

22 July 2010

Submission to the Productivity Commission

Caring for Older Australians

I note that the term of reference for this Productivity Commission Inquiry refers to both the National Hospital and Health Reform Commission and the National Health and Hospital Network. It also acknowledges the importance of the transitions between different sectors in the health care environment. I would therefore like to bring to the Commission's attention some aspects around dementia care that are relevant to these areas.

This paper also reflects discussions I have had with Glenn Rees, CEO Alzheimer's Australia, who shares with me the importance of ensuring that dementia is regarded as a health as well as an aged care issue.

Dementia is a condition that cuts across all interfaces in health. Ultimately, without disease modifying treatments, all people with dementia will need to draw on aged care providers with a high dependency on the residential environment. Community living in advanced dementia with its mix of both cognitive and physical disability is much less likely to be sustainable than community living in advanced physical dependence.

Minimising the future demand for aged care for people with dementia should therefore be an important Australian endeavour. There is now emerging evidence that population strategies such as minimising stroke risk may reduce the prevalence of dementia.

Research into the epidemiology of dementia and its treatment must be actively discriminated for.

In the acute sector delirium and dementia are risk factors for complications and prolonged hospital stays. There is an established evidence base that dementia is the most significant risk factor for in hospital delirium and equally secure evidence base that the length of delirium can be reduced by appropriate delirium risk management.

As the population ages and ambulatory care provides increasingly invasive treatments the inpatient hospital population is aging – the frail, socially isolated older person needs inpatient support that the younger socially supported can receive in the ambulatory setting. At Ballarat Health Services 30% of inpatients had cognitive impairment (delirium/dementia) based on a Mini Mental Status Examination score of 24 or less or an abnormal clock-face. From the Australian Institute Health and Welfare data only 4-5% of people with dementia are admitted to hospitals because of their dementia. The vast majority of people with dementia are admitted with a different condition and dementia and the subsequent risk of delirium is therefore often missed. Anecdotally, families who experience a loved-one with delirium are at times reluctant to have them back into the community and so precipitating an unnecessary residential aged care administration. There is also emerging data to suggest people with dementia who develop delirium are less likely to return to their pre-delirium cognition state, and they are more likely to suffer a permanent decline in cognitive performance.

It is noted by the Commission that 82% of care for older Australians is provided by families. 75% of people with dementia live in the community. Currently there is no nationally consistently service that offers an accurate diagnosis for people with memory and thinking difficulties or provides advice and education for families. The resulting delay in diagnosis is a missed opportunity to support families potentially in conflict

about a loved-one, to empower the person with dementia to act prior to decline in important areas such as Advanced Directives and Enduring Powers of Attorney and results in unnecessary risk and a potential waste in health care delivery. Timely diagnosis allows families to prepare for the emerging future decline and behavioural change and so facilitate prolonged community support.

It is therefore recommended that the commission:

- a. See dementia as a condition that impacts across all health sectors.
- b. Uses the experience of people with dementia and their families to measure the effectiveness of acute, community and residential aged care system.
- c. Recognises the urgent need for timely diagnosis services nationally.
- d. Recognises that people with dementia are at risk in the acute hospital setting where there is no hospital wide system to support them and their families, with the potential to cause avoidable dependency on the aged care sector.

Yours sincerely,

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