Delivering quality care more efficiently inquiry

Questionnaire response 3

Name: Anonymous

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Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am a carer of someone who uses care services (carer)

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Aged care

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   The participant did not respond to this question.

2. What are the reasons for your answer?

   The participant did not respond to this question.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   To a great extent

4. What are the reasons for your answer?

   In my experience having worked across human service sectors in government, human service sectors are siloed and do not learn from progress in other sectors.
   Building common platform and principles and exchanging knowledge across sectors would ensure systems and processes remain contemporary. Aged care, early childhood, schools, health care facilities should all undergo accreditation on a 4 yearly cycle.
   How best to inculcate a positive culture for quality and safety. This would be one area where lessons could be learned. While quality systems are critical (with sharing to be considered), culture is even more powerful. Too often I have encountered organisational cultures that misunderstand the principles of quality and safety and do not embrace it.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

   The participant did not respond to this question.

2. What are the benefits of pursuing greater collaborative commissioning?

The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

The participant did not respond to this question.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

We have not built strong, evidence based positions to support prevention, and the use of public funds to support these. What are the legal (and possibly constitutional) barriers to rewarding people for maintaining good health through tax deductions for physical activity and recreation that maintains health for those over 75. What is the cost benefit analysis of gym memberships for people over this age (means tested) vs the expense (mostly orthopaedic) of training slips, trips and falls; and dementia?

2. What are some examples of successful prevention programs (this could include discontinued programs)?

Numerous epidemiological studies are demonstrating the benefits of physical activity, particularly high intensity (often intervals or resistance training) on cognitive function and the delay of dementia.
Your Department of Health should be able to quickly and easily find supporting evidence for the benefits of programmed exercise (not so much incidental activity) in older age that (a) allows older people to stay at home safely for longer, (b) reduced the use of tertiary health services - ED and in patient hospital stays) through reduced falls and improved cardiac and metabolic (diabetes) health; and (c) maintenance of cognitive function/prevention of cognitive decline.
While medications are now emerging for cognitive decline, programmed physical activity is the equivalent of a 'polypill' in terms of delivering broad spectrum prevention. Therefore any cost comparison must consider the use of medications across multiple age related chronic diseases.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

Funding or direct service delivery of evidence based programs. Including within existing purpose built facilities - gyms and fitness centers. This would increase the off peak utilisation of these centers, improving sustainability of this sector.
Also the redesign of aged care facilities for lower needs people so they can more actively participate in their care through, for example, meal planning and preparation. Supporting aged care facilities to build proper exercise facilities for low needs residents to engage in meaningful, programmed (and relatively high intensity) exercise. There is significant evidence to support that this exercise, when delivered by allied health care professional (chiefly exercise physiologists) is safe with benefits significantly outstripping the risks.