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Department for Communities
and Social Inclusion

Domiciliary Care



Measuring Client Complexity in Community Care

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Domiciliary Care



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- Home based services in metro Adelaide
- Aim to help people who need assistance to live at home to be as independent and supported as possible
- 6000+ clients across a broad range of needs receiving a mix of many service types

Allied Health

Personal Care

Rehabilitation

Equipment

Palliative Care

Case Management

Social Support

Respite

Domestic Assistance

Dementia Day Program

A changing landscape...



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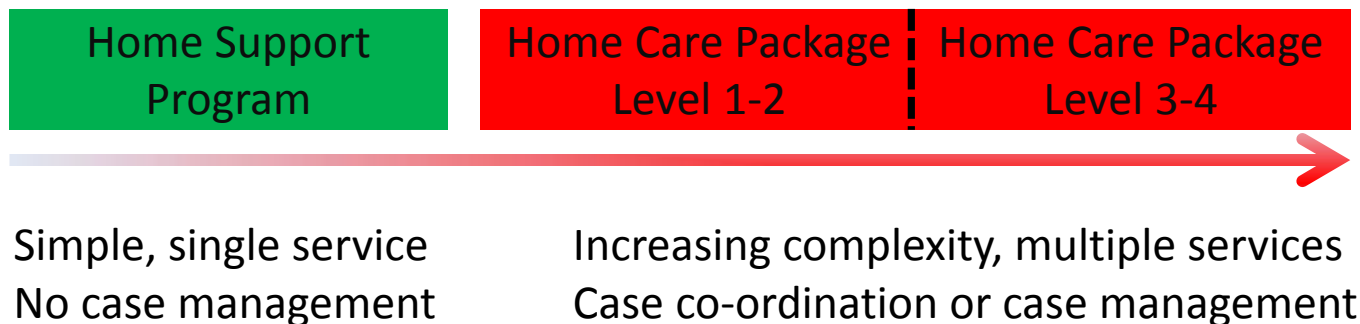
Current Domiciliary Care funding

- State + Federal - mostly Home & Community Care (HACC)
- no Commonwealth “package” funding

Commonwealth service reform

- *Living Longer Living Better* aged care reforms
- shift from HACC to new Home Support Program (HSP) model

Proposed structure



The anticipated impact



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The problem...

- As at July 2015 potentially change HACCC to HSP
- HSP insufficient to support many Domiciliary Care clients
- ACAT unable to suddenly assess a large # of clients
- HCP providers do not have enough packages to meet the anticipated demand this would create



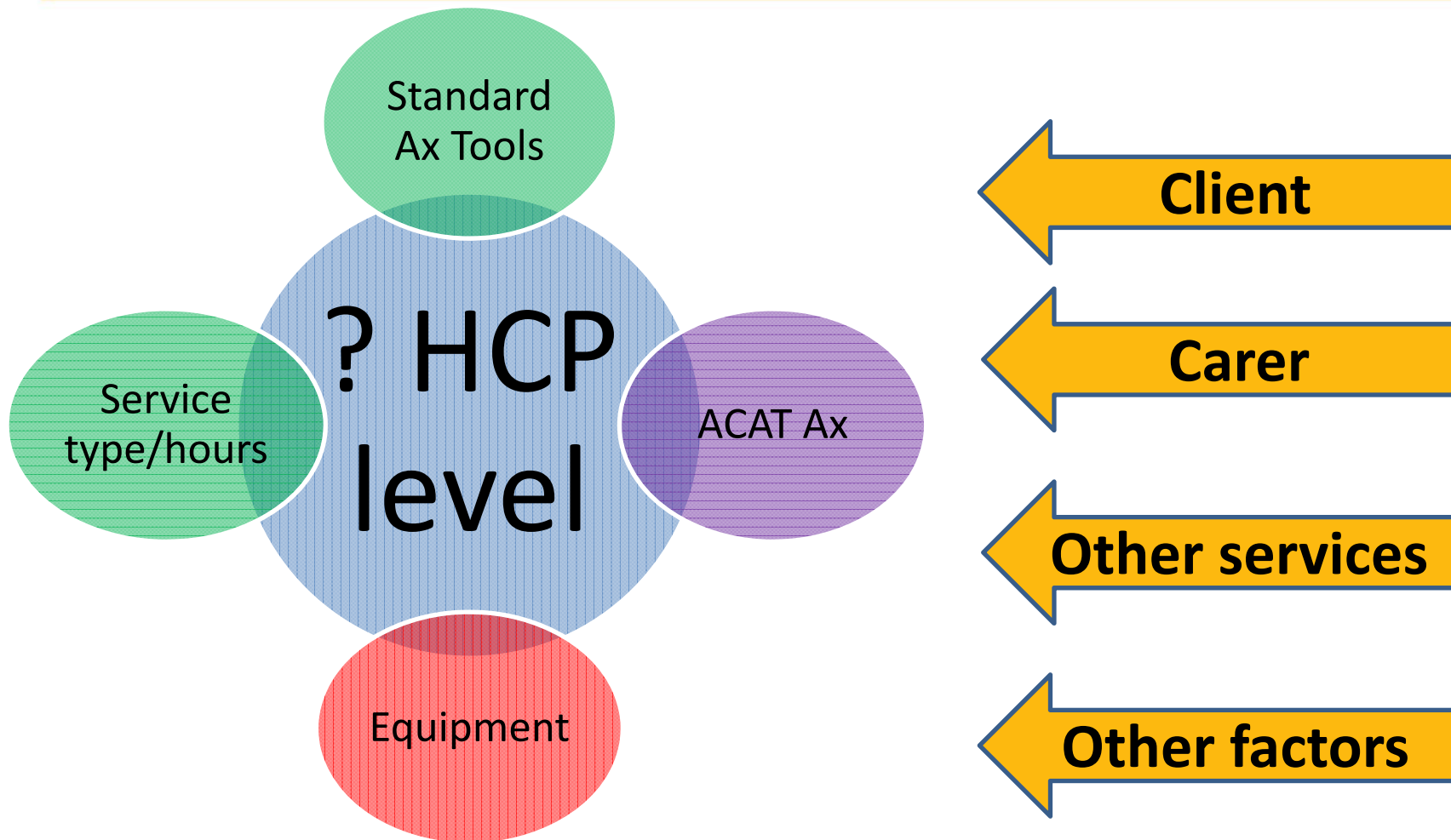
Project purpose

To identify the number and types of Domiciliary Care clients who would potentially need to transfer to Commonwealth-funded packages under the Home Care Package Programme.

Measuring client complexity



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Literature Review

- Little in the way of pre-existing tools that would enable a measure of client complexity that could be mapped to HCP level need
- **“Measuring the Outcomes of Case Managed Community Care – towards a practical instrument for Australian home support”** (Redshaw and Fine, 2013)
- Reported that *“the type and number of domains **correlated with the assessed level of need** of... the packages”*

The ACCOM Tool



Figure 1: Draft ACCOM as used in pilot

Outcome Domains	Aim/Goal from assessment	Review result	Goal for next period
Home tenure Secure tenure/residence – own or state housing Appropriate housing		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Home maintenance and comfort Manage housework Maintain home and garden		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Personal cleanliness/Comfort Dress/groom Bathing Toileting		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

Reproduced from:

“**Measuring the Outcomes of Case Managed Community Care** – towards a practical instrument for Australian home support” (Redshaw and Fine, 2013)

Why adapt?

- ACCOM tool geared towards case management outcomes with goal achievement overlay
- Difference in practice style and data capture indicated need to adapt the original ACCOM tool for our purposes
- A group of senior allied health clinicians revised the tool to develop the adapted-ACCOM tool

The adapted-ACCOM tool

- 16 domains
- Criteria identified as Need/No Need (regardless of whether or not that need is being met)

Example of the adapted-ACCOM tool



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Domains

1. Home tenure
2. Home maintenance and comfort
3. Personal cleanliness / comfort
4. Mobility
5. Food and nutrition
6. Social/family connection
7. Future planning
8. Safety and security
9. Health
10. Communication
11. Occupation/activities
12. Carer wellbeing
13. Psychosocial wellbeing/spirituality*
14. Cognition*
15. Behaviour*
16. Cultural needs*

** = domains added in the adapted-ACCOM*

Adapted ACCOM Tool Guidelines



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Domain of need	No Current Need	Conditions under which Need might be identified
1. Home tenure	<ul style="list-style-type: none"> – lives in own home – lives in public housing – has secure tenure – other people present in house are legitimate members of the household – able to meet cost of housing and utilities 	<ul style="list-style-type: none"> – insecure tenure – inadequate housing – unsafe housing – presence of others living at or coming to the home that present a safety risk to the client – presence of squatters or uninvited others living in house – threat of eviction – financial stress – unable to meet rent or housing costs
2. Home maintenance and comfort	<ul style="list-style-type: none"> – able to perform own house cleaning – has arrangements for house cleaning or gardening on the basis of convenience rather than inability – able to maintain home and garden – adequate heating/cooling 	<ul style="list-style-type: none"> – unable to maintain home and garden – Family or private service for cleaning or gardening services due to client inability to undertake task – uses local council “Spring clean” services due to client inability to undertake task – squalor or hoarding – heating/cooling problems – house in poor condition; garden overgrown and hazardous to client
3. Personal cleanliness/ comfort	<ul style="list-style-type: none"> – able to shower, dress and groom unassisted (with or without aids) – continent or able to manage mild continence issues independently – able to initiate self-care tasks (including toileting) unassisted – changes clothing regularly without prompting or assistance 	<ul style="list-style-type: none"> – requires assistance for showering, dressing and/or grooming tasks – significant incontinence or requires assistance to manage continence – needs prompting to change clothing, wears soiled clothing

Clients for Project Phase 1



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Total Clients - 6400

Client Service Area team Clients - 5100

MES, Palliative,
Restorative

Clients aged 65+ (ATSI 50+) - 4687

Project Phase 1 Clients – 3502
(personal care, domestic assist, respite, social support)

Out of Scope
No services

Out of Scope
Other services

HSP

?

HCP

?

**NB: all figures accurate only on day data reports are run therefore degree of variance must be assumed*

Methodology Overview



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Audit Team

- 400 file audit
- By auditors
- Inter-auditor Reliability
- Online Health Summary Reliability
- Adapted ACCOM tool and Package Level Estimation



CSA Teams

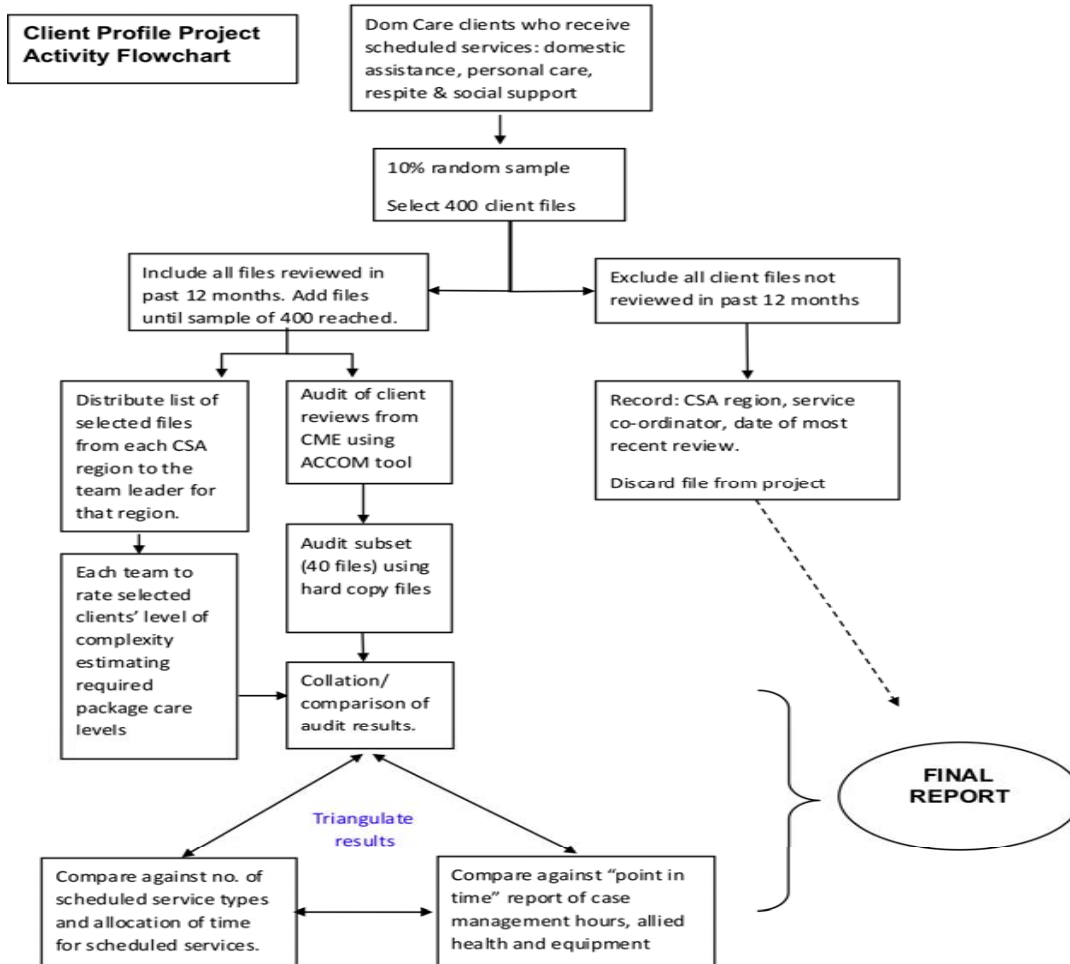
- 400 file audit
- By Client Service Co-ordinators and Key Contacts
- Client Service Area (CSA) teams
- Package Level Estimation



Supplementary Data

- Service Usage
- Case Management
- Service Usage
- Allied Health
- Equipment
- ACAT approval
- Triangulated against audit data

CPP Activity Flow Chart

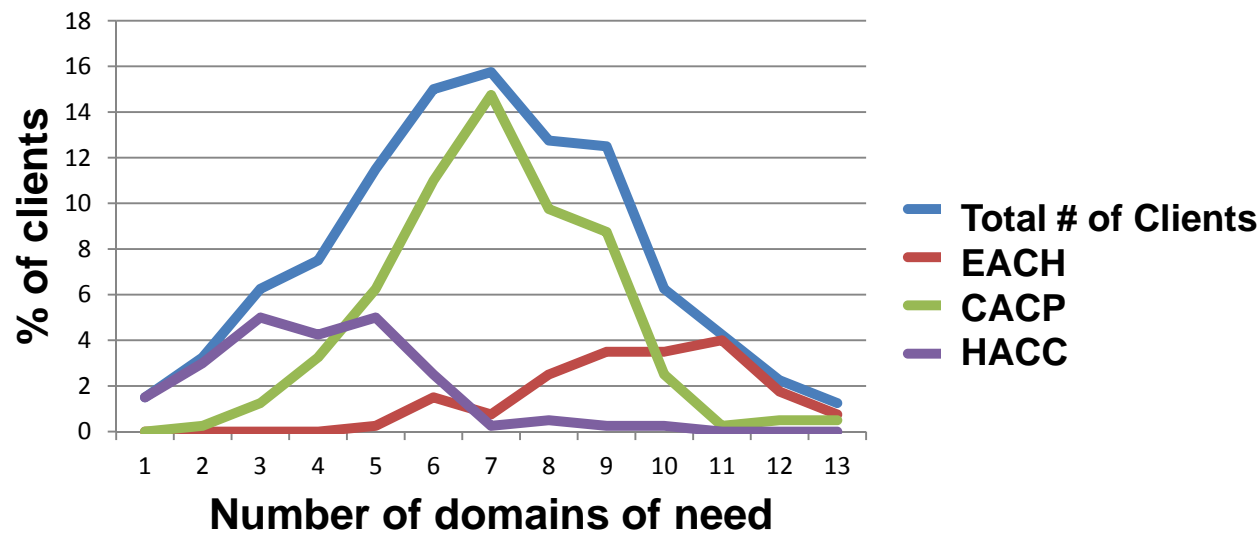


Domain Count Distributions



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Proportion of clients in each care level grouping by number of domains of need



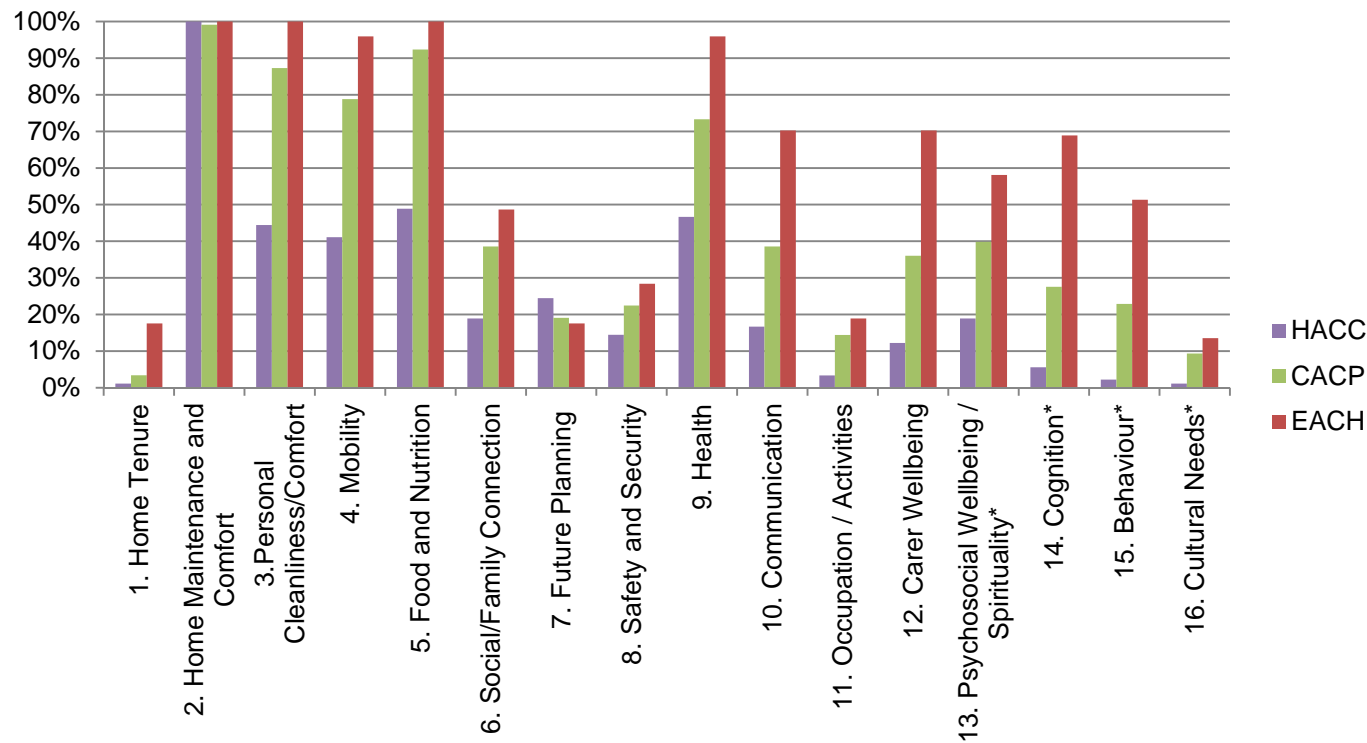
- Clear patterning but overlapping ranges, particularly CACP/EACH
- Adjusting data to remove less critical domains did not significantly improve the profile

Domain Types by Package Level Est.



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% of Clients with Domain Need by Auditor Estimated Package Level



ACAT Approval data

- not reliable indicator

Service Usage data

- utilised in development of algorithms for package level prediction with reliability across a population demonstrated

Equipment data

- at this stage, complex analysis has not shown demonstrated the expected correlations between equipment item counts or total hire costs and package level estimations (further work required)

Care level algorithm



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Algorithm developed from analysis of audit data where Review and CSA estimation of package level were matching.

Domain Count 1 = HACC

Domain Count 2 = HACC

Domain Count 3 = HACC unless has Domain 3 Personal Care Need OR 2+ service types then CACP

Domain Count 4 = HACC unless receiving Personal Care Service OR 2+ service types then CACP

Domain Count 5 = HACC unless receiving Personal Care Service OR 2+ service types then CACP

Domain Count 6 = CACP unless no Personal Care Service AND only 1 service type then HACC; OR

- 3+ service types AND weekly mins ≥ 250 then EACH; OR
- weekly mins ≥ 270 then EACH

Domain Count 7 = CACP unless weekly mins ≥ 270 then EACH

Domain Count 8 = CACP unless weekly mins ≥ 270 then EACH

Domain Count 9 = CACP unless weekly mins ≥ 270 then EACH (*Cognition may be added)

Domain Count 10 = EACH unless has 1 service type then CACP; OR

- Domain 14 Cognition is not a need then CACP

Domain Count 11 = EACH

Domain Count 12 = EACH

Domain Count 13 = EACH

Comparison of Findings



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	Redshaw and Fine (2013)			Domiciliary Care Client Profile Project		
	Average no of domains of need	Range	Mode	Average no of domains of need	Range	Mode
HACC (Audit group 0)	-	-	-	4	1-10	3,5
CACP (Audit Group 2)	4	3-10	4	7	3-13	7
EACH/EACHd (Audit Group 4)	8	4-14	6	10	5-13	10
COPS	7	3-11	8	-	-	-
TPAC	8	6-11	5	-	-	-

Predicting care level



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If the range is narrowed to within 2 domains of mode:

	Average number of domains of need	Range	Mode	Modified range	% of clients within modified range
HACC (Audit Group 0)	4	1-10	3,5	1-5	83.33%
CACP (Audit Group 2)	7	3-13	7	5-9	86%
EACH (Audit Group 4)	10	5-13	10	8-12	86%

Summary of Client Profile Outcomes



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Out of Scope
No services

Out of Scope
Other services

HSP 499

HCP 3003

14%

86%

**NB: all figures accurate only on day data reports are run therefore degree of variance must be assumed*

Out of Project Scope – Stage 2 project



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Out of Scope
No services

- Clients with no current services of type in audit
- May be receiving case management only (e.g. difficult to engage with services)
- **Critical** to better understand this client group for transition/future service requirements

Out of Scope
Other services

- Clients with current services but not of type in audit
- May be Allied Health Clinical Service Plan
- May be other service type e.g. Podiatry only, Dementia Day Program
- Also important to better understand this group

Project Summation



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1. 86% of Domiciliary Care clients (N=3003) who are receiving scheduled services are expected to be eligible for Commonwealth funded Home Care Packages.
2. Some clients who are eligible but who are unlikely to be able to access services due to the extent of their needs (both service hours and/or equipment costs).
3. Small group of clients whose needs are not age-related and who may therefore be ineligible for services, despite their high level needs.
4. Group of clients <65 years and who currently receive support through Domiciliary Care, who are likely to be ineligible for NDIS support but who will continue to require ongoing services.

Future for the adapted-ACCOM Tool



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- Has demonstrated reasonable potential and reliability for mapping a client population to HSP/HCP program levels
- Has demonstrated good potential to reliably predict individual client package level where algorithms of existing service can be applied
- Further refinement of some tool domains and weighting of domains has potential to resolve some of the overlapping domain count issues and increase predictive power at an individual level without the need for service algorithms

Future research opportunities

1. **Validate a revised tool against a larger cohort known to be receiving Commonwealth Care Packages**
2. **Validate a revised tool against a larger cohort not yet receiving services as a blinded screening at the same point in time as ACAT assessment**