As the Commission is aware, there is a growing body of evidence regarding the effectiveness of restorative or re-ablement programs targeted at older individuals requesting home care services when they are experiencing difficulties with everyday activities and personal care. While much of this evidence has been published, I am writing to inform the Commission of an article and some data that have not yet been published. I have attached the article, which I was asked to write for a Canadian journal, Geriatrics and Aging. The unpublished data includes a small systematic review conducted by the Social Care Institute for Excellence (SCIE) in the UK on re-ablement (Professor Mike Fisher is my contact mike.fisher@scie.org.uk) plus the results of our most recent research into the effectiveness of Silver Chain's restorative home care program, the home independence program (HIP), which I have summarised below.

The study was a randomised controlled trial in which 750 community dwelling older people who were referred to Silver Chain for assistance with their personal care and did not have dementia or another progressive neurological disorder and were not terminally ill, were randomised to receive HIP or "usual" HACC home care services. The specific research objectives were to:

- Compare the outcomes for the two groups (HIP vs HACC) of individuals
- Determine whether the aged care careers of the individuals in the two groups were markedly different.
- Compare the costs of aged care for the two groups over time
- Compare the use and costs of hospital and other health services by the two groups over time.
- Compare the total health and aged-care costs of the two groups over time.

While the data collection part of the study has been complete for over 18 months, there has been a delay in being provided with the requested data from commonwealth aged care data sets, and to date only WA held data have been made available. As a consequence it is not yet possible to answer the research questions as completely as was initially hoped. The availability of data for this type of research is an issue that needs to be addressed as has been outlined in a submission by the Australian Association of Gerontology, to which a copy of a position paper on this issue was attached. Given this limitation the results currently available are summarised below.

The results have been examined in two ways, firstly in terms of intention to treat ie. everyone who was randomised to a treatment group regardless of whether they actually received that type of intervention; and secondly in terms of actual services received.

- In the intention to treat analysis at 3 months and 1 year follow ups, 63.5% and 40.3% respectively HACC and 27.5% and 17.9% HIP were receiving an ongoing personal care service.
- In the actual services analysis, the respective figures were 68.9% and 43% for HACC and 21.3% and 14.2% for HIP.
- A multivariate analysis found HIP clients to be 5.8 and 4.6 times more likely than HACC clients to **not** be receiving ongoing care at 3 months and 1 year respectively when analysed by randomisation and 10.8 and 6.5 times more likely **not** to be receiving ongoing care when analysed by actual services received.
- In a substudy, in which 350 clients (175 from each group) were recruited to be visited three times at home so that a range of outcome measures could be

taken, no differences were found between the groups apart from in the Timed Up and Go at 3 months and Instrumental Activities of Daily Living at 12 months. In both cases the HIP group showed greater improvement than the HACC group. In general both groups showed improvement on all measures in the first three months and some of this improvement was then lost over the next 9 months.

- When individual ADL tasks were examined, a significant difference was seen between the two groups in the proportions needing assistance with showering at all time points after the HIP intervention had commenced. Unfortunately the design of the study meant that the baseline measures were often taken a week or so after the service had started (it had been decided that the research staff should go in after service had commenced and clients would often not want someone to come in until they were feeling more settled). Hence as the HIP care managers would start the intervention immediately a significant proportion of HIP clients were already independent in their personal care as compared to their eligibility assessment. The table below shows these figures:

Table 1: Percentage of clients independent with showering

Group	Telephone Eligibility	Baseline home visit	Three month home visit	One year home visit
HIP	9%	49%	69%	67%
HACC	18%	30%	41%	43%

- It was only possible with the data we have, to look at aged care careers in terms of total HACC services (which includes the services provided through HIP), using the HACC MDS data; and whether someone had received an ACAT assessment and what level of care, if any, was approved. What services were received in the year prior to this study, as well as the year of the study and the subsequent year, were looked at.
- No difference between the groups was found in terms of the total amount of HACC services that the two groups had received in the year prior to this study.
- There were significant differences between the groups in terms of the total amount of HACC services used and the total amount of personal care service used in the study year, the subsequent year and in the two years combined, with HIP using significantly fewer hours of care.
- A relatively large proportion of both HIP and HACC (49-56%) were either not assessed by an ACAT or were assessed and not approved, in the follow up period. A significantly greater proportion of HACC clients were assessed and approved for some level of care in the total two year period. This difference was only significant for the two year follow up taken as a whole but in both the intention to treat and the actual services treatment analysis. Similar proportions of the two groups were approved for low level care but a greater proportion of the HACC group were assessed for high level care in the two year follow up period actual treatment analysis.
- There is a significant difference in the cost of HACC services provided to the two groups for all periods except the year prior to the study. The average cost of HACC services for those receiving HIP is always lower than those who received HACC.
- Based on analysis thus far, the only difference in the use of hospital services between the two groups is in terms of the proportion of individuals presenting to ED. In the actual services treatment analysis there was a difference between the groups in years 1 and 2 and the two year combined period, whereas there had been no difference in the year prior to the study. In all instances the HIP group were less likely to present to ED.

- No difference between the groups has as yet been found in terms of hospital admissions (data analysis is still ongoing).
- When HACC and hospital costs are combined in a preliminary analysis, there are differences between the two groups in the first year and total two year period but not in year 2 for the actual services analysis and in this case the average cost was lower in the HIP group than the HACC group, but costs were different at baseline between the groups in the previous year. The intention to treat analysis only found a significant difference between the groups in the overall two year follow up where the HIP group cost less (further analysis is needed to account for people with hospital transfers).

In summary, these results show that HIP is effective for many clients in removing the need for ongoing home care services and that this benefit is still evident two years post intervention. In addition it would appear that participating in HIP reduces the likelihood that an individual will, at least in the medium term, need high care or present at an emergency department.

Professor Gill Lewin
Centre for Research on Ageing
Curtin Health Innovation Research Institute
Curtin University
27 July 2010