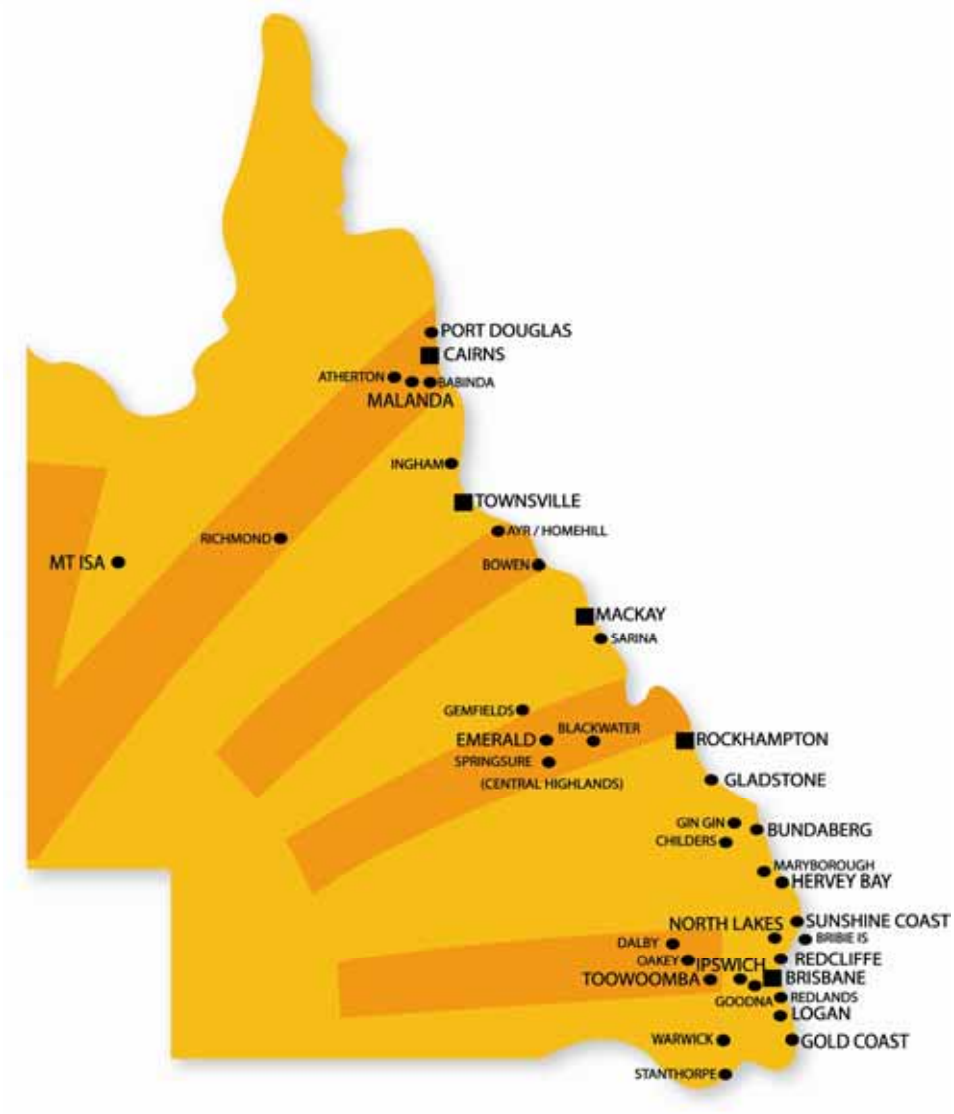
OZcare

Caring for our Community



Submission to the Productivity Commission Inquiry into Aged Care

Not-for-Profit Health and Human Services

1.0 Background

- Ozcare is a large Queensland based Not –for- Profit entity providing a wide range of health and human services to 15,101 Queenslanders –with 1099 in Residential Aged Care, 12,228 accessing community care and 1774 community support services for socially and financially disadvantaged. This care is provided through HACC, Community Packaged Care, Residential Care, DVA , Disabilities and a number of funded programs for the socially and financially disadvantaged e.g. crisis housing and homeless services.

- Ozcare has collated anecdotal and quantitative feedback from day to day discussions with families, older people, staff, and the communities in which we provide services across QLD to form the basis of this submission.

- Whilst Ozcare has a broad spread of service delivery models within the Aged Care Sector, our submission will primarily focus upon the Community Care component of the Aged Care System, or as it is commonly called "Community and Packaged Care."

- We use this approach because it is understood there are ample other agencies and individuals who will identify and offer solutions to elements of the broader aged care sector, especially the Residential Aged Care System and associated funding mechanisms.

- Ozcare supports the submissions provided by Catholic Health Australia and Aged Care Services Australia ,

- Ozcare has identified four key areas of the Community Care sector of Aged Care for this paper. These four areas are;

    1. **Access and Eligibility**
    2. **Technology**
    3. **Care Coordination and System Navigation**
    4. **Supporting individuals in the community with significant behavioural needs**

- Within each of the above points, Ozcare has identified the
    a. Key issue/s and;
    b. Proposed solution/s.

2.0 Key Issues

2.1 Access & Eligibility

The problem:

- There are currently multiple points of entry into the Aged Care System. It often requires multiples assessments and re-assessments.

- Gate keeping of Packaged Care and Residential Care is primarily controlled through local ACAT Teams, while access to HACC services is usually through a local service provider interface and subjected to a range of differing interpretation of eligibility criteria.

- This causes confusion and in some cases roadblocks into the system for both older people and their families/ carers

- As documented within the 2007 National ACAT review, clients do not understand what ACAT's do and don't do. There is also confusion around why they do what they do. Staff within community settings also report lack of clarity around role clarification.

- Ozcare staff also perceives ACAT's are not well placed to work closely with an older person, their family, or carer. There are often extraordinary wait times for assessment and referral for many older people, and there are is often a lack of understanding on the part of ACAT's with respect to the types and availability of local community based services. There is often a perception that they are "removed" from the day-to-day processes and machinations of the Community Care System and don't actually understand many of its unique processes and approaches.

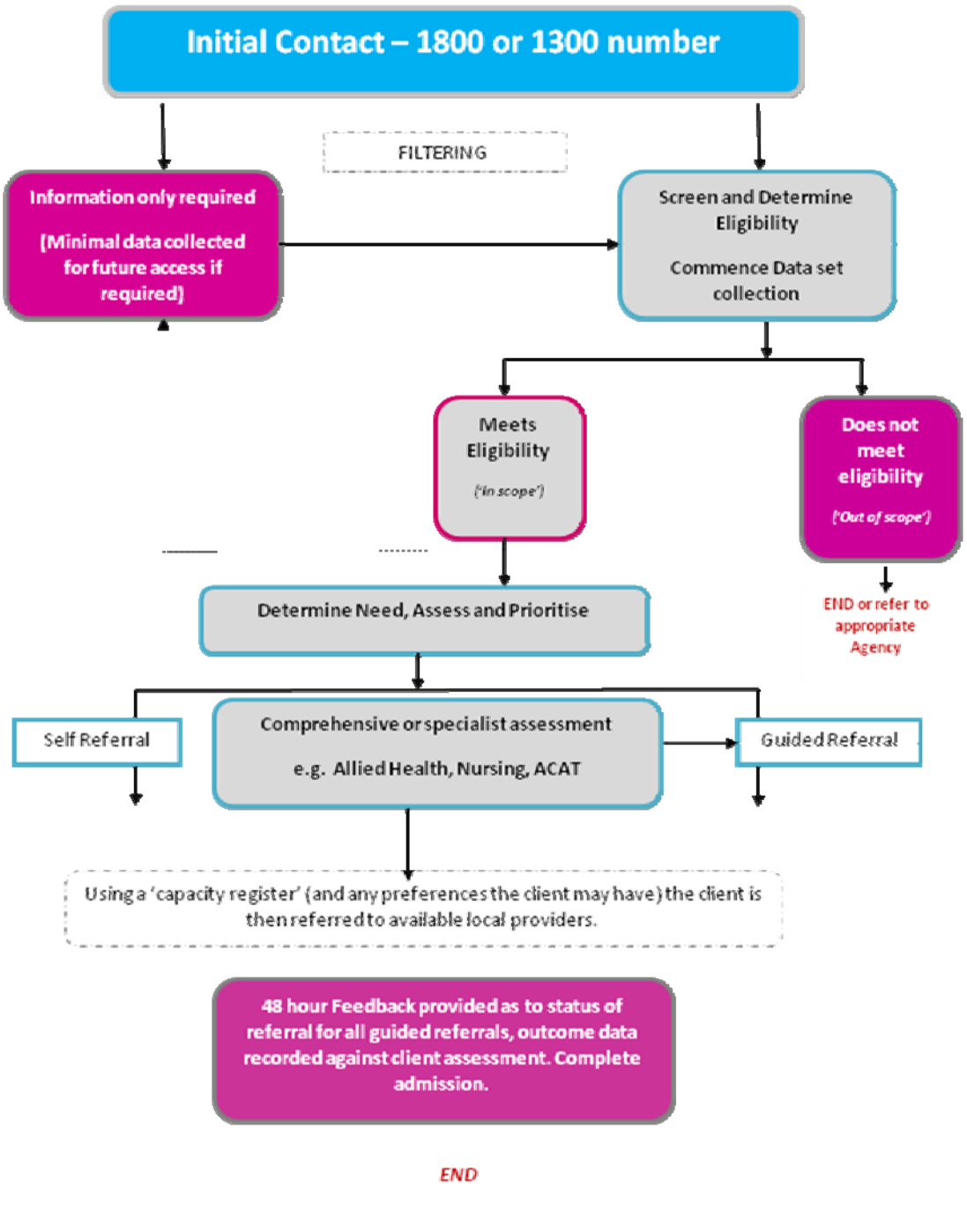
- An added perception, which compounds the ability of many ACAT's to respond to local referral and assessment need, is that they form part of a larger health and bureaucratic network of services and processes. In some regions these health networks are not well placed to respond to rapidly changing *community* need amongst older Australians.

Proposed Solution:

- Ozcare believes the current ACAT gate-keeper function should be replaced with an Access Point Model.

- This model proposed is similar to the successful Department of Health and ageing/ HACC trial held in Rockhampton QLD in 2008/20 10[1]. This model reflects the simple access via 1 call to a easily remembered no 1800 or 1300 however the need to be able to subcontract to other local providers for face to face assessments for special needs groups e.g. CALD, Dementia and indigenous must remain an option through all future model development and decision making.

[1] See QLD Community Care Access Point Bi-Annual Report – Disability Service QLD, Sept 2008


Initial Contact – 1800 or 1300 number
FILTERING
Information only required
(Minimal data collected for future access if required)
Screen and Determine Eligibility
Commence Data set collection
Meets Eligibility
('in scope')
Does not meet eligibility
('Out of scope')
END or refer to appropriate Agency
Determine Need, Assess and Prioritise
Self Referral
Comprehensive or specialist assessment
e.g. Allied Health, Nursing, ACAT
Guided Referral
Using a 'capacity register' (and any preferences the client may have) the client is then referred to available local providers.
48 hour Feedback provided as to status of referral for all guided referrals, outcome data recorded against client assessment. Complete admission.
END

- The entry assessment into Aged Care should be part of a multi-tiered assessment process that is flexible enough to "pick-up" the client at whatever point they enter the community support system. Furthermore, it should be designed to follow them through their aged care journey with as minimal interfaces as possible.

- This could mean that a client may begin their support journey by accessing low-level HACC services and through the continuum of care move through Packaged Care and onto Residential Care with the same Assessment.

- To achieve the above, there needs to be one assessment tool. This tool needs be electronic with real time data entry capability and able to be shared/transferred seamlessly between those agencies chosen to support the individual.

- Access points have been trialling the ACCNA-R for client services. This tool has demonstrated the ability to conduct telephone screening and assessment. Relevant triggers built into the tool allow for guidance to specialised or comprehensive assessments. Industry has been engaged in the development and trialling of this tool for in excess of 3 years. As a web based tool this allows for approved service providers to access the required information for the delivery of direct care and services with the appropriate consents in place.

- Having improved access to emerging technologies is also a fundamental component of the access and eligibility phase of aged care. Being able to access a common assessment tool in an online environment and even potentially administer elements of the assessment using current and future IT and Broadband Network infrastructure is vital.

- It is proposed that ACAT's are removed from the current state government based Health System and replaced by Community Based Assessment Teams (CBAT's).

- These teams would be funded directly by the Commonwealth and comprise of non-government agencies

- CBAT's would be required to become Certified Providers through an initial accreditation process, and maintain certification through annual accreditation processes (possibly through a combination of Output Target Reporting and ISO Certification).

- There would be a consistent National Set of Guidelines or Framework under which each CBAT would adhere to.

- CBAT funding would be outputs based (based upon regional HACC and Aged Care Planning Data) and require each accredited agency to reach a minimum number of assessments coupled with minimum quality indicators.

- CBAT's could be large national Agencies with a network of state based teams or conversely a small local or regional CBAT just supporting a particular region or area.

- Alternatively, CBAT's could be funded through Medicare, whereby each assessment is a billable MBS item based upon a no-gap set fee.

- By placing the responsibility of assessing and referring older people requiring care and support firmly with the non-government sector, it will provide for a clearer, more consistent system that provides a natural interface between the assessment, the referral, and the wide range of community based care options available to older Australians.

2.2 Technology

The problem:

- Society is increasingly reliant upon technology for a plethora of lifestyle and living options. Whilst many older Australians (over the age of 65) struggle with this technology, the cohort of Australians underneath this group (45 to 55 year olds) have adapted and utilised this technology in greater numbers.

- Moreover, this group has a much higher expectation in terms of the flexible use of time, technology, and indeed supports. This cohort is our next "generation" of care recipients.

- The current aged care system, (particularly in the community based support area), is awash with multiple assessments, data tools and compliance frameworks that are primarily paper-based.

- Where assessments, data tools, and compliance frameworks are electronically based, they often exist on multiple platforms using a wide range of interfaces between the service provider and the relevant level of government (state or commonwealth).

- Ozcare, along with many other entities, invest in the unnecessary expense of managing and reporting on multiple data sets, required by both state and commonwealth governments (Disability, HACC, and Aged Care), often with no interface between the data collected.

- Ozcare also witnesses the heavy burden placed upon care recipients and their families/carer to read, understand, and acknowledge a large amount of information relating to their care.

- There is no standard interface between care recipients (and their family/carer) and available technologies during the assessment, referral, and care continuum. Often information is repeated in a variety of ways throughout a paper based assessment or data collecting activity between the service provider and the care recipient.

- In a significant number of cases, care recipients share their surprise with Ozcare staff when they discover that all their previously collected information from one agency is not available to all services providers supporting them. There is often reported frustration from care recipients (and their family/carer) about the replication or duplication of personal information that needs to be collected and that it is simply not accessible to their service provider from one central place.

- Ozcare also believes that Queensland is unique in terms of its geography and therefore, its care challenges.

- The majority of care recipients live in larger regional centres dispersed throughout the state and not around the capital, as is the case in most other states and territories. There are also pockets of extreme remoteness, where care challenges relate to issues of travel and access, even before an assessment or support can be provided.

- Complicating the issue of remote service delivery is the difficulty in recruiting and training appropriately qualified staff. Often these areas have little or no IT infrastructure, in particular access to reliable and reasonably priced broadband.

Proposed solution:

- A National Electronic Client Record (NECR) should be introduced on a standard IT platform. The NECR should be mandatory at the first point of access to the Community Care System, with care recipients being given the option to ***"opt-out" rather than "opt-in".*** That is, the default option should be that a care recipient must be a part of the NECR system.

- This electronic record could then be linked with a standard electronic assessment tool, mentioned previously. The NECR should be designed to be flexible and multi-tiered in that it can be basic enough to capture the necessary data and information to assess a persons requirement for very low level in-home support right through to having the ability to capture complex assessment data for entry into a high-care aged care facility. Real time data collection with built in algorithms to prompt data collection would facilitate this. Assessors would then have access to a number of levels of data options based upon the client's need and potential level of service required.

- Ozcare supports the roll-out of the National Broadband Network should target the provision of a standard data speed across the country so **all** service providers and care recipients within the aged care sector can have a benchmark expectation in terms of their data speed – this is especially important for rural and remote communities.

- As such, we believe there should be an increasing emphasis placed upon the use of video conferencing capacity so that assessments and data capturing can be performed "on-line" using a combination of electronic assessment and video conferencing.

- Ozcare is of the opinion that all community care providers need to be funded at a base level to provide key technologies within individual packaged care services. This would allow care recipients and their family/carer to purchase assistive technologies to assist them remain at home longer than may be feasible without such technologies.

- Examples of this may include self-management of diabetes, blood pressure, medications or other self managed options through the use of online applications, video conferencing, and tactile hardware (e.g. Apple iPad).

- Funding of such devices may also be feasible through private health insurers or as an option under a Consumer Directed Care Model .

- By focussing upon technology as a key foundation to modern community based care, issues relating to staff recruitment and training in rural and remote communities can also be better managed.

- Video Training (and its associated infrastructure)and access to reliable on-line training to Tertiary Institutions in rural and remote communities must be a fundamental part of the modern aged care system.

- Adopting and funding such an approach will allow qualified and appropriately trained aged care professionals to transfer their knowledge and capabilities to others who would normally have to travel many hundreds, and often thousands of kilometres to receive such training.

- Similarly, "video carers" may be able to check in on a more regular basis through simple video calls with care recipients using emerging technologies (e.g. Skype, or new mobiles that have video to video capability using basic in-home Wi-Fi).

- A final output that could be delivered with a more focussed and well-funded aged care technology strategy is the ability of larger non-government agencies to provide Business or Corporate Services for much smaller rural and remote service providers. In this scenario, small providers in regional, rural, and remote areas could transfer the costly process of delivering key business services (HR, Admin, and Finance) to larger providers who have the necessary infrastructure and access to supportive business technology. Efficiencies generated as a result of such an approach can be re-directed back into direct service delivery.

2.3 Care coordination and Navigating the System

The problem:

- At this point in time, older Australians attempting to navigate the community care system are often left with duplicative supports through multiple service providers. Their problems often appear to be twofold:

  - Finding the right service; and
  - Maintaining continuity of care

- In terms of finding the right service, older people and their families/carers are often left to their own devices to access an appropriate service. This lack of service navigation appears in part to be a result of the capacity of Commonwealth CareLink Centres.

- These centres are removed from the active referral and eligibility process and in many cases only provide the basic information available on a range of services within a particular area.

- With respect to maintaining continuity of care for an individual, it is not uncommon for a care recipient to have 4 or more service providers involved in their care, both from government and non-government providers. Many of these providers, especially non-government agencies, offer a broad array of services, often duplicating the supports provided to the client by another service. Many clients and families/carers communicate to our staff the frustration of not being able to receive all their services through one provider – offering what we believe would be a true continuum of care.

Proposed Solution:

- We believe a centralised coordination point should be developed on a regional basis – Access and Coordination Points. These are linked closely with the approach we mention previously with respect to a National Electronic Client Record, information, a multi-tiered assessment process, with assessments and referrals managed by an accredited Community Based Assessment Team.

2.4 Supporting individuals in the community with significant behavioural needs

The problem:

- Anecdotal evidence from industry, staff and the families and carers Ozcare supports, indicate the increasing prevalence of challenging and assaultive behaviour exhibited by those loved ones with dementia still living in the family home.

- The types and ferocity of behaviours appear to be increasing and intensifying for many carers and often the only solution available is for the premature institutionalisation of the care recipient with dementia.

Access to services for the emerging group of people with known as the 'Younger Onset of Dementia' usually the 50 – 65 age group who do not fit the criteria for ACAT assessment for packaged(EACHD) or residential care present many challenges for families, communities, and providers.

Proposed Solution:

- New models of home based support or supporting older people with dementia in their own homes needs to be investigated, trialled and funded appropriately.

- The improved eligibility and access to care, advice and service providers to be able to respond to the emerging group of 'Younger onset of Dementia' is vital. This access along with trained and response services delivery options will allow for these people to remain supported within their communities for the long term.

- One option Ozcare believes to have merit which could be piloted is the "mobile and on-call" specialist support staff who are not rostered to particular times or places, rather they cover and area with a small caseload of clients who have dementia and who can be called at short notice to support the carer as soon as he/she requires support.

- Other models that may improve the quality of life of both the carer and the care recipient with dementia and challenging behaviour may be similar to those operating within various disability accommodation services (e.g. Group Home accommodation, Cluster facilities, specialised packaged care to purchase specialised supports).

3.0 Conclusion

In conclusion, Ozcare wishes to thank the Commission for the opportunity to provide advice. Ozcare would welcome the opportunity to have further dialogue with the Commission at anytime.