ACAS Victoria Submission to the Productivity Commission Inquiry into Caring for Older Australians 2010

ACAS Victoria is a representative body which consists of the Manager or a representative from each of the 18 Aged Care Assessment Service (ACAS) across Victoria. The purpose is to provide a forum for discussion regarding clinical and service issues. It contributes to the development of consistent and high quality services for clients and carers.

ACAS in Victoria are a part of the national Aged Care Assessment Program (ACAP) and operate in accordance to the ACAP Guidelines that state:
"The role of ACATs is to determine the overall care needs of frail older people and to assist them to gain access to the most appropriate types of services. In doing this ACATs comprehensively assess older people taking account of the restorative, physical, medical, psychological, cultural and social dimensions of their care needs. ACATs involve clients, their carers, and service providers in the assessment and care planning process. ACATs are also encouraged to involve the person's General Practitioner (GP). There are a number of principles underpinning ACAT assessments that distinguish them from other assessment types." (ACAP Guidelines September 2006)

ACAS Victoria would like to make this submission to highlight the following areas:

The Service Delivery framework:

As articulated in the *Caring for Older Australians* discussion paper (May 2010) the major challenge for the current Australian aged care system is the ability to fund and manage the growth of services required to support the large increase in the aged population in the future. The service system is very complicated and complex for older Australians with an ever increasing number of both Government and Non-government providers. The interface between services with different funding and reporting requirements can create obstacles for an older person to access the appropriate type and amount of care to support them in the community.

Despite these issues the current system does have many strengths, in particular relating to the regulatory and quality framework. The principles of choice, user pays and subsidies, accreditation and the appeals process all positively contribute to today's service system. The process of independently determining care needs and eligibility via an ACAS assessment is a core component of the current system underpinned by a number of principles that distinguish them from other assessment types

One of the aims of the ACAS's role is to assess the "restorative dimension of care" (ACAP Operational Guidelines 2002) but over the past decade this has been seen to be less valued with an increased emphasis on eligibility and approval for care.

This paper is the Victorian Aged Care Assessment Service's view on suggested changes to the current aged care system. It highlights both its strengths and weaknesses and ways to maximise the current resources:

Consumer choice:

A broad range of service options are available for older people including residential, support services in the home and community based activities. Consumer choice is encouraged and available. There are a diverse range of services delivering support and these include HACC, Church Groups, Health Services and the Private sector. The addition of projects such as LOS (length of stay) for older people in health services, HARP (Hospital Admission Response Program) and the TCP (Transition Care Program) creates more options when older people transition from hospitals to residential or community care. ACAS are aware of services in their region which support older people and provide appropriate information to consumers. However the multiple services and interface of services continue to present a challenge for the older person as they transverse across the community.

Considerations/Recommendations:

- A more seamless system is required as older people transfer from low level care needs (HACC) to high level supports (packaged care requiring ACAS approval) with robust eligibility processes at each transition. It is important for HACC and ACAS to work closely together to facilitate a smooth and timely transfer of clients from low to high level services and to identify the restorative potential of clients. Many people are common clients of both services.
- The eligibility process for HACC services also needs to be independent of service provision as service provision can be driven by the reporting requirements of councils due to the need to meet targets for HACC service delivery.
- A goal should be to revise the system with the main aim to restore/retain the independence of older people in a timely manner rather than responding to their advanced decline with less capacity to reverse the functional deterioration.
- The introduction of the Consumer Directed Care packages is starting to recognise the importance of consumer choice and it may be beneficial to consider these at HACC entry points to the service system.

- Introduction of short term case management services to assist/enhance consumer choice.

The integration of aged care and health programs

Integration has increased over the last 10 years between Aged Care and Health Care Systems. Links with Acute/Sub-acute health services are important to facilitate restorative care, treatment and future planning for patients, but the primary focus should be on the needs of clients in the community and for health services to support them. In Victoria there is a high emphasis on promoting health for aged persons, and reducing unnecessary days in hospitals.
The involvement of two levels of government, (including funding from both) has resulted in higher demand for throughput/targets by ACAS in the acute and sub-acute hospital environments.

Access points in aged care

ACAS are in a unique position to work across the health, residential and community systems and provide a key role in advice and support to aged people and their families. The extent of this role is not consistently measured nor reported as an activity.

In regions where central intake services operate an older person can still find it difficult to negotiate access to the most appropriate service and are subjected to multiple assessments and referrals to inappropriate services .

Consideration/Recommendations:

- The effectiveness of central access and intake points needs to be evaluated further.
- If adequately resourced ACAS could be incorporated into “one stop shops”, for example Commonwealth Carelink, and provide an access point for Aged Care. The ACAS with its multi-disciplinary structure, clinical expertise and its unique knowledge and expertise of the entire aged system would be able to play a key role in initial needs identification, information provision, assessment and referral. This would streamline services, reduce duplication, reduce infrastructure costs and ensure clients are directed to the service they require by highly skilled and knowledgeable staff.

Service gaps for older people

Palliative care

There is an increasing shortage of palliative inpatient access and the push is to move older people into residential aged care for ongoing palliative care. The skills and challenges for the aged care sector requires a higher level of funding

and increased support services. Registered nurse support is often limited as rostered staff may have other residents to attend to. As a resident's acuity of care increases, staff may not be able to attend to their needs.

Considerations/Recommendations:

- One consideration could be a palliative care component which could be allocated to the community packages as a supplement or into low and high care facilities. This could allow purchasing of additional resources. Palliative care services will support both sectors but mostly undertake a consultative role.

Dementia Care

EACH/D has developed a model of care that recognizes the additional demands of a person with dementia. The inequity exists for low care clients with dementia and behaviours or impairment that requires higher level of services in the community.

Considerations/Recommendations:

- The anomaly of only offering high care packages for people with dementia needs to be removed. The eligibility should be based on care needs relating to behaviours, or create a package with a dementia care supplement for CACPs.
- In relation to ACAS there needs to be a strengthening of the role in relation to training. There is a recent COAG project being undertaken to review the skills and practises of ACAS in the Melbourne metro area which has just been completed. The findings have identified a need for a recognition of this service as a primary service in early identification of cognitive impairment and assisting people with dementia.

Older people with a Mental Illness

This client group are some of the most vulnerable in our society.

Considerations/Recommendations:

- Facilities and packages of care should be tailored to meet their needs, staffed by appropriately skilled carers with the aim to encourage independence and quality of life.

<u>Commonwealth Funded Aged Care Packages</u>

Improving the interface between ACAS and Aged Care Package Providers
The proliferation of Commonwealth funded packages has increased access, but also presents more challenges for service co-ordination. Often there is no working interface between the different sectors. A project in the Southern Metropolitan Region in Victoria, has highlighted that services have their own

priorities and targets. The result is that an aged person can miss out on appropriate services. This project identified that when an interface approach is developed between all sectors there are strategies developed to work through issues such as; inequitable access to services, co-ordination as clients move from service to service and the priority of client needs versus allocation of packages. The time and effectiveness of co-ordination needs to be taken into account as service demand increases in the future.

Considerations/Recommendations:

- Further evaluate the Southern Metropolitan Region in Victoria project with the view of expanding this approach across other regions.

Increased Numbers of Commonwealth funded Aged Care package providers:

The choice of services in some areas has increased to the point where co-ordination between ACAS and providers becomes more difficult. Effectiveness of service delivery is limited while providers do not have access to all types of packages. Eg CACP and EACH/EACH/D. This is more important than increasing the numbers of providers in areas. The continuity of care for clients through one service is preferable. The level of support provided through a CACP is insufficient to sustain many people in the community, but these same people are not sufficiently dependent to be eligible for the high level care of an EACH package.

Considerations/Recommendations:

- Cap the numbers of providers
- Review of structure, funding and allocation of aged care packages and providers with the view of providing clients with a realistic ability to “age in place” in the community and maintain continuity of care. This could be achieved by all aged care package providers having access to all levels of current packages.
- An alternative to this would be to dissolve the current aged care package system and replace with a generic package that attracts a loading for specific needs ie low care, high care, dementia specific, ATSI, CALD, Rural & Remote, Financially Disadvantaged, Mental Health, Palliative Care. This type of package would truly meet the client’s needs.

The erosion of the purchasing power of packages

The erosion of the purchasing power of packages over time has led to a situation where many clients are reluctant to move from HACC services. This is due to the package provider’s inability to match or exceed the current service level and provide case management within their funding restraints. From 1995 to 2005 CACP subsidy had increased by 27.2% while ordinary full time adult earnings increased by 64.3% ***(****ACCV CACP Issues Paper)*

Considerations/Recommendations

- Review the viability of CACP's

Promotion of independence of the client:

Package providers require a more flexible process for securing packages with clients. A concern is that there is no strategy to discharge clients from packages. Clients can improve with good case management and become more stable. As there is no encouragement to discharge these clients they may remain on a package for many years with little or no requirement for case-management.

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Considerations/Recommendations:

- There needs to be care plans with goals developed with the client and where improvement occurs the package can be ceased.
- Short term case management should be a service which can be allocated to short term crisis situations.
- Many clients require case-management but not the intensity of services required for a CACP. Funding of case-management at a lower entry point may also avoid hospital admission or progression to more intensive services. Case-management should be available at HACC entry level

Cost of provision of packages:

Clients should contribute if they can afford to do so, however the burden of negotiating the cost directly by providers often reflects on the acceptance of a package. The concept of "no financial issue limiting access to services" is not routinely practised by all providers.

Generally the package numbers are insufficient with unacceptably long waiting times (over 12 months in some areas in Victoria), and at the same time there is a growing demand for EACH and EACH D level of support. The difference between CACPs service delivery and EACH service delivery is too great with no middle ground provided. In many areas, particularly in rural areas, it is often difficult for providers to access workers to support the package. Being on a CACP can disadvantage clients who were previously able to access HACC services, and there are many examples where service provision is reduced when receiving a CACP due to the full-cost for HACC services. Limited funding of packages very much constrains the flexibility of the type/level of support provided/available to individuals. This may lead to admission to residential care when a client would prefer to remain in their own home.

Considerations/Recommendations:

- The option of a means test process managed by an outside source such as Centrelink may be useful.
- Whilst increased funding will incur a cost for the sector, the actual extra cost may be mitigated by improved client outcome and support. This may lead to

fewer admissions to hospital or reduced reliance on other services such as HACC, PAC, and Carer Support services.

- In regard to a client fee or contribution, affordability should drive what the client pays at all levels of care and care types. The mismatch between subsidies for HACC services and the formula for the client contribution for CACP often means the client would be disadvantaged by moving to a CACP.

Residential Care issues

This is a highly regulated area despite recent reviews of the Aged Care Act. One anomaly remains with the assessment by ACAS to approve a person for the first ACFI which comes in as high when a person enters a low care setting. This continues to create tension between the sectors and has no benefit to the resident.
Presentation of clients from residential aged care facilities to emergency departments due to insufficient qualified staff and/or the reduced access to GP's impacts unnecessarily on the acute health system.

Considerations/Recommendations:

- The need for ACAS on transfers to high care from low care needs to be reviewed to provide consistent processes and to remove the need for ACAS involvement solely for financial reasons.
- Review of Residential Aged Care Facility staffing to increase ratios of staff to residents, and the number of qualified staff per shift.
- Explore the option of multi disciplinary Rapid Response Outreach teams to attend Residential Aged Care Facilities to prevent presentation/admission to hospitals. These teams could be attached to emergency departments.

Workforce issues

The predictions by most demographers are consistent in the need for ensuring access to appropriately skilled staff to meet demands. The ACAS are facing the challenge of workforce demand issues in the future. The current Victorian ACAS Locum Bank project has identified several options to move resources to areas of demand. There has been improved access to trained staff for short term unplanned leave and innovative options trialled. However there are many issues still to address. Succession planning, career structure and solutions to the difficulty recruiting certain disciplines all need to have strategies developed.
The move to national registration of disciplines involved in aged care is encouraging.

Considerations/Recommendations:

- There needs to be a central co-ordinating point in the state for locum management and an ongoing budget allocation to the costs of short term backfill of staff. This may include accommodation for staff to move to another area short term.

- Promotion of secondments needs to be considered as a means of possible skilling of staff across sectors, eg/ aged care residential/community and ACAS, to assist in developing a bank of staff with suitable skills. This model demonstrates that staff are prepared to work in a more flexible manner if the appropriate support and co-ordination is involved. This could be applied to other sectors for aged care.
- All workers in aged care, including HACC, should be required to meet standards and registration. Ongoing education needs to be encouraged/mandatory to maintain registration. Education courses and teachers need to be accredited to specified standards. Currently there is significant variation in the level required for qualification.

Retirement Villages

There are issues of funds not being available on departure from a retirement village for lengthy periods, or diminished amounts due to alterations to housing etc. There are many examples of services advertised by the retirement village organisation often not being provided in reality, or are provided at significant costs which are not made clear at the time of entry. Facilities are often advertised as future plans which are never realised eg. community centres, transport etc. The cost structure of retirement villages is prohibitive for clients on a pension.

Considerations/Recommendations:

- Case-management could be considered and provided as part of retirement village living for eligible clients where the need is identified.

The Aged Care Assessment Program

The independence of ACAS has been its strength and can be its weakness. ACAS need strong relationships with all parts of the community service system (HACC and Primary Care services) in order to access the appropriate care for clients and prevent inappropriate hospital admission. In many regions the emphasis has been focused on primary relationships with acute and sub-acute health services.

The focus of assessment for eligibility of Commonwealth funded services is a unique role for ACAS. It is the one service that traverses aged care within hospitals, residential care and community care without a link to service delivery. In most cases it removes the influence of service delivery on the assessment outcome and offers options for more consistent practise and choice for the client.

It is important for the approval process to remain independent of service delivery to reduce the potential for “conflict of interest”. This is a particular problem when considering auspice arrangement for ACAS where the ACAS can be subject to pressure to meet the needs of the auspice in relation to the transfer of clients

from the auspice service where the auspice is a Hospital Network. Where the ACAS is auspiced by a Community Health Centre this potential "conflict of interest" is removed, however other issues such as infrastructure costs remain the same.

This can pressure teams to fast track approvals through the hospitals and creates a challenge to equitably manage resources for community referrals. It focuses on the approval for eligibility and undervalues the assessment and care planning expertise of teams.

Many hospital and community service areas do not understand the role of ACAS as a comprehensive assessment service not a crisis response service. ACAS are required to respond to referrals in a timely and efficient manner by allocating a priority category at the time of referral. Priority Category is defined in the ACAP MDS V2 as: "The length of time within which a person needs contact of a clinical nature by an ACAT based on the urgency of the person's need as assessed by the ACAT at referral" ACAS help clients work towards long-term goals and solutions, not a 'quick fix' approach that may end up costing the system more in the long term.

Considerations/Recommendations:

- Maintain the independence of the Aged Care Assessment Program.
- Maybe time for a review of the role of ACAS and where ACAS is located within the system. – There have been significant changes and demands to the role of ACAS since its inception and current funding and targets/KPI's do not reflect these changes. The National Health Review is an opportune time to strengthen the ACAS program further and to consider the need for ACAS to stand alone within the system, not attached to any form of service delivery.

Consistency in ACAS assessments:

There is some criticism towards ACAS regarding the inconsistency between teams and waiting times for assessments from some services. There is a suggestion that if the assessment component can be completed from a third party the delays may be resolved. The trend in Victoria, where there is duplicity of responsibilities can raise tensions between how each ACAS functions. An associate assessor role could further devalue the expertise and independence of the ACAS role.

Some of the capabilities of teams can be attributed to the arrangements for funding and managing teams in Victoria. For example the high infrastructure costs charged by auspice health services can reduce the real capacity to increase staffing in teams. There are no transparent formulas for the number of ACAS staff for the population serviced by a team. Targets set in Victoria do not appear to have been reviewed in detail for some years. It is questionable if these are still relevant to the local environments affecting teams. There is no uniformity

in costs charged to ACAS's for auspice services such as IT support, and other infrastructure costs despite variation in team size, location and facilities provided.

Considerations/Recommendations:

- Fund ACAS sufficiently to maintain the independence and consistency of assessment and eliminate the potential "conflict of interest" caused by third party assessments.
- Review of ACAS targets.
- Review of infrastructure costs of teams with the view of promoting consistent costs across the state.

Summary

The Aged Care Assessment Program, with its focus on an independent role and high level of expertise, has been proven to provide the vital linking role in the aged care sector. ACAS not only assist clients navigate the aged care and community services sectors, but are also a valuable resource for health professionals and other services in the provision of advice, information and identification of gaps across the continuum.

The fact that there are very few formal appeals or criticisms of ACAS is evidence that this service model can point people in the right direction through effective triage and a comprehensive multi-discipline assessment approach.

ACAS take into account the client needs and make recommendations that reflect the aim of a best outcome for each individual client.