SUBMISSION

Allied Health Professions Australia

Royal Commission into Aged Care Quality and Safety

Supplementary Submission – Aged Care Program Redesign

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Introduction

Allied Health Professions Australia (AHPA) welcomes the opportunity to provide additional feedback to the Royal Commission into Aged Care Quality and Safety with a supplementary submission on redesign of the aged care system. This submission is intended to complement our previous submission to the Royal Commission.

AHPA agrees with the Royal Commission's conclusion in the interim report that there is a "need for a fundamental overhaul of the design, objectives, regulation and funding of the aged care sector in Australia" and supports the consultation paper's overarching theme of "putting people at the centre" of aged care processes.

Achieving this will require a shift in mindset towards offering a truly proactive and best-practice approach. Some of the biggest gaps in the delivery of consistent, high-quality aged care exist in relation to access to allied health services, particularly in reablement and prevention. The redesign of the aged care system is an opportunity to harness the potential of allied health services to improve the quality of care and quality of life in older people.

Allied health care is an important means of ensuring the overall health and wellbeing of an older person, and of preventing hospitalisation and health deterioration. In the aged care setting, allied health professionals perform important assessment and diagnostic roles, and can assist with reablement to support older people to live well at home for as long as possible. In residential care, they can work with residents to identify their individual needs and to support staff to address those needs. They may also be involved in palliative and end-of-life care.

Allied health professionals work with older people directly, and with residential care staff, to address conditions common in old age such as communication difficulties, hearing and vision impairment, depression and anxiety, memory loss and cognitive impairment, chronic pain, mobility difficulties and fall risks, nutritional deficits and difficulties with swallowing. Allied health professionals provide personalised care that focuses on individuals' functionality and independence. This is somewhat different from a more traditional medical / treatment-focused healthcare perspective. The significant focus on support of non-clinical staff and the environment as part of the service, and the scope for group-based interventions, also differentiate allied health from traditional health interventions.

Allied health will have an important role to play in a future person-centred approach to aged care and the expertise of allied health professionals in a range of disciplines will be key to providing appropriate and targeted services at all levels of care.

AHPA is the national peak body representing Australia's allied health professions. We have 20 allied health member associations and a further eight affiliate members with close links to allied health. The AHPA membership represents some 130,000 allied health professionals working across a wide range of settings and sectors. A significant proportion of those allied health professionals provide care to older Australians.

This submission has been developed in consultation with AHPA's allied health professional association members.

Responses to the Aged Care Program Redesign

1. What are your views on the principles for a new system, set out in this paper?

AHPA strongly supports the Royal Commission's commitment to developing a new model of aged care that supports older people to have quality of life and live a meaningful life, regardless of their ability or whether they live in their own home or in residential aged care. We particularly support the Royal Commission's acknowledgement that older Australians should have better access to clinical care within the aged care system and not be subjected to unnecessary transfers to hospital.

AHPA agrees with the Royal Commission's principles for redesigning the aged care system, particularly the requirements to:

- ensure quality and safe care is fundamental to the operation, funding and regulation of the system
- deliver care according to individual need
- maximise independence, functioning and quality of life for older people
- enable the recruitment and retention of a skilled, professional and caring workforce
- support effective interfaces with related systems, particularly health and disability.

The consultation paper recognises that one of the fundamental changes required is to "improve the availability of nursing and allied health services across the system". In describing the proposed 'care' stream it states that "Community nursing and allied health services should be available across the entire support and care continuum to those who need them (even for people receiving entry level supports)". However, the diagram of the proposed service model does not accurately represent this statement. The diagram includes allied health, along with nursing, in the 'care and health' stream only.

Allied health is relevant across all the streams in the proposed model – entry-level support, investment, and care and health. Allied health professionals also have a place in specialist in-reach programs. Allied health provides more than 'care and health' in a medical sense, with important roles in functional assessment, prevention, self-care, reablement and restorative care, as well as education and support for non-clinical staff in residential care homes. This is more closely aligned with the 'investment' stream.

A more representative diagram, and one that would be more aligned with the description of the Royal Commission's intentions, would be one where allied health is represented across all streams. With the diagram in its current form, allied health would be better represented in the 'investment' stream than in 'care and health'.

An additional principle that should be considered for a new system of aged care is the support of innovation and improvement. The Royal Commission's principles would underpin implementation of today's best-practice care. However, there needs to be support for continuous improvement to help drive innovation and the best practice of the future.

2. *How could we ensure that any redesign of the aged care system makes it simpler for older people to find and receive the care and supports that they need?*

A common theme arising from the Royal Commission hearings and reflected in the Commission's aim for redesigning the system, is the need to put people at the centre of the aged care process. This includes a focus on consumers directing their own care.

Achieving person-centred and consumer-driven care is, however, challenging in a cohort where people are often not well-informed enough, or don't have the capacity, to make decisions about their own care. Many older people are also not familiar with the technology or online platforms used to provide information or gain access to the system. Standardising online forms and information in order to simplify processes does not necessarily represent person-centred care.

The consultation paper acknowledges that many older people and their families only ask for the support they know exists. Input from our members confirms this, with feedback from practitioners about people trying to access the system indicating that "they don't know what they don't know".

The My Aged Care website provides information about aged care services and options available. However, the website uses a service-centred rather than person-centred approach, assuming visitors to the website know what they need and what they are looking for.

A more person-centred website would help older people and their families identify supports relevant to their own circumstances and ask informed questions about available services, particularly allied health services. Descriptions of services and their potential benefits should be in language that can be understood by people without a clinical background. For example, someone looking at 'speech therapy' on a website may not understand that a speech pathologist can help with communication or swallowing difficulties.

Campaigns to improve health literacy and digital literacy in older people may improve the ability of some individuals to make their own choices and direct their own care. However, in most cases, the best support for older people wanting to access the aged care system is face-to-face assistance from someone at the point of entry into the system. The way to simplify navigation of the aged care system for older Australians is to have direct and consistent access to someone who understands the system, and who can provide information about what services are available and what those can achieve.

Given the important role of allied health in maintaining functionality or achieving some degree of reablement, this contact person will need to have a sound understanding of allied health services

including: potential benefits offered by different allied health professions, how these may support an older person's specific needs, programs and funding available to support ageing in place if applicable, and services that are available locally.

3. *Information, assessment and system navigation. What is the best model for delivery of the services at the entry point to the aged care system – considering the importance of the first contact that older people have with the system?*

Face-to-face support by a someone at the entry point to the aged care system, for individuals and where possible for their carers, is crucial to help older people access the most appropriate care services for their own circumstances that is not limited to their own knowledge. This support, including continuity of support, is important so that older people are properly informed and empowered to make choices regarding their own care, and that that care is, in fact, person centred.

All individuals involved in system navigation need to be properly trained and work with a team of professionals, including allied health professionals, to appropriately assess the needs of older people entering the aged care system.

The aged care system must avoid the experience of the NDIS, where planners without adequate understanding of complex care needs, or how services could appropriately support these needs, resulted in consumers being unable to access services that they needed and were actually funded for. People who are helping older Australians navigate the aged care system must have comprehensive knowledge of:

- the aged care funding system in order to know what inclusions or exclusions may apply to individuals' circumstances
- available local services and community supports
- the clinical assessment process, the complex needs of this cohort, what supports may appropriate to support individuals' specific needs, and that people's service needs may be different to what they request.

My Aged Care contact centre staff, the My Aged Care Regional Assessment Service and Aged Care Assessment Teams have access to the National Screening and Assessment Form, but there is limited training on how to use this tool. It appears that these teams do not currently have access to a team of allied health professionals, so they are unable to make comprehensive and appropriate assessments of the needs for allied health services.

A comprehensive initial assessment should be performed by a qualified multidisciplinary team for all people entering the aged care system to fully understand their individual needs, including the potential need for reablement services. 'Basic' screening may not be sufficient to identify certain types of decreased functioning. Minor changes in the functional abilities of an older person can, over time, lead to an increased risk of falls, increased morbidity and decreased quality of life.

Care system navigators and assessment teams need to be independent of service providers to prevent bias and conflicts of interest. Under the current structure of Home Care Packages, people providing aged care advice as case managers work for the care provider and can to refer to their own services. Our members tell us that this often results in situations where older people are only referred to services offered by that provider or are told this is their only option. Not all providers of Home Care Packages offer the full range of allied health services, and some may not offer any, resulting in limited access to allied health services.

There is some risk of disconnect occurring with an independent care navigator so communication processes would need to be in place to ensure they are kept informed about the person receiving care.

4. *Entry-level support stream. As people age and need support with everyday living activities, how should Government support people to meet domestic and social needs?*

The term 'entry-level' implies that all people enter the aged care system at the same point and, in the context of the proposed model, suggests that this is a point where they have low-level needs. However, this is not true. For many people, the initial interaction with the aged care system is triggered by a significant health event, for example a stroke, that results in steep physical and/or cognitive decline. In such cases, people are more likely to transition directly to residential aged care and have high care needs. Other people may require low-level supports in some areas but high-level care in others.

Appropriate screening across all levels of need is essential to determine and triage the appropriate services for an individual's needs. Current 'levels' of care and care needs are arbitrary while in reality people's needs exist across a continuum. Care should be more tailored to allow people to access, or move 'between', different levels of care. While 'basic' screening may identify help required with activities such as shopping and cooking, it may not be adequate to identify certain types of decreased function.

Getting the initial assessment right may provide insights into reablement needs and specific service requirements. This means understanding what people need so they get referred to an appropriate service provider, or don't get directed to services or care they don't need.

The consultation paper notes that allied health may be involved at this level, but all levels benefit from allied health care. Allied health professionals do not just provide 'treatment', they are integral to maintaining wellbeing. There is a growing awareness of the value of prevention in health care. A similar proactive approach should be part of a person-centred approach to aged care i.e. a focus on ablement and functionality (later reablement and restoration).

For people requiring a lower level of support to remain in their own homes as they age, domestic assistance is the most commonly accessed service. Examples of this include shopping and assistance with showering. While this type of support meets a practical need, it doesn't address underlying

causes. An allied health intervention involving home modifications or assistive technology may improve functionality and increase independence to the point where domestic assistance is not required.

Funding of clinical assessments on entry into the aged care system, and of allied health services for people with low-level needs should be seen as an investment in effective, and cost-effective, person-centred care. While co-payment may be reasonable where the person can afford it, allowing the decision to be purely personal has associated risks where they may be reluctant to spend money or relatives discourage the expenditure.

5. *Investment stream. What incentives, including additional funding, could be introduced to encourage providers to offer greater and more flexible options, including major home modifications and assistive technologies, which meet the needs of the older person, carer and caring relationship?*

The 'investment' stream has a strong emphasis on restorative care, rehabilitation, increased independence and wellness. These are core areas of allied health expertise and intervention, enabled by comprehensive assessment by a multidisciplinary team.

For older people living at home, allied health professionals can proactively implement home modifications, assistive technologies, dietary and nutrition support, and communication supports to reduce the risk of hospitalisation, or facilitate rehabilitation and help with the transition from hospital to home. This is what they are qualified to do.

Although allied health features more prominently in the 'care and health' stream of the proposed model, the 'investment' stream is more closely aligned with the work of allied health professionals. A more appropriate title for this stream would be 'wellness and reablement' with the role of allied health clearly recognised separately to the medical 'care and health' stream.

An alternative option is a model where allied health is represented across all streams. This would support the consultation paper's concept of access to services across all levels of care and regardless of setting.

6. *Care stream. As people's needs increase and go beyond what can be managed with entry-level support or with their carer, they may need care services – personal care, as well as nursing and allied health. What are the advantages and disadvantages of developing a care stream, independent of setting?*

As with the 'entry-level' stream, an initial clinical assessment is essential for accessing 'care stream' services. Eligibility or threshold for accessing this stream should be based on comprehensive assessment by a multidisciplinary team. Allied health interventions are often perceived as an

optional extra, especially in residential aged care homes. This needs to become a core component of care where indicated by the initial assessment.

Some allied health services will need to be provided by dedicated aged care-funded staff, some could be provided by in-reach services and some as a component of core funding. Appropriate professionally designed group activities delivered in the community such as exercise programs or music therapy should be routinely available to those who can benefit from them in residential care. Allied health assistants working under the direction of an allied health professional may be appropriate for this work.

The concept of 'reasonable and necessary' as used in the National Disability Insurance Scheme (NDIS) could also be applied to many allied health services in aged care. This is perhaps best suited to services delivered under the 'investment' stream for reablement and restorative interventions where it could be applied to person-directed goals. It is also important to define who would make the determination of what is reasonable and necessary, and for whom i.e. the provider or the person.

The consultation paper notes that for people in residential aged care homes, one option described is for "separate funding for nursing and allied health to only be for those receiving support and care in their own home. In contrast, those people receiving care in a residential setting would have nursing and allied health costs built into their care funding." Allied health services should be funded separately from nursing care, to ensure that funds are appropriately directed to meet the individual needs of older people as determined by the clinical assessment. Combined funding for allied health and nursing would be a backwards step and would not result in the increased access to allied health services that the consultation paper supports.

The introduction of My Aged Care largely replaced block funding with individual funding. Individual funding provides greater choice and control for the person accessing care. It is important with individual funding that the funding 'follows the person' i.e. their needs and choices, rather than being used to direct people into specific packages and programs.

The advantage of block funding is that it can be used for training and system changes around an individual. As a result, there are benefits for all recipients of those services and care. The benefit to the individual with individualised funding comes at a cost to the system.

7. Specialist and in-reach services. How could the aged care and health systems work together to deliver care which better meets the complex health needs of older people, including dementia care as well as palliative and end of life care? What are the best models for these forms of care?

The health services supporting people in residential aged care need to be flexible and varied to meet the needs of individuals. This person-centred approach also applies to people with complex care needs related to dementia, palliative and end-of-life care.

Access to allied health services in residential aged care can increase mobility and reduce falls risks, improve health through better diets, have a positive impact on pain, anxiety and depression, offer appropriate and effective strategies for managing challenging behaviours associated with dementia, and provide appropriate support as part of palliative and end-of-life care. In people with dementia, in palliative care or at end of life, allied health professionals can identify the need for and provide a range of services such as psychological care and mental health support, dietary management, environment management, communication supports and assistive technologies.

Allied health services are cost-effective and high-value and should be an integral part of on-site multidisciplinary services in residential aged care. The benefits of having allied health professionals embedded in residential aged care homes extend beyond direct support to residents to include support and up-skilling of other clinical and non-clinical staff, a proactive approach to reablement which can be beneficial even in the early stages of dementia, and improved interdisciplinary referral.

8. *Designing for diversity. How should the design of the future aged care system take into account the needs of diverse groups and in regional and remote locations?*

Older people living in regional and remote locations and those from culturally and linguistically diverse groups are at a particular disadvantage when it comes to accessing aged care services.

There is a significant disparity between allied health services available in regional and remote areas compared to metropolitan areas. The more remote the location, the less likely people are to have access to standalone allied health aged care services. Limitations on Medicare items make it even harder to meet the complex needs of older people in the areas.

Access to allied health services through Medicare Chronic Disease Management items is limited to five services per year across all eligible professions, where each session is a minimum of 20 minutes. In addition, allied health professionals are not entitled to telehealth services, which significantly reduces access to allied health supports for people living in rural and remote locations.

Different models of funding are required to address the issues specific to rural and remote areas. Provision of aged care services needs to be integrated with other services in these areas. The number of services and duration of service available under Medicare allied health items for Chronic Disease Management should be increased to improve access to allied health services. Allied health professionals should be able deliver care via telehealth services where appropriate. Although telehealth does not replace face-to-face services, it is an important adjunct which can allow allied health providers to assist with assessments and to supervise less experienced practitioners or allied health assistants.

The National Rural Health Commissioner is currently finalising a report to the Commonwealth Government on rural allied health quality, access and distribution. This is expected to be submitted to the Health Minister shortly. The report is the result of extensive work with the allied health sector on addressing the lack of allied health services, including mental health and aged care services, in

rural and remote areas. AHPA endorses the measures proposed by the National Rural Health Commissioner and notes that this report should be considered by the Royal Commission in the context of aged care.

There is currently a lack of culturally appropriate allied health services for Indigenous communities, even in Aboriginal Medical Services. This extends to migrants and refugees where there is limited or no funded access to interpreters and culturally appropriate services in private practice settings. Interpreter services should be freely available for all intervention types. Allied health services cannot currently access these supports services which is a major barrier to the provision of good quality, culturally responsive care.

9. *Financing aged care. What are the strengths and weaknesses of the current financing arrangements and any alternative options that exist to better prepare Australia and older Australians for the increasing cost of aged care?*

The current system of aged care funding does not support reablement or encourage preventive approaches. There are disincentives for investing in the improvement of health and independence of older people. In residential aged care homes, improved functionality and reduced care needs results in an associated reduction of funding. In home-based programs, allied health interventions that improve independence can result in older people no longer requiring assistance with some domestic or personal care activities.

Allied health interventions are inconsistently applied and are largely dependent on the beliefs and commitments of individual service providers. There are also misconceptions about the role of Medicare in providing access to allied health services for people in residential aged care. Residents are often advised that funding for allied health services is not available through the aged care home and they must use private or Medicare funding to access these services. This example of cost shifting to the health system is a significant problem.

Access to allied health services should be a priority in the residential aged care setting and seen as a direct contributor to high quality care, as well as a means of driving reductions in avoidable hospitalisations and other forms of avoidable health deterioration and loss of function. Keeping people out of aged care homes and hospitals saves money, not to mention the fact that most people would much prefer not to be there. Modest expenditure on interventions that keep people enabled and in their own homes is likely to pay significant dividends in the future.

Funding for Medicare services is completely inadequate for allied health generally. Allied health services targeting chronic disease management can reduce the complications of chronic disease that trigger entry into the aged care system and/or the acute health system. However, Medicare funding for these is limited to five services per year across all eligible professions. Funding is also for limited times and only for services provided directly to the care recipient.

10. Quality regulation. How would the community be assured that the services provided under this model are delivered to a high standard of quality and safety?

AHPA supports a registration scheme that covers non-clinical staff working with older people in residential aged care homes. This would enable oversight of the aged care workforce and ensure safe and quality aged care at all levels of staffing. A registration process would serve as a screening process for people entering the aged care workforce and also to help define appropriate scopes of practice for non-clinical roles.

Allied health professionals provide care to older people in hospitals, rehabilitation services, community and home care, residential care homes, hospices, mental health services, disability services, education, prisons, private practice and more.

Like doctors and nurses, a number of allied health professions are already regulated by the Australian Health Practitioner Regulation Agency (AHPRA). Professional registration with AHPRA includes requirements to undertake continuing professional development, undergo criminal history checks, and demonstrate clinical currency.

Allied health professionals working in self-regulating professions must meet similar standards, although they are not currently required to have the same accreditation from their profession to work in aged care that they must have to work under the NDIS, Medicare or private health insurance. AHPA supports profession-based accreditation for members of self-regulating professions working in aged care, to protect and ensure appropriate care for this vulnerable cohort.

The NDIS has done substantial work in the context of a system where funds are allocated to individuals rather than providers. The NDIS model is primarily provision of care and support in the home and community, and the allied health sector has made signficant contributions to its development and refinement. The NDIS regulatory model is currently being rolled out and should be considered as an option particularly in non-residential aged care, although it may not be entirely applicable in residential aged care.

The Australian Commission on Quality and Safety in Health Care is currently developing standards in primary care. A complimentary approach in the area of aged care will be important, especially for those practitioners who need to work across multiple funding and care systems.