Allied Health Professions Australia

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Occupational Therapy AUSTRALIA

Submission in response to Star Ratings Evaluation Consultation Paper

June 2024

About Allied Health Professions Australia and the allied health sector

Allied Health Professions Australia (AHPA) is the recognised national peak association representing Australia's allied health professions across all disciplines and settings. AHPA's membership collectively represents some 180,000 allied health professionals and AHPA works on behalf of all Australian allied health practitioners.

With over 200,000 allied health professionals, including 14,000 working in rural and remote areas, allied health is Australia's second largest health workforce. Allied health professionals work across a diverse range of settings and sectors, including providing diagnostic and first-contact services, and preventive and maintenance-focused interventions for people with chronic and complex physical and mental illnesses.

Allied health practitioners also support pre- and post-surgical rehabilitation and enable participation and independence for people experiencing temporary or long-term functional limitations. Allied health therefore provides an essential bridge between the medical sector and social support systems such as aged care and disability, where it can represent the key formal health support in a person's life.

Working with a wide range of working groups and experts across the individual allied health professions, AHPA advocates to and supports Australian governments in the development of policies and programs relevant to allied health.

In aged care AHPA works closely with its Aged Care Working Group which is comprised of representatives of our member professions that provide aged care services, including Occupational Therapy Australia (OTA) and the Australian Physiotherapy Association (APA). This submission has been prepared jointly by AHPA, OTA and the APA.

About Occupational Therapy Australia

OTA is the professional association and peak representative body for occupational therapists in Australia. There are over 30,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Occupational therapy services are fundamental to aged care as they enable independence, prevent functional decline, increase quality of life, and reduce care needs. Occupational therapy is key to enabling older Australians to remain at home longer and facilitate a full and meaningful ageing experience in residential care settings.

Occupational therapists work with older people with age-related conditions such as poor balance and coordination, memory loss and confusion, and vision and hearing loss, which lead to changes in their ability to participate in the meaningful activities of everyday life. Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, chronic disease management, assessments for assistive technology and the assessment of environment and safety risks.

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 32,000 members.

Physiotherapists demonstrate the clinical capability and judgement to address the often complex needs of older Australians, maintaining mobility and independence. Physiotherapists are highly qualified health professionals who diagnose, manage, treat and review patients living with complex conditions. They have a broad scope of practice including falls prevention, cardiorespiratory rehabilitation, continence, arthritis and pain management and maintaining the physical and psychological wellbeing of people living with dementia. As key members of the multidisciplinary care team in aged care settings, physiotherapists work with the medical, nursing and allied health staff, contributing to care planning, maximising client function, prescribing equipment and implementing safe manual handling plans.

Introduction

This submission contributes to the evaluation of the Star Ratings program through focusing on the program's impact on improving the quality of allied health care in residential aged care homes and on supporting transparency and informed decision-making for older people about the allied health components of their aged care.

To understand our view of Star Ratings, it must be appreciated that allied health care for aged care residents is in a parlous state. Our submission therefore begins by situating allied health in the context of residential aged care, before proceeding to discuss the Star Ratings program.

Allied health in residential aged care

Allied health is currently significantly underprovided and underfunded, particularly in residential aged care. The restriction of the introduction of mandated care minutes to nursing and personal care has had perverse consequences for allied health professionals working within residential aged care.[1]

Gross underprovision

Only a small proportion of older people receive any allied health input, and they often also experience a significantly reduced range of allied health services.

Average allied health minutes in residential aged care have consistently decreased since Quarterly Financial Reporting commenced, and are now, at 4.21 minutes,[2] less than half of the amount considered to be grossly inadequate by the Royal Commission into Aged Care Quality and Safety.[3]

There is a continuing trend for minutes for some individual allied health professions to be so low that only four professions are individually represented in Quarterly Financial Snapshots, with

[1] Gibson, D & S Isbel (2024). Reform and reverberation: Australian aged care policy changes and the unintended consequences for allied health. *Australian Occupational Therapy Journal*, 71(3), 392–407. https://doi.org/10.1111/1440-1630.12953 ; Meulenbroeks I and R Haddock R (2024). Restorative and wellbeing care in Australian residential aged care facilities. Deeble Issues Brief No 54. Australian Healthcare and Hospitals Association, Australia. https://apo.org.au/sites/default/files/resource-files/2024-05/apo-nid326984.pdf .

[2] Department of Health and Aged Care, Quarterly Financial Snapshot of the Aged Care Sector Quarter 1 2023-24, July to September 2023, 16.

[3] Eagar K, Westera A, Snoek M, Kobel C, Loggie C and R Gordon, 'How Australian residential aged care staffing levels compare with international and national benchmarks', Centre for Health Service Development, AHSRI, University of Wollongong, 2019 https://agedcare.royalcommission.gov.au/publications/Documents/research-paper-1.pdf , 24-25; Royal Commission into Aged Care Quality and Safety, *Final Report Volume 2 The current system*, 2021, 83.

figures ranging from 0.06 minutes for speech pathology to 2.75 minutes for physiotherapy; and for occupational therapy, allied health assistants and other allied health categories, too low to even feature in the data.[4]

No guaranteed funding

There is also no ringfenced funding for allied health services, despite Recommendations 36 and 38 of the Royal Commission. Costing and Government funding for allied service provision must be guaranteed in the same way that levels of nursing and personal care are now required to be funded via the AN-ACC funding model.[5]

Inadequate funding of allied health services has flow-on effects to the allied health aged care workforce, including deterioration in the quality of care available to residents. For example, residential aged care providers are known to substitute 'cheaper' workers from outside allied health, such as personal care workers and lifestyle staff, to provide services that considerations of quality and safety require to be delivered by an allied health professional. Similarly, allied health assistants are sometimes being used to carry out essential allied health tasks, which can expose residents to unacceptable risks.[6]

Ensuring the provision of allied health services to all older people who need them requires the aged care system to address several further, interrelated issues.

No benchmark

In contrast to nursing and personal care, there is no meaningful, mandatory benchmark for allied health service provision to aged care residents. The Aged Care Quality Standards, even in their 'strengthened' draft form, also do not speak to this issue, which contributes to an ongoing failure of the aged care regulatory system to address the gross underprovision of allied health.

Inconsistent assessment of allied health needs

The Royal Commission concluded that allied health should be regarded as a fundamental element of the aged care system, and therefore recommended that aged care provided to people at home and in residential facilities include a level of allied health care appropriate to each person's needs.

However, nationally consistent assessment of allied health needs has not been implemented for residential aged care or home care, and current Quarterly Financial Reporting does not facilitate analysing whether residents actually receive the amount and types of services that they are clinically assessed as needing – or even whether they have been appropriately clinically assessed.

In order to meet assessed needs, coordinated care planning and sufficient aged care funding must also be guaranteed, but as noted above, this is not the case.

No overarching philosophy of reablement

Due to incidents such as falls, or simply because of the ageing process, older people can suffer or be at risk of experiencing a loss of capacity, which can impact on their quality of life. Reablement is

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[4] Department of Health and Aged Care, Quarterly Financial Snapshot of the Aged Care Sector Quarter 1 2023-24, July to September 2023, 18. For further detail relevant to this section of our submission, see AHPA's Submission to Consultation on A New Aged Care Act – The foundations (Consultation paper No. 1) [September 2023] https://ahpa.com.au/advocacy/submission-consultation-on-a-new-aged-care-act-the-foundations-consultation-paper-no-1/ ; and Submission to Consultation on A New Model for Regulating Aged Care (June 2023) https://ahpa.com.au/advocacy/submission-consultation-for-a-new-model-for-regulating-aged-care/ .

[5] In addition to the references at Note 4, see https://ahpa.com.au/advocacy/submission-aged-care-taskforce/ .

[6] https://ahpa.com.au/advocacy/summary-of-results-from-survey-of-allied-health-workforce-in-residential-aged-care-2023/ .

about preventing such losses where possible, and rehabilitating and restoring, or at least preserving as much as possible, older people's capacities.

Allied health practitioners provide clinical care with a focus on prevention of functional decline, along with early intervention and treatment to support a person's function and quality of life. As part of multidisciplinary best practice, allied health professionals play an important role in:

- improving quality of life (for example, addressing pain, psychological and behavioural symptoms, communication, hearing loss and mobility);
- preventing deterioration and serious events (for example, through dietary and swallowing interventions, psychological management and falls prevention); and
- reducing emergency department admissions and preventable hospitalisations (for example, via early assessment and management of chronic conditions, falls risks and dysphagia).

The Royal Commission found that reablement is critical to older people's physical and mental health and wellbeing, and should be a central focus of aged care.[7] The Commissioners further concluded that allied health service provision is essential for reablement; Australia's significant underprovision and undervaluing of allied health care produces morbidity, mortality and negative quality of life impacts, including those associated with dementia, mental health, malnutrition and falls; and accordingly, allied health should be regarded as a fundamental element of the aged care system.[8]

Despite the Royal Commission's findings and recommendations, neither the present aged care system nor the Exposure Draft of the new Aged Care Act consistently incorporate a philosophy of reablement, including its integral relationship to allied health service provision.

Star Ratings

Structure of our comments

As many of the issues underpinning our responses to the Consultation Paper are interlinked, our submission does not respond to the questions individually but instead uses the Star Rating sub-category headings.

As a guide, our responses mainly pertain to the following Consultation Paper questions:

- Relevance: 1. Do you think Star Ratings accurately reflect the quality of care provided to aged care residents?
- Continuous improvement: 7. Have Star Ratings driven improvements in care quality and care outcomes? If so, what changes have you observed and what influenced this change?
- Refinement: 9. Star Ratings is made up of four sub-categories: Residents' Experience, Compliance, Staffing, and Quality Measures.

[7] Royal Commission into Aged Care Quality and Safety, *Final Report Volume 3A The new system*, 2021, 176; Royal Commission into Aged Care Quality and Safety, *Final Report Volume 1 Summary and recommendations*, 2021, 101; and Recommendations 35 and 36. See also Exhibit 20-1, Australian Association of Gerontology Position Paper, 'Wellness and Reablement for All Australians', 31 July 2020.
[8] Royal Commission into Aged Care Quality and Safety, *Final Report Volume 2 The current system*, 2021, 83; Recommendations 35–37; Royal Commission into Aged Care Quality and Safety, *Final Report Volume 1 Summary and recommendations*, 2021, 101; Royal Commission into Aged Care Quality and Safety, *Final Report Volume 3A The new system*, 2021, 176. See also Royal Commission into Aged Care Quality and Safety, 'Hospitalisations in Australian Aged Care: 2014/15-2018/19', 2021.

a. Do you think the way Star Ratings are weighted is appropriate? If not, what weightings should each sub-category contribute to the Overall Star Rating?

b. Are there any changes to these sub-categories or additional information that you would like incorporated into Star Ratings?

12. What strategies can be employed to enhance coordination and coherence between Star Ratings and broader reforms aimed at improving aged care services?

Overall comments

The Star Ratings model does not help to improve the current allied health context in residential aged care, because the model does not incentivise continuous quality improvement and delivery of high-quality allied health care. The model also does not contribute to empowering aged care residents to make choices about their allied health care, or to providing transparent information about the quality of allied health care at a system level.

The inability of the Star Ratings approach to address the allied health aspects of the objectives is in part due to the interrelated complexity of the present significant flaws in the aged care system, as documented above. However, some of the model's weaknesses result from the components of the Star Ratings model itself, including the various weightings for the four sub-categories.

Residents' Experience

The most heavily weighted sub-category, Residents' Experience (33%), has significant limitations, particularly where allied health is concerned. Given that many consumers have raised concerns about being able to speak out about issues with their service for fear of reprisal,[9] it is difficult to know if the information gathered by the residential experience survey accurately reflects the experiences of residents.

It is also questionable how well the survey supports the needs of people experiencing cognitive impairment or with cultural and linguistically diverse backgrounds. For example, with an estimated 54% of people in residential care having dementia, it is difficult to know if the process currently being undertaken allows for these people's voices to be heard and thus is a true account of resident experience.[10]

When specifically considering allied health, many residents are not familiar with the services to which they are entitled. As noted above, there is no consistent clinical assessment process for allied health needs, so residents may not know that they should be receiving particular allied health services – or may not know that a service they might benefit from even exists.

Current realities of allied health service provision also mean that residents may simply not be in a position to accurately answer the survey questions. AHPA, OTA, the APA and other allied health professions regularly hear from consumers who are told they cannot access allied health services through the provider. This is simply not true. Schedule 1 of the Quality of Care Principles obliges

[9] For example, in April 2024 AHPA's Aged Care Working Group hosted a Roundtable on consumers' experiences of allied health service provision in residential and home aged care https://ahpa.com.au/news-events/4159-2/. While consumers spoke highly of their experiences with allied health professionals, they often were not receiving the tailored health care needed to maintain function and quality of life, and they and their families were frequently either too intimidated to raise this issue with the provider or experienced negative consequences for doing so.

[10] Australian Institute of Health and Welfare, 2024, Dementia in Australia https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/aged-care-and-support-services-used-by-people-with/residential-aged-care .

the provider to use their Commonwealth funding to provide and pay for, or at least provide access to, allied health services for their residents.

Nevertheless, we continually hear that this is not being done, with consumers being told to seek and pay for these services privately or to use Medicare Benefit Scheme funding pathways (the latter limited to five service episodes per year and incurring out-of-pocket expenses). Any valid residents' survey must ensure that older people are fully educated about their rights and entitlements so that they can answer the questions in an informed manner – or the survey itself needs to address this as a significant methodological weakness.

Further, there are currently two Quality Indicators in the National Aged Care Mandatory Quality Indicator Program that explore consumer experience and quality of life in residential aged care. What work is being done to compare the results from residential surveys and the Quality Indicator outcomes and to understand any differences?

Compliance

Compliance (30%) relies on allied health matters either coming to the attention of the Aged Care Quality and Safety Commission via complaints and incident reports, or via a flagged issue in an audit. AHPA, OTA and APA are not aware of any significant allied health contribution to this part of the Star Ratings overall weighting.

More broadly, it is difficult to understand how many providers can be rated as at least 3 stars (good) when they have failed to meet compliance on a range of Quality Standards. In the last non-compliance log (1 July 2023 to 30 April 2024), 470 services were non-compliant across at least one Quality Standard. Many of those who were non-compliant across several standards still maintained a high star rating – that is, 3 or more.

For example, Serene Residential Care Services in South Australia have an overall star rating of 4 stars and a compliance rating of 3 stars, despite being found non-compliant on 19 January 2024 across standards 2, 3, 7 and 8.[11] Examples like this are common across Australia and suggest that star ratings are not a true reflection of the quality of care being provided, and therefore cast doubt on the credibility of this approach.

Staffing

Staffing comprises only 22% of the total weighting, and even then does not include allied health staff minutes, so this sub-category has no direct relevance to allied health quality measurement, let alone to public transparency on allied health.

Requiring reporting on only part of the workforce supporting residents in residential aged care is misleading and unhelpful. It means that the Star Ratings do not assist older Australians and their families to determine what allied health services and professionals they might have access to and to compare one facility to the next.

As discussed above, since the inception of selective care mandates alongside the new AN-ACC funding and classification system, allied health professionals have seen a steady erosion of our services. Selective inclusion in the Staffing sub-category perpetuates this problem.

[11] Aged Care Quality and Safety Commission, 2024, Aged Care Quality Standards Non-compliance Decision Log – 1 July 2023 to 30 April 2024 https://www.agedcarequality.gov.au/media/98901 .

Quality Measures

This sub-category carries only a 15% weighting and is based on five of the quality indicators reported by providers as part of the National Aged Care Mandatory Quality Indicator Program. The five indicators relate to pressure injuries, restrictive practices, unplanned weight loss, falls and major injury, and medication management.

Following stakeholder feedback that current mandatory quality indicators do not sufficiently address allied health quality issues, the Commonwealth Government is currently considering the possible introduction of three new staffing quality indicators, including one for allied health.[12]

However, these additional staffing quality indicators are not intended to contribute to the Quality Measures sub-category for Star Ratings. As the Star Rating Staffing sub-category also does not include allied health, allied health staffing will continue to have no impact on a service's overall star rating. This lack of recognition continues to devalue the role of allied health professionals in residential aged care settings and to make it difficult for older people and their families to understand which providers offer the services they require.

More broadly, the current Star Rating system also fails to acknowledge restorative care or reablement services in its current design. The information available to older people does nothing to help them understand which service is best placed to offer the therapeutic and restorative care they may require.

[12] https://www.health.gov.au/our-work/qi-program/consultation .