

Productivity Commission
“Caring for Older Australians” Jan 2011
Draft Recommendations

Summary

WSCF HACCC Development Project
Rocellita Lacsina, March 2011

Background

➤ 20 April 2010

- COAG signed off on National Health and Hospitals Network (NHHN) Agreement, except WA.
- Victoria agreed to NHHN, but not to HACCC reform component.

➤ 13 February 2011

- All states and territories and the Commonwealth agreed to a revised approach to national health reforms.
- The meeting included a commitment to Commonwealth being responsible for a national aged care system, including the transfer of HACCC aged care to the Commonwealth (except in Western Australia and Victoria).

The Agreement

- Commonwealth (DoHA) - funding & program responsibility for all aged care services for people 65 yrs+ (50+ yrs for indigenous Australians)
- States & territories – funding & program responsibility for community and residential care services for people under 65 (under 50 for indigenous Australians)
- Key dates:
1 July 2011 (stage 1), 1 July 2012 (stage 2), 1 July 2015

Key recommendations relevant to Community Care

- Australian Seniors Gateway Agency (ASGA)
- “Building Block Approach”
- Consumer-Directed Care
- National Care Co-contribution regime
- Catering for diversity (“special needs groups”)
- Development of formal workforce
- New regulatory arrangements

1) Australian Seniors Gateway Agency

a) Inform - via regional hubs

b) Assess

- Person's needs
 - basic home support - minimal assessment over the telephone or through a simple form
 - complex care - assessed by local teams of professionals
- Person's financial capacity
- Approve a set of services to individuals on entitlement basis.

Con't. ASGA

c) Refer

d) Coordinate care (default & initial coordination)

e) Assess capacity of informal carers to provide ongoing support

(Carer Support Centres be developed from existing CRCC)

Con't. ASGA

- f) Maintain electronic records- assessments, entitlements, co-contributions and use of approved services
 - records will help administer lifetime limits to personal care expenditure
 - interface with PCHR? (Personally-Controlled Ehealth Records)
 - protected under the *Privacy Act 1988*
 - ASGA would be a separate agency (p49)

2) “Building Block Approach”

Replace current discrete care packages with a single system of integrated, flexible care.

a) Basic support as foundation

- Home cleaning, maintenance and modification, meal preparation, mobility and transport.
- Minimal regulation, competition driven by diversity of approved providers.

Con't. Building Blocks

b) Personal care services

Daily showering and dressing, assistance with feeding, pressure area care and health monitoring.

The number and/or intensity of care services that older people need can increase — either temporarily or permanently — or decrease.

c) Specialised care

- Wound management, health and nursing care, dementia and challenging behaviour, incontinence, palliative and end-of-life care, and restoration and rehabilitation including transitional and sub-acute care.
- May include care coordination (where not provided by gateway agency) and more advanced case management.
- Providers of personal and specialised care would need to be accredited, and more highly regulated.
- Where appropriate, services would be modified to meet the particular needs of special needs groups.

d) Carer support

3) Consumer-directed care

- Greater consumer choice
- Individual's needs are assessed, entitlement approved, then person chooses approved provider/s.
- Many current programs should receive funding through consumer entitlement commensurate with usage (as opposed to block funding).

Con't. Consumer-directed care

- Direct funding would target a limited number of programs to ensure sustainability or where entitlement funding is not appropriate (e.g. wellness or social inclusion activities, some remote & indigenous services).
- Approved providers should be less constrained in the number and types of services they could offer.

Con't. Consumer-Directed Care

- Greater competition between providers, which should drive improved service delivery, including for those with special needs. (p 272)
- Supported by an expanded system of consumer advocacy, care coordination and case management.
- Should link to person-centred/re-ablement approach

4) National care co-contribution regime

- Rate of co-contribution would be determined by Australian government, based on affordability and capacity to pay.
- If value of care services is above threshold (\$100/week), comprehensive means testing applies (through Centrelink).
- Below threshold, a simpler test based on age pensioner status would be used.
- Would apply across all approved basic support and personal care services, whether delivered in the community or in a residential care facility.

Con't. National Care Co-contribution regime

To reinforce the transfer of choice and control to older people, they would be responsible for paying their co-contribution for purchased services directly to the provider.

For administrative efficiency, older people purchasing services would also 'sign over' to the provider their service subsidy from the government.

Con't. National Care Co-contribution regime

- There will be an upper limit to care co-contributions that any one person pays over their lifetime (“lifetime stop-loss limit”).
- The price paid to providers for care services (that is, the user co-contribution and the signed over public subsidy) should be set by the Australian Government at a level which meets the cost of efficiently delivered approved care in each of the different care settings.

Con't. National Care Co-contribution regime

- Prices updated annually based on transparent recommendation from independent regulatory commission.
- Level of payment would continue to recognise, as appropriate, any different costs of providing care to special needs groups, including Indigenous Australians and older people living in rural and remote areas.

5) Catering for diversity (“special needs groups”)

Gateway Agency should provide interpreter services and culturally appropriate diagnostic tools (may use DHS agencies like Centrelink, Medicare, Family Assistance Office- p 278).

Address current & prospective workforce shortages.

The Aged Care Regulation Commission, when recommending set of prices and subsidies for care services, should take into account costs associated with catering for diversity, including:

- ongoing and comprehensive interpreter services (either within facilities or through telephone translators)
- ensuring staff can undertake professional development activities which increase cultural awareness

6) Development of formal workforce (pp 39-40)

- Improved employment terms and conditions
- Address wage disparities.
- Aged care providers have principal responsibility for ensuring that they provide an attractive workplace.

Con't. Development of formal workforce

- Attracting Aboriginal and Torres Strait Islander workers and workers from specific ethnic backgrounds will be especially important for culturally appropriate care.
- Expand vocational courses
- Expand aged care services which have a teaching role.

- Scheduled care prices/subsidies should take into account costs associated with:
 - paying competitive wages to nursing and other aged care staff
 - volunteer administration & regulation, training & support
 - reimbursement of volunteer out-of-pocket expenses
- Reducing demand on the workforce are canvassed elsewhere in the report, such as through the promotion of independence and wellness, and the greater provision of rehabilitation and restorative care services

7) New regulatory arrangements

- Independent regulator — the Australian Aged Care Regulation Commission (AACRC)
 - Recommend scheduled prices, subsidies & rate of indexation
 - Administer prudential regulation
 - Handle complaints in the first instance
 - Serve as national clearinghouse for aged care data.

Con't. New regulatory arrangements

- Administrative Appeals Tribunal would handle appeals related to AACRC and ASGA
- Abolish Office of Aged Care Commissioner
- Publish results of assessments using Community Care Common Standards
- Streamlined reporting mechanism for all service providers