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STATEMENT TO PRODUCTIVITY COMMISSION

1 April 2011

RETHINKING RESIDENTIAL AGED CARE IN AUSTRALIA

My comments following are intended to be provocative, if not at least somewhat tongue in cheek. They are aimed at causing us to keep thinking about Caring (better) for Older Australians

Nothing so conflicts the "Australian Dream" as the prospect of ending life in a warehouse [1] of older bodies called a Nursing Home.

For-profit and not-for-profit alike residential aged care providers have for several decades provided fairly efficient, cost effective, and reasonably high quality solutions, for managing care and health needs for the most vulnerable of all populations, the "mind and will" deteriorated compliant elderly and younger people with disabilities.

Of approximately 180,000 people are in today's nursing homes in Australia, about 40% are low level care recipients. A very recent study [2] out of Cornell University in the USA in their autumn of 2010 concluded that some 12% of the residents in American nursing homes could reasonably be cycled back into the mainstream of society as recipients of a range of community care services, provided certain measures were in place. These people were, mostly, assessed as 'low need' for residential aged care. The provision of care and services could be made in a living environment of their own choosing which most call – HOME – and we know that most people say there is nowhere else quite like it.

Unless we now really begin to think about getting more options for long term care on the table our nursing homes will likely be a non-negotiable last resort for too many elderly in future generations.

But sandwich generation people are looking forward to their own future care needs and just saying "No"! There has to be a better way. After all, who really wants to go into residential aged care? The medical community through the Australian Medical Association is already on board. Our political and regulatory stakeholders are listening, or soon will be. Entrepreneurs are trying to come up with plausible and marketable alternatives for a place or methodology to have care delivered. Where there is a will there is a way.

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1 Bayer, S. 2011. Nursing homes of the future: Do nursing homes have a future? Personal Finance Bulletin. http://personalfinancebulletin.com/nursing-homes-of-the-future-do-nursing-homes-have-a-future/8352/ Used with permission.

2 Meador, R, et al. 2010. Going home: Identifying and overcoming barriers to nursing home discharge. Case Management Journals. Volume 12, Number 1. Springer Publishing Company. 2011

The first action is one of culling the 'low need' from the 'must have' groups in the vulnerable residential care population. A realistic assessment standard that has health and aged care portability is the first need. The Cornell study began with social worker selection for those in nursing homes who they believed could be transitioned back. The researchers established that 57% of these would successfully live independently or could reasonably live at home with appropriate provision of support measures. ICD coding with comparable subsidy payment rates are essential.

The critical factor that remains for care recipients is the access to, and provision of, medical and nursing care where the chronic care needs are complex. Other important factors are the availability of family and social support combined with feasible and appropriate housing and accommodations options. Some institutional variables such as oxygen supply, intravenous medication therapies, pharmaceutical delivery, equipment supplies, security monitoring, food preparation, are already in place in a range of community based services – or can be. These services just need to be authorised for in home delivery and use. Increasing the range of high care community package services can accomplish this.

Another method of reduction of demand in the sense of inevitability about admission to residential aged care is a change in the way nursing home length of stay is envisioned. At present the sign on the nursing home door is like Dante's "All Hope abandon, ye who enter here". Someone needs to be in place to advocate strongly for the return home for every individual and trained to know what could make it work, and why, for some smaller than current number of clients, there might really be no realistic alternative. The answer is not just great discharge planning, it is great discharge planning with the imprimatur and associated realistic resources to effect, deliver, manage and monitor the service provided – elsewhere than a nursing home!

Perhaps this is an advocacy and practice role for the Productivity Commission's proposed prospective Gateway and gatekeeper?

There was only one determining factor in the Cornell study that predicated against a return of clients to the community from a residential aged care facility – poverty. That is, pension only, no underlying assets, care recipients. Housing remains the driver for the asset and income poor as a base line need for care.

Nursing Homes are expensive. The complementary costs for provider and care recipient alike for the capital and recurrent costs of care in nursing homes is escalating beyond the reach of many.

But better, more cost effective, higher quality care alternatives? I would like to see that!

Some eighty per cent of today's Australian residential aged care recipients are receiving some measure of government pension.

Perhaps the loss and resulting opportunity cost of the family home is too unrealistic a price for the complex high care residential care recipient to pay.