# Silverchain submission

## Productivity Commission: Pillar 4: Delivering quality care more efficiently

5 June 2025

silverchain

## Acknowledgement of Country

Silverchain respectfully acknowledges the Traditional Custodians of the lands on which we work and live. We acknowledge Elders both past and present, whose ongoing effort to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future leaders and reconciliation within Australia.

Our Innovate Reconciliation Action Plan artwork was created by artist, Charmaine Mumbulla from Mumbulla Creative. The artwork is crafted from many individual pieces and is layered to tell the Silverchain story, including our increased commitment and efforts towards healing, reconciliation, and social justice.

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# Executive Summary

As pioneers and innovators of community and home-based care for more than a century, Silverchain provides a range of health and aged care services to 140,000 people each year nationally. We employ more than 5,900 people across Australia across our health and aged care services.

We welcome the opportunity to respond to the Productivity Commission's inquiry into delivering quality care more efficiently but caution that increased productivity should not come at the cost of quality and safety in health and aged care.

We have provided advice on what we think a framework for investment in prevention could be in order to drive the most effective use of every dollar invested into health and aged care in Australia (not limited to government dollars invested but also reflective of those invested by the sector, as well as individual people into their own health and aged care).

## Our recommendations

A national framework to support government investment in prevention will need to capitalise on the opportunities available.

### Primary prevention approaches that focus on health promotion and health literacy

In a post-COVID 19 world, many Australians have improved their health literacy. This has coincided with a parallel uplift in their capabilities to use technology to support health interventions. Silverchain has conducted its own research that demonstrates elderly Australians are technology-capable and are open to using technology for health purposes. More than 30% of our study participants currently use technology to support their health (excluding telehealth) and half of participants had used telehealth services in the last year. Half of participants also indicated they would be willing to use technology to support their health in the future.

The prevention framework needs to set an expectation (and fund relevant initiatives) that people will be more active participants in their own health care and not reliant on passively receiving interventions prescribed by a health practitioner. People should be empowered to do more to support their own health. Technology can support this but will not be the entire solution. We recommend:

- Undertake a new National Health Survey by the ABS to update our data on health literacy in a post-pandemic world.
- Prioritises prevention activities that occur in the home and community environment
- Fund initiatives that build the capacity of individuals and their families to help themselves in their own care.

### Secondary prevention, early detection and prompt treatment

The prevention framework needs to incentivise health and wellbeing interventions early in a diagnosis process to reduce secondary complications and further deterioration of health. The most effective use of prevention in this space should be focused on the more prevalent chronic conditions and those with the largest burden of disease.

The new Support at Home restorative care pathway within aged care that funds short term multidisciplinary interventions for older people to receive home based support after an injury or illness is an excellent example of government funding reorienting to secondary prevention activities to reduce pressure on acute health and aged care services. To support this we recommend:

- That programs to support people with chronic and complex conditions to stay at home be prioritised for funding and scaling.
- That a restorative care type of home-based prevention program similar to the Support at Home pathway should be available to people under the age of 65.
- That private health insurance rebates and rules be examined to incentivise/prioritise access to home-based prevention programs for people who have been diagnosed with a chronic condition. People should be directly incentivised to manage their health conditions more effectively than they currently do.

### Tertiary prevention in reducing the impact of established disease needs to happen at home and not in a hospital

These interventions need to happen in the community, in people's homes so that they become 'normal' parts of people's lives as they live with existing diagnoses. We see this as a particularly important and cost-effective opportunity for the following cohorts of people and their families/carers:

- **People living with dementia and their carers.** Dementia is soon to be the leading cause of death in Australia and with our ageing population. There is a small window of opportunity for government to invest in wide-scale preventative initiatives to help reduce the incidence and reduce the impact of dementia in our population and on families and caregivers.
- **Older people with frailty and sarcopenia.** Whilst we applaud the Australian Government for the aged care reforms currently underway, we wish to draw to the attention of the Commission that even with the significant reforms, there is far greater demand in the community for in home aged care than packages available to fund this care.
- **People with life limiting conditions who wish to palliate in their own homes**.

### Effective care coordination reduces duplication and waste in the health system

There is an opportunity to scale effective care coordination programs to help people better navigate our complex health system. In doing so, we could reduce wait times by targeting demand more accurately, reduce access barriers for traditionally underserviced populations, and ensure their needs are considered holistically and they are connected with the right services the first time. This is an opportunity to tailor health and preventative care more effectively and efficiently at a local level while also leveraging economies of scale.

It is important that the framework leverages the funding and expansion of existing initiatives. This is a way to generate rapid productivity gains through scaling interventions that have already been proven to be effective.

There are however significant barriers to funding and scaling in our health and aged care system including:

- **A focus on measurement and evaluation over the longer term.** Many preventive programs take time to demonstrate improved outcomes and return on investment, but governments working on time constrained budgetary and electoral cycles often do not prioritise investing in programs where the outcomes cannot be demonstrated in the short term.
- **A focus on delivery of care in bricks and mortar facilities.** Despite evidence that shows good outcomes for care delivered in home and community environments, there remains a focus on investing in health and aged care delivered in 'bricks and mortar' facilities.
- **Attribution of impact.** Governments want to ensure a good return on investment and even with successful prevention activities, it is often difficult to determine causality and attribute an outcome to a specific intervention funded solely by one party. The prevention framework needs to recognise that attribution or benefits may be difficult to demonstrate with certainty in some cases but even so, return on investment can still be estimated.
- **The benefits of prevention being realised across tiers of the health system.** The funding of our tiered health system does not effectively support government investment in preventative initiatives where the benefits accrue to a part of the system funded by a body other than the investor.
- **The benefits of prevention being realised across funded sectors.** The siloed funding of our care sectors does not effectively support government investment in preventative activities where the benefits may accrue to another sector than the one in which investment is made.

# 1. About Silverchain and this submission

For 130 years Silverchain has provided high-quality, in-home health and aged care services to multiple generations of Australians. As a not-for-profit organisation, we employ more than 5,900 people, including nurses, doctors, allied health, care experts, and a dedicated research and innovation division, under the brands Silverchain, RDNS Silverchain, and KinCare.

***Our ambition is to create a better home care system for all Australians.***

Our team provides a range of health and aged care and services to more than 140,000 people each year in most states and territories of Australia. We specialise in home and community-based care because we believe that people should have, and prefer to have, their care at home. Our services comprise complex and acute nursing, hospital in the home, specialist community-based palliative care, personal care, the provision of equipment and home modifications, independence services, Home Care Packages, Commonwealth Home Support Programme, digitally enabled care and remote monitoring, and chronic and complex disease management. We provide services in metropolitan, regional and remote locations.

We are accredited against both health and aged care standards nationally.

## Productivity in the health sector

We welcome the opportunity to respond to the Productivity Commission's inquiry into delivering quality care more efficiently but caution that increased productivity should not come at the costs of quality and safety of health and aged care.

We have provided advice on what we think a framework for investment in prevention could be in order to drive the most effective use of every dollar invested into health and aged care in Australia (not limited to government dollar invested but reflective of those invested by the sector and individual people and their families into their own health and aged care). We are focused on a prevention strategy that will help reduce waste and inefficiency while improving quality of life and health outcomes of Australians.

As an employer of thousands of health practitioners, we are also conscious that endeavours to increase productivity in the sector cannot primarily rely on an increase in the volumes of these workforces – the pipeline for training health care practitioners is a medium to long term proposition and is not a panacea for improved productivity.

## Key opportunities for prevention

A national framework to support government investment in prevention will need to capitalise on the opportunities available. We see these as:

### Primary prevention approaches that focus on health promotion and health literacy

In a post-COVID 19 world, the Australian public have experienced a significant uplift in their health literacy and capabilities to self-care for their own health. Unfortunately, the only national measure of health literacy (through the Australian Bureau of Statistics (ABS) National Health Survey does not have updated data post-COVID 19.

This has coincided with a parallel uplift in their capabilities to use technology to support health interventions (even as simple as using QR codes to access health information). The most recent Australian Digital Inclusion Index (ADII) (2023)1 has shown that nationally, our digital capabilities (as measured by the ADII) continue to increase. Older people over the age of 75 years continue to demonstrate lower digital literacy than younger people and there is variation on digital abilities based on sociocultural and geographic differences.

The latest Digital 2024: Australia report by Meltwater and We Are Social revealed that only 3 per cent of Australian internet users aged 16-64 do not have smartphones. Putting this into perspective, that is less than a million Australians who don't have a smart phone to help them improve their health literacy and aid in health prevention and promotion activities.

[1] Thomas, J., McCosker, A., Parkinson, S., Hegarty, K., Featherstone, D., Kennedy, J., Holcombe-James, I., Ormond-Parker, L., & Ganley, L. (2023). Measuring Australia's Digital Divide: Australian Digital Inclusion Index: 2023. Melbourne: ARC Centre of Excellence for Automated Decision-Making and Society, RMIT University, Swinburne University of Technology, and Telstra.

Silverchain conducted a prospective cross-sectional study investigated technology ownership and usage among our clients between September and November 2022. A computer assisted telephone survey was conducted with a representative sample of 628 older people receiving in home health and aged care. We found that 90.8 per cent of participants had at least one type of technology in their home – with the most common being mobile phones (84.9%). Over a third of people reported using their technologies for health related purposes (38.7%). Our statistical analysis demonstrated that health related technology use was more common in the younger age groups with declining use from people in the 75-84 age category.

Academic publications from the study are currently under consideration by peer reviewed journals.

We can no longer assume that elderly Australians are reluctant to use technology for health purposes. The prevention framework needs to set an expectation (and fund relevant initiatives) that people will be more active participants in their own health care and not reliant on passively receiving interventions prescribed by a health practitioner. There is an opportunity to capitalise on the health literacy and technology capability uplift experienced in recent years to have prevention and health promotion activities more self-directed than in previous times.

People can do more of their own health care than we have previously anticipated – this would give Australia's health practitioners time back to focus on working at the highest end of their scope of practice and increase productivity.

### Secondary prevention, early detection and prompt treatment

The prevention framework needs to incentivise health and wellbeing interventions early in a diagnosis process to reduce secondary complications and further deterioration of health. The most effective use of prevention in this space should be focused on the more prevalent chronic conditions and those with the largest burden of disease. The new Support at Home restorative care pathway (commencing 1 July) that funds short term multidisciplinary interventions for older people to receive home based support after an injury or illness is an excellent example of government funding reorienting to secondary prevention activities to reduce pressure on acute health and aged care services. This type of home-based prevention program should be offered to people under the age of 65 also.

### Tertiary prevention in reducing the impact of established disease needs to happen at home and not in a hospital

These interventions need to happen in the community, in people's homes so that they become 'normal' parts of people's lives as they live with existing diagnoses. We see this as a particularly important and cost-effective opportunity for the following cohorts of people and their families/carers:

- People living with dementia. Dementia is soon to be the leading cause of death in Australia and with our ageing population, there is a small window of opportunity for government to invest in wide-scale preventative initiatives to help reduce the prevalence and reduce the impact of dementias in our population.
- Older people with frailty and sarcopenia. Whilst we applaud the Australian Government for the aged care reforms currently underway, we wish to draw to the attention of the Commission that even with the significant reforms, it will still 'cost' more for an older person to be supported in a residential aged care facility than to have them supported to live in their own home in the community (the funding for residential care is higher than the highest classification of funding for Support at Home, including means tested contributions).
- People with life limiting conditions and who wish to palliate in their own homes.
- An important prevention activity in palliative care is early access to advanced care planning and palliative care planning to enable people to remain at home for as long as they wish to do so and reduce pressure on our hospital and hospice systems. These interventions can prevent unnecessary suffering by the patient and their carers/family members and reduce the demand on our under-resourced hospital, hospice and specialist palliative care health workforces. Palliative Care Australia has documented the 'patchwork' of funded services across Australia and provided detailed advice on

what is needed in their 2025 Federal Election Platform[2] and we refer the Commission to their work for detailed advice on initiatives that could be invested to support a more efficient and effective palliative care system in Australia.

### Effective care coordination reduces duplication and waste in the health system

There is an opportunity to scale effective care coordination programs to help people better navigate our complex health system. In doing so, we can reduce wait times by targeting demand more accurately, reduce access barriers for traditionally underserviced populations and ensure their needs are considered holistically and they are connected with the right services the first time. This is an opportunity to tailor health and preventative care more effectively and efficiently at a local level, while also leveraging economies of scale.

## 2. Examples of successful prevention programs

It is important that the framework leverages the funding and expansion of existing initiatives. This is a way to generate rapid productivity gains through scaling interventions that have already been proven to be effective.

Silverchain is current funded by Primary Health Networks to provide care coordination services for people with chronic conditions. The service includes an assessment of health needs, coordination of care with multiple health providers (including arranging referrals, booking appointments, problem solving in wait times are extensive and filling prescriptions), health promotion and information provision and personal support through arranging transport to health appointment and regular 'check ins'. The concept of care coordination is not new and there are multiple models of care in place with varied efficiencies but most focus on preventing hospitalisations for people with complex health needs. Commissioning of these programs through individual Primary Health Networks or state governments makes the challenging the scaling of the programs in an efficient and cost-effective way.

Silverchain was formerly funded to deliver Western Health Links – a program to help people with complex and chronic conditions stay at home and prevent unplanned hospital admissions. It was a three year pilot project funded by the Victorian Government (through flexible funding grants) and delivered by Western Health and Silverchain. The pilot program was demonstrated through an evaluation to be effective.

## 3. Barriers to investment in prevention

There are a range of barriers to government investment in evidence-based prevention programs in the care economies including:

### A focus on measurement and evaluation over the longer term.

Many preventive programs take time to demonstrate improved outcomes and return on investment but governments working on time constrained budgetary and electoral cycles often do not prioritise investing in programs where the outcomes can not be demonstrated in the short to medium terms. There are however proxy measures that can be used in the short and medium terms to demonstrate progress towards the planned outcomes and these need to be acknowledged as meaningful evidence of impact and effectiveness even if they are not the demonstrable eventual outcomes expected by the program.

### A focus on delivery of care in bricks and mortar facilities

[2] file:///C:/Users/87156667/Downloads/PCAs-2025-Federal-Election-Platform-1.pdf

Despite evidence that shows good outcomes for care delivered in home and community environment, there remains a focus on investing in health and aged care delivered in 'bricks and mortar' facilities. We see green shoots of change with the reorienting of aged care funding to Support at Home and the proliferation of many hospital in the home type programs. The prevention framework needs to prioritise investment in prevention activities that occur in people's homes and communities and do not rely on an increased or sustained investment in physical infrastructure.

### Attribution of impact

Investors (whether they be government or others) want to ensure a good return on investment and even with successful prevention activities, it is often difficult to determine causality and attribute an outcome to a specific intervention funded solely by one party. The prevention framework needs to recognise that attribution or benefits may be difficult to demonstrate with certainty in some cases but even so, return on investment can still be determined.

### Delegation of authority to localised health care systems

We recognise that local solutions to local problems are often the most effective, however if we are considering the barriers to governments investing in and scaling effective prevention interventions, then the ideological position of delegating the authority to determine what programs to fund means that governments can do little more than be suggestive in the programs they would wish to see scaled across their jurisdictions unless they are willing to fund state or nation-wide services.

This is a key challenge to efficiencies for an organisation such as ours where services are funded piecemeal across Australia by different funding bodies.

### The benefits of prevention being realised across tiers of the health system

The funding of our tiered health system does not effectively support government investment in preventative initiatives where the benefits accrue to a part of the system funded by a body other than the investor. Hospital prevention programs are a case in point where community and home-based programs may prevent cost and inefficiency in a jurisdictional funded tertiary hospital program but are most often funded by the federal government.

### The benefits of prevention being realised across funded sectors.

The siloed funding of our care sectors does not effectively support government investment in preventative activities where the benefits may accrue to another sector than the one in which investment is made. These are often the 'stickiest' policy areas which overlap multiple policy sectors. For example, investment in diabetes prevention may occur from the health sector but the majority of benefits might be accrued in the employment sector through sustained workforce participation. Return on investment analysis by governments needs to be broad and consider benefits accrued more broadly across all sectors and include non-financial benefits that may be realised.

## 4. Recommendations

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

- Undertake a new National Health Survey by the ABS to measure health literacy in a post-pandemic world.
- Prioritise prevention activities that occur in the home and community environment.
- Fund initiatives that build the capacity of individuals and their families to help themselves in their own care.

## 5. Conclusion

Thank you for the opportunity to respond to the Productivity Commission's inquiry into delivering quality care more efficiently. We hope that our recommendations help support deliberations on policy changes to improve the efficiency of the care sectors. We are happy to provide further evidence and advice.

Health. Human. Home.