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| Table S1. Comparison of Maximizing Independence at Home (MIND at Home) Studies |
|  | MIND-HCIA (CMS HCIA) | MIND-RCT (NIA) |
| Primary Aims | Effectiveness on Medicare and Medicaid health care costs. Develop MIND certification program. Develop payment model. | Efficacy on time to (LTC) placement, PWD and CG clinical outcomes, cost savings (societal perspective) durability, explore moderators. |
| Project Period | 2014-2017 | 2014-2019 |
| Design | Quasi-experimental propensity matched | Single-blind, parallel group RCT |
| Randomization | None | 1:1 |
| Sample n | 342 participants received MIND | 304 (152 MIND, 152 Augmented usual care) |
| Recruitment | Broad multipronged community outreach | Broad multipronged community outreach |
| Main Eligibility | * Medicare-Medicaid dual eligible or Medicare only beneficiaries
* Community-living
* All-cause dementia [14]
* 40 mile radius from Johns Hopkins Bayview Medical Center
* A study partner (person who has knowledge of PWD daily living)
 | * Any insurance provider
* Community-living
* All-cause dementia [14]
* 40 mile radius from Johns Hopkins Bayview Medical Center
* Eligible informal caregiver as study partner
 |
| Primary Outcomes | * Time to LTC placement (18, 24 M) (Minimum Data Set administrative data)
* Cost saving to Medicaid and Medicare (Medicaid and Medicare administrative data)
* Program satisfaction (survey)
* Intervention delivery (EMR Record)
 | * Time to LTC placement (18 M) (Proxy reported)
* Cost benefit (societal perspective, direct and indirect costs) (survey, costs estimated from published rates)
* Intervention delivery (EMR Record)
 |
| Intervention(s) | MIND at Home-Plus (MIND-P) for all participantsSubset (n=23, 7%) (high behavioral/safety needs) received supplemental Occupational Therapist-based activities protocolUsual care | MIND at Home-Streamline (MIND-S) (leaner, more targeted, and efficient protocol adapted from Original MIND)Augmented Usual Care |
| Data Collection | Continuous (non-blinded) | BL, 4.5, 9, 13.5, 18, 24 M (blinded) |
| Intervention Delivery Endpoint | Death, a permanent transition LTC setting (e.g., LTC, assisted living), a move outside the area, loss to follow-up, or withdrawal | Death, a permanent transition LTC setting (e.g., LTC, assisted living), a move outside the area, loss to follow-up, or withdrawal |
| Consent | Consent for claims analysis | Consent for future claims analysis |
| Key Limitations on Cost Evaluation | Administrative claims data limited to self-monitoring period for HCIA (ended 11/30/2017). JHU has MIND PWD and Match Medicare claims data only through 2016. Medicaid data only through 10/2017. No Medicare Advantage data available. | Health care and community service use limited to proxy report data collected every 4.5 months—subject to recall bias and errors in monetizing service costs from national data. |
| Abbreviations: HCIA – Health Care Innovation Award, CMS – Centers for Medicare and Medicaid, RCT – randomized controlled trial, NIA – National Institute on Aging, LTC – long-term care, PWD – person with dementia, CG – caregiver, EMR – electronic medical record, M – months, BL – baseline, JHU – Johns Hopkins University |

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| Table S2. Structured Measurement Instruments |
| Measure | # Items | Score Range | Score Directions |
| Persons With Dementia Measures |
|  General Medical Health Rating | 4 | 1-4 | Higher = better |
|  Lawton & Brody’s Instrumental ADLs\* | 8 | 8-31 | Higher = worse |
|  Psychogeriatric Dependency Rating Scale | 16 | 0-39 | Higher = worse |
|  Mini Mental State Examination | 30 | 0-30 | Higher = better |
|  Neuropsychiatric Inventory Frequency Severity | 1212 | 0-480-36 | Higher = worseHigher = worse |
|  Quality of Life-Alzheimer Disease, Proxy-Rated | 13 | 13-52 | Higher = better |
| Caregiver Measures |
|  General Medical Health Rating | 4 | 1-4 | Higher = better |
|  12-Item Short Form Physical Health Mental Health | 1212 | 0-1000-100 | Higher = betterHigher = better |
|  Patient Health Questionnaire 9 | 9 | 0-27 | Higher = worse |
|  Zarit Burden Inventory | 12 | 0-48 | Higher = worse |
|  \* ADLs – Activities of daily living. |