CONSULTATION RESPONSE

Allied Health Professions Australia

Resource Utilisation Classification Study/ Australian National Aged Care Classification

Response to the proposal for a new residential aged care funding model

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Allied Health Professions Australia (AHPA) welcomes the opportunity to provide feedback on the consultation paper for the Resource Utilisation Classification Study and Australian National Aged Care Classification (AN-ACC). AHPA is the national peak body representing Australia's allied health professions. We have 20 individual member associations, and a further five affiliate members who represent allied health professions or professions closely aligned with the allied health sector. The AHPA membership represents some 120,000 allied health professionals working across a wide range of settings and sectors.

A significant proportion of those allied health professionals provide essential care to older Australians. AHPA and its member associations are committed to ensuring that all Australians, regardless of their background, socioeconomic status or age, can access safe, evidence-based services to support wellness, reablement and maintenance of functionality so that they can live life as fully as possible.

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

Introduction

Allied Health Professions Australia (AHPA) welcomes the release of the consultation paper on the development of a new residential aged care funding model. The outcomes of the Resource Utilisation Classification Study and Australian National Aged Care Classification (AN-ACC) present a real opportunity to begin addressing some of the key funding issues that are driving poorer outcomes for older people living in residential aged care. AHPA and its members are hopeful that this will provide a means to begin addressing the low levels of access to allied health services many older people experience and to provide a more fit-for-purpose funding model for Australia's aged care sector.

AHPA is broadly supportive of the various recommendations made in the consultation paper. We recognise the need for reform and acknowledge the extensive research and analysis undertaken by the University of Wollongong team in the development of the new funding model. At the same time, there remains significant concern in the allied health sector that the foundation for the proposal is current service costs and structures. Without discounting the excellent work done by most staff working in aged care facilities, it is clear that the current model is providing limited access to allied health services, particularly in some areas such as mental ill-health. This has been identified as having significant negative impacts on some older people in residential care and correlating with other issues such as over-medication.

As such it is important to ensure that the AN-ACC 1.0 version has the capacity to integrate iterative improvements and that there is sufficient capacity to identify, support and provide opportunities for improved care. Given the range of previous reports that have identified significant gaps in access to allied health services for many older people, particularly in relation to mental ill-health and increasing capacity, we argue that it will be essential to ensure that the model is based around continuous improvement and has the capacity to fund and support high quality care, which can then be identified and evaluated to support continued development of the AN-ACC. Access to allied health should be highlighted as a key focus for evaluation and improvement.

AHPA also wishes to highlight that the impact of the new model on consumer outcomes and access to allied health services is likely to depend on how Government chooses to address funding. As the report's authors have noted, "Government could decide to implement the AN-ACC funding system so that it is cost neutral at the system level. Likewise, the Government could use the AN-ACC to distribute a growth budget."[i] AHPA argues that despite the strengths and potential of the model, only with an appropriate commitment to funding by Government will it successfully support high quality care and capacity building to improve the experiences of older people.

The AHPA response provides practical feedback on several recommendations with particular relevance to allied health service delivery for consumers in residential aged care homes. These changes are not intended to fundamentally change the recommendations but rather to better support the intended outcomes and to assist in finalising recommendations to Government. We argue that in addition to our specific feedback, it is important that Government ensures that the allied health sector is actively involved in the further development of the new funding model, particularly the development of the care planning assessment tool and the rollout of

communications. Allied health services are a crucial part of the care team for many older people and the allied health peak associations are an important source of knowledge and conduit to the allied health workforce.

The AHPA response provides specific feedback on the following recommendations:

1. Recommendation 4: That residents requiring reassessment be assessed by an independent assessor using the AN-ACC Assessment Tool.
2. Recommendation 8: There be no requirement for reassessment in the AN-ACC funding model.
3. Recommendation 9: That a best practice needs identification and care planning assessment tool be developed for use by residential aged care facilities.
4. Recommendation 10: That, as a condition of subsidy, each resident undergo a care planning assessment at least annually and that the outcomes of this assessment be discussed with residents and carers and be used as the basis of an annual care plan.
5. Recommendation 18: That the one-off adjustment payment be set at 5.28 NWAUs.
6. Recommendation 19: That the Commonwealth, working through the Department of Health and the Aged Care Quality and Safety Commission, build strong accountability into the system to ensure that the adjustment payment be used for the intended purpose, not added to the bottom line and not contracted out to third party providers.
7. Recommendation 21: That the Commonwealth develop a national transition strategy with progressive implementation of the AN-ACC over two years.
8. Recommendation 23: That a national implementation plan with indicative timelines, costs, consultation strategy and communication plan be developed by the Department of Health.
9. Recommendation 25: That, in the context of broader reform proposed for aged care assessment, the Commonwealth adopt a national networked external assessment model for the AN-ACC funding assessment.
10. Recommendation 26: Irrespective of the broader organisational aspects, external assessment be undertaken by credentialed registered nurses, occupational therapists and physiotherapists who have experience in aged care, complete approved AN-ACC assessment training and comply with continuing professional development requirements.
11. Recommendation 28: That the Commonwealth work with peak bodies to develop and implement a change management strategy.
12. Recommendation 29: That Government commit to an ongoing aged care research and development agenda that builds on the work of the RUCS and that includes assessment, classification, costing and outcome studies.
13. Recommendation 30: That a study equivalent to RUCS be undertaken in the community aged care sector with a view to expanding AN-ACC so that it includes aged care delivered in all settings.

Responses to the individual recommendations

Recommendation 4: That residents requiring reassessment be assessed by an independent assessor using the AN-ACC Assessment Tool.

AHPA supports the recommendation to ensure that reassessment, as well as initial assessment, is undertaken by an independent assessor using the AN-ACC Assessment Tool. We recognise the need to ensure the assessment and reassessment processes are developed in a manner that ensures they provide the right mechanisms to support residents in aged care homes and deliver sustainable funding rates for providers. At the same time, we support the need to ensure independence of the process from the providers receiving funding and to minimise reassessment where it is not warranted. On that basis we support the continued use of a single tool as this provides the most effective foundation for consistency and the ability to update the tool to address any potential gaps that are identified during the trial and once it is used nationally.

Recommendation: require reassessment to be undertaken by an independent assessor using the AN-ACC Assessment Tool.

Recommendation 8: There be no requirement for reassessment in the AN-ACC funding model.

AHPA strongly supports the recommendation to avoid the requirement for reassessment to be built into the AN-ACC funding model. It is clear from a range of reports and feedback from practitioners that the structure of the current Aged Care Funding Instrument (ACFI) has acted as a disincentive for providers wishing to provide care that can improve capacity for residents. This type of care can significantly improve the quality of life for older people in residential aged care homes and is a focus for many allied health interventions. We argue that this recommendation will be a crucial enabler for high quality care and more innovative use of allied health and other services by allowing residential aged care home providers to benefit from effective interventions. Any extra funding that may become available due to increased capacity provides a means for further investment in high quality care.

Recommendation: support reablement and capacity building by not requiring reassessment of aged care residents where their needs have not increased.

Recommendation 9: That a best practice needs identification and care planning assessment tool be developed for use by residential aged care facilities.

AHPA strongly supports the need for a best practice needs identification and care planning assessment tool to be developed for internal use by residential aged care homes. We note the specific recommendation that this tool 'should also capture strengths, personal preferences and opportunities to work with residents to increase their independence.'[ii] We also note the release of the new aged care standards and the recognition that aged care residents should have a far greater

say in their own care. AHPA argues that the care planning process will be a key aspect of ensuring that residents do have a voice and an ability to have choice and control. We also argue that access to allied health services is a crucial means of increasing independence as well as addressing clinical needs. The care planning tool must provide capacity to support access to appropriate allied health services. It will also need to provide the means to increase health literacy and understanding of different service types for aged care residents.

AHPA strongly argues that the allied health sector must be directly involved in co-designing the care assessment tool and in the piloting and subsequent evaluation of the tool. We argue that this is the only way that we can ensure that the AN-ACC does not inadvertently limit access to important services as has been the case under the ACFI.

We further support the recommendation that the tool should be used for assessments by suitably trained nursing and allied health clinicians. Feedback from practitioners working in the aged care sector suggests that those involved in assessing residents will need a strong capacity to understand these individual care needs and this requires not only an effective tool, but also sufficient clinical experience. We note in this context that Recommendation 19, dealt with in more detail below, may directly contradict this recommendation through its requirement that no third-party providers are funded through the initial entry payment for new residents. AHPA notes that a high proportion of allied health providers currently provide services as contractors rather than employees and it would be inappropriate for allied health providers to be excluded from providing assessments.

Recommendation: that a best practice needs identification and care planning tool is developed and tested in conjunction with the allied health sector. That allied health practitioners can provide care planning support even if they are third-party providers of services.

Recommendation 10: That, as a condition of subsidy, each resident undergo a care planning assessment at least annually and that the outcomes of this assessment be discussed with residents and carers and be used as the basis of an annual care plan.

AHPA strongly supports the need to ensure that care plan assessments are undertaken at least annually, and the outcomes of assessments are discussed with residents and carers. We argue that it is critical that the new care planning process directly supports consumer directed care and the requirements of the new care standards by strongly involving consumers in their care. We note that standards 1 and 2 of the new aged care standards are explicit in requiring this of organisations.

One concern raised by allied health practitioners is the lack of clear mechanisms to support particular consumer cohorts that may have additional support needs as part of the annual care plan review. That includes older people from culturally and linguistically diverse communities, who may not speak English to a level to manage their care needs and whose ability to communicate effectively can be further exacerbated by dementia. It also includes people with communication disorders or significant mental health issues. Experience suggests that where consumers have additional needs, that care planning process can fail. This issue is one that has been raised as part of

the current Royal Commission with examples showing that communication difficulties have led to very inaccurate determinations of the needs of the aged care resident.

AHPA argues that it will be important to ensure that consumers are supported to participate directly in the care planning assessment and reassessment process, through access to appropriate assistance. That assistance will also need to be in place to ensure that consumers can access complaints and feedback mechanisms if needed. AHPA further argues that this support requirement be built into guidelines in a manner similar to the current NDIS Quality and Safeguarding Framework to ensure all aged care homes provide appropriate support to residents.

Recommendation: that care planning assessment is undertaken at least annually. That support is provided to aged care residents to ensure that they can actively participate in the planning process and provide feedback or make complaints even if they require support to do so due to their CALD status, presence of communication disorders or other limitations that impact their ability to self-direct.

Recommendation 18: That the one-off adjustment payment be set at 5.28 NWAUs.

While AHPA understand the need to limit access to the adjustment period, we are concerned about the potential impact of the current restrictions on access to an adjustment payment if a resident transfers to a different home. Report 6 currently states that the payment relates only to an initial admission into residential aged care and that an adjustment payment is not payable if a resident transfers between homes. The report further states that consistent with principles of consumer-directed care, needs assessments and care plans should follow the resident if they move between facilities.

AHPA is concerned that this may inadvertently limit access to appropriate needs assessments and care plans in situations where a resident may have had an unsatisfactory experience at a residential aged care home. It is clear from the current Royal Commission and previous reviews relating to aged care that the care planning process may not always meet the needs of residents. While we are confident that the AN-ACC has the capacity to improve support for participants, we also argue that it would be naïve to expect that all homes will succeed in providing all residents with appropriate needs assessments and care plans.

We also note that meeting the health or behavioural support needs of a resident may involve training of staff to understand and be able to deal with specific needs. This process would require specific work to be undertaken, in many cases most ideally by an appropriate allied health professional, and this will introduce costs that will need to be met.

AHPA argues that there should be some capacity to provide transition costs in scenarios where a move has been necessitated either by increased needs that can't be met in the original home or where the home is not meeting the needs of the resident. It will also be important to ensure that there is a mechanism in place to allow the resident to provide feedback on whether the home has

provided care planning and assessment that are meeting the needs of the consumer, based on the new aged care standards, and a genuinely consumer-driven approach. We recognize that this may require additional consideration and argue that the initial pilot should seek to identify scenarios where this situation may arise.

Recommendation: in addition to one-off adjustment payments, there is some mechanism to provide additional transition adjustment payments where appropriate.

Recommendation 19: That the Commonwealth, working through the Department of Health and the Aged Care Quality and Safety Commission, build strong accountability into the system to ensure that the adjustment payment be used for the intended purpose, not added to the bottom line and not contracted out to third party providers.

While AHPA broadly supports the need for accountability mechanisms to be built into the new funding model to ensure that aged care residents are benefitting from funding designed to support their needs, we have very strong concerns about the current wording of the recommendation in relation to third party providers. AHPA and its members strongly argue for the essential role of allied health practitioners in supporting the integration of new residents into a residential aged care home. We note that Report 6 specifically states the intention that the adjustment payment is intended to cover the following:

- individualised care planning
- behaviour management
- health care assessments
- facilitating health care arising from assessments (including pain management, dental care, palliative care and other issues that need attention)

AHPA argues that allied health practitioners have a clear role in supporting those activities and funding must be able to support access to allied health practitioners where those are not directly employed by the aged care home. Given the prevalence of contracted allied health practitioner, Recommendation 19, as currently written, would specifically exclude important contributions to the care planning process, as well as behaviour management and health care assessments.

Recommendation: that guidance is provided to residential homes to ensure that the funding is used for its intended purpose but that the exclusion for third party providers is removed where this will impact access to external allied health services.

Recommendation 21: That the Commonwealth develop a national transition strategy with progressive implementation of the AN-ACC over two years.

AHPA supports the need to develop a national transition strategy with progressive implementation of the AN-ACC over two years. We recognise the impact that these changes are likely to have on

aged care homes and for the need to ensure that changes to funding and other processes do not inadvertently result in poorer outcomes for residents.

We also argue that the staged transition should be used as the basis for ensuring that evaluation and validation of the external independent funding assessment and the internal care planning assessment processes are undertaken and appropriate improvements made where needed. This process should seek not only to identify gaps or issues, but also where high quality care and improved outcomes are being achieved. These examples should form the basis for iterative improvement of what is provided as best practice.

AHPA notes that the implementation of the AN-ACC, if effective in achieving its intended aims and addressing gaps in allied health access, will impact the allied health workforce. While we recognize that the major focus of the transition strategy will be supporting aged care homes, we argue that the allied health workforce will need to understand the impact of these changes and their role in the new model, undertake additional training where required, and grow to meet need.

The Commonwealth will need to support the transition of the allied health workforce to the new model through direct engagement with allied health peak associations and targeted activities. We note that this may be encompassed in the work outlined under Recommendation 28.

Recommendation: develop a national transition strategy with specific activities focused on supporting the allied health workforce.

Recommendation 23: That a national implementation plan with indicative timelines, costs, consultation strategy and communication plan be developed by the Department of Health.

AHPA supports the recommendation that the Department of Health develop a national implementation plan for the rollout of the AN-ACC. As outlined in previously, AHPA and its members expect that the new funding model will have a significant impact on the allied health workforce. We also argue that there are significant aspects of the implementation of the new funding model that will directly involve allied health professionals and will require appropriate consultation.

AHPA notes the need to ensure strong awareness in the allied health sector about the changes to the funding model, about the overall timeline for implementation and about the specific impacts for allied health professionals. This will require a strong communications plan with specific consideration of communication with the allied health sector. This will be a critical component of a national implementation plan. We further address this point in responding to Recommendation 28.

Recommendation: develop a national implementation plan with a specific consultation strategy and communication plan for the allied health sector.

Recommendation 25: That, in the context of broader reform proposed for aged care assessment, the Commonwealth adopt a national networked external assessment model for the AN-ACC funding assessment.

AHPA supports the recommendation to create an external assessment model that provides the necessary mechanism for consistent, independent assessments that determine the funding classification of aged care residents. We note however that the authors of the report have not taken a position on the organisational context for the workforce of external assessors. While we understand that making a determination on the most appropriate structure to support the assessment workforce was not the focus of the recommendations, AHPA argues that understanding the organisational context is important and that there should be additional consultation with the sector focused on how Government intends to implement this aspect of the model.

AHPA argues that it will be essential to consider how the workforce will be coordinated to ensure national consistency and an ability to ensure that assessors are able to remain on top of incremental improvements and changes to the assessment model that are likely to occur as it is brought into practice. We also argue below that the assessment workforce may need capacity to draw on additional expertise and this access may be impacted by how the workforce is situated. We note in this context that the National Disability Insurance Scheme has experienced significant challenges in ensuring consistency across its planner and local area coordinator workforces. While the roles are not the same as those of the planned assessors, we see that there may be capacity for significant variation from one region to another with an impact on outcomes for the older people being assessed.

Recommendation: a national networked external assessment model is adopted for AN-ACC funding assessment. Consideration is given to the impact of the organisational context for this workforce and further consultation undertaken around planned workforce structures.

Recommendation 26: Irrespective of the broader organisational aspects, external assessment be undertaken by credentialed registered nurses, occupational therapists and physiotherapists who have experience in aged care, complete approved AN-ACC assessment training and comply with continuing professional development requirements.

AHPA supports the recommendation to have external assessment be undertaken by credentialed registered nurses, occupational therapists and physiotherapists with appropriate experience and training given the focus of the current assessment model on mobility as a key factor in determining care needs. We argue that it will be important to evaluate whether this limitation impacts on the ability to recruit an appropriate workforce in all regions and to ensure that as the AN-ACC model is further tested and developed, the relevant qualifications of the assessment workforce are revisited. While we do not expect that this will change those professions currently identified, it may determine that other professions also have appropriate qualifications and expertise.

AHPA also argues that external assessors should have the ability to bring in additional expertise if required. The second assessment-focused report notes that *the AN-ACC assessment requires a high degree of professional judgement that takes into consideration variance in a person's abilities and behaviours over a 24 hour period and that assessors may have to 'piece together' sometimes conflicting information to make a judgement regarding the person's capabilities. Assessors will be required to make clinical judgements in a relatively short period of time and therefore need to have expert clinical skills in aged care assessment, and sophisticated professional and organisational capabilities*.[iii]

AHPA argues that the external assessment workforce should be supported by additional clinical expertise such as the communications expertise of speech pathologists or the mental health expertise of dedicated mental health clinicians such as psychologists, social workers and mental health occupational therapists in cases where there is evidence that the older person's condition may complicate assessment. There is significant anecdotal evidence from practitioners and from submissions to the current Royal Commission to suggest that some conditions may lead to a requirement for additional clinical expertise to ensure that an assessment is accurately reflecting the needs of the person.

Recommendation: external assessors are credentialed registered nurses, occupational therapists and physiotherapists with appropriate training and experience. External assessors are able to access additional multidisciplinary assessment support where required.

Recommendation 28: That the Commonwealth work with peak bodies to develop and implement a change management strategy.

AHPA supports the recommendation to engage with peak bodies to develop and implement a change management strategy. Supporting the broader allied health sector to understand and implement changes will be essential and will need to be appropriately resourced and supported. AHPA argues that the peak allied health associations will be an important mechanism for that support and will need to be engaged to support their members during the transition process. This engagement is essential as many allied health professionals operate as individual contractors and third party providers. As such they may not be well-engaged via work undertaken directly with residential aged care home providers. Our responses to previous Recommendations (21 and 23) provide additional detail about the type of support that will be required.

Recommendation: work with and resource peak associations to develop and implement a change management strategy focused on allied health providers.

Recommendation 29: That Government commit to an ongoing aged care research and development agenda that builds on the work of the RUCS and that includes assessment, classification, costing and outcome studies.

AHPA supports the recommendation that Government commit to a research and development program as part of the implementation of the AN-ACC. We support the argument that these studies

will provide important additional guidance for government in the development of future policy and the ongoing improvement of the AN-ACC model. While each of the outlined studies is highly relevant, AHPA particularly highlights the need for the following research activities in relation to the allied health role in high quality aged care services:

- future classification studies to develop the second and subsequent versions of the AN-ACC classification in response to changing models of care
- quality and outcomes studies to measure the quality and outcomes of care by AN-ACC class and to set national benchmarks.

AHPA argues for the need to support the development of future models of the AN-ACC that are responsive to changing models of care, driven by changed consumer expectations and the far greater role of consumer-choice arising from the new aged care standards. We particularly argue for the need to ensure that these future models incorporate a greater level of access to allied health and other services to ensure that our funding systems are supporting high quality rather than adequate care. AHPA is very supportive of the need for quality and outcomes studies, recognising that the development of improved funding models will need to have a strong evidence base. We also support the recognition in the report that the AN-ACC can provide an important tool to "*turn crude outcome measures into meaningful comparisons for benchmarking and other purposes… Because each of the 13 AN-ACC classes contain residents with similar needs, they can be used to measure quality and outcomes in meaningful ways:*

- *hospital transfer rates adjusted for the mix of residents in each home as measured by the AN-ACC profile of each home*
- *rates of functional decline adjusted for the AN-ACC class at entry to residential care*
- *rates of adverse events – such as falls, medication errors and injuries – using the ANACC classes to adjust for the risk of each adverse event.*

AHPA recognises that there is currently only limited capacity to measure and understand outcomes for older people in residential aged care and argues that outcomes studies will be essential to support ongoing reforms and quality improvements. AHPA argues that in addition to measuring medication errors, there should be some measure of the levels of medication residents are receiving in order to provide capacity to report on over-medication. AHPA is aware that over-medication is occurring as a means of managing more complex patients and an alternative to physical restraint. While the National Quality Indicator Program will require reporting on the use of physical restraint it is equally important to ensure we are measuring medication use.

AHPA also argues for the need to ensure that there is work done to investigate not only the performance of residential homes but also to research the experience of consumers impacted by the intersection with the disability and health sectors. This will ensure that our system is structurally capable of providing the support that is needed by consumers in light of the varying responsibility for addressing health needs or providing acute services for older people. The expansion of research to also take in community care would provide a mechanism for taking a genuinely whole of system view that looks at the needs and support opportunities for older people, and the outcomes that can be achieved in each and where systemic failures may exist. Our view is that there is not only capacity but strong need to build the role of allied health practitioners in aged care as part of an approach

that seeks not only to provide a minimum quality level but rather that seeks to give consumers the best possible outcomes.

Recommendation: implement a national research and development program as part of the implementation of the AN-ACC to support future program and policy development. Include reporting on medication levels to reduce use of over-medication as a means of managing complex behaviours.

Recommendation 30: That a study equivalent to RUCS be undertaken in the community aged care sector with a view to expanding AN-ACC so that it includes aged care delivered in all settings.

AHPA supports the recommendation to undertake an equivalent program of research in the community aged care sector with the intention of providing a consistent model of assessment and funding for aged care services regardless of the care setting. We argue that this would provide a more streamlined experience for older consumers as they transition through different stages of support need as well as facilitating more consistent access to allied health and other health professionals as a person ages. We propose that this study will need to consider the range of funding sources access by older people in the community in addition to Commonwealth Community Home Support Packages in order to accurately reflect access to care and the health and other needs of older people.

Recommendation: undertake a RUCS-equivalent study across the community aged care sector.

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[i] Page 18, Report 6: AN-ACC: A national classification and funding model for residential aged care: synthesis and consolidated recommendations.
[ii] Page 11, Report 6: AN-ACC: A national classification and funding model for residential aged care: synthesis and consolidated recommendations.
[iii] Page 13, Report 2: AN-ACC: The AN-ACC assessment model