

FAQ's on CAPABLE Fidelity

Minimum Visits (or “Dose”) of CAPABLE

Q: How many visits are expected? Are there a minimum # of visits to still maintain fidelity to the CAPABLE model as tested?

A: CAPABLE generally has 6 OT visits and 4 RN visits for a total of 10. Minimum Visits to be considered as having offered CAPABLE is eight (8) - (of which at least 2 RN visits).

Substitute for Home Care Visits

Q: Can CAPABLE visits be run at the same time (in same visit) as when a home care OT or RN visit is made—for skilled follow-up or ongoing OT/skilled nursing needs of a patient?

A: No. CAPABLE does NOT substitute for or replace home care visits ordered by a provider for a person with specific rehabilitative or skilled nursing needs—such as follow-up from a hospitalization, inpatient rehabilitation, or other acute or skilled post-discharge need.

Fidelity

Q: What helps maintain fidelity? What oversight will JHU provide to ensure that nationally there is consistency in how CAPABLE is being implemented?

A: The OT and RN training is comprehensive and sets up the team to maintain fidelity to the CAPABLE protocol. We also provide ongoing technical support and assistance. We have an annual check-in with each site, with a very modest set of data (brief survey) and to affirm that the organization has followed the protocol. JHU will check these data to ensure ongoing alignment of the CAPABLE model/program within implementing organizations.

Minimum Data to be reported at least annually to Johns Hopkins CAPABLE team
Operational Stats:

- Organizational Lead - Accountable entity and partners
- Timeframe - started - to current period
- # of participants served, targeted, and completion rate
- Partners and Team members - any change in # or personnel
- Readiness self-assessment; Implementation barriers and facilitators
- Budget and Cost per participant of CAPABLE

Outcomes Observed - Aggregate Data (JHU would appreciate this information):

- Change pre to post in ADL and in IADL function
- Change pre to post in depression using the PHQ-8
- Change pre to post in pain
- Change pre to post in falls or falls efficacy (strongly recommended)
- Participants' experience (using CAPABLE survey form)
- Change in utilization of healthcare and costs (if tracked)