ✓ Licensing fees

<u>2016 CDSME Fidelity Manual</u>

Fidelity Before Workshop

Fidelity During Workshop

Fidelity After Workshop

Sample contracts

Sample fidelity forms

Job descriptions

GOAL for Evidence Based Studies: "Community Translation"

Program → Evidence → Impact

Grant Funding

- Workforce
- Data
- Partners
- Training, Capacity Building
- Business Plan

Outcomes

- Healthy behaviors, blood value changes.
- Expenditures: National Studies (estimated and actual)

Sustainability

- Hospitals, Insurance, Medicaid, Medicare billing/payments
- AAAs partner to provide services

Maryland's Successful Practices

- ✓ Living Well Center of Excellence
- ✓ Gather Outcomes (database)
- ✓ Regional Coordinators or Hubs
- ✓ Quarterly Webinars (FY2016 Focus: "Alternative" Evidence Based Programs)

Maryland's Successful Practices

- ✓ Older Marylanders Walk a Million Miles
- ✓ In-person Trainings, as Feasible
- ✓ Highlight Low-Cost, Low Resource Programs

QUESTIONS AND DISCUSSION