

Supplementary Submission Productivity Commission Inquiry Caring for Older Australians

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Background

This supplementary submission follows from the Commission's discussions with the Illawarra Retirement Trust and the Director of the CHSD that focussed in particular on the issues of the assessment of older people and the possibilities of re-framing the roles of the Aged Care Assessment Teams (ACATs).

Current assessment issues

- The multiple types of assessments carried out by ACATs, by GPs and their practice nurses under Medicare, by community care assessors and residential aged care providers and by specialised hospital-based teams (in particular in rehabilitation units), create inefficiencies for the system and dilemmas for patients/clients/carers, due to expensive and inconvenient duplication.
- There are poor connections, in terms of electronic 'interoperability' of assessment information, between services and between aged care and primary and secondary health care.
- Older people and their carers who ask for assessment and subsequent assistance may be at different points on a continuum of needs and risks. Some may already be very sick or frail whereas some may be relatively well but in need of assistance to stop further decline or increased dependency.
- They all require some initial assessment, but only some require more comprehensive assessment before getting access to the appropriate 'package' of support commensurate with their level of need.
- ACAT assessments are about *eligibility* and the entry criteria to aged care services are paramount, meaning they give less consideration to the person's *full spectrum of needs*.
- The focus on eligibility can reinforce a service system designed around maintenance activities and with potential to create dependency. This in turn reduces opportunities for rehabilitative or restorative approaches.
- The lack of a well understood, commonly used and accessible evidence base on needs and effective interventions, along with the lack of well-targeted investments in a research program into what works best (and for whom) in aged care, limits the system's abilities to improve routine practice.

Implications

Older people are not well served by the separation of aged care assessment from other systems of describing their needs. Proposed 'one stop shop' solutions may not be as useful as recognising there are multiple entry points to useful assistance and better links to primary care services will help to build a more comprehensive picture of what a person needs. GPs and their assessments are an essential part of aged care services, but their information does not easily consolidate into other systems.

What might usefully replace (or supplement) the ACAT role is a system for the identification of different needs of different groups of people, linked to appropriate pathways, so that those identified as having the capability for being 'self-navigators' can quickly find their way to the right services or activities for them. Another group can be characterised as able to benefit from 'assisted' or 'guided' navigation through the service system, where they may require information and referral. And then there are those older people who require more active interventions for coordinating access to the services, activities, further assessments or the placements they need.

It is mainly this last group who can benefit most from a more broad or specialised assessments, but the other groups may also benefit from different types of assessment as their needs change. A schema for the different types of assessment is shown below.

Type	Scope/purpose
1	Determine eligibility
2	Shallow and narrow (one domain such as function, continence, depression) assessment of need
3	Shallow and broad (more than one domain) assessment of need
4	Deep (in depth interview, usually face to face) and broad (more than one domain) assessment of need
5	Deep (in depth interview, usually face to face) and narrow (one domain) assessment of need
6	Assessment of need for a specific service
7	Determine the relative priority of consumer need(s)

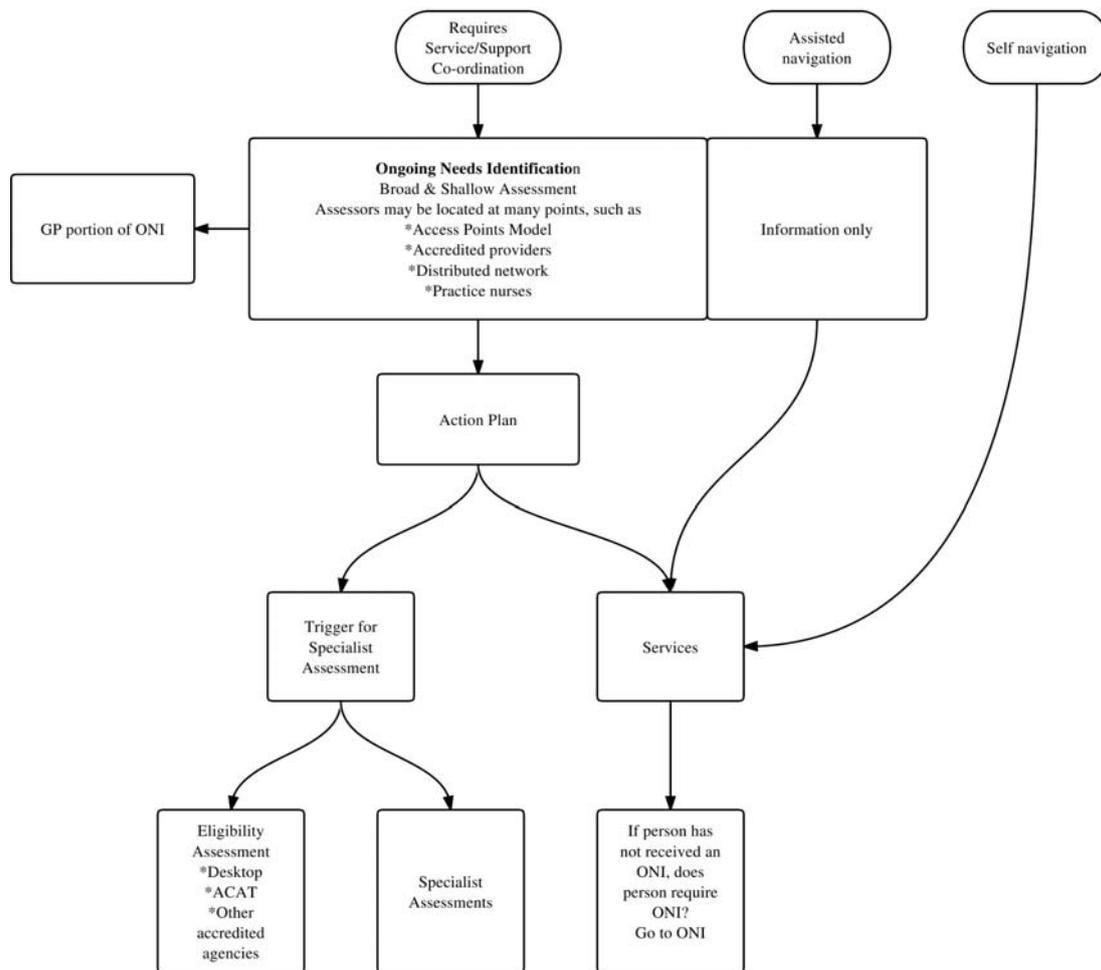
Most assessments in the field consist of a combination of these assessment types (eg, 1, 3 and 7 or 1, 2 and 6)

The schema implies separating assessment of *need* from assessment for *eligibility* can help to maintain a focus on the person, rather than the criteria for entry to programs of service and support. By recognising the primacy of the needs of the person, and not just program eligibility, assessments can help to promote a more personalised and flexible system with better prospects for preventing people from 'falling in the cracks' between programs.

Rather than further over-burdening the ACAT role, a system that uses standardised 'shallow and broad' assessments as its primary tool for first contact with aged care services would be more efficient. It would have certain key characteristics:

- located in many possible settings as a distributed network, e.g. practice nurses in GP settings, NGOs, hospital discharge planners, migrant health centres, etc;
- accreditation and training processes to assure the quality of assessment processes and common understandings of how to use a suite of tools and build trust across programs in the information provided by assessors.

Work towards a set of standardised generalist and specialist assessments has been making some progress in community care but this is yet to be integrated with aged and primary care as part of a suite of tools that builds on and out from an initial broad and shallow assessment. This idea is shown schematically below.



The potential for improvements in continuity across the continuum of older persons' needs, and across the separate programs and activities that might meet those needs could be realised in the medium to longer term. A longer term strategy requires:

- Protocols for routine reassessment to enable providers to follow up how clients' needs change and to gauge the effectiveness of interventions in meeting their identified needs
- Developing information systems for improving 'interoperability' between ALL participants in aged care
- Recognition that there is a range of intensity of care co-ordination/case management roles that can encourage independence as well as organise service-level responses.
- Aged care services need to have a goal against which they can be measured. For different groups of people the interventions that are needed will be different, so a system of client classifications would improve this capability.
- Recognition of the importance of carers and their requirements for appropriate support as a partner in meeting older persons' needs.

Implementing new processes will involve initial costs because greater continuity 'costs before it pays'. Changing the existing models of assessment for older Australians must be considered as an investment in the larger systems' dynamic efficiency.