Submission template

Discussion paper:

Future reform – an integrated care at home program to support older Australians

Submissions close on 21 August 2017

Instructions:

- Save a copy of this template to your computer.
- It is recommended that you read the relevant pages in the discussion paper prior to responding.
- You do not need to respond to all of the questions posed in the discussion paper.
- The numbering of the questions in the template corresponds to the numbering in the discussion paper.
- Please keep your answers concise and relevant to the topic being addressed.
- Upload your completed submission on the Consultation Hub. Alternatively, if you are experiencing difficulties uploading, you can email your submission to: agedcarereformenquiries@health.gov.au

Thank you for your interest in participating in our consultation.

Tell us about you

What is your full name?

First name ***Cameron***

Last name ***Holland***

What is your organisation's name (if applicable)?

Australian Unity Home Care Service

What stakeholder category/categories do you most identify with?

☒ Commonwealth Home Support Program[1] service provider	☐ Peak body – consumer
☒ Home Care Package service provider	☐ Peak body – carers
☒ Flexible care provider	☐ Peak body – provider
☒ Residential aged care service provider	☐ Seniors membership association
☐ Aged care worker	☐ Professional organisation
☐ Volunteer	☒ Disability support organisation
☐ Regional Assessment Service	☐ Financial services organisation
☐ Aged Care Assessment Team/Service	☐ Union
☐ Consumer	☐ Local government
☐ Carer or representative	☐ State government
☐ Advocacy organisation	☐ Federal government
	☐ Other Click here to enter text.

Where does your organisation operate (if applicable)? Otherwise, where do you live?

☒ NSW	☐ SA
☐ ACT	☐ WA
☒ Vic	☐ NT
☒ Qld	☐ Tas
☐ Nationally	

*May we have your permission to publish parts of your response that are **not** personally identifiable?*

☒Yes, publish all of my response

☐No, do not publish any part of my response

[1] Includes Home and Community Care Providers in Western Australia

Section 2. Reform context

2.3 Reforms to date

Comments

We would welcome your views and feedback on the February 2017 *(Increasing Choice)* reforms.

Refer to page 6 of the discussion paper

As a provider of in-home care to tens of thousands of Australians, Australian Unity supports the broad thrust of the Home Care reforms introduced in February 2017. In particular, Australian Unity believes that consumer-directed care is an appropriate model for the sector, that (aside from some special needs groups) a nationally consistent approach to assigning home care packages is in the best interests of older Australians, and that red-tape reduction for providers is a crucial goal in ensuring the sector's long-term sustainability.

Since the introduction of the reforms in February 2017, Australian Unity has gathered some practical insights to share, in the hope of assisting the government to drive improvements in the delivery of the reforms.

In particular, Australian Unity notes:

- The viability of the overall business model remains uncertain, with system connections between providers, the Department and Medicare operating less than optimally.
- Providers have operated for the last six months without the benefit of the 2017 Home Care guidelines.
- Communication between departments, providers, assessors and consumers has been less than optimal, leading to some unfortunate consumer outcomes.
- The potential for funding to be used for purposes insufficiently related to consumer care. One example Australian Unity has uncovered is the use of funds to extend the roof of a client's son's house, in order for the client's new scooter to be under cover.
- The potential for "double dipping" between two providers' CHSP services.
- A focus on coordinated, consistent and timely communications from key government bodies would be welcomed, particularly with services dealing directly with customers e.g. The MyAgedCare (MAC) call centre.
- The new process for escalating issues via the MAC call centre has resulted in delays for some customer issues, as well as increasing the administrative requirements for our business. The portal could be refined to improve the user experience.
- The potential for data to drive improvements for recipients of in-home care. For instance, if providers had greater access to a client's primary care data (with appropriate consents and privacy protections), a more targeted approach to in-home care may be available.

Section 3. What type of care at home program do we want in the future?

3.1 Policy objectives

Question

Are there any other key policy objectives that should be considered in a future care at home program?

Refer to page 9 of the discussion paper

Australian Unity suggests the following considerations for a future care at home model:

- Higher level packages to close the gap between HCP and residential aged care. This includes releasing more L4 packages but also creating a new L5 package.
- Client funding being expanded to support advanced care planning and palliative care in the home.
- Consideration around the Aboriginal and Torres Strait Islanders and CALD component and the limited amount of Aboriginal and Torres Strait Islander ACAT assessors.

- Identify and engage with CALD and potential CALD clients to determine their access and service needs. Australian Unity's experience is that many potential CALD clients have little or no knowledge or understanding of the services and support for which they may be eligible.

Section 4. Reform options

4.2 An integrated assessment model

Question

What do you believe could be done to improve the current assessment arrangements, including addressing variations or different practices between programs or care types (e.g. residential care, home care and flexible care)?

Refer to page 12 of the discussion paper

Australian Unity notes that under the current model, services can be delayed up to 15 weeks due to a backlog of assessments. This could be improved through the creation of a true CDC (Consumer Directed Care) model, allowing for a consistent approach and utilising one assessment throughout the client's journey and creating a seamless continuum of care.

Australian Unity also believes the following specific changes could improve the efficiency of current assessment arrangements:

- Reducing the need for the number of informal and formal assessments when a client's condition changes.
- Reviewing government approval guidelines – e.g. allowance for ACAT assessments to be undertaken prior to a client being discharged from hospital to ensure they receive a higher package level of care and an adequate support plan.
- Increase in inter-government agency interactions e.g. creating a singular client record integrating with other government records such as MyHealth to allow for a more seamless client and patient experience whilst ensuring an increase in quality patient care.
- A focus on improving the quality and consistency of assessments.
- A focus on reducing and minimising duplication of assessments i.e. a single assessment team to manage approvals for all in-home program types (removal of RAS) including CHSP, HCP, STRC, TACP.

4.3.1 New higher level home care package │ 4.3.2 Changing the current mix of home care packages

Questions

Would you support the introduction of a new higher package level or other changes to the current package levels?

If so, how might these reforms be funded within the existing aged care funding envelope?

Refer to pages 12 – 14 of the discussion paper

Yes.

Australian Unity considers that a higher-level package focused on supporting the client throughout their journey, including the ability to receive higher level services (including palliative care) within the home, would be greatly beneficial. This is particularly important given some clients' support needs exceed the provisioning of a Level 4 package.

Australian Unity believes the following suggestions could positively influence client outcomes:

- Often clients have unspent funds, which may indicate that assessments are incorrectly completed or the client is not aware they have this money to spend. It could also indicate that a four-tier HCP system may not best meet all clients' needs. Instead, a further split of the funding levels may allow for the resources to be best spread across all clients.

- Assessing the client on their current needs, with an accessible and flexible mode, which allows for the adjustment of funding as required (e.g. the ability to move between levels easily depending on the needs of the client at a point in time A system which requires the re-assessment of a client every two years (as with the NDIS) may be able to ensure that funding is best utilised across all clients.
- Reallocating the funds associated with a level 1 package to a higher-level package. In our experience, the uptake of level 1 is low due to reasons such as high income tested fees and case management fees.
- Making it easier for clients to access accessible additional funds when they require it, or adding cost efficient services such as phone based assessments.
- Adopting an individualised funding needs-based model, without the use of supplements.
- Encouraging (through education) the utilisation of certain group activities to more effectively utilise funding, such as group physiotherapy and dementia day programs

4.4.1 Changing the current mix of individualised and block funding

Question

Which types of services might be best suited to different funding models, and why?

Refer to pages 14 – 15 of the discussion paper

Australian Unity's preference is to support the client in the home using an individualised level package model. At the same time, there are advantages to a block funding model, particularly for new services and to drive innovation in existing services, e.g.:

- Transport and Day/Overnight respite moving to a block funding model would reduce the CAPEX required to commence and maintain such the service.
- Returning unspent block funding to a trust to encourage clients to make the most of their package and reallocate unspent funds for those who need extra services.
- Allowing providers to pool part of their clientele's unspent funds to fund the creation of new services existing clients such as day programs, hydrotherapy and other reablement programs.

Question

What would be the impact on consumers and providers of moving to more individualised funding?

Refer to pages 14 – 15 of the discussion paper

Australian Unity believes in consumer choice and control, however a fully individualised funding model (such as the model adopted by the NDIS) has the potential to increase administrative requirements for providers, such as increasing data entry and reporting. This is particularly apparent when the client requests changes in services or the client misses services, or when the client requests particular sub-service providers (eg family members) which can require, for example, additional probity checks.

In addition, greater emphasis on individualised funding can in most circumstances benefit the consumer as care plans are tailored for their individual needs. However there is some risk that inefficiencies can be introduced when multiple client requests conflict with each other or with the service provider's ability to meet those needs. As a very crude example, if every client wanted a shower at 8am then supply of care staff at this time would be severely limited if not priced out of the programs funding envelope.

In addition, individualised funding restricts the potential for effective group services, which particularly hurt day respite and social outing services. Finally, there are often efficiencies available when services are provided on an outcome basis rather than a timed basis. This would require a different approach to the creation of plans and how services are accounted for within a funding envelope and would promote a move away from time based pricing models.

These additional costs and considerations often result in resources being diverted away from client services and into administration or built in inefficiencies.

Question

Are there other ways of funding particular services or assisting consumers with lower care or support needs, e.g. a combination of individualised funding and block funding, vouchers etc.?

Refer to pages 14 – 15 of the discussion paper

N/A

4.5.1 Refocussing assessment and referral for services

Questions

Should consumers receive short-term intensive restorative/reablement interventions before the need for ongoing support is assessed?
If so, what considerations need to be taken into account with this approach?

Refer to page 16 of the discussion paper

Yes.

Australian Unity agrees with reablement interventions prior to the allocation of an ongoing support package. This will allow clients the opportunity to undergo an intensive period of reablement to increase functional status and potentially reduce required resources.

Australian Unity believes the following considerations need to be taken into account with this approach:

1. Ability for primary or secondary medical care intervention to recommend client through this type of support.
2. Ability for care providers to respond quickly to a request for supports within a funding framework attached to the client.
3. Ability for 3rd party care assessment as the need for ongoing support is more adequately realised.

Overall the need for swift intervention and commencement of services in a timely matter can reduce costs overall for the program while also meeting the immediate needs and outcomes of the client.

Question

How could a wellness and independence focus be better embedded throughout the various stages of the consumer journey (i.e. from initial contact with My Aged Care through to service delivery)?

Refer to page 16 of the discussion paper

Australian Unity is a strong supporter of programs and activities focused on a client's wellbeing and level of independence. The following suggestions are offered:

- Empower clients by focusing on their capabilities rather than their inabilities e.g. focus on the fact they can wash a window but are unable to clean a shower.
- Embed functional reablement assessments and questions from initial contact.
- Set client expectations with the consistent messaging i.e. that supports are reablement based.
- Expand with goal setting by enhancing/leveraging from accomplished tasks.
- Equilibrium between PhysicSocial and Biomedical reducing the focus on the aging process and spread the horizons on the broader customer profile.

4.6.1 Ensuring that services are responsive to consumer needs and maximise independence

Questions

How do we ensure that funding is being used effectively to maximise a person's ability to live in the community and to delay entry to residential care for as long as possible?
For example, should funding be targeted to services or activities where there is a stronger connection with care and/or independent living? Are there examples of current services or activities that you believe should not be funded by government?

Refer to pages 16 - 17 of the discussion paper

Australian Unity offers the following suggestions to support a person's capacity to live in the community and delay a client's entry to residential care:

- Create a base HCP with a STRC style top-up option for Level 2 or Level 3 as a preventative health measure (currently, there are no incentives to encourage people to reduce their package level).

- Offer providers an incentive to successfully rehabilitate or support a consumer to reduce a package level.
- Increase in stage-specific funding to also allow for funding for episodes of supports relating to a client's specific need at the time (e.g. palliative care, in-home rehab, etc.). This will overall reduce the possibility to having to investigate residential care as an option especially at later stages in life.

Question

How do we maximise the flexibility of care and support so that the diverse needs of older people, including those with disability, are met?

Refer to pages 16 - 17 of the discussion paper

Australian Unity believes that ultimately it is in the best interests of older Australians to develop a single system to monitor and better service legacy clients. This is due to the following reasons:

- Australian Unity believes a single system will promote client equity through greater clarity of each client's journey as their care needs increase.
- Australian Unity believes that clients who access other programmes whilst on a waitlist for a higher package level will prevent injury and hospital admissions. Therefore a single system that recognises this requirement while also increasing transparency to all providers would be beneficial.
- Within this single system, the potential for greater flexibility for clients as their care needs increase and /or change over time would be possible.
- At each level of care Australian Unity recommends the ongoing use of supplements to account for specific needs across the spectrum of diverse needs including older people with disabilities. Australian Unity recommends however that each care recipient's individual needs are assessed and appropriate funding within the package guidelines is made available along with a regular review process to make changes as required. The potential for this in a single system is greater due to the higher visibility of each client to the care support planners.

4.6.2 Accessing services under different programs

Question

Under the current program arrangements, does allowing some consumers to access both programs promote inequity, particularly if other consumers have to wait for a home care package?

Refer to page 17 of the discussion paper

Australian Unity believes the current program arrangement is working well to achieve client equity, especially if it is used as a stop-gap measure while a client awaits the allocation of a home care package (or a higher-level package). Having said this, safeguards need to exist to prevent clients 'double-dipping' (receiving CHSP services from one provider while receiving care through a home care package from another provider) due to uncertainty over which service providers are currently providing care.

Questions

Until an integrated care at home program is introduced, is there a need to more clearly define or limit the circumstances in which a person receiving services through a home care package can access additional support through the CHSP? If so, how might this be achieved?

Refer to page 17 of the discussion paper

Australian Unity believes there is a need in certain circumstances for people to access additional CHSP supports while on a home care package. These circumstances can include:

1. When the person has been approved to receive services but has not yet received notification of an allocated package but still requires supports.
2. When the person receiving services has increased care needs and is awaiting a higher level home care package.
3. In emergency or short term circumstances when care needs increase during an adverse event.

Australian Unity believes that greater clarity on the rules governing the above (and potentially other) circumstances would be useful and suggest that could be achieved through a special services request process through My Aged Care or something similar, with an appropriately swift approvals and funding process to follow. There may be the potential for an auditable self-governance approach to the above that would ensure services are provided as quickly as possible (including on the same day as required) for the maximum benefit of the client.

4.8.1 Supporting specific population groups

Question

How can we make the care at home system work better for specific population groups, particularly those whose needs are not best met through current CDC models and administrative arrangements?

Refer to page 19 of the discussion paper

Australian Unity offers the following suggestions to make the at home system work better for specific population groups:

- Regional needs around transport and accommodation cannot be utilised on CDC individualised funding due to the unsustainable cost to providers – and hence consumers.
- This presents an opportunity for more innovative thinking around the care needs of rural and regional recipients of in-home care, including the potential for telephone-based supports.
- New funding for mobile chronic support vans and vans that house washing machines.
- A mobile medical centre that provides blood pressure, hearing, eye and dentals checks as well as general health checks offers a particular benefit for regional and remote communities.
- Engaging to a greater degree with mainstream providers.
- Revisit CDC models – in regional communities we are finding a package is spent on travel rather than the actual service. We suggest that services such as transport should remain block funded and provided as an additional benefit to rural and remote communities.
- Expand the understanding of CALD service and support options among CALD communities.
- Provide translators for CALD client groups

4.8.2 Supporting informed choice for consumers who may require additional support

Question

What additional supports could be considered to ensure that people with diverse needs can access services and make informed choices and exercise control over their care?

Refer to page 19 of the discussion paper

Australian Unity offers the following suggestions:

- An awareness campaign among CALD communities about the potential services and support that may be available under CALD programs.
- Provide interpreter services staff with training on cultural differences and community access.
  Provide additional support services for clients who require additional help with literacy, understanding and reading client statements, support coordination and community access and services to support people with reading or hearing difficulties.
- Offer homeless persons washing, showering and other services on a mobile or site supported basis.
- Provide incentives for innovations in care delivery or access across the digital spectrum.
- Provide transport and medical access services for rural and remote communities.

4.10 Other suggestions for reform

Question

Do you have other suggestions for care at home reform, or views on how changes might be progressively introduced or sequenced?

Refer to page 20 of the discussion paper

It would be helpful to receive guidelines well in advance when new reforms are introduced. Australian Unity recommends tracking the guidelines over a three-year period to allow for change and a phased approach of current reforms merging into future reforms. This would allow for time to consult with government bodies and prepare for staff training, system updates and process and procedure changes.

Other recommendations include:

- Additional education for providers, specifically on claiming, client intake, portal access and use, and client guidelines in its application.
- The opportunity for clients to communicate with a government body, in addition to the MAC call centre.

Section 5. Major structural reform

5.2 What would be needed to give effect to these structural reforms?

Question

Are there other structural reforms that could be pursued in the longer-term?

Refer to page 21 of the discussion paper

Australian Unity has long advocated for consumers to have greater choice and control of their care. A model that provides for predominantly individualised funding that follows the consumer, with additional government assistance where there is insufficient market response and some appropriate block funding to providers. That said, Australian Unity offers the following thoughts based on commercial experience:

- While the concept of enabling a client to receive subsidised services from multiple providers would further improve choice and control, we believe there are some inherent issues that need to be managed. As evidenced within the NDIS, providers would have considerable difficulty forecasting client budgets to ensure continuity of required services, as we would not have oversight of expenditure with other providers. The complexity of tracking client budget against expenditure would become difficult, and potentially result in a client not having sufficient funds for essential services.
- The merger or creation of a seamless process between departments would improve the system. Currently, service delivery is isolated from policy governance and payments creating a realm of issues such as ceased packages, fragmented and inconsistent communication. Any long-term structure should consider the integration of services.
- Equipping MAC with the ability to identify clients accessing services and prevent double dipping.

Section 6. Broader aged care reform

6.1.1 Informal carers

Question

How might we better recognise and support informal carers of older people through future care at home reforms?

Refer to page 22 of the discussion paper

Australian Unity's experience suggests that informal carers of older Australians need a more holistic suite of supports than simply being offered occasional respite. This is particularly relevant in the case where carers themselves are ageing or have other family responsibilities (eg significant caring duties of a grandchild). By way of one example, in home respite provides the primary carer the option to either stay or leave their home in order to avail themselves of respite. .

Assessing the capacity of the primary carer at the same time as the care recipient would be effective in determining the overall needs of the household. Perhaps the counselling requirements of a primary carer could be considered within the total care needs of the care recipient.

Navigating the system is a challenge and carers are often unaware of re-evaluation options and processes. Supporting the carer in ways to identify triggers in the health of the care recipient which would subsequently lead to reassessments and more appropriate care supports would be valuable and offer a sense of more control

6.1.2 Technology and innovation

Question

How can we best encourage innovation and technology in supporting older Australians to remain living at home?

Refer to page 22 of the discussion paper

Australian Unity believes technology has a critical role to play in delivering the same types of services for clients, regardless of where they live. For example, clients with minor medical needs such as pressure sores can have their condition managed remotely with the issue of an iPad so that a nurse can monitor and direct attending staff, reducing the requirements for nursing visits in regional or remote areas. There are also telephone-based supports that may prove to be useful service options for clients.

Combining skilled people with technology can be utilised for personal support such as medication management, health coaching, remote sensing and diet monitoring, but can also support social inclusion through virtual participation in activity groups such as exercise and participation in community events.

The provision of grants or supplements to support providers in innovating service delivery e.g. the implementation of technology such as mobility tools for workers to improve real time communication and responsiveness to clients changing needs.

Question
What are the existing barriers, and how could they be overcome?

Refer to page 22 of the discussion paper

We believe older Australians could be better supported through:

- Education on the use of technology
- Cost – support to acquire suitable devices but also the monthly recurrent fees
- Access to affordable technology support
- Regional infrastructure to support improved connectivity and redundancy – there is little use in personal alarms and health monitoring devices if sufficient redundancy is unavailable in the NBN in periods of power outage

6.1.3 Rural and Remote areas

Question
How can we address the unique challenges associated with service delivery in rural and remote areas?

Refer to page 22 of the discussion paper

Australian Unity we offer the following suggestions:

- New funding for mobile chronic support vans, vans that house washing machines and a mobile medical centre
- Providing a mileage subsidy for providers to support the cost of transport between long distance clients.
- Technology to connect remote clients to clinicians, providers and each other.
- Telephone-based supports can play a particular role for rural and remote clients.

Question
What other service delivery and funding models could we consider for providing care at home services to consumers living in rural and remote areas, including examples of innovative local community models?

Refer to page 22 of the discussion paper

6.1.4 Regulation

Question
How can we further reduce regulation to allow for innovation while ensuring that essential safeguards remain in place?

Refer to page 23 of the discussion paper

6.1.5 Aged care and health systems

Question
What are some examples of current gaps or duplication across the aged care and health systems, and how could these be addressed?

Refer to page 23 of the discussion paper

In Australian Unity's experience, the following improvements would provide a better user experience for clients and providers:

- A online system to access health records that combines MAC assessments, laboratory/test results, GP visits and specialist notes to provide a complete picture of the client's needs.
- Reducing administration tasks, such as accessing files such as the ACER form to eliminate the need to send the form to Medicare and provide the details to MAC/DoH.
- Reviewing the end-to-end process, eliminating any task that is completed more than twice a day or twice in a process.
- Allowing providers to link systems to the MAC.
- Allowing providers to log an online issue/question inside MAC from the client's profile.
- Remove the number drop down tables on a client record in MAC, eliminating the 'click to find' tactic providing a summary of information.

Any further comments?

Other comments

Do you have any general comments or feedback?

Enter comments