

CHA response to Streamlined Consumer Assessment for Aged Care

1. Are the proposed design principles appropriate for a streamlined assessment model? Are there any other principles that you believe should be included?

Catholic Health Australia (CHA) supports the design principles as outlined but recommends that in order to provide context to how the design principles are implemented, there needs to be an overarching statement of the objectives; purpose and function of the proposed assessment providers. The statement should outline to what extent the following elements will be the responsibility of the assessment providers:

- whether the role will go beyond determining eligibility for a Commonwealth subsidy;
- engagement with care/support planning and review;
- ensuring that a service provider implements a re-enablement approach;
- monitor the implementation of individual support plans;
- whether they will have the ability to assess/refer consumers to health services generally, i.e. not just to Commonwealth funded aged care services.

Whilst it's important to recognise aged care needs to ensure a wellness and reablement focus, the prime focus needs to be on ensuring older people live as independently as possible regardless whether its home care or residential care. This will require the assessment process to ensure consumer needs and choices are considered in the assessment process.

The design principles should also reference consumer choice and control as part of the outcomes of wellness and re-enablement to support independence and quality of life, given this is a key platform of the aged care reform agenda. This includes recognising that for many consumers home care and residential care are options over which the exercise of consumer choice should be recognised and encouraged.

Additional key design principles to consider include timeliness of assessment and whether assessment providers have a role in facilitating and coordinating hospital discharge and hospital in the home services.

The principle of consistent assessment should clarify whether the assessment provider is assessing for eligibility to enter the system or a funding entitlement or both.

Finally, the design principles should acknowledge that an important objective of the assessment process is to ensure that the commitment of public monies by assessors has regard to effectiveness, such as early intervention, and that the commitment of public monies is based on a robust and consistent assessment of need.

2. What issues need to be considered for assessment providers to manage intake and triage under a streamlined assessment model? (e.g. staff skills required of a triage function; consistency of operational processes; and resource implications).

CHA considers that the initial assessment process is crucial to the aged care journey for older people.

Assessing for holistic need, rather than the type of care that is available or what care the consumer ultimately chooses, is fundamental to establishing aged care planning for the consumer. Focusing on a full comprehensive assessment at the triage/intake point will provide downstream economies by facilitating a more effective prevention and reablement focus, including reducing duplicated

assessments and review assessments further along the aged care journey by ensuring appropriate care is identified early. This approach would also provide a case history on which to base any subsequent assessments that may be required.

A holistic and comprehensive assessment at intake/triage could also establish consumer service preferences against assessed need. Including such information as part of the holistic assessment provides a clear understanding of future needs and consumer choices, which will contribute to better aged care planning. It will also reduce the need for ongoing reviews and assessment given consumer choice will be clearly outlined in the assessment documentation.

It is appropriate that MyAgedCare Contact Centre staff be limited to providing information and performing the first part of the registration and screening assessment process to establish need and eligibility for an aged care assessment. Thereafter a qualified multidisciplinary assessment team would undertake the assessment of the older person's function and care need.

Whilst the assessment providers will continue to determine eligibility for residential care and level of home care package, a holistic multidisciplinary assessment will ensure a more robust assessment and provide, when appropriate, a care plan that identifies future stages of predicted decline and frailty which will be invaluable for aged care providers in terms of care planning.

There is also a case for reviewing, from a streamlining perspective, the current assessment requirements for home care package holders seeking to access residential respite care. There may be scope to introduce funding alignment between the level of package held and the level of subsidy provided for residential respite, thereby eliminating the need for assessments of package holders for respite care.

[3. How can a streamlined assessment model enhance referrals and collaboration between health professionals, MyAgedCare and a national assessment workforce?](#)

A multidisciplinary team approach to assessment will ensure a more streamlined assessment process. It will also allow inclusion of GP, geriatrician and health professional input as part of the assessment process, rather than just a referral. It will also allow a broader and multidiscipline skill set which will ensure more robust assessments.

Whilst a multidisciplinary health professional recommending eligibility for just basic home help could be seen as an over-investment in the assessment process, their ability to have a qualified understanding of disease progression and subsequent frailty allows for better aged care planning and wellness and reablement services.

Elements of the health system, including My Health Record, Health Care Homes, and GPs who access the Medicare health assessment item, provide opportunities for both aged care and health systems to better integrate referrals and assessment. In the past, each have been regarded quite separately and assessments unnecessarily duplicated. Having such a broad range of health professionals can only enhance the skill set of the multidisciplinary team.

Consideration also needs to be given as to whether external assessors such as allied health professionals/GPs should be funded to undertake assessment as part of the multidisciplinary team. The advantages of funding external assessors are that waiting times are reduced for the consumer and the assessment will be conducted in a holistic way ensuring a more comprehensive understanding of the client's needs. It also provides a mechanism to ensure a more streamlined hospital discharge assessment process.

4. How do you think the triage process should operate to expedite access to a single time-limited CHSP service? What are the risks and how could these be managed?

It is a false economy to assume that less qualified staff can competently assess for a single time limited CHSP service, as often a single need masks more complex care need or vice versa. For example, it could be argued that providing block funded transport to medical services or assisting with cooking skills for a time limited period should not require a comprehensive assessment as such, but a holistic understanding of the individual's need and functionality is necessary to ensure appropriate care and avoidance of potential mishap.

Notwithstanding this point, expedited access to a single CHSP time limited service especially if it is part of a hospital discharge strategy should be considered. During the time limited service period, a multidisciplinary team assessment would be appropriate follow up to ensure ongoing re-enablement.

5. How can support plan reviews be better managed under a streamlined assessment model?

CHA questions the need to have support plan reviews undertaken by the assessment provider in the case of aged care residents and home care package holders. It is the responsibility of all home care and residential care providers to ensure annual, if not more frequent, review of care plans under the *Aged Care Act*. Having the assessment team prepare support plans, and to undertake support plan reviews, in these circumstances would be duplicative and unnecessary.

Care plans in residential care are not externally reviewed given the provider regularly assesses the care needs of the resident and seeks ACFI funding based on the three functional domains of assessment. In the Home Care Program, beyond determining the level of package entitlement, it is the provider who undertakes annual reviews and revises care plans, not the assessment team.

There would be a role for support plan reviews for consumers accessing CHSP but as mentioned previously, if a skilled multidisciplinary team undertook the initial assessment, there would be a better understanding of the consumer's expected review timeframes which would simplify the support plan review management.

6. What qualification and competency requirements do you believe are needed for a national assessment workforce? What particular areas of assessment practice require clinical expertise and/or multidisciplinary team-based approaches?

7. What design features will enable assessment providers to operate an integrated workforce which is capable of delivering assessment for people across the full continuum of aged care needs?

A multidisciplinary assessment team would include, or have ready access to, a broad range of health professional skills provided by geriatricians, GPs, community nurses, health workers and allied health workers.

The discussion paper highlights a range of assessment team functions that would need to be considered in determining qualifications of the assessment team, and implies that the assessment provider would have an ongoing and close relationship with the consumer. It is noteworthy that service providers would also be expected to have the same capacity especially for higher level care

needs. This is duplicative and expensive given aged care providers are required under the *Aged Care Act* to ensure an ongoing understanding of the consumer's needs.

The paper also outlines that older people with low level care needs not be over-assessed. CHA is concerned that these consumers may benefit the most from early intervention to maintain independence, and as such all consumers entering aged care should have a holistic assessment undertaken by a qualified multidisciplinary team.

Given the work currently being undertaken by the University of Wollongong in trialling a streamlined funding assessment for residential care which involves minimal time from a registered nurse, there would be no need for involvement of a multidisciplinary assessment team in this aspect.

8. What training and other initiatives should be considered to build the capability of the national assessment workforce?

As outlined above, CHA recommends that a multidisciplinary team form the basis of assessment teams. The team should include all relevant allied health disciplines as well as registered nurses, GPs and geriatricians.

The design features for assessment providers is dependent on what the agreed role and function of the multidisciplinary assessment team will perform. The paper implies significant duplication of roles and functions between providers and assessors and needs to be clarified prior to identification of design and training requirements.

9. What assurance mechanisms should be put in place to ensure the achievement of quality assessment outcomes for senior Australians?

Given the strong consumer engagement policy that is embedded in the aged care reform agenda, an assurance mechanism that measures the assessment outcome from a consumer's perspective would be appropriate. Ultimately the satisfaction of the older person's care needs being met with an assessment that incorporates their choice and identified needs is the true measure of quality assessment outcomes.

The Department may wish to consider a rolling risk-based audit program, noting that the role of the assessment providers are not in scope for new Aged Care Quality and Safety Commission. Indeed, consideration should be given to the feasibility of extending the scope of the Commission to cover assessment providers, including accreditation of assessment providers, given their pivotal role in the aged care system from the perspective of government, service providers and consumers.

10. What should be considered in the design of a streamlined assessment model and a new national assessment workforce to achieve efficiency and deliver the best value for money?

This is outlined above. In summary, a multidisciplinary assessment team that has access to all health, allied health and GP/hospital information as well as inclusion of the consumer's choice and degree of control they require over their care needs, will ensure the most efficient and effective assessment outcome for the older person.

CHA notes reference in the discussion paper to ensuring efficiency in terms of Commonwealth funding rules in relation to value for money. It is concerning that the assessment element of the

aged care journey is being seen in isolation of the potential longer term savings that could be gained by a comprehensive and integrated assessment model that recommends strategic care elements, both short and longer term, that focus on better quality of life outcomes and reablement, thus postponing the need for more intensive care service needs. The current system of having less qualified staff assess eligibility for single services is counterproductive to creating greater efficiencies for the aged care continuum.

11. How should aged care assessment work for people in a hospital setting under a streamlined assessment model? What issues need to be considered?

Given that over one third of all aged care assessments are undertaken in a hospital setting, it is timely to consider a more targeted assessment that has a short-term rehabilitation focus rather than a full comprehensive aged care assessment for older consumers in a hospital setting. Assessing for urgent provision of single time limited CHSP service will facilitate hospital discharge and provide the capacity for a comprehensive assessment once the rehabilitation period has been completed.

There are potential savings to be made by limiting hospital assessments to an immediate aged care service with a rehabilitation focus such as Short Term Restorative Places or time limited residential care. However, this model would require Government to allow residential care providers access to specific funding which equates to health rehabilitation funding. Such a model would ensure better targeted use of funding with a focus of greater cost savings from inappropriate over servicing in the long term.

12. How can a streamlined assessment model support timely, high quality assessments in remote Australia? What flexible assessment approaches would you support and why?

The paper outlines that the current system of using My Aged Care for triage is not always effective for older people in remote Australia. Using a multidisciplinary assessment team that includes local aboriginal health workers who contribute to the assessment process could ensure culturally appropriate assessments. Consideration should be given to using video conferencing and telehealth which would reduce costs of engaging a multidisciplinary team.

13. How should wellness and reablement be further embedded in assessment practice under a streamlined assessment model? What strategies do you support and how should they be implemented?

CHA supports a stronger wellness and reablement strategy being embedded in assessments of care needs. The paper acknowledges that wellness is not a strong component of the current system. This supports CHA's view that a multidisciplinary team undertaking assessments for all care types is better placed to understand the degree of frailty and disease progression that would benefit from various wellness and reablement plans, and to develop appropriate support plans that include reviewable time-limited goal-oriented interventions.

14. How can more effective and consistent linking services to vulnerable older people be delivered under a streamlined assessment model?

CHA supports the concept of having linking services to support vulnerable people. There is anecdotal evidence which indicates that vulnerable consumers often do not engage with the current assessment system.

Having an integrated assessment model that engages health and community social services will assist with early identification and better support mechanisms for vulnerable older people. There is also a case to consider that once early identification of such consumers is made, the assessment team seeks the expertise of specialist clinical and case managers to better manage such complex cases. There is a key role for engaging with PHNs and outreach services to ensure appropriate assessment for longer term sustainable care.

Consideration should also be given to an expanded role for the consumer navigation support program in My Aged Care and for the Older Persons' Advocacy Network. These programs could play an important support role in conjunction with the provider assessors and My Aged Care.

15. What do you believe are the key benefits, risks and mitigation strategies of a streamlined assessment model for aged care?

This has been outlined above. In summary a highly skilled multidisciplinary assessment team accessing all available health information will provide an opportunity to better target short and long term care needs, including a greater focus on wellness and re-enablement.

16. What implementation and transition issues will require consideration in the design of a streamlined consumer assessment model?

A more integrated assessment model using a multidisciplinary team will require access to health and aged care records and interaction with health professionals. My Health Record and PHNs, when further developed, could potentially provide greater efficiencies and more effective outcomes through desktop information that is currently not available to assessors. There also needs to be a stronger focus on utilising reviews for CHSP and HCP to better target services rather than being seen as a means to increase service level.

From a provider's perspective, a streamlined assessment model will enable the collection of key data on unmet need that could be accessed for better business planning. It will also provide an ability to set clear, transparent and published key performance indicators, co-created with the sector, to measure the consumer journey experience and outcomes of the assessment and eligibility process.

CHA also notes that under the current ACAT arrangements, authority to approve access by consumers to aged care services, thereby committing public expenditure, rests with delegates appointed under the *Aged Care Act*. This arrangement does not apply currently for RASs. Streamlining of consumer assessment processes will need a resolution of the two approaches currently employed, and options should be canvassed in the proposed discussion paper.