

Rev 1

To the Editor

I believe this manuscript has promise but it needs to address at least the issues I have raised above. I believe a more careful approach to the analysis lead to more interesting conclusions.

Rec 9/3/04

NURSING RESEARCH REVIEW FORM
1st Review

Manuscript # 2004/148
Manuscript title: Clinical outcomes of aging in place
Manuscript type: Regular
Number of text pgs.: 13
Number of figures: 1
Number of tables: 2
Reviewer:
Stat reviewer assigned?: No -- do you recommend a stat reviewer?

Please evaluate the following with these choices: (1) adequate, (2) inadequate (describe in written review) or (3) not appropriate (describe in written review)

Problem statement:1 could be sharpened
Attention to relevant literature: 1
Theoretical framework:1
Research design:2
Data analysis:2
Discussion of results:1
Organization:2
Writing style:1

Please rate the following topics 1-5 (with 5 being the highest rating):

Value of topic:4
Probable reader interest in topic:3
Importance of present contribution to nursing:4
Priority of topic for publication:4
Rank this manuscript for its value:3

Reviewer's Recommendation (please type "X" after your choice):

Accept without revisions
Accept with revisionsX
Maybe accept with revisions
Do not accept

Comments for Editor only:

Rev 1

This manuscript presents a matched comparison of elderly patients who were eligible for Home and community-based Services and who enrolled in an augmented program entitled; Aging in Place and patients residing in the nursing homes

The authors review the literature on PACE SHMO's and HCBS and the Missouri Care Options (MCO) version of HCBS. The authors argue that past work has focused on comparing the costs of care, and hospitalizations but has not address such outcomes as ADL's depression, cognition and incontinence. These data items are measured using the National Minimum Data Set for nursing home residents. The authors were careful to assure that the variables and items used for nursing home residents were applicable to patients residing in community settings. Comparison of outcomes from Medicaid HCBS programs with Medicaid eligible patients who enter nursing homes is a significant topic that, as the authors note, will only become more critical as the cohort of persons born during the 1940's begins to require assistance with personal care needs.

However, in this article a number of design and analytical issues are difficult to grasp and deserve further explanation.

1. The AIP program is an adjunct to the MCO program and it offered a number of additional services that are not available to the standard MCO program. While the authors provide some detail regarding the MCO services, confirming its inadequacy, they do not describe in detail the AIP program and the roles of the nurse coordinator and how these coordinators could identify problems at their outset and then have them addressed. Clearly the AIP program was both more intense and more costly than the MCO However the exact benefits of AIP over traditional MCO are not spelled out.
2. Although the authors discuss dose of the intervention on several occasions, they do not indicate exactly how this program will preserve/ increase ADL function, cognition, lower depression, and decrease incontinence. This needs to be spelled out; is simply attention going to preserve/improve these domains? If not what actions are leading to the observed outcome
3. Since the AIP program augmented services over and above the standard MCO program, the authors need to indicate why their comparison group was matched to patients in nursing homes rather than to patients in the standard care MCO program deserves explanation.
4. As to the matching algorithm used, I would suggest that matching on any 2 ADL's may be inadequate depending upon which two the match was completed on. I would like to see differences between the groups in bed mobility and eating. Since, according to Katz these items form a hierarchy one could predict that patients who need assistance with eating are likely to have limitations in the other three dimension.s

The techniques used in the analysis seem adequate but I believe that more data is needed. For example;

1. Were all patients accrued at the time of the post acute services? Thus, were all patients contacted upon leaving a hospital and asked whether they wanted to go to a nursing home or to the AIP? More information is needed on accrual procedures.
2. Where are the 15 patients who had only one observation I could not deduce that number from Table 2
3. Why were each of the outcome variables treated separately Given the analytic tools available (GEE models Mixed models) the authors could examine how depression, for example might have influence shifts in cognitive function. I believe that this would make the comparisons more meaningful.

I found the graphs to be an excellent approach to presenting the data .

Rew 1

NURSING RESEARCH REVIEW FORM

2nd Review

Manuscript #: 2004/148
Manuscript title: Clinical outcomes of aging in place
Manuscript type: Regular
Number of text pgs: 13
Number of figures: 2
Number of tables: 3
Reviewer:

Please evaluate the following with these choices: (1) adequate, (2) inadequate (describe in written review) or (3) not appropriate (describe in written review)

Problem statement:
Attention to relevant literature:
Theoretical framework:
Research design:
Data analysis:
Discussion of results:
Organization:
Writing style:

Please rate the following topics 1-5 (with 5 being the highest rating):

Value of topic:
Probable reader interest in topic:
Importance of present contribution to nursing:
Priority of topic for publication:
Rank this manuscript for its value:

Reviewer's Recommendation (please type "X" after your choice):

Accept without revisions
Accept with revisions
Maybe accept with revisions
Do not accept

Comments for Editor only:

**Please provide a comprehensive and integrated review of this manuscript.
Be sure to present a balanced view of the manuscript's strengths and weaknesses.**

Nursing Research Review – 2nd review

Rew 1

Manuscript # 2004/148

Title: Clinical outcomes of aging in place

Comments for editor: The authors have responded to the review's comments adequately. Only two minor suggested modifications are mentioned which serve only to enhance clarity of graphic presentation of the study flow and theoretical framework.

Comments for author:

Overall: The revisions made based on reviewer comments are adequate.

Minor suggestions for organization and presentation in the tables include:

1. Provide a subheading for the theoretical framework section and move it from the methods section.
2. Adding a division in the Process box of the framework to divide Nursing Home Care from the Aging in Place Program.
3. Table 2 attrition by time period table data could be better presented using a study flow. Although this is not a report of an RCT – CONSORT provides 4 figures that could be used as guidelines.