

Subject: Notes from National HACC Conference in April 2011 HACC Flash!



Western Sydney HACC Flash April 2011

This issue is also available in pdf format which may be downloaded at --

NEW! Personally-Controlled Electronic Health Record (PCEHR): Have Your Say

The PCEHR is an important initiative that is happening under the new health reforms.

From July 2012, all Australians will have the option to sign up for a web-based Personally-Controlled E-Health Record (PCEHR). The PCEHR will bring key elements of a person's health information together in a unified record. The person controls what information goes into their PCEHR and who gets access to this information. A person could then access their own health information anytime, anywhere –and so will their authorized healthcare providers.

As a next step in this initiative, Government has publicly released the *Draft Concept of Operations* document. It presents a model for the PCEHR system. The details are enough for us to consider its many features. The public is now invited to provide inputs on refining the characteristics of the PCEHR system.

Rocellita and Christine had a quick browse and discussion of the document. We feel that there is a need for some (if not all) HACC/Community Care providers to register as a "healthcare organisation" under the system (the term is usually associated with providers in clinical settings).

In the proposed model, this would allow HACC/CC to self- identify as important care providers, to facilitate care co-ordination with clinicians. This would also allow HACC/CC providers to view relevant client information, subject to person's approval . Examples of client information that HACC/CC carers need to know are allergies/adverse reactions and medicines being taken. HACC/CC providers could then also share information into the PCEHR system, e.g. significant events that clinicians could view. Examples are client falls, increased confusion in persons with dementia, observed risk of malnutrition, marked decrease in person's mobility, change in care plan, etc.

Rocellita and Christine will prepare a short submission and will forward it to this mail list for further comments, prior to the deadline of 31 May 2011. Meanwhile, do consider making a web submission, at the least. The web version is informal, easy to use (a few sentences typed on a blank field, if you like), and accessible.

To view the PCEHR Consumer Booklet, as well as the Draft Concept of Operations, please click on --
<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/pcehr>

To make a web submission, scroll down the same webpage and fill out the blank table at the bottom of that page.

NOTE: The Greater Western Sydney e-Health Consortium has been selected as one of nine new e-health lead implementation sites for the PCEHR project. WSCF HACC DO project is currently liaising and seeking participation

in a workshop via CHIP (Centre for Health Innovation and Partnership, Western Sydney Health Reform Office). We will keep you posted on developments of this project.

Notes from the 2011 National HACC Conference (5-7 April 2011, Brisbane)

Disclaimer: The following are from Rocellita's personal notes. For the latest news/updates and to check for any change in, or to verify details, please go to--

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/home>. For any correction, please email rocellital@wscf.org.au.

The notes below are to do with the ongoing health and aged care reforms, including "HACC age split". For a background on these items, please see previous HACC Flash issues at http://www.wscf.org.au/index.php/home/hacc_home_and_community_care

Keynote address by Mark Butler MP, Federal Minister for Mental Health and Ageing

- Welcomed the Productivity Commission's "Caring for Older Australians" Draft Report as "very clever" and looks forward to the Final Report.
- With regards to developing further levels for the (new) front end of aged care, they will "not move pre-emptively without seeing the final Productivity Commission report".
- Gave a broad overview of plans in the immediate transition period (details as specified below).
- With regards to the Consumer-Directed Care model, which underpins Prod. Comm. recommendations for HACC, Minister Butler acknowledged the debate in the sector on "choice vs. certainty".
- Re-iterated his commitment to a truly national and seamless system, and to "keeping creativity and innovation in HACC".
- Over-all, it was good to hear: (a) an expression of political will to see change happen; and (b) an indication that Government is monitoring and anticipating PC recommendations, so that the initiatives on both ends are working together.

Milestones for the new "front end" for aged care

The new front end is a cultural shift, underpinned by the enablement approach. The transition would take several years, marked by key milestones.

Phases 1 & 2: 1 July 2011 to June 2012

- One new national aged care phone number for first point of contact (won't cancel existing numbers at this stage).
- One new government national website for aged care, amalgamating existing ones.
- One national branding for aged care.
- New client calls will be routed to regional CRCC (Carelink) number. Discussions happening with Carelink to resource and support them.
- Existing service users may and will use the front end they're familiar with.
- Further scoping to develop later phases.

Phases 3-6: 1 July 2012 to July 2014

- Single gateway envisioned - "tell story less".
- Building of core national infrastructure, a web-based "I.T. spine" which would manage care records as well as provide up-to-date information (e.g. provider info, **real-time** availability/capacity of services).
- New front end will be delivered through national hubs and local care/service linking teams.
- Will look at interplay between broad & shallow assessments and comprehensive and complex ones.
- There will be assessment tools for special needs groups but need further work.
- Carer assessments included.
- There will be local presence for care co-ordination and review.
- The system will work closely with the new Medicare Locals and Local Hospital Networks, as well as interface with disability.
- DoHA will respond to Productivity Commission's final report (due June 2011), which would further shape development of new front end.
- Key stakeholders are partners in developing the detail.
- Will build on existing services and infrastructure, using same skilled workforce.

Transition of HACC Program

Stage 1: 1 July 2011 - June 2012

- New Commonwealth-State funding arrangement (age split) starts.
- There will be behind-the-scene invoicing between Commonwealth and State.
- Nil impact on HACC service providers.

Stage 2: 1 July 2012-June 2015

- HACC providers to have direct contracts with Commonwealth DoHA for HACC-aged (65 y.o. & over).
- There will be growth funding cycles throughout the transition.
- Continued implementation of new National Community Care Standards.
- HACC won't be the same everywhere. DoHA is working with states and territories to understand differences. Program Framework will reflect unique State and Territory arrangements.
- Expects no burdensome reporting; intends to retain flexibility and diversity in providers.
- No operational change from 2012-2015.
- Eventually, expect to have two funding agreements for providers who serve both age groups: one with Commonwealth for 65 y.o. and over (50 and over for indigenous Australians); one with State for under 65 y.o. (below 50 for indigenous Australians).

Business Requirements during Transition

- Commonwealth will offer funding on the basis of services provided to 65 y.o. and over. This will be informed by current MDS and funding agreement data.
- Will be by direct allocation, not competitive tenders.
- Providers will be contacted to confirm funding allocation and finalise agreements, starting July 2011.
- Expect to have one funding agreement for each provider, with different schedules reflecting different service types, as applicable (including component for under 65 y.o. while transitioning).
- Contracts will generally be for 3 years; in some instances- one year. (One year contracts are to allow for opportunity to streamline arrangements over time, from 2013—e.g. advocacy may be incorporated).
- Will have Program Manuals out by second half of 2011.
- Current MDS arrangements should continue.
- A new Service Provider Portal is being established- the I.T. system will have capacity for providers to submit financial reports, etc.
- No requirement for service providers to be “Approved Providers”.
- Some service types would be under the new front end, rather than as HACC service type - e.g. assessment.

Minimum Requirements for service providers

- Meet corporate governance responsibility.
- Have a complaints mechanism.
- Report into HACC MDS.
- Comply with relevant State and Commonwealth legislation.
- Participate in Quality Reporting.
- Acknowledge government funding.

What you need to do

- Meet minimum requirements.
- Understand your current funding agreements (e.g. outputs).
- Wait to hear from the Department that manages your current HACC contract.
- Keep an eye on the FAQs and DoHA website.

“Non-output” HACC services (e.g. NSW HACC DO, NSW Multicultural Access Project, Council aged/disability officers)

Funding is expected to continue from 2012, but DoHA is trying to get a better understanding of the programs (e.g. getting the split right-- which components are for aged and which are not).

Update on National Community Care Common Standards

At a recent planning meeting between NSW HACC Development Officers and ADHC Central Office, the Community Care Common Standards (Oct 2010) has been identified as an important area in which HACC service providers in NSW may need support during HACC transition period.

In light of this, WSCF HACC Development Project has developed a **discussion guide** which HACC/Community Care Forums in Western Sydney may use in regular, informal but guided discussions throughout the year (and beyond). This is intended to supplement the workshops currently being held by ACS and are to be seen in the context of **Continuous Improvement** (not compliance).

From the discussion guide, attendees may choose the topics which they'd like to talk about in local forums. The objectives are for forum attendees to : self-identify the areas in which their organisation may need more support or improvement; (2) Identify ways in which they may receive that support. The discussion guide has been sent to local forum convenors. Rocellita and Christine are available to assist/facilitate discussions. A similar effort will be done for WS HACC Managers Forum.

For a soft copy of the new Community Care Common Standards Guide (DoHA publication), go to --
http://www.comcarestandards.com.au/attachments/article/84/CCCS_Guide.pdf

For schedules and registration details of ACS CC Common Standards Workshops, go to --
http://www.nswhaccdos.org.au/_resource/community-care-common-standards-workshops-for-hacc-services/905ef2a2-bfba-42cd-b051-6b3f82573af9?sessid=c06e8f510f530ed7eb4e6574b86601c9

Bits and pieces

Name Change

The Department of Human Services NSW, of which Ageing, Disability and Home Care is a part, has been renamed the Department of Family and Community Services NSW, with Minister Pru Goward at the helm. List of NSW Ministers and their portfolios--
<http://www.parliament.nsw.gov.au/Prod/Parlment/Members.nsf/V3ListCurrentMinisters>

Jobs - Diverse Community Care, ComPacks Case Managers

http://www.cnet.ngo.net.au/index2.php?option=com_content&do_pdf=1&id=53112

WSCF Interagency List (updated 1 April 2011)

http://www.wscf.org.au/resources/interagencies_network_and_forums.html

Guide to Working with Professional Interpreters- Nepean

<http://www.cnet.ngo.net.au/content/view/52864/457/>

Nepean HACC Guide 2011

<http://www.wscf.org.au/uploads/2011uploads/HACC/Nepean%20HACC%20Guide%202011.pdf>

See you at the 2011 NSW HACC Conference on 2-3 May!

Western Sydney HACC Forums Flash is published once a month by the HACC Development project of Western Sydney Community Forum (WSCF).

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http://www.wscf.org.au/index.php/home/hacc_home_and_community_care

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