

Quality of Life as an Outcome for Community Based Care Services

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Overview

- Introduction to Silver Chain
 - A little bit about the organisation
 - Approach to outcomes measurement
- Measuring the impact of community care project
 - Overview and results
 - What we have done since

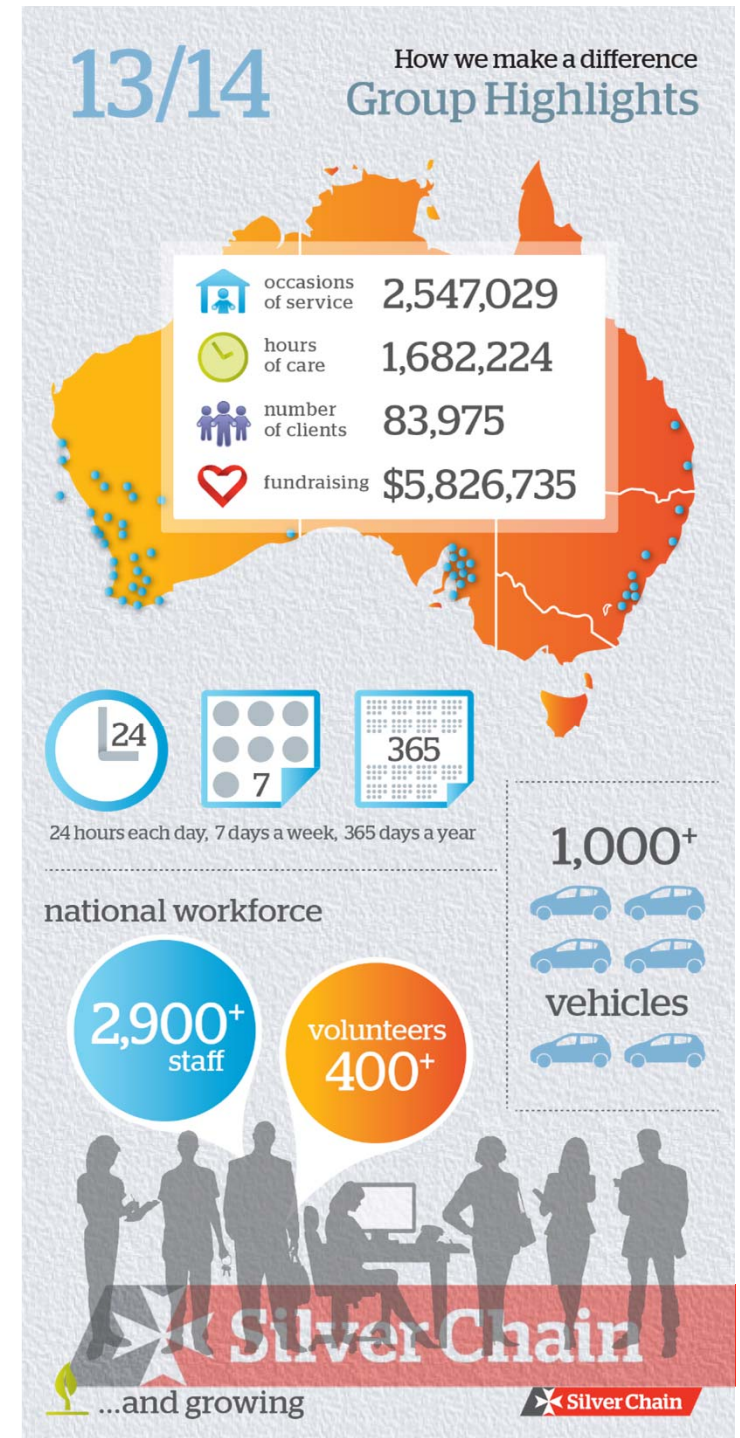


But First!!!

		Package			Package		
		CACP	EACH	EACH-D	CACP	EACH	EACH-D
		Number			Proportion		
Length of stay	<4Wks	886	342	172	4.4%	7.3%	6.5%
	4-<8 Wks	1118	380	231	10.0%	15.3%	15.3%
	8-<13 Wks	1394	452	264	17.0%	24.9%	25.3%
	13-<26 Wks	2812	871	557	31.1%	43.4%	46.5%
	26-<39 Wks	2012	617	407	41.2%	56.5%	61.9%
	39-<52 Wks	1637	464	259	49.4%	66.3%	71.7%
	1-<2 Yrs	4053	817	436	69.7%	83.6%	88.3%
	2-<3 Yrs	2218	356	168	80.8%	91.2%	94.6%
	3-<4 Yrs	1345	205	88	87.6%	95.5%	98.0%
	4-<5 Yrs	807	101	43	91.6%	97.7%	99.6%
	5-<8 Yrs	1135	103	10	97.3%	99.9%	100.0%
	8+Yrs	539	7		100.0%	100.0%	-

Silver Chain at a Glance

- Community based services
 - Palliative care
 - Home and Community Care
 - Home care packages
 - Community nursing
 - Hospital at home
- Organisational purpose:
 - To build community capacity to optimise **health** and **wellbeing**



Approach to outcomes measurement

- Desire
- Understanding
- Capability
- Lack of alignment of incentives
- Ad hoc
- Varied



Beneficiary Performance Indicator Project

Develop and implement a measure of benefit that:

- Provides a benchmark for organisational performance over time,
- Becomes an aide to strategic decision making and resource allocation, and;
- Is useful as a tool to drive operations.

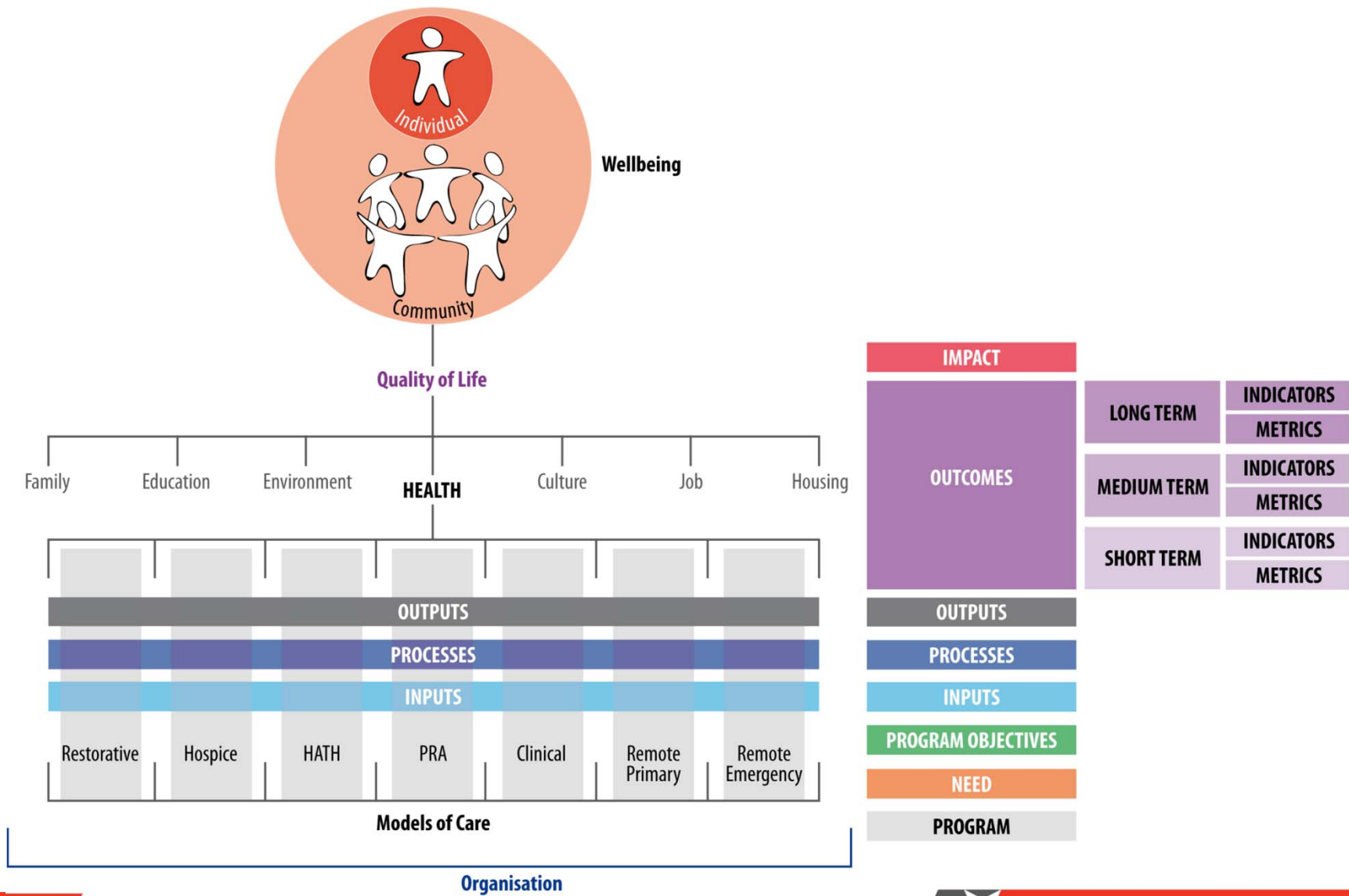


How do our services achieve these “health and wellbeing” outcomes for clients?

- Different services achieve outcomes in different ways:
 - HACCC services
 - Continence services
 - Remote clinics
 - Palliative care



Overarching Conceptual Framework



Preliminary Outcomes Framework

Program	Needs	Program Objectives	Inputs	Processes	Outputs	Outcomes						Impact
HATH	There are significant pressures on the hospital system, and a means of reducing the demand for hospital beds is to deliver hospital level care within the community, where it is safe to do so.	Reducing demand on hospitals	DOH WA funding, staff, capital	Service models, work instructions, clinical governance	Number of clients, Volume of care	Short term		medium term		long term		Improved Health and wellbeing
						Indicators	metrics	Indicators	metrics	Indicators	metrics	
						reduced hospitalisations	# of HATH clients being admitted to a traditional hospital during their service episode	Better client outcomes	proportion of clients with positive service outcomes	Better health and wellbeing	Lower levels of Hospital acquired infections within the community	
		Infection rates compared to traditional hospital				number of clients who acquire a infection, such as MRSA, whilst on a HATH service	Reduced excess demand for hospital beds	Ambulance ramping rates	increased community acceptability of HATH services	Increase in proportion of all hospital admissions being treated in the community (certain DRGs)		
		Comparative length of stay				Comparing LOS of HATH clients with LOS of traditional hospital clients (by DRG) - eg. Cellulitis						
		Quality of life/wellbeing at cessation				subjective measures (quality of life/wellbeing)						
		Client satisfaction with service provision				Client satisfaction surveys						
		Reducing the impact of a hospitalisation on a person's life									Reduced health care costs associated with increased community treatments	

What did we learn developing these?

- Varied aims and objectives of services
- Quality of life, Wellbeing and Independence commonly identified as important outcomes across all services, but,
- QoL not always the most important outcome, nor the perceived focus of the service!



Measuring the Impact of Community Care

- Attempt to try and explore how outcomes measures could be used within the Home and Community Care Program in WA.



HACC Program Objectives

- “Promote each client’s opportunity to maximise their **capacity** and **quality of life**” ¹
- “Support people to be more **independent** at home and in the community, thereby enhancing their **quality of life**” ^{1,2}
- To provide services “which contribute to a person’s **wellbeing**” ¹
- To “improve **functioning** and support **independence** of clients living in the community” ²

1 Commonwealth HACC program Manual (2012), p2-3

2 WA HACC Manual, (2013), p7

Purpose/Vision/Mission

Brightwater

- To Enable **Wellbeing** - We strive to empower all people to engage in their communities with purpose, dignity and peace of mind by providing outstanding quality care and support

Volunteer Task Force

- Our Vision - Excellence in enhancing **independence**, inclusion and **quality of life** for people in their communities

Southcare

- Services that support the **well-being** of people in need in the local community
- Mission : To offer caring services to the residents of the local community, assisting them to enhance their **quality of life**

Southern Cross care

- To enhance the **quality of life** of those who use our services.



Auditor General's Review of HACCC WA (2008)

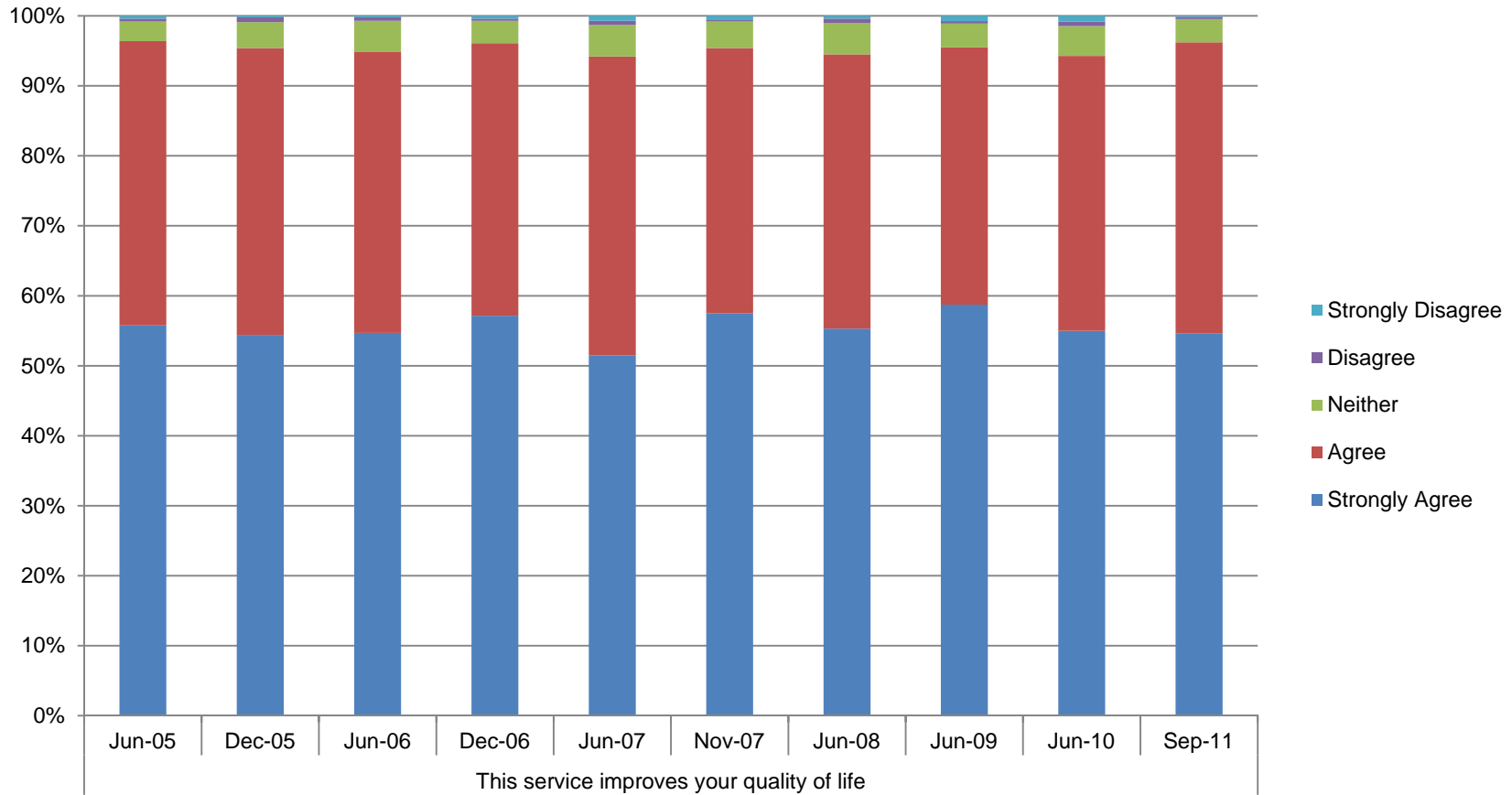
- *“Neither the DSC nor the DOH could show that their home-based services were improving their clients’ quality of life”*
- Recommended that the department:
- *“Adopt key effectiveness measures that are directly linked to improvement of the wellbeing and quality of life of people in home-based services”*

HACC Client Quality of Life Survey

		2010	2011	2012	2013	2014
	Total N	869	934	951	925	975
Number/proportion of care recipients that agreed that the HACC program helped them to be more independent	N	638	694	756	725	756
	%	73.42%	74.30%	79.50%	78.38%	77.5%
Number/proportion of care recipients who agreed that the HACC program improved their quality of life	N	774	802	868	817	892
	%	89.07%	85.87%	91.27%	88.32%	91.5%



Silver Chain Client Satisfaction survey



MICC project

- Can we measure some of the more subjective outcomes of HACCC services in WA in a more quantifiable way.
- How would we go about doing this?



Research Objectives

- Development of a set of agreed outcome measures both qualitative and quantitative for measuring the impact of community care.
- What outcome measures are appropriate for services delivered within a wellness model and how can these be incorporated into reporting models?
- How effective is the wellness approach to improving quality of life as well as health and functional status?



Methodology

- Client interviews
 - Sample of existing HACCC clients (N=55)
 - Completed survey
 - Qualitative feedback on instruments
- Quantitative component
 - Sample of clients commencing HACCC services
 - Baseline (shortly after HACCC face to face assessment)
 - Follow-up (three months after baseline survey)



Survey Instruments Selected For Pilot Project

Measure	Construct	items	Dimensions
Self Rated Health	Perceived health status	1	Current general health
EQ-5D-5L	Health Related Quality of Life	6	Mobility, Self-Care, Usual Activities, Pain/Discomfort Anxiety/Depression, Overall health item (Visual Analogue Scale)
AQOL - 4D	Health Related Quality of Life	12	Independent living, Self-care, Mobility, Household tasks, Relationships, Friendships, Isolation, Family role, Mental health, Sleeping Worrying, Pain, Senses, Seeing, Hearing, Communication
ICECAP-O	Capability	5	Love and friendship, Thinking about the future Doing things that make you feel valued, enjoyment and pleasure, Independence
Ascot	Capability	9	Control over daily life, Personal cleanliness and comfort, Food and drink Safety, Social participation, Occupation, Accommodation cleanliness and comfort Involvement, Dignity
Personal Wellbeing Index	Wellbeing	8	Overall life satisfaction item Satisfaction with standard of living Satisfaction with health Satisfaction with achievement in life Satisfaction with personal relationships Satisfaction with feelings of safety Satisfaction with feeling part of the community Satisfaction with future security

Overview

- Final numbers
 - Surveys
 - 223 Baseline surveys returned
 - 180 Follow-up surveys returned
 - Interviews
 - 55 Interviews completed



Qualitative results

What does the term quality of life mean to you?

The term quality of life means to me that I've got half a bed to sleep in, three meals a day and a loving partner and that's all I want

It's happiness, love, those two things you must have and health.

Being able to make things, be creative in a way that I enjoy doing things...as long as I can still do the things I enjoy doing, be loved, be respected.

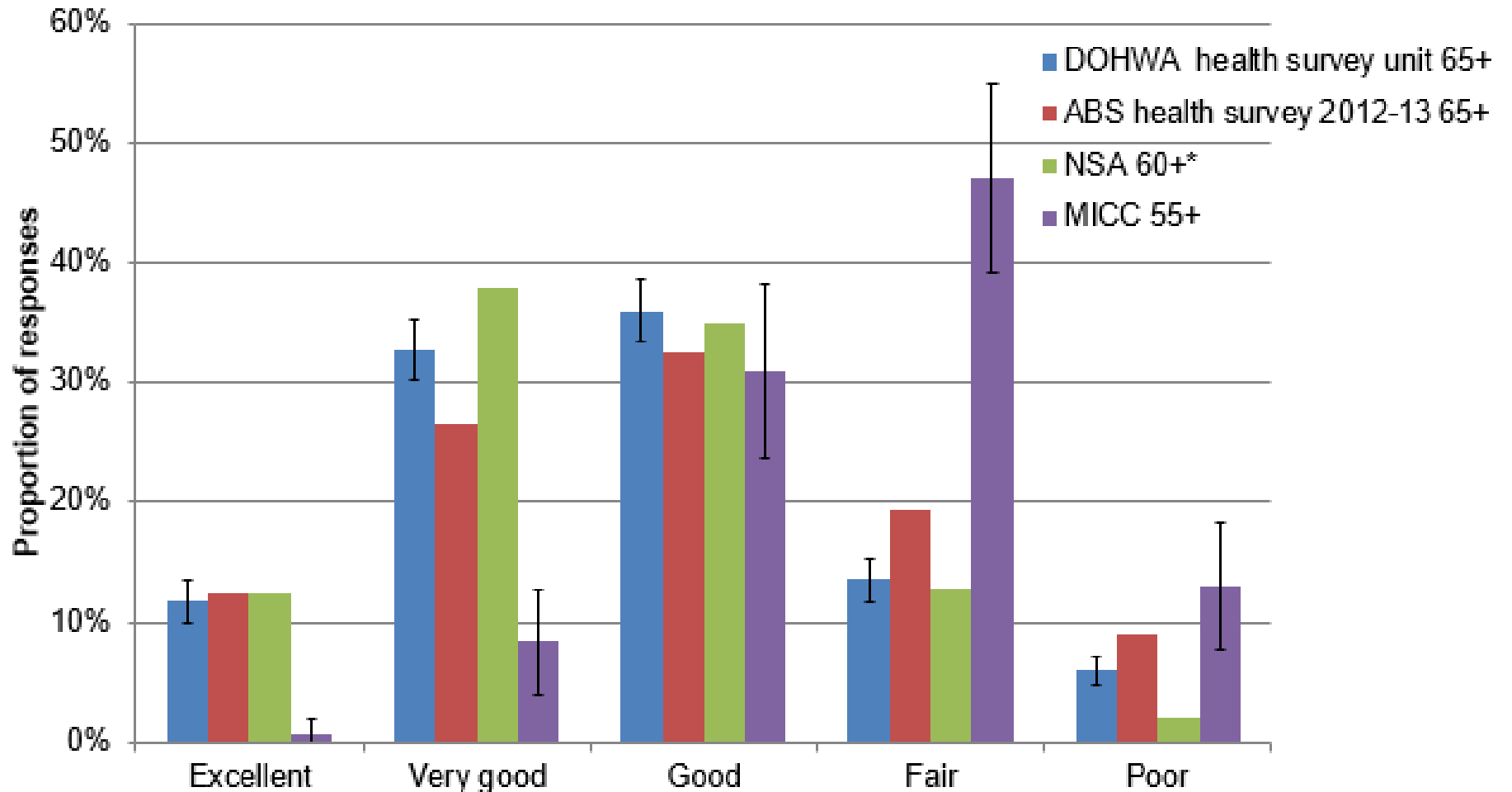
How did you find answering the questions?

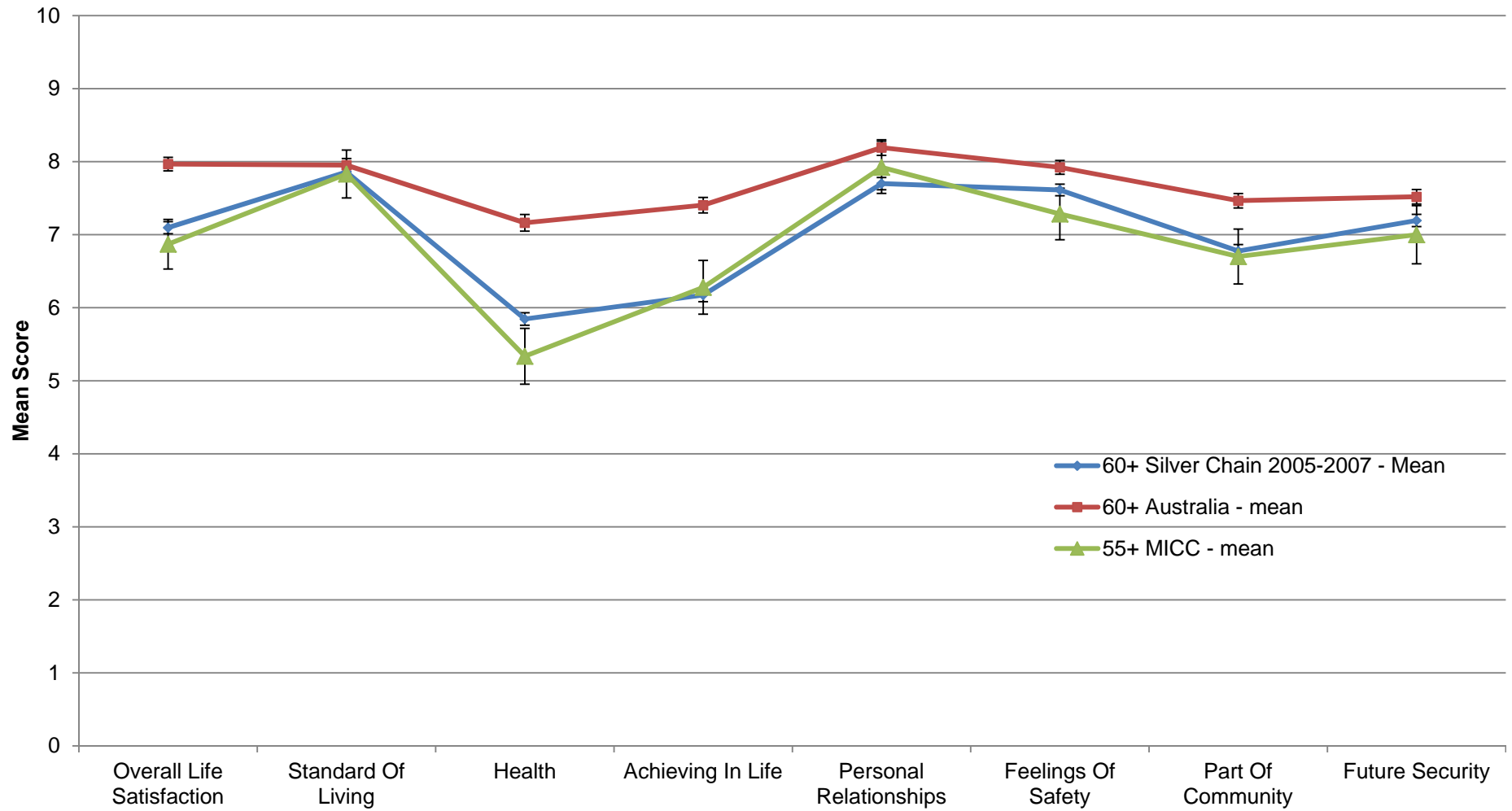
I thought, how do I enumerate this? some moments I'm satisfied and some moments I'm less satisfied

It's not easy to quantify some things, you know, "how satisfied are you with life?" - well, I'm as satisfied as I possibly could be, but that doesn't mean that I'm 100% satisfied - I had question marks in my mind while I was ticking the boxes

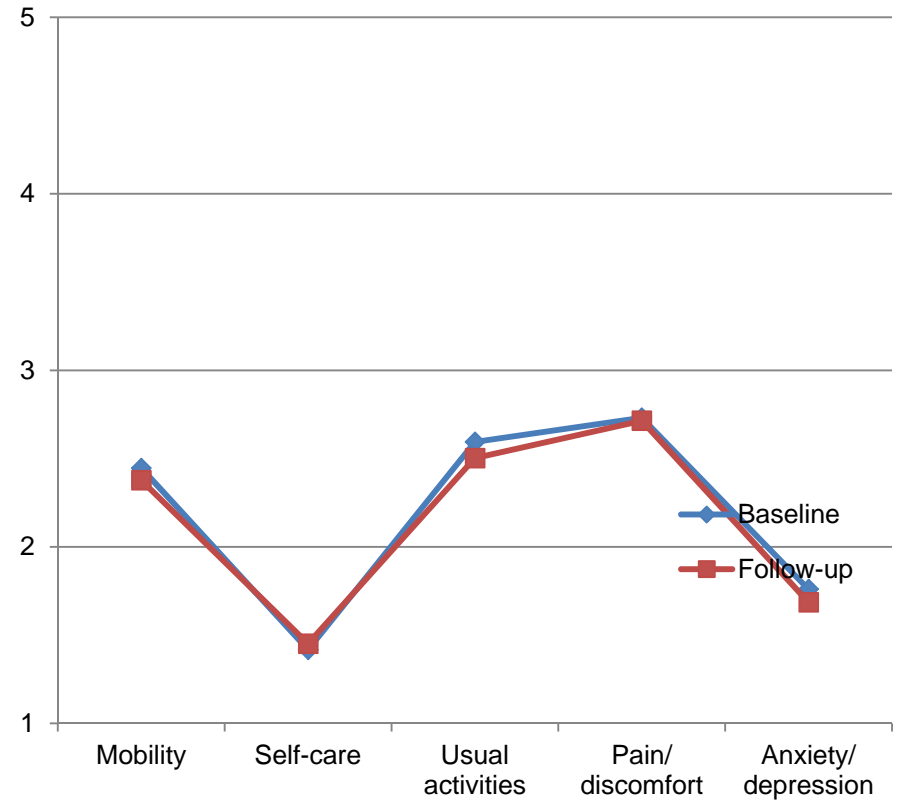
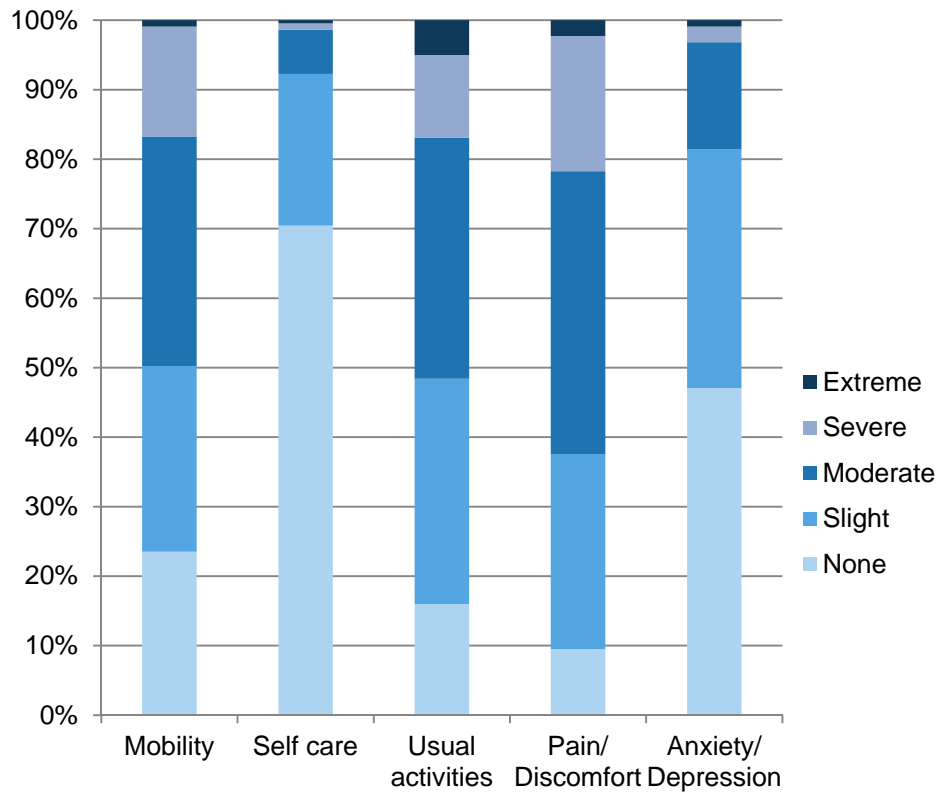
As far as I'm concerned these sorts of things are an absolute waste of time because you can't derive anything from them... how can you put it down to a few simple questions?

Self-Rated Health

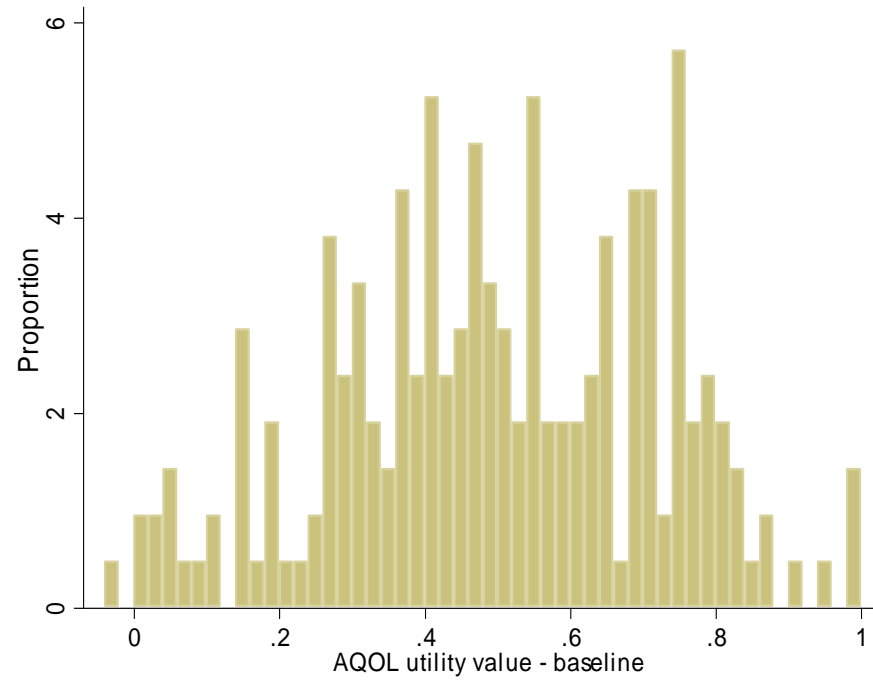
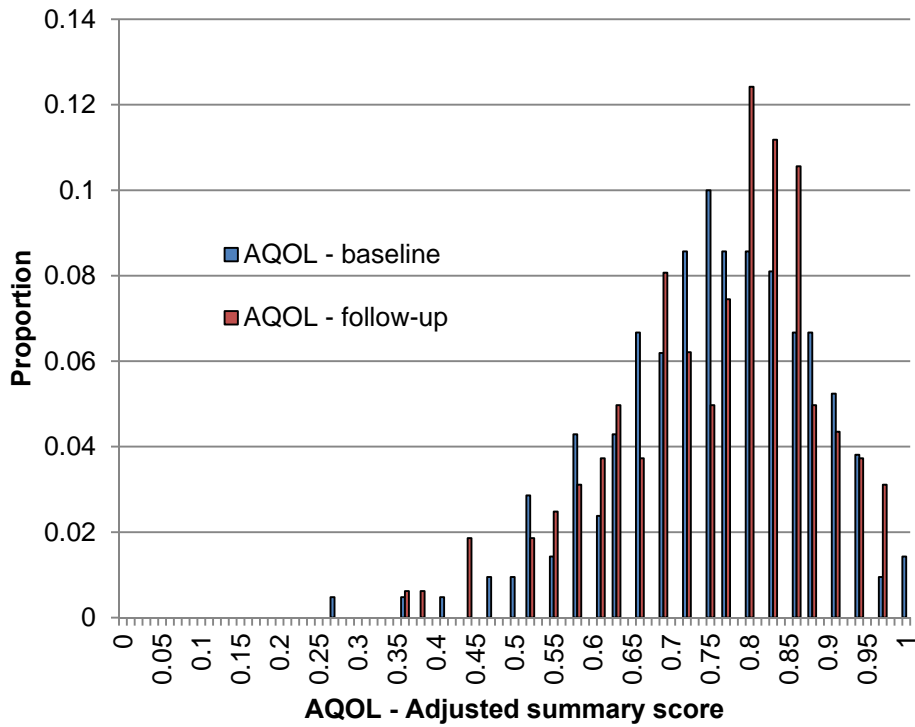




Descriptive Statistics – Item/Instrument Level



Descriptive Statistics – Summary Level



Descriptive Statistics - Utility/Index Values

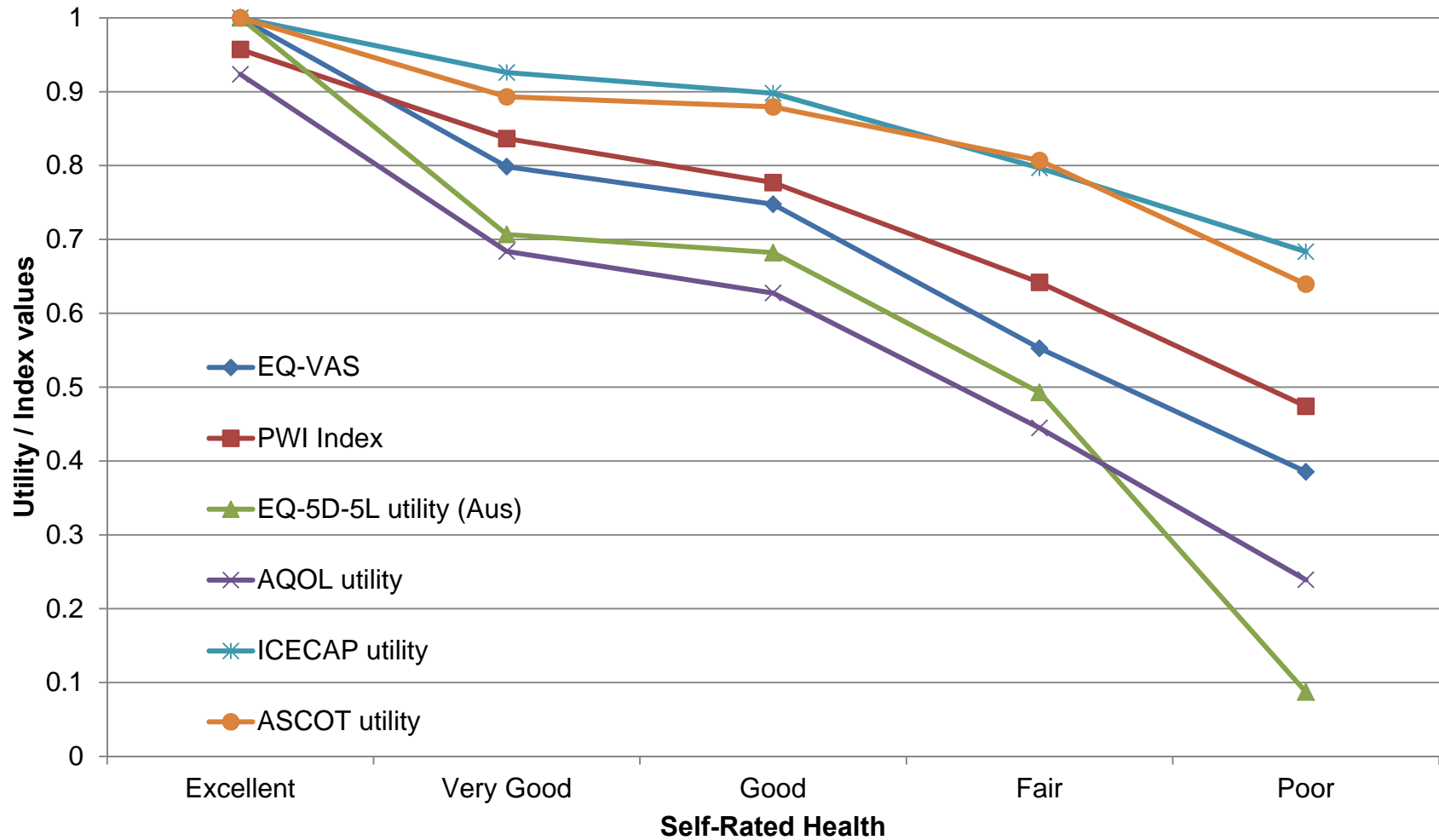
Instrument	Weighting / Value Set / Tariff	Mean		Median	
		Baseline	Follow-up	Baseline	Follow-up
EQ-5D-5L	UK	0.596	0.600	0.641	0.649
	US	0.700	0.703	0.728	0.738
	Australia	0.535	0.552	0.560	0.583
AQOL	Australia	0.509	0.515	0.505	0.551
ICECAP	UK	0.830	0.816	0.868	0.868
ASCOT	UK	0.819	0.845	0.853	0.886
PWI	None	0.690	0.707	0.700	0.743



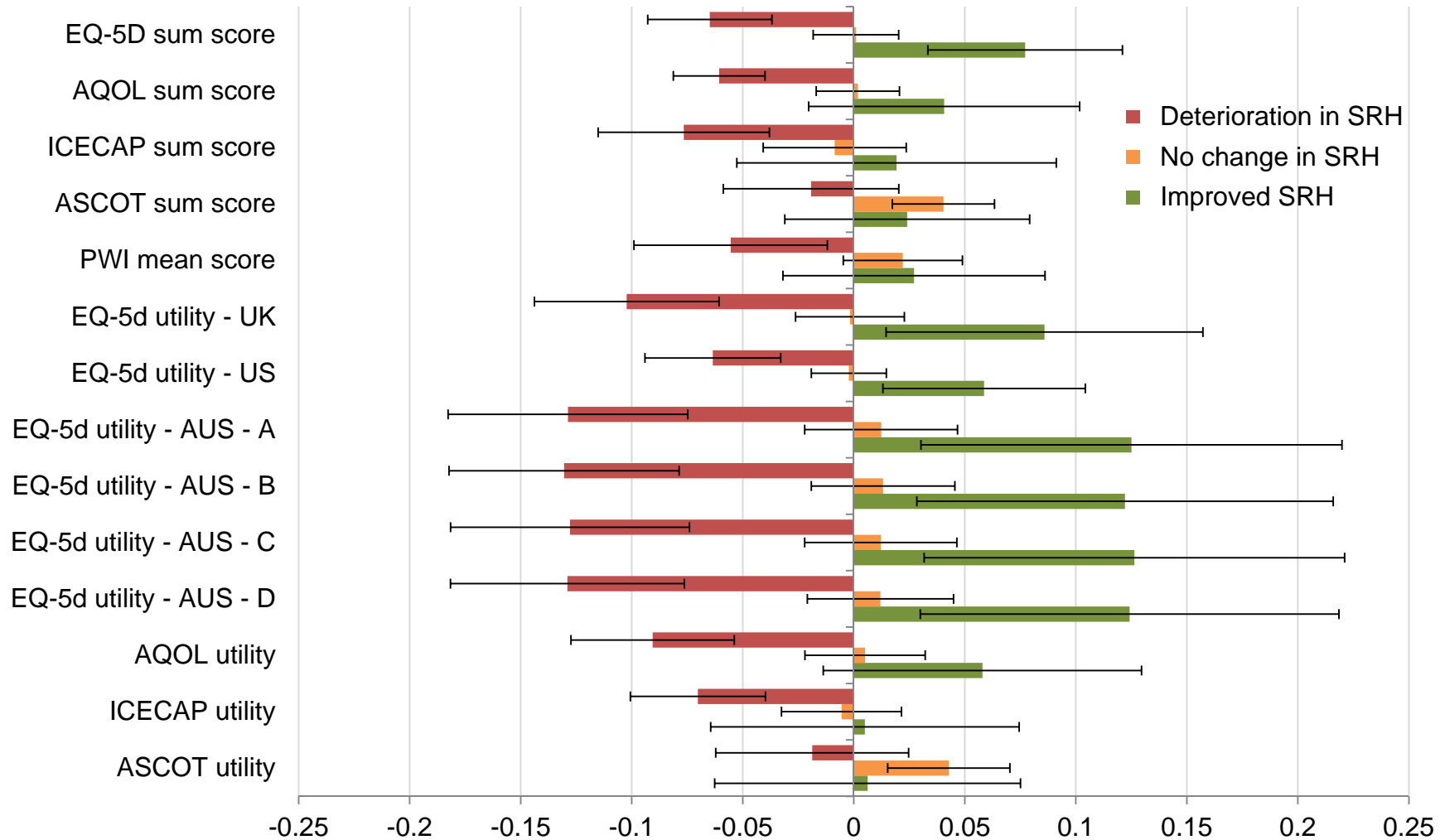
Correlation Between Surveys

Spearman's rank correlation (rho)	EQ-5D-5L summary score	AQOL summary score	ICECAP-O summary score	ASCOT summary score	PWI summary score	EQ-5D-5L Utility - UK	AQOL utility	ICECAP-O index score	ASCOT index score
EQ-5D-5L summary score	-								
AQOL summary score	0.771	-							
ICECAP-O summary score	0.605	0.674	-						
ASCOT summary score	0.575	0.664	0.764	-					
PWI summary score	0.604	0.620	0.721	0.671	-				
EQ-5D-5L Utility - UK	0.929	0.755	0.551	0.549	0.586	-			
AQOL utility	0.743	0.936	0.658	0.635	0.625	0.729	-		
ICECAP-O index score	0.601	0.685	0.942	0.732	0.680	0.565	0.662	-	
ASCOT index score	0.576	0.654	0.726	0.957	0.658	0.569	0.619	0.729	-

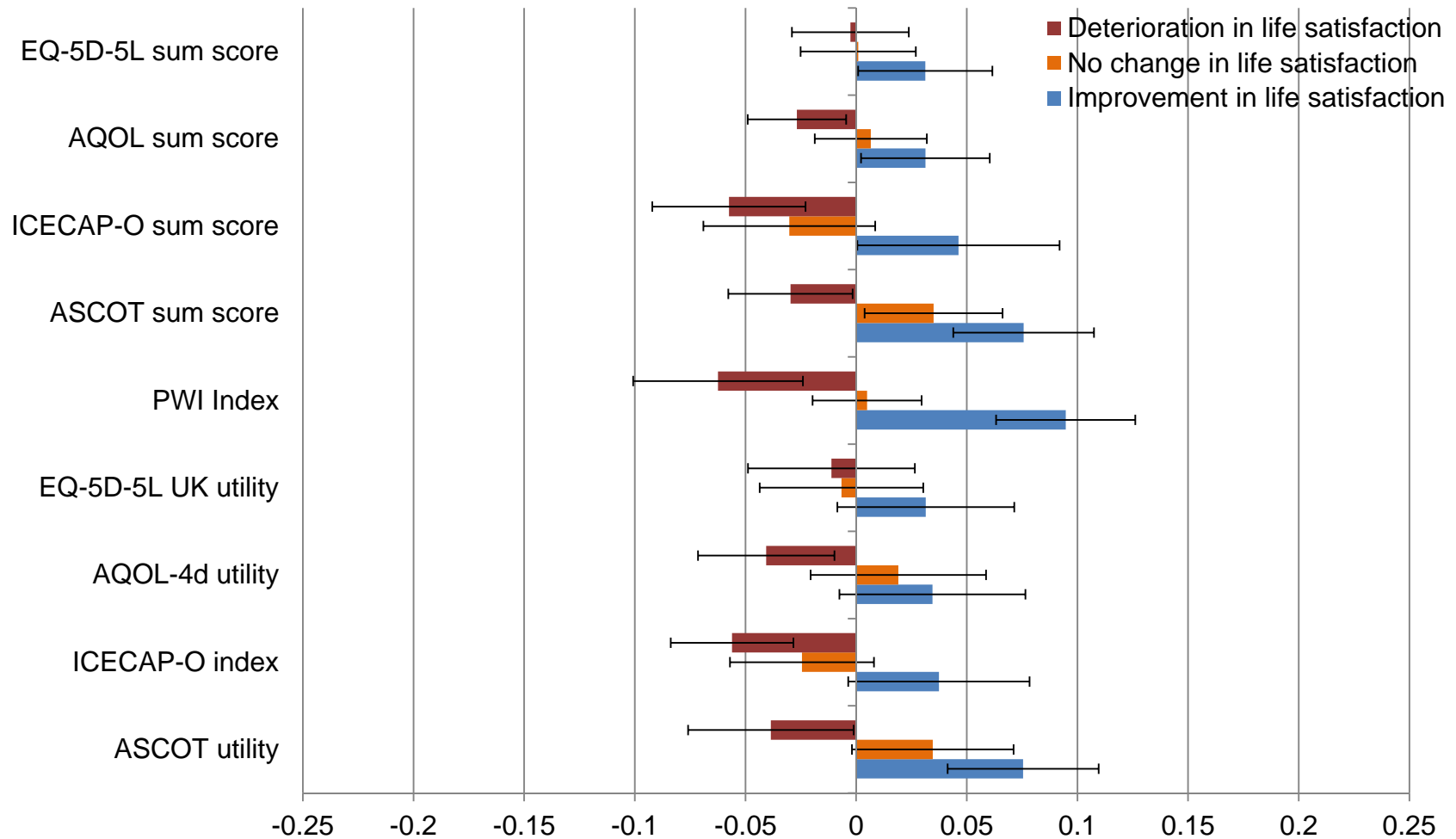
Mean Scores By Self-Rated Health Category



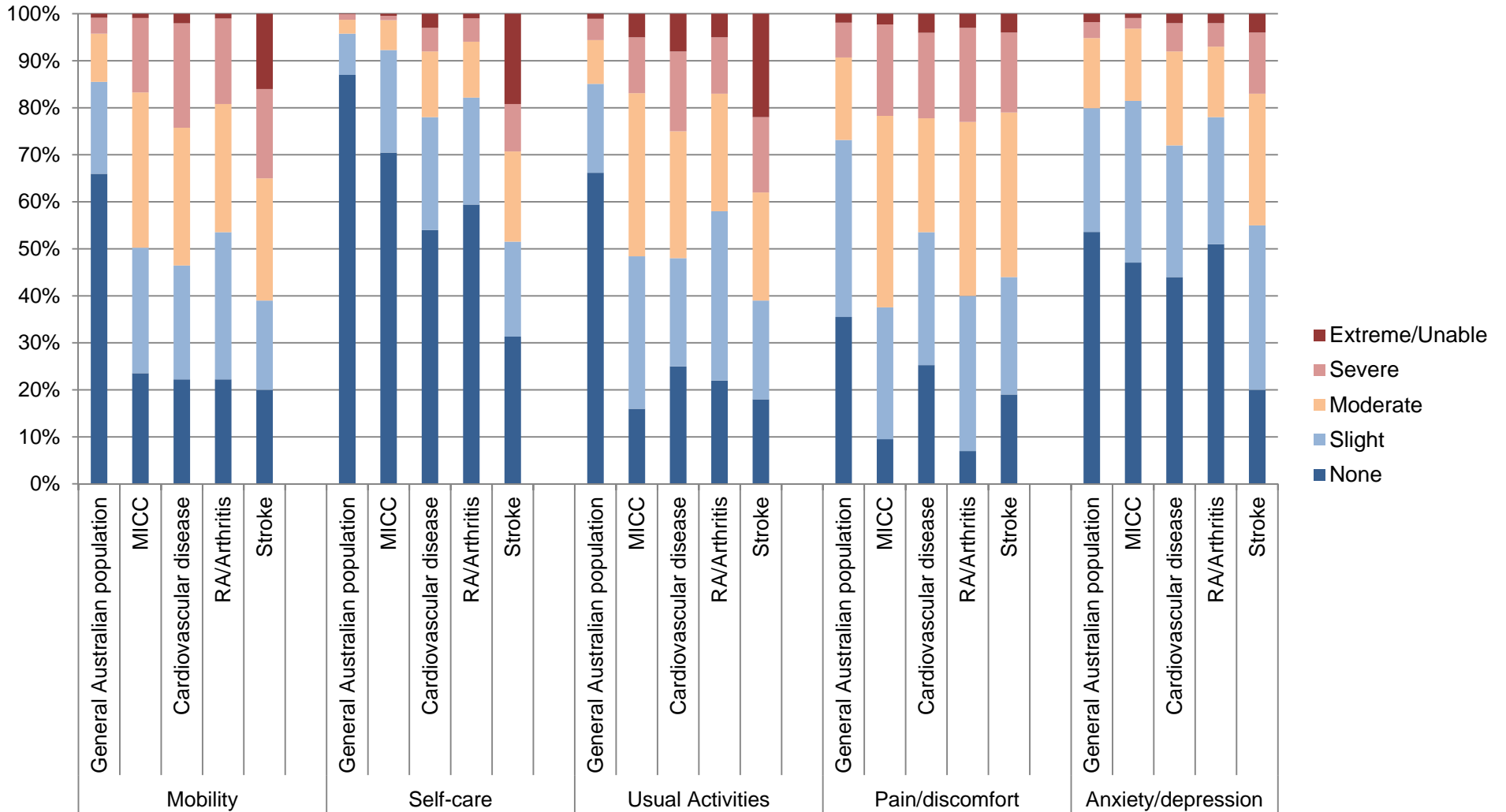
Validity – Responsiveness / Change Scores



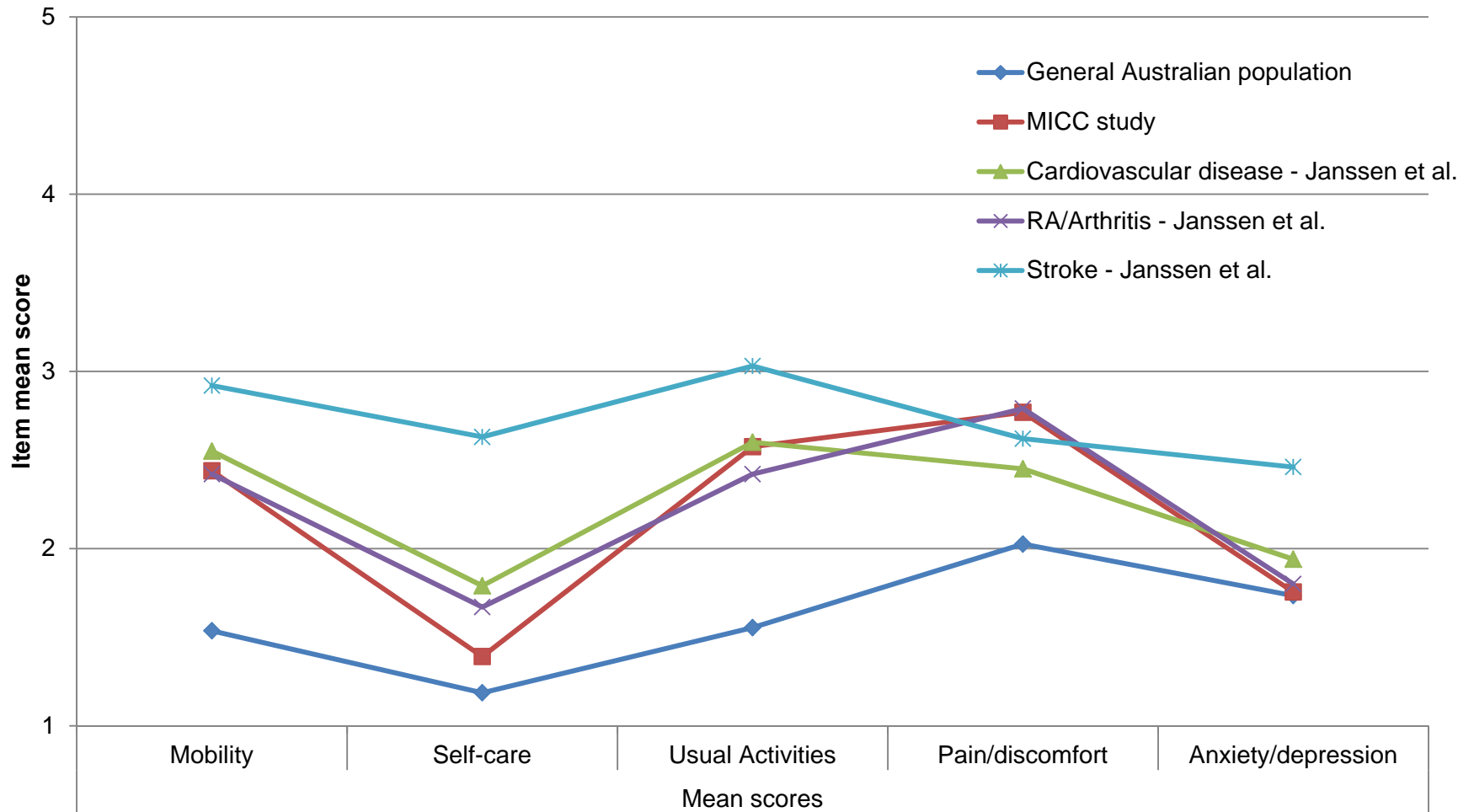
Validity – Responsiveness / Change Scores



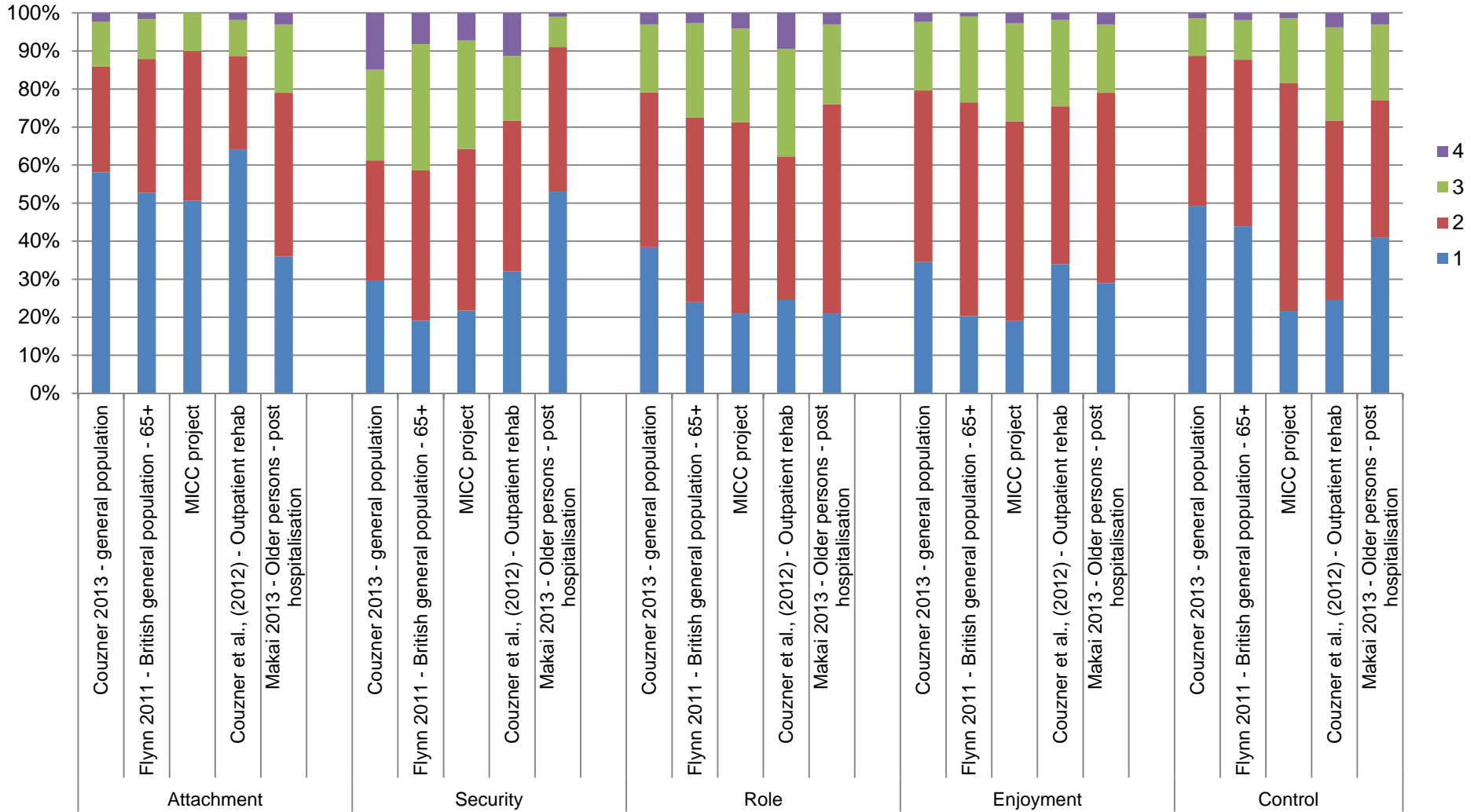
Comparisons with External Values



Comparisons with External Values



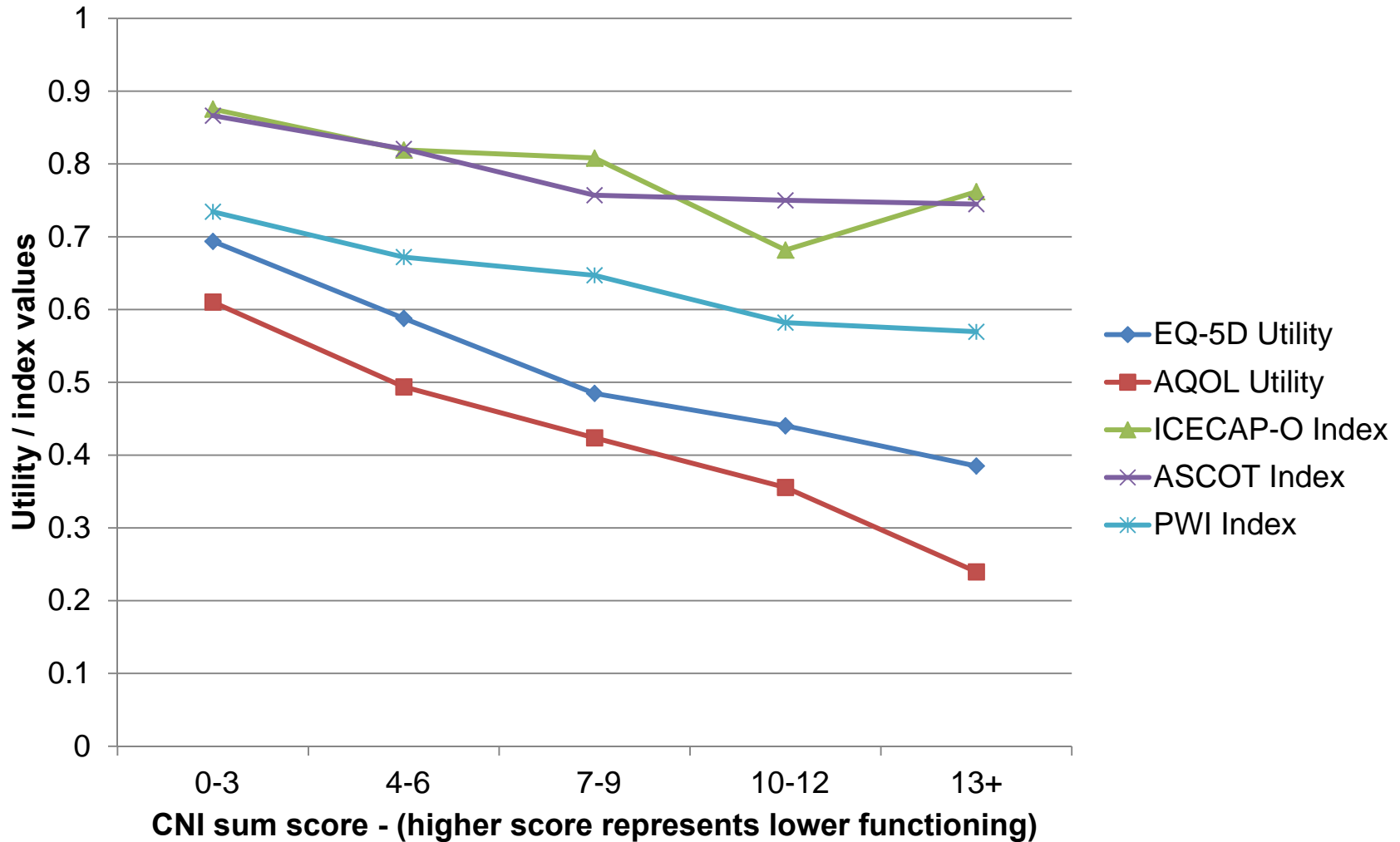
Comparisons with External Values



Variability in the Utility Values

		Mean		Median	
		Baseline	Follow-up	Baseline	Follow-up
EQ-5D-5L	UK	0.596	0.600	0.641	0.649
	US	0.700	0.703	0.728	0.738
	Aust	0.535	0.552	0.560	0.583
	AQOL	0.509	0.515	0.505	0.551
	ICECAP	0.830	0.816	0.868	0.868
	ASCOT	0.819	0.845	0.853	0.886
	PWI	0.690	0.707	0.700	0.743

Comparison with CNI Data



Key Results

- There are many measures that can be used
- Many different measures show adequate psychometric properties,
- Different measures are related, but are not direct substitutes for one another
- Measuring outcomes is not necessarily straightforward...



Where to from here?

- Exploring other ways of using the data
 - Combining with assessment data to model impact
 - Cost-utility analysis
- Second phase of project
 - How effective is a new short term reablement approach to HACCC assessment at improving quality of life as well as health and functional status?



Thankyou

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