Response to the Productivity Commission Inquiry into Aged Care Draft Report

March 2011

General Practice Victoria (GPV) is the State-Based Organisation (SBO) for the 29 Victorian divisions of general practice. GPV works at the state level to support Victorian divisions of general practice. Divisions build capacity in general practice, working at the local level towards a skilled, viable and effective general practice sector to improve the health and well-being of Victorian communities.

Divisions provide the organisational interface between government and other stakeholders and general practice because they provide broad representation of general practice, have an effective role in GP education for systems and practice change, and have a role in the coordination and provisions of vital services. Divisions are currently working towards the effective transition to and implementation of Medicare Locals, as part of the Federal Government health care reform process.

This submission is in response to the Draft Report of Productivity Commission Inquiry into Aged Care and is based on GPV's past and current work with the Victorian divisions in aged care. Generally, GPV, on behalf of the Victorian member divisions, supports the notion of wide ranging reforms to the current system of social and health system support for older Australians. However, we make a number of comments on the Commission's recommendations and particularly emphasise the need to link aged care reforms with the primary health system.

Alignment of aged care health reforms with the primary health system.

- *The Australian Seniors Gateways and the Medicare Locals should be directly linked at the local level. It makes economic sense to consolidate some core functions such as service development, analysis of population health and workforce needs, connecting the various sectors so that the community generally is able to access the care they need. The way that the organisations are linked may be specific to the local area, and the overriding premise is that service systems are not duplicated.*

The Commission makes a good case for the establishment of an Australian Seniors Gateway Agency and the establishment of regional hubs. It is proposed that the Seniors Gateways will, among other functions, provide service coordination, regional planning, advocacy and will be the single gateway into the aged care system (that includes navigation and access to services). Concurrently, the Australian Government is in the process of implementing primary health reform, the cornerstone of which is the Medicare Local (ML). The functions of an ML are complementary to a Seniors Gateway and include; making it easier for patients to navigate the local health care system ('by better linking local GPs, nursing and other health professionals, hospitals and aged care, and maintaining up to date local service directories'[i]), identifying community health needs, addressing workforce shortage and skills mix, facilitating integrated and responsive care for the community, facilitating a reduction in inappropriate or inefficient service utilisation and avoidable hospitalisations, and conducting joint service planning with local hospital networks and other organisations[ii].

The Commission does not provide suggestions for linking the aged care sector with other sectors – health, disability, mental health. Aged care cannot be separated from primary

health care. If the Gateways and the Medicare Locals are not directly linked then there is a risk that silos will be developed within local health systems rather than integrated services.

The primary health care system can help provide solutions for the aged care sector. For example with allied health assistance individuals can be kept mobile and reduce their reliance on support services. Programs such as the rural primary health scheme (RPHS) and the aged care access initiative (ACAI) have shown that divisions of general practice, and by extension, a Medicare Local, can provide solutions that address market failure when adequately funded.

Provision of care and services for older Australians

- *General practice is the cornerstone of the primary health system and as such, should be acknowledged as critical to good functioning of the aged care system.*
- *Remuneration must be adequate for the work that GPs do in residential aged care facilities and for involvement in activities leading to service system improvements and improved care for residents.*
- *Adequate remuneration for staff working in residential care (allied health, nursing and direct care staff), and appropriate ongoing skills training for all staff is essential to support the provision of quality clinical care for residents generally.*

General practitioners (GPs) manage most of the medical care needs of older Australians in the community and in residential care. Older people with multiple problems require complex GP interventions and follow up. The Australian Institute of Health and Welfare[iii] reports that people over 65 years have an average 2.8 health conditions, rising to an average of 4.8 for those with more severe disability, and 5.5 for older people with depression. Aged care residents have very high levels of disability and complex clinical care needs.

Currently there is little incentive for GPs to attend aged care facilities. Disincentives include the physical environment (such as no provision of space for private consultations) inadequate clinical records, frequent turnover of nursing workforce, and diminishing MBS return for seeing multiple patients in 1 visit. GPs report that they are also required to do numerous tasks that are not funded (write letters, medication charts, phone discussions, etc) There is currently an aged care Practice Incentive Payment (PIP) for GPs who work in aged care facilities, but GPs generally report that they easily reach the qualifying service levels and that the PIP encourages episodic care, not good systematic care. There is currently no provision for GPs to participate in quality improvement activities within a residential care facility (such as medication and medical advisory committees, communication and record systems, risk assessment, etc)

Palliative care for older people

- *GPs should be adequately remunerated for their involvement in end of life and palliative care.*
- *Enhanced service system configuration, workforce capacity and skill mix should be key priorities to provide improved care towards the end of life in the setting of the person's choice.*
- *Specialist palliative services will need substantial investment if they are to provide responsive consultative, education and complex management services.*

GPV supports the recommendation for improved palliative care for older people. Case mix type funding in residential care facilities should reflect the true cost of care, but is not appropriate for the provision of services from general practice. The medical palliative needs of a patient at end of life are very individual and should be provided on an individual needs basis.

Minimising preventable hospital admissions

GPV recommends the development of systematic multidisciplinary medical/health care for older people. This will require funding and support at the local level, and will support older people living in the community and in aged care facilities.

The Commission suggests the expansion of in-reach services and the formation of community "aged care teams" to reduce preventable hospital presentations.

In Victoria, the in-reach teams work from some acute metropolitan and regional health services to provide services to a limited range of aged care facilities. It would be helpful if such services were statewide and well known to facilities and GPs.

The benefits to older people of being able to remain out of hospital are well known. However continuity of GP care and a multidisciplinary approach to providing care in chronic disease[iv][v] are probably more important than in-reach teams in avoiding hosptialisation.

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[i] Australian Government (2011) *Improving primary healthcare for all Australians.* (page 6) Available at: http://www.yourhealth.gov.au/internet/yourHealth/publishing.nsf/Content/improving-primary-health-care-for-all-australians-toc/$FILE/Improving%20Primary%20Health%20Care%20for%20all%20Australians.pdf [Accessed 17 March 2011]

[ii] Australian Government Department of Health and Ageing (2011) *Guidelines for the establishment and initial operation of Medicare Locals.* Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/grantITA2491011/$FILE/Medicare%20Locals%20Guidelines%20and%20Information%20for%20applicants.pdf [Accessed 16 March 2011]

[iii] Australian Institute of Health and Welfare (2010) *Australia's health 2010. Australia's health series no.12. Cat. No.AUS 122. Canberra: AIHW.* (p.321)

[iv] The King's Fund (2010) *Avoiding hospital admissions. What does the research evidence say?* Available at: http://www.kingsfund.org.uk/publications/avoiding_hospital.html [Last accessed 11 March 2011]

[v] Griffith University, General Practice Queensland (2008) *Hospital avoidance: systematic review* Available at: http://www.gpqld.com.au/content/Document/3%20Programs/Collaborative%20Research%20Hub/BRIEF%207%20Predictors%20of%20Hospital%20Avoidance%20Systematic%20Review.pdf [Last accessed 10 March 2011]