Joining Up the Dots in Aged and Health Care Reform

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Overview

◆ Welcome

◆ A bit about the Australian Health Services Research Institute (AHSRI)

◆ Lessons we've learned from health services research

 – about tools to understand people's needs

 – about ways to integrate across sectors

Today

◆ Sue Macri on the Commission's current thinking on the Care of Older Australians – a slice of the action for the Illawarra

◆ Henry Ergas on the some economic factors shaping the bigger picture

◆ The views of experienced local and industry participants – Nieves Murray from IRT, Paul Sadler from Presbyterian Aged Services and the GP Division

◆ A panel discussion at the end, with Q&As throughout

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About the Australian Health Services Research Institute

(AHSRI)

About AHSRI

- ◆ CHSD established 1993, part of Sydney Business School. AHSRI in 2011

- ◆ Self-funded health services R&D centre

- ◆ Largest health services research centre in Australia
  - – 200+ R&D projects - mix of international, national, state and local projects
  - – 50+ staff and affiliates and 19 disciplines
    - ◆ psychology, statistics, health economics, public health, management, health planning, operational research, education, pharmacy, human geography, health sociology, medicine, occupational therapy, nutrition, nursing, social work, health information management, informatics and communications

AHSRI Centres

◆ Centre for Health Service Development (CHSD)

◆ Australasian Rehabilitation Outcomes Centre (AROC)

◆ Australian Health Outcomes Collaboration (AHOC)

◆ Palliative Care Outcomes Collaboration (PCOC)

◆ Australian Occupational Science Centre (AOSC)

◆ Australian Centre for Clinical Terminology and Information (ACCTI)

◆ National Casemix and Classification Centre (NCCC)

What is health services research?

Investigating wicked problems, finding practical solutions and deriving lessons relevant to policy

Some examples of our research questions

- ◆ How to measure health outcomes of people with dementia?

- ◆ How to assess the needs of carers of people with disabilities?

- ◆ What predicts the post-school program that will best meet the needs of school leavers with disabilities?

- ◆ How to measure outcomes in palliative care?

- ◆ Is rehabilitation effective?

- ◆ How to implement best practice (translate research into practice) in Residential Aged Care?

Tools to understand people's needs

◆ The examples show our main focus –how to understand needs and plan ways to meet them

◆ The Centres show where we work:

  – From acute care to palliative care and the spaces in between

◆ But the 'interfaces' are the where the real action is:

  – From acute to post acute to community care

  – From inpatient to ambulatory rehabilitation (aka wellness)

  – Across community care – aged, disability and carers

One of those wicked problems – how to integrate across sectors?

◆ The Commission is not constrained by program-based thinking, as implied by the title: 'The Care of Older Australians'

◆ But to avoid being swallowed by programs or the acute health sector, it may risk not saying enough about that sector's roles with older Australians

Lessons on integration

◆ Common tools are essential but the right tools are needed for the right job – outside hospitals, diagnosis less relevant than functional abilities

◆ We are starting to visualise what a less fragmented set of tools to measure needs and classify people canlook like:

– A common set of data elements – big but finite

– Tools that are modular to allow for variation and portability across sectors and settings

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Unifying themes + take home messages

◆ Palliative care is a good example of the aged and health interface

◆ And rehabilitation ditto and has lessons on the Commission's wellness theme.

◆ The gateway function is complex and when unpacked has potential for making a better distinction between people's needs and their eligibility for particular programs