



SILVER CHAIN

EVERY MINUTE. EVERY HOUR. EVERY DAY. WE CARE.

The HIP Randomised Controlled Trial - Findings at First Follow Up

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who cares...

we care

- What is the Home Independence Program (HIP)?
- The HIP story
- The RCT
- 3 month follow up results
- Conclusions and questions



What is HIP?



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Home-Based Early Intervention

Reduce demand for home care

- Optimise independent functioning
- Prevent or delay further functional decline
- Promote healthy ageing
- Encourage self-management of chronic diseases





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Key Model Components:

- Multi-disciplinary team working in inter-disciplinary way
- Multi-dimensional assessment
- Goal oriented care planning
- Targeted evidence-based interventions
- Telephone support
- Time limited



Examples of Interventions



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Aids and equipment

Falls prevention activities



Task analysis and redesign



Medication management

Self management of chronic disease



Exercises for strength and balance

- 1999 HIP developed
- 2000 Pilot study
- 2001 Operational trial
- 2002 Controlled Trial
- 2004 Implemented across metro
- 2005 RCT commenced
- 2007 RCT preliminary analysis





- Compare the outcomes for individuals referred for Personal Care who receive HIP, with those who receive “standard” HACCC.
- Determine whether the aged care careers in the two groups are markedly different.
- Compare the costs of aged care, in both the short and longer term.
- Compare the use and costs of hospital and other health services.
- Compare the total health and aged-care costs.

Target Group



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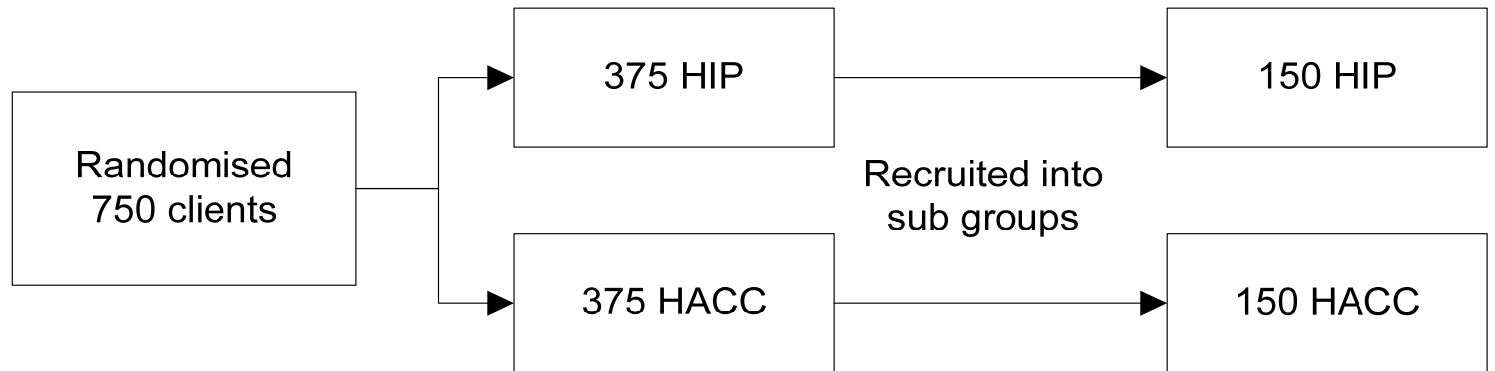
- Over 65 years of age
- Eligible for HACCC funded home care
- Referred for personal care
- When first request home care or increase in care
- No dementia diagnosis



Study Design



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Referred for
personal care
HACC eligible

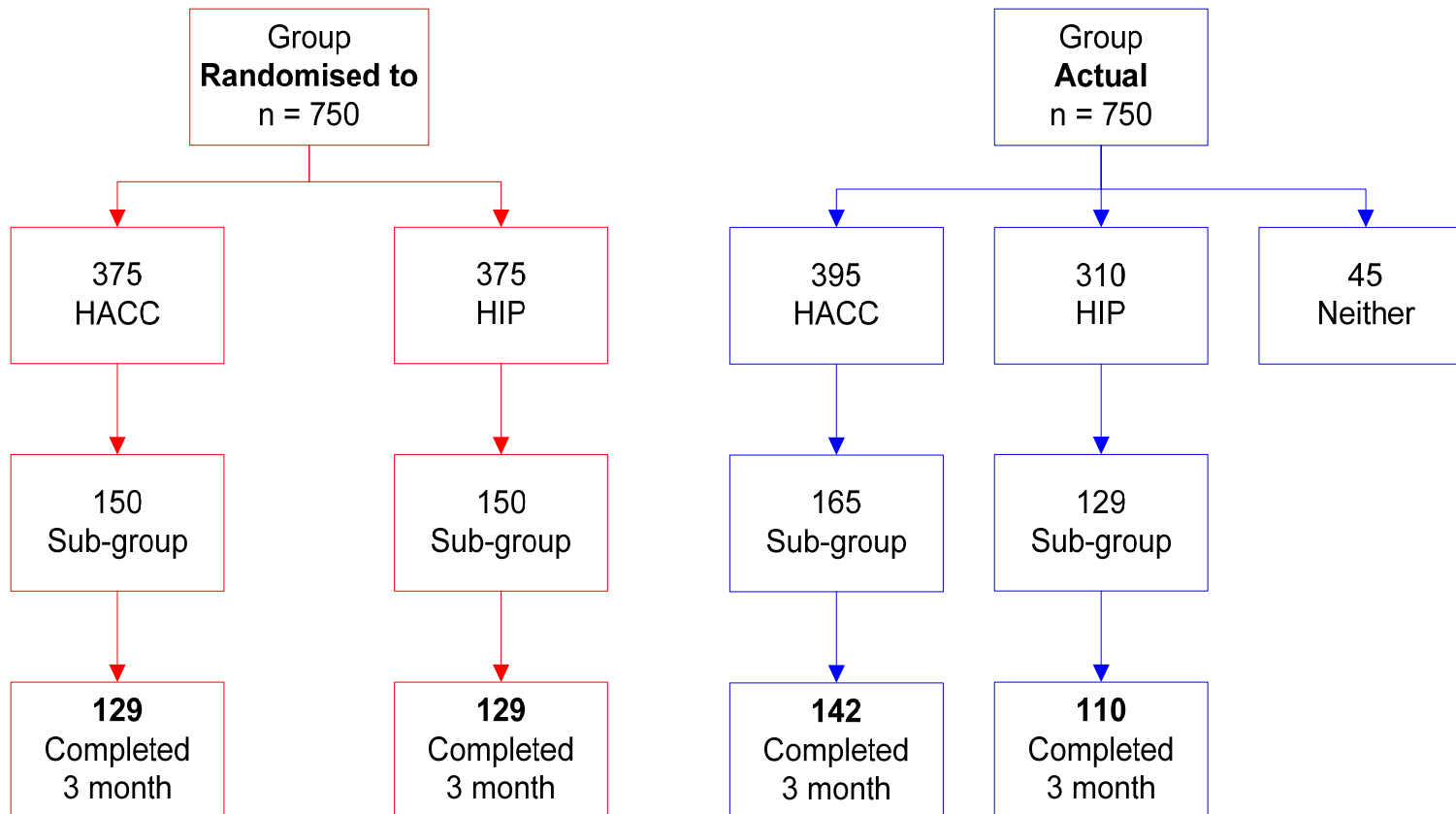
At Start:
Demographics
Assessment Data
Service Use
Over One Year:
Silver Chain,
health and aged care
services

**At Start, 3 Months
and One Year:**
IADL
ADL
MFES
AQOL
TUG

Methodology - Analysis



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Lost to Follow up Reasons



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Group Randomised to Reason	HACC	HIP	Total
Declined	10	9	19 (6.3%)
Deceased	5	6	11 (3.7%)
Unable to contact	5	5	10 (3.3%)
Hospice	1	1	2 (0.7%)

Actual Service Received Reason	HACC	HIP	Total
Declined	12	7	19 (6.3%)
Deceased	6	5	11 (3.7%)
Unable to contact	5	5	10 (3.3%)
Hospice	1	1	2 (0.7%)

Comparability at Baseline



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Demographics	Group Randomised To		Actual Service Received	
	HACC	HIP	HACC	HIP
Average Age	82.73yrs	81.84yrs	82.68yrs	81.89yrs
% Female	64.5%	70.1%	64.3%	72.3%
% Lives Alone	42.4%	51.2%	42.3%	52.9%
% Has a carer	67.7%	57.6%	67.3%	56.8%
% Co-resident carer	72.8%	65.6%	73.3%	62.3%
% Aged pension	85.5%	81.9%	85.2%	81.6%



Sub Group Mean Outcome Measure Scores

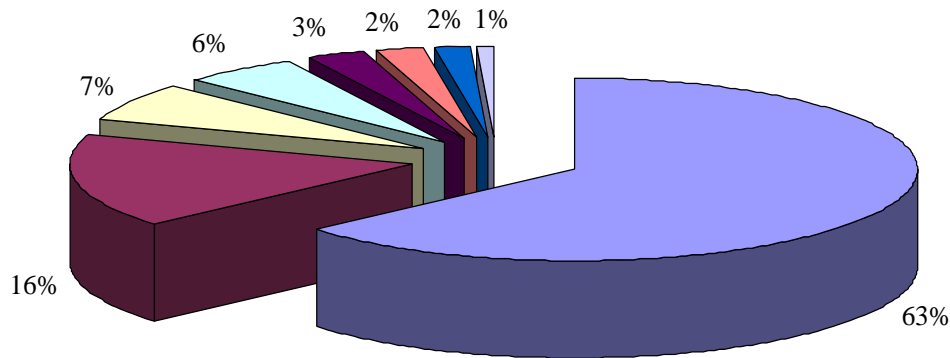
Outcome Measures	Group Randomised To		Actual Service Received	
	HACC	HIP	HACC	HIP
ADL Total	13.7	12.6	13.5	12.5
IADL Total	18.4	17.7	18.5	17.5
MFES	7.3	7.6	7.3	7.6
AQOL	.313	.346	.306	.353
TUG (seconds)	28.6	29.7	29.2	29.5

PC Outcomes Randomised

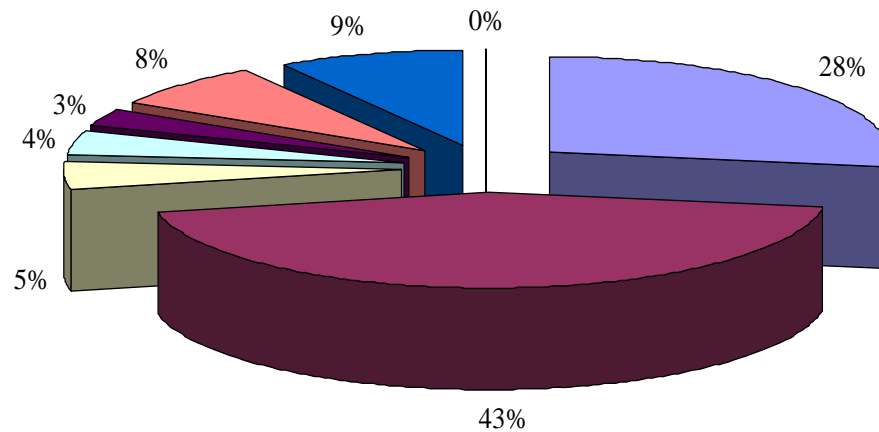


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HACC



HIP



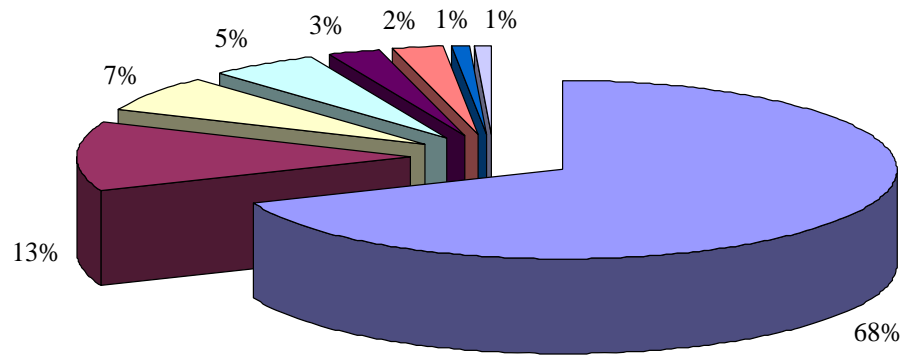
- Ongoing PC
- No PC Required
- Died
- Residential Care
- Other Home Care
- Withdrew
- Hospital/Hospice
- Moved

PC Outcomes Actual

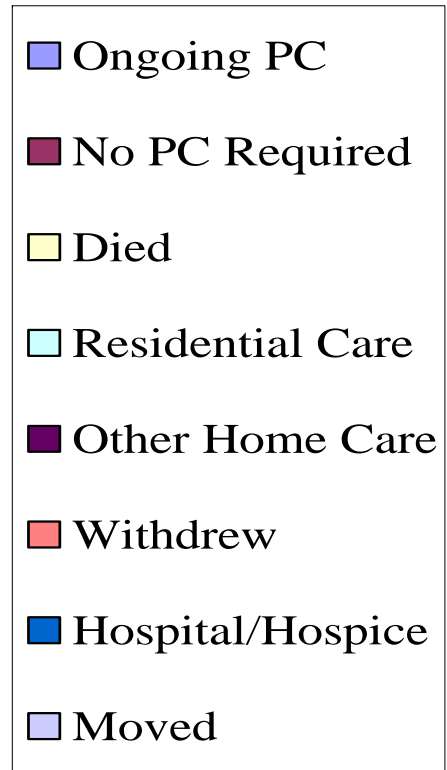
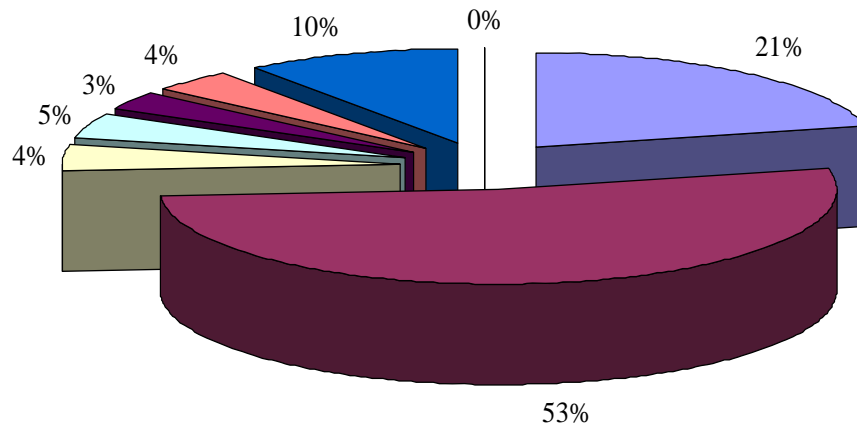


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HACC



HIP

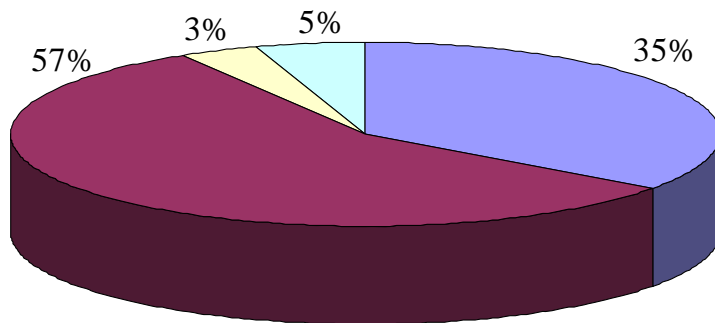


PC Outcomes - Adjusted

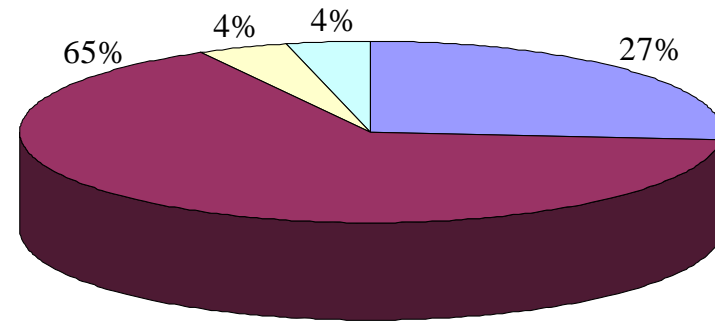


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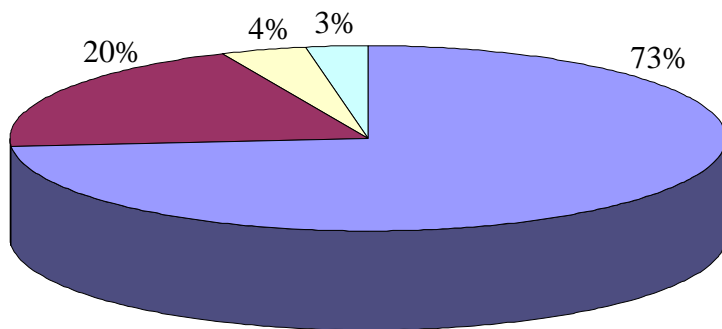
HIP - Randomised



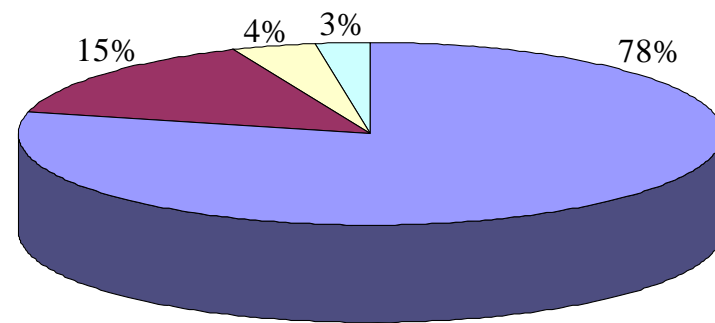
HIP - Actual



HACC - Randomised



HACC - Actual

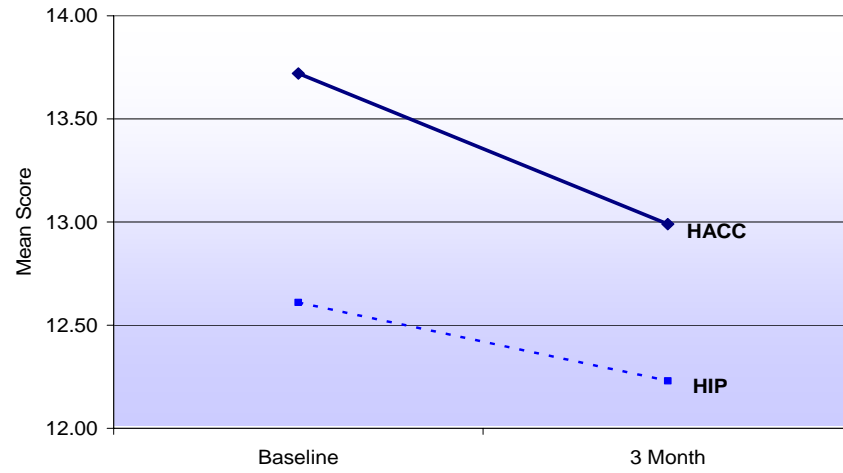


Outcome Measures - Randomised

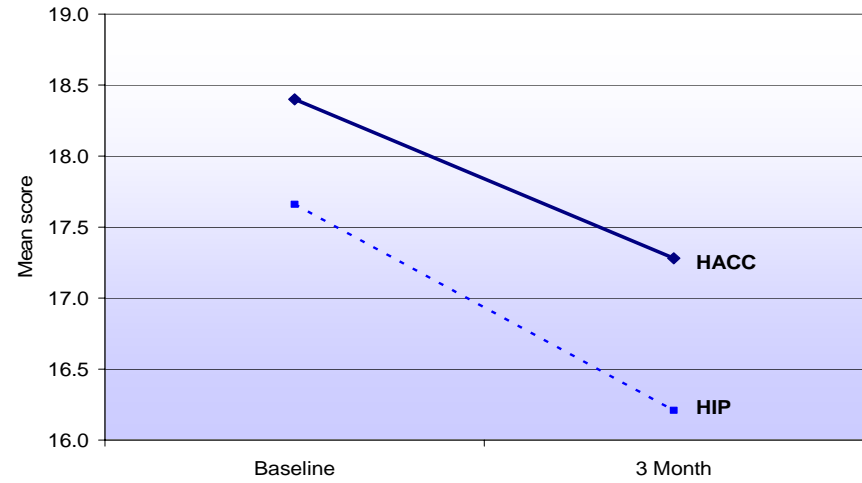


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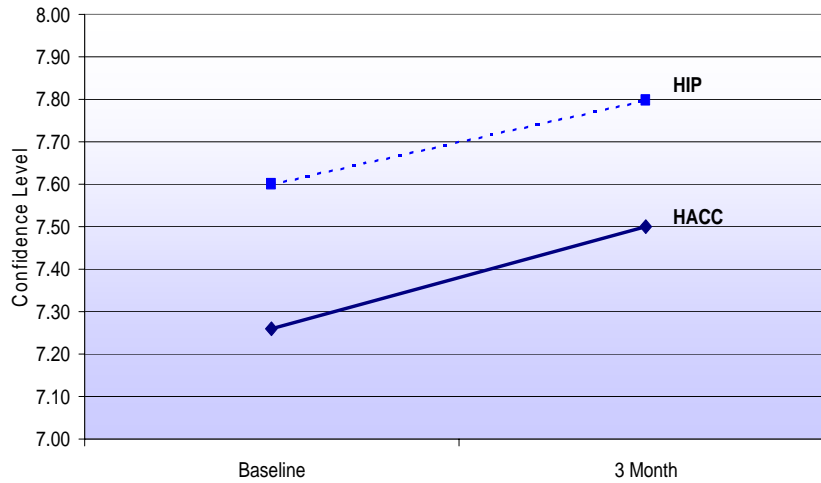
ADL TOTAL



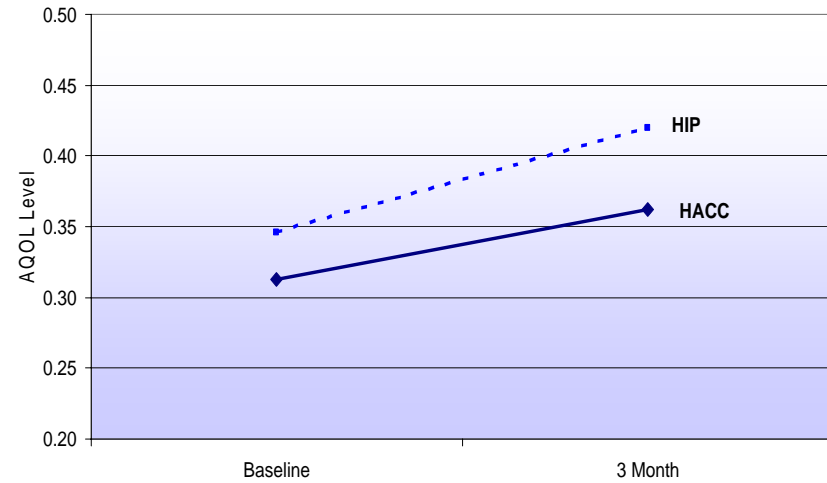
IADL TOTAL



MFES



AQOL

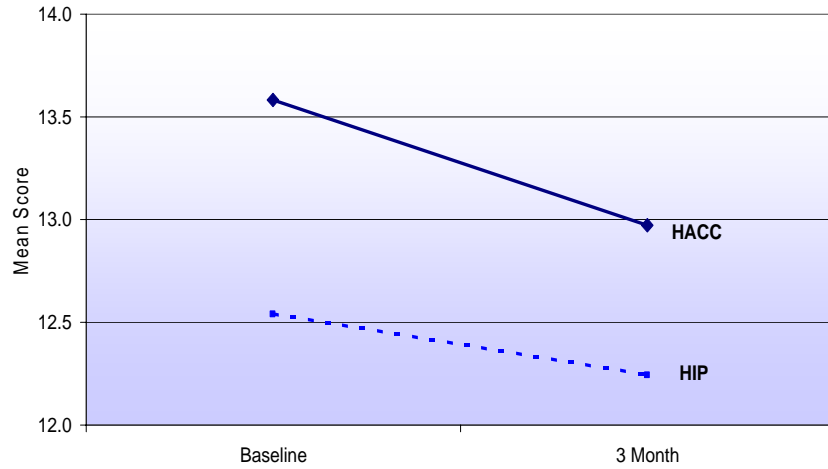


Outcome Measures Actual

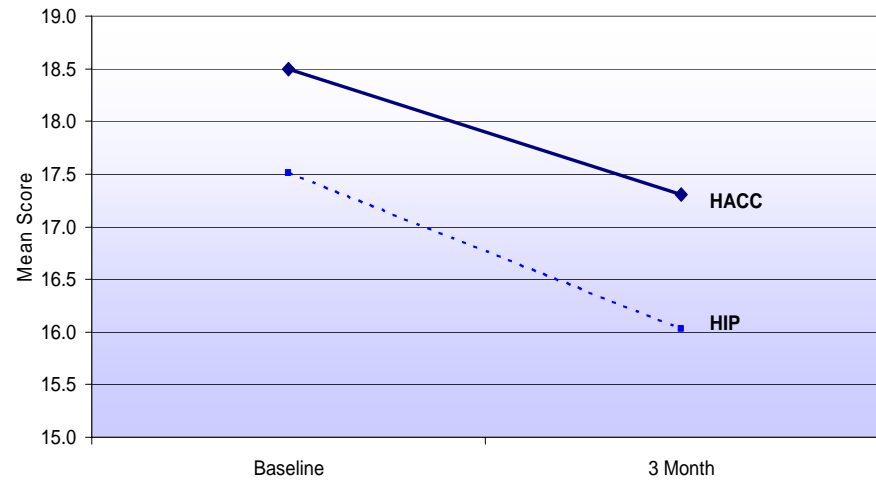


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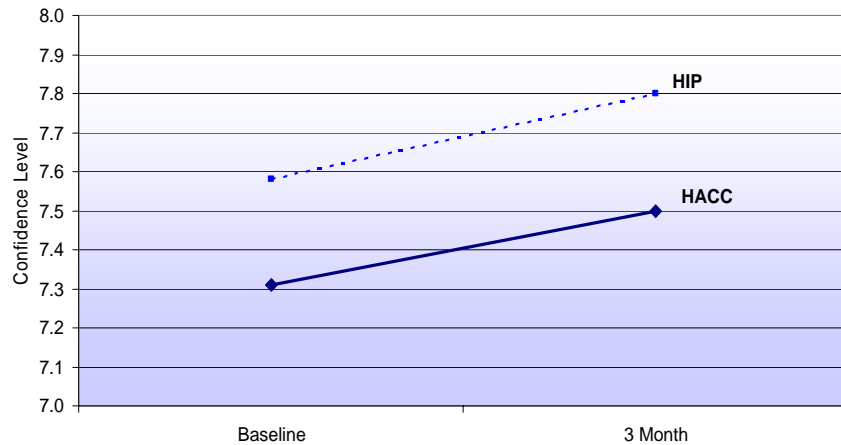
ADL TOTAL



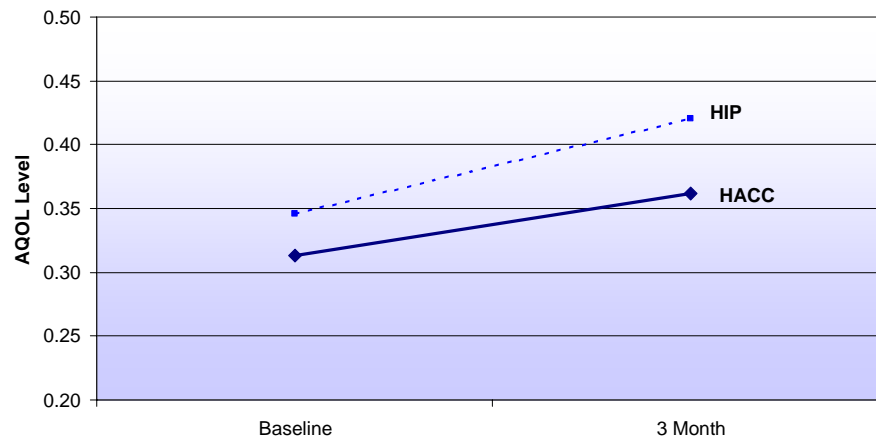
IADL TOTAL



MFES



AQOL

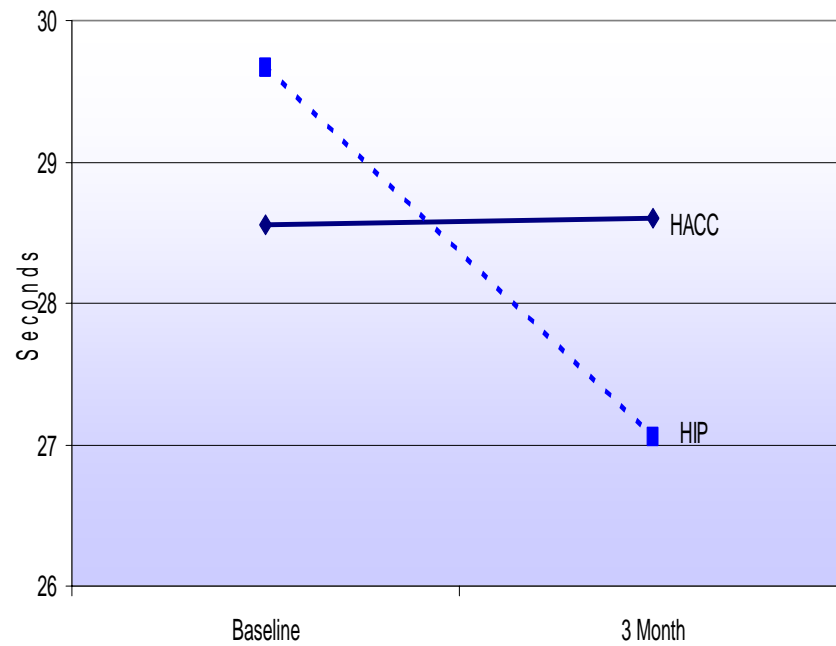


Timed Up and Go (TUG)

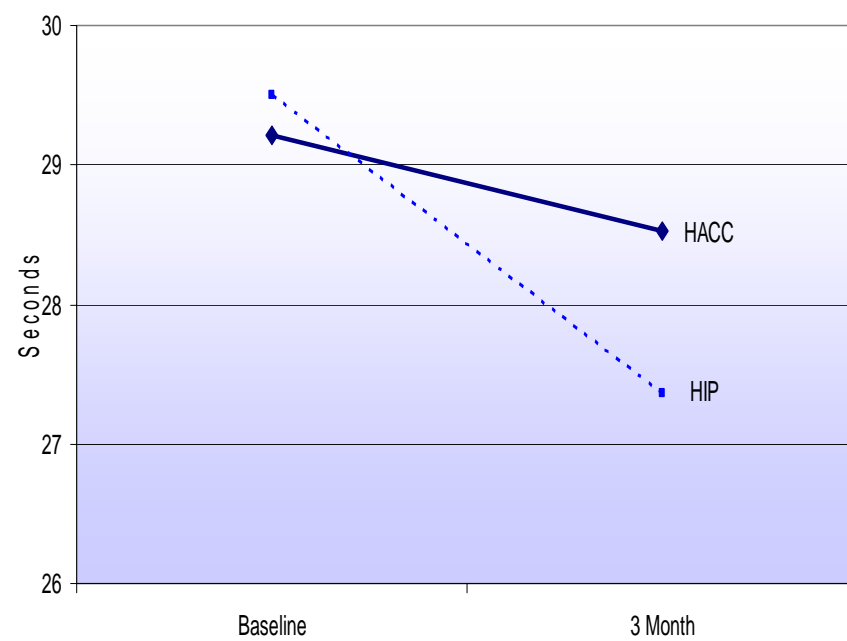


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Randomised



Actual





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- Clients who receive HIP are 6 times more likely to not need ongoing services than people who receive HACC
- But, differences in service outcomes not explained by functional changes:
 - **Small effect of having a carer**
 - **? HIP has influenced HACC services**
 - **? Role of expectations**
 - **? The outcome measures**



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