IMPROVING OUTCOMES WITH EVIDENCE-BASED CAREGIVER INTERVENTION

Bending the dementia cost curve



NIH SBIR funded randomized control trial of a tech-enabled caregiver support intervention. *Kinto Care Coaching*, NIH SBIR 1R44AG074778-01



The 6 week randomized control trial (RCT) provided strong evidence indicating that the innovative, techenabled caregiver intervention reduced ED visits and hospitalizations for dementia patients.

Caregiving for people living with dementia presents unique challenges when compared to other caregivers



+40% depression or anxiety



+56% financial distress



+74% personal health concerns

Source: alz.org/facts

3X

Medicare reports people living with dementia cost 3 times more than those who do not

Source: 2019 CMS Limited Data

\$1000

UCSF study showed \$1000 PM/PM higher patient costs when caregiver strain is not well managed Source: JAMA, Care Ecosystem Model, 9/18.23



There are 11.5M dementia caregivers in the US

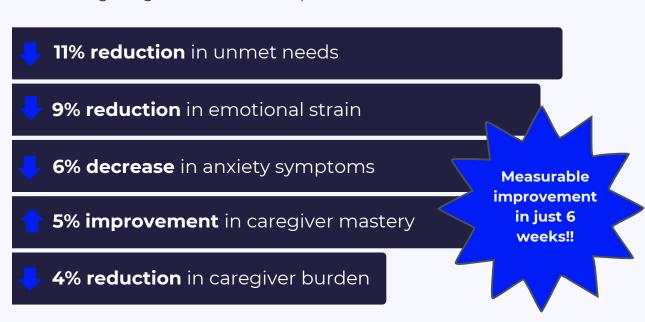
"We know that when caregivers lack the necessary support and tools, emergency rooms become catch-alls. Avoidable ED admissions for people with dementia spiral into excessive inpatient and post-acute costs.

Research shows reducing caregiver strain leads to better outcomes for the patients in their care. This controlled study validates that the interventions Rippl is providing, by putting both patient and caregiver in the center, creates the conditions that keep patients out of the ER and safe at home."

Dr. Jamie Sharp, Chief Medical Officer, Rippl

6 WEEK CAREGIVER INTERVENTION TARGET DOSE DROVE IMMEDIATE IMPROVEMENT VS. THE CONTROL GROUP

Stabilizing caregivers leads to better patient outcomes and decreased utilization





The entire intervention group saw a reduction in **behavioral issues** in their person living with dementia, averaging **8%** lower frequency

Caring for caregivers is critical to improving outcomes and reducing total cost of care for people living with dementia

