



***Productivity Commission
Inquiry into Aged Care***

Submission by Medibank Private Ltd

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The Australian Treasury's Intergenerational Report 2010 ('the Report') has identified some challenges which will face the country in future. The Report highlights that Australia will experience "an ageing and growing population, escalating pressures on the health system, and an environment vulnerable to climate change. These challenges will place substantial pressure on Australia's economy, living standards and government finances over the next 40 years"¹. The Report projects that, by the year 2050, the number of Australians aged over 85 will more than quadruple from 400,000 to more than 1.8 million people².

Associated with the ageing of the Australian population is the projected growth of aged care funding which is anticipated to more than double, from 0.8 per cent of Gross Domestic Product (GDP) in 2009–10 to 1.8 per cent of GDP in 2049–50³. The projected growth in spending is largely attributed to an increase in the demand for residential aged care, although spending on community based supports is also likely to rise significantly.

The need to improve work productivity is also stressed in the Report and will be an important factor in reducing future economic pressures as Australia's population ages. Improving the population's skill base and enhancing productivity will promote economic growth, deliver an increased tax-base and potentially improve the longer-term fiscal outlook. The need to implement strategies to increase productivity are reinforced in the Report as labour force participation rate for people aged 15 and over is projected to fall to less than 61 per cent by 2049–50, compared with 65 per cent today⁴.

These changing demographics also have the capacity to generate additional requirements for aged care services due to generational change. The Report highlights that the "baby boomer generation" may enter retirement with different expectations and aspirations than the preceding "silent generation". These expectations, coupled with the increasing affluence of Australians, means that baby boomers are likely to drive demand for a higher quality and a greater range of services than previous generations.

A number of factors identified in the Report will impact on the provision of aged care in the future. These will include:

- Changes in the average cost per person for a given type of care;
- Changing disability levels within the aged population in the future;
- The mix between residential care and care in the community; and
- Changes in Government policy, including changes to the number of aged care places and the proportions funded by government.

There are also a number of challenges in the provision of aged care services which will need to be addressed to ensure sustainability of funding supports for future generations. These include:

- Funding mechanisms, with all three levels of government involved;
- The need for focus on preventative health and wellbeing;
- Lack of service coordination and the level of complexity associated with navigating current systems;
- Development of innovative service models that better reflect the needs of the ageing population; and
- Development of new funding streams to finance the increasing need for aged supports in the future.

¹ Australia to 2050: Future Challenges, 2010. p. vii

² Australia to 2050: Future Challenges, 2010. p.10

³ Australia to 2050: Future Challenges, 2010. p.54

⁴ Australia to 2050: Future Challenges, 2010. p.11

Medibank

Medibank is Australia's largest integrated health insurance and health solutions group. Under our brands of Medibank Private and Australian Health Management (*ahm*), we provide private health insurance to 3.5 million Australians and 200,000 overseas visitors and students. Each year, we spend over \$3 billion on our members' health, giving them peace of mind through funding access to healthcare providers and key services.

However, Medibank does more than simply pay the health bills of our members. Following our mergers with *ahm* and Health Services Australia and our acquisition of McKesson Asia-Pacific, Medibank is now a leading provider of programmes and services designed to help improve the health status of Australians, both Medibank members and members of the public. We provide a range of advice and coaching on health and wellbeing as well as programmes targeted at individuals with chronic conditions including:

- Online and web-based personal health programmes and information for members with health risks;
- Telephone-based health coaching, support and advice programmes to address individuals' needs following their discharge from hospital and prevent hospital re-admission;
- Telephone-based, proactive support programmes providing member education and self management for people with chronic disease;
- Face to face risk management programmes for government and corporate clients; and
- Complex case management utilising all the above service channels.

Medibank also provides nurse triage support to the National Health Call Centre Network. This enables residents of the Australian Capital Territory, New South Wales, the Northern Territory, Tasmania, South Australia and Western Australia to access health advice and information 24 hours a day, seven days a week. The triage services are staffed by registered nurses who, supported by electronic decision support software, deliver health triage, information and advice to callers via the telephone.

Through some 45 clinics nationwide, we are also delivering more than 350,000 health assessments each year on behalf of corporate and government clients as well as vaccinations, injury prevention and treatment, rehabilitation case management and return to work programmes.

By drawing upon the expertise of the over 1,500 health professionals we now employ, we aim to play a broader role in driving superior health outcomes through:

- Prevention and chronic disease management;
- Expanding choices for care outside the hospital setting;
- Supporting the development of electronic health records; and
- Promoting clinical quality and safety.

Medibank's Vision for Aged Care

Medibank has a vision for how aged care and supports which assist people to live independently will be delivered in the future. This vision encompasses a future where a seamless continuum of supports incorporating preventative activity, healthcare, community based services, aged care and other supports are delivered in the right setting at the right time.

Achieving this vision will deliver people improved quality of life and better health outcomes. Delivering comprehensive, coordinated services will also enable people to live in their own

homes longer, reducing the requirement for residential aged care places and thereby producing significant economic benefits. These economic benefits will enhance the ability for Australia to sustainably fund high quality health and aged care supports for future generations.

The supports which might be required to assist people to age well and live independently longer are varied and need to be delivered in response to the individual's identified needs. Supports may include the provision of information to assist people to manage their own health requirements and allow individuals to identify and access programmes which enhance chronic disease management and maintain wellness. Allied health services to enable rehabilitation and re-ablement might also be required as well as the use of technology to ensure people's safety whilst living at home. Other services to support ageing include the provision of care to assist people to undertake routine tasks such as cooking, cleaning, shopping and other activities of daily living. Initiatives to assist people to access community and leisure activities will also be important to encourage good mental health and wellbeing.

The four pillars of Medibank's vision to enable people to live independently longer are:

1. Supporting healthy ageing;
2. Developing innovative service models which reflect individual needs and preferences, particularly in relation to systems navigation and service coordination activities;
3. Consideration of new funding models to enable a response to the increasing future demand for ageing supports; and
4. The development of a sustainable workforce.

1. Supporting healthy ageing

Healthy ageing as a concept is poorly defined but generally refers to achieving or maintaining the best possible state of physical, cognitive and mental health and wellbeing. Other concepts associated with healthy ageing are meaningful and positive engagement with people and communities and a sense of personal security and choice⁵.

Australian research based on a survey of 1,000 older people in Melbourne reported on people's own views on healthy lifestyles. The research found that older people report that feeling healthy meant that respondents had a positive outlook on life and maintained physical and social activity. The majority of study participants said they took actions to keep healthy, primarily through physical activity, healthy eating and social engagement. The same report also showed older people are more aware of the importance of healthy lifestyles than are younger people⁶.

Preventative and maintenance activities are important to ensure that the ageing population is able to sustain physical and psychological health. Preventative activities refer not only to health focussed activities but may also relate to healthy communities as social inclusion and social support are recognised as key determinants of health⁷.

At present, the largely programmatic and often disjointed response to preventative activities means that the system tends to focus activity around those individuals with higher levels of

⁵ Preparing for an Ageing Society, Seminar Series – Prof. Colette Browning, Monash University - <http://www.med.monash.edu.au/sphc/haru/news/presentation-colette.pdf> Accessed 21/06/2010.

⁶ Kendig H, Helme R, Teshuva K, Osborne D, Flicker L, Browning C 1996. Health status of older people project: preliminary findings from a survey of the health and lifestyle of older Australians. Melbourne: Victorian Health Foundation.

⁷ Wilkinson, R & Marmot, M (Eds). 2003, *Social Determinants of Health: The Solid Facts. 2nd Edition*, [Online] Available at: <http://www.euro.who.int/document/e81384.pdf>.

established acute need. This response needs to change if Australia is to achieve the aim of people living independently and experiencing better health longer and thus reduce the social and economic burden of increasing chronic disease.

Many opportunities exist to expand preventative services and activities to support people as they age but before they reach a time of critical need. Some preventative activities which require consideration if appropriate support is to be provided to assist people as they age may include:

- Bringing together, in an easily accessible format, information regarding the range of services available to assist people to better manage their own health needs. This information may be made available through a website or accessed through a telephone support service.
- Scheduled health screenings focusing on identified population based risks so that people may access preventative services early to limit health deterioration. Scheduled health screening programmes should be carefully designed and evaluated to ensure that the benefits, costs, and harms associated with the screening warrant the intervention. The screening needs to be evidence-based and relate to a disease or a condition which has a treatment which is effective and will lead to a reduction in the burden of the disease. Examples of screening programmes targeting the older population include bowel and breast cancer screening.
- Enhanced use of data from eHealth records and other data-sets to actively identify and engage with people at risk and to assist in proactive management and enhance opportunities for healthy ageing. For example, individuals identified through health records as being treated for Type 2 Diabetes Mellitus may be offered health management programmes designed to improve diet and lifestyle risk factors with the aim of reducing disease progression. The active engagement of people in disease management programmes may offer health and economic benefits however the use of eHealth data in this way needs to adhere to strict privacy regulations.
- Implementation of changes to community design to optimise access, enable opportunities for safe exercise options and enhance participation as people age. Initiatives may include increasing ease of use of public transport, the provision of adequate street lighting and ensuring the maintenance of safe footpaths. Through enhancing people's ability to participate in the community, benefits in mental and physical health may result.
- Enhancing access to adaptive assistive technologies may have a role in supporting people to live independently as they age. Technologies which might benefit people include environmental controls, mobility aids and sensory aids for hearing and vision. Devices which support safety and independence include falls monitors, alarms and 'tele-care services' where people are contacted regularly to confirm their wellbeing. Opportunities may exist to encourage the use of technology to support people to live independently through financial incentives to adopt and develop assistive technologies.
- Implementation of chronic disease management (CDM) initiatives including telephonic health coaching and home assessments have a role in maintaining people's safety whilst living independently. For example, the Victorian Hospital Admission Risk Programme (HARP) is a successful preventative model of care involving hospitals and community agencies. The programme focuses on people with chronic and complex conditions who have been identified as being frequent users of the hospital system. The service has been able to improve health outcomes and allow people to stay at home for longer utilising a model of assessment, service coordination, telephone support and customised multidisciplinary health interventions⁸.

⁸ HARP Chronic Disease Management Guidelines. Department of Human Services, Victoria. Accessed at http://www.health.vic.gov.au/harp-cdm/harp_cdm_guidelines.pdf (30/7/2010)

Supporting healthy ageing also requires community participation. Access to recreation and leisure can have both health and social benefits for the ageing population. Communities therefore need to be assisted to provide these types of opportunities and activities in order to support the ageing population, increase community participation and decrease risks of social isolation. Engaging communities to support people as they age not only has positive social impacts, but also can provide economic benefits as people rely less on aged care supports.

2. Innovative service models which reflect individual needs and preferences

2.1 Information provision, systems navigation, service coordination and case management - Supporting people to access the care they need

Medibank recently conducted some qualitative research regarding members' views of the accessibility of aged care supports. This research looked at a number of factors, including members' expectations of service delivery, their willingness to pay for services and the perceived ease of access to services an ageing population may require. It identified that many members are confused as to how to access the services they require, largely due to the complexity of systems associated with health and community supports provision as well as the complicating factors created by multiple funding mechanisms. This confusion was perceived by some participants to have a role in the rationing of aged care supports and services. One member commented:

"If you don't ask the right questions they don't offer information and I think it's because they only get a certain limited funds and they are very mean with it, so if you don't ask the right questions they don't offer information – in case everybody gets on to it"

This confusion experienced by Medibank members is also reported in the wider community and is likely to result in people not accessing the services they require or receiving inadequately coordinated services. As a consequence, the potential for service duplication is heightened, often incurring significant cost, together with potentially poorer health outcomes.

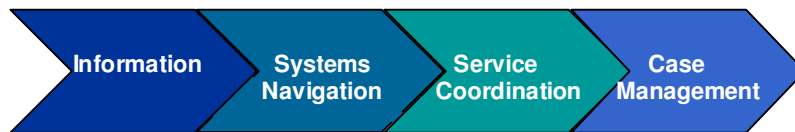
Currently all three levels of government have a role in funding aged care services. The Commonwealth's funding responsibility includes age pensions, disability supports, residential aged care, medical and pharmaceutical benefits and, with the support of the states, home and community care (HACC) supports. Aged care supports which the states and territories fund include respite care, carer assistance, dementia support programs, transport assistance, home help, information services and Seniors' Cards initiatives. Local governments have a role in providing various age specific support and services, some of which are also funded by the Commonwealth, states and territories such as the 'Meals on Wheels' programme. In addition to the mix of supports provided by the three levels of government, non-government agencies are frequently funded to provide aged care supports, for example many residential aged care facilities, support organisations and aged care programmes are directly run by the community and charitable sector⁹. Aged care support provision also varies between states and jurisdictions. The involvement of multiple agencies and funding sources may result in the confusion people report when trying to access the aged care supports they require.

⁹ 'Caring for the Elderly' - an Overview of Aged Care Support and Services in Australia Accessed at <http://www.aph.gov.au/library/intguide/sp/agedcare.htm> (30/7/2010)

Whilst individual needs may vary, it is likely that as some people age they may need some support to navigate the complex health and aged care system. This support may take the form of the provision of education and information, systems navigation, service coordination or case management. The requirement for varying degrees of systems navigation support was identified as the primary need by respondents to Medibank’s recent qualitative research when considering their greatest current unmet need.

People often require different levels of support to access the care they need. These levels of support are described in the continuum in Figure One.

Figure One: Assisting people to access the supports they require



Information

To assist in demystifying aged care supports and services, credible, up-to-date information sources need to be developed with multiple access channels to reflect the diversity of ageing people’s needs. These channels may take advantage of technology through the use of websites or telephone supports. This information is needed both for those people using the services and managing their own care and also for those people supporting the ageing individuals, including family, friends and medical professionals. There is also a need for the information to be in various formats to ensure people from culturally diverse backgrounds or people with disabilities are able to access the resources they require.

Through the provision of high quality and readily accessible information, people are likely to make better choices about the services they may be eligible to access or consider purchasing. The provision of high quality information may lead to the more efficient use of resources, less service duplication and an enhanced experience by the person accessing aged care supports.

The type of information which ageing people and their carers should be able to access if required includes:

- Information about chronic disease management, healthy ageing and local community participation;
- Information about support options so people may make an informed decision regarding the type of supports which may best meet their needs;
- Access to health advice and information with a preventative focus such as “nurse on call” model to reduce unnecessary medical attendances;
- Guidance as to how to access funding or purchase the supports they may require; and
- Information designed to meet the needs to carers which may assist them to identify appropriate resources such as respite options and peer support initiatives.

Systems Navigation

The provision of information may not be sufficient to support some people with a higher level of need to access the services. Some people may require assistance to navigate the systems relating to health and aged care.

Systems navigation aims to assist consumers to coordinate their own care. This can be provided through interactions with an individual who has expertise in and is aware of the relevant funding options and what supports are available in the local community. This level of support may occur through a telephone or e-mail interaction and may be provided by a government funded agency or purchased from private individuals or organisations with experience in this area.

Service Coordination

Many ageing people report a desire to stay healthy and living independently as long as possible. The wishes of elderly people combined with the economic imperatives of keeping people well and living in the community means that there is a necessity to ensure that coordinated services are delivered to achieve this goal.

Currently, general practitioners have a key role in coordinating the health and community services needed by an individual. However general practitioners are often time-poor and may not have knowledge of the full range of community services and funding mechanisms available to comprehensively support an ageing patient.

Opportunities exist to enhance the coordination of care to ensure that individuals' needs are viewed holistically and focus activities on prevention and healthy ageing strategies. This can be achieved through interactions with service coordinators who may assist in the identification of services, the generation and follow up of referrals and an enhanced focus of preventative activities to support healthy ageing and independent living.

Case Management

Enhancing access to case management in response to acute episodes or a critical incident is important to increase the capacity for independent living and improve quality of life.

Case management requires a more intensive intervention than the service coordination function and may include independent advocacy to lobby service providers to offer access to funding and the engagement of the required services.

2.2 Service models - Individuals having more control to direct the type and mix of services they require.

There is a requirement for the further evolution of service delivery to better reflect the needs of an ageing population, to keep people living independently longer and support people as they age.

Further pressure for evolution of the aged care system may result from increased expectations of baby boomers in regards to the quality and flexibility of services they wish to receive. Alongside an increased expectation of quality services, many baby boomers also have access to resources which may mean they will have an improved ability to fund the services they require to ensure that they maintain independence as long as possible.

Medibank sees this change as a positive force, as increased individual financial engagement may stimulate the market to develop innovative services which are more reflective of individual needs and desires. Increased financial engagement should also generate an enhanced ability for the ageing population to influence the development of the type of supports they require and improvements to funding portability may also act as a lever to drive the quality of aged care service provision. This is important as many Medibank members currently voice concerns that a

limited mix of support services exists and that these services are frequently designed to reflect funding principles and providers' interests rather than having the flexibility to match their needs.

2.3 Quality of services

Enhancement of the quality of aged care supports and services will be driven by an increased focus on individual needs, the expectations of service users and government policy initiatives. Funding mechanisms which offer increased flexibility for individuals to commission services that better reflect their circumstances will have a role in stimulating providers to enhance the quality of service design and delivery in order to maintain and grow market share.

The government also has a role in improving the quality of services offered to people as they age through the development, implementation and monitoring of initiatives which support and regulate providers to develop and deliver high quality aged care supports.

There is a need to research and build an understanding of 'what works' in age care supports so that these learnings may be applied more broadly to benefit people as they age and improve the quality of services provided. The adoption of technology will play a role in achieving this aim through the use of population data to identify service development needs and assist in the recognition of emerging trends. Technology will also assist people and providers to access accurate and timely information about local service options. Furthermore, with improved data collection and analysis and the application of evidence based practice to inform service design, improvements may be possible in relation to the quality of services available to the ageing population.

The implementation and monitoring of standards of care is also important. Standards monitoring and accreditation is well established in the residential aged care environment but less well established in the community care setting. Embedding and monitoring robust community based service standards will become increasingly important as people engage support services to stay living independently at home longer.

3. Consideration of new funding models to enable a response to the increasing future demand for ageing supports.

Australia's changing demographics will create funding challenges as to how the increasing need for care and supports required by an ageing population can be met. Additionally, the increased affluence of the ageing population when compared to previous generations may place demands to improve the mix and quality of services. Whilst better coordination and the use of technology may result in some systems efficiencies, it is unlikely that these enhanced efficiencies alone will meet the funding requirements of future needs.

Enhanced transparency of funding options is required. As mentioned previously, many people report being confused about what funding they may be eligible to access as they age to meet their care needs. People may also be unaware that they might be responsible for funding much of their own care and may fail to ensure that they have sufficient resources to pay for their own care needs. Furthermore, there is a lack of consistency of funding mechanisms and service offerings across jurisdictions and little portability of funds adding to people's confusion of funding options and accessibility.

Some of the challenges associated with current funding models include difficulties of access, disjointed service provision, limited flexibility to meet individual needs, little individual control, responses driven by crises and significant workforce issues. To meet emerging needs, a review

of the challenges of the current funding methodology and consideration of opportunities for future options needs to be considered.

As well as the requirement for innovation and funding model changes, there is also a requirement for cultural change if Australia is to be able to fund the appropriate care and supports to ageing people over coming decades. Whilst a culture of partnership between individuals and government has long existed, particularly evident through the joint funding of aged care supports through service co-payments and contributions, further cultural change may be required to ensure that future aged care needs are met. A focus on increased personal responsibility to fund more of the supports that people require as they age may be needed.

One of the key challenges created by the increase in demand and diversity of aged care supports will be governments' ability to fund these services. It is important that the community is engaged in a debate to consider who should fund the care and supports that an ageing population requires. Governments will need to act quickly to review aged care funding models to ensure they are able to meet future needs.

Specifically, options which governments may consider include:

- Regulatory changes to support equity release in private housing so that people can fund or co-fund their care requirements as they age. Many current private equity release schemes have not offered good terms to homeowners and there is an opportunity for the private sector to offer better product packages with government support.
- A cooperative model whereby the Government provides a certain level of service whilst, above this level, individuals are encouraged to self fund extra care which attracts matched government funding to a 'benchmark' level. The benefits of this model are that it provides everyone with a certain level of care based on need and creates an incentive for people to contribute to their own care. It also offers opportunities to expand choice for the individual in regards to the level of care they want. However, disadvantages include that those people without resources are only able to access a basic level of care.
- Mandated social insurance to cover the costs of independent living and aged care services. The benefits of this model include the development of a sense of individual responsibility to fund aged care needs as well as the benefits of sharing costs and pooling risk at a population level. However this model requires that premiums be set at a high enough rate to ensure future sustainability of the scheme and is a longer term strategy which relies on people in the transition phase having assets to draw on to support their ageing care needs.
- Tax treatments which encourage people to save money to support the care required in old age, such as increased superannuation or other incentivised savings initiatives. Advantages of this model include the relative ease of management if the scheme is aligned with current mandated superannuation contributions. However, this model relies on the working population who may feel they are already overburdened with taxes related to retirement and future needs.
- The introduction of an estate tax for those people with assets or equity who require supports. In this model, the Government could fund care and supports upfront and tax a scaled, capped percentage of an estate after an individual's death.
- Incentives to assist in the development of innovative assistive technologies which support safe independent living.
- Tax incentives for individuals to purchase technology which enhance opportunities for independent living and wellbeing.

Individual fundholding

Another opportunity to drive improvement in the quality and mix of services available to the ageing population is to consider the empowering of individuals through 'fundholding'. Fundholding is the mechanism whereby funds are allocated to individuals by the government with the individual then being responsible for purchasing the supports they require with those funds. Appropriate accounting safety guards and the flexibility to pool funds would need to be built into any fund holding system.

For those people with the capacity and desire to manage their funding, the 'fundholding' model may enable them to purchase the supports required to enable them to live independently. The aim of increasing funding options to include individual fundholding would be to support individual choice and drive the development of quality of services through increasing the portability of funding between service providers. It would also increase the mix of supports available in the market by enabling individuals to better reflect their personal preferences and purchase supports outside those services traditionally associated with aged care. For example, with the increased flexibility to use self managed funds, a person may choose to purchase assistive technology rather than fund attendant care services, purchase a microwave rather than receive meals on wheels or attend group activities rather than receive one-to-one carer support.

Trials of individual fundholding have been undertaken in the disability sector in Australia and overseas with varying degrees of success. Whilst it is not a funding model which will meet all individuals' needs, it has value in optimising individual choice and encouraging innovation in service provision and the development of high quality services.

4. Workforce

Currently, aged care service delivery is constrained by workforce issues. These include the inability to attract and retain high quality staff to support people as they age in both the community and residential aged care settings.

In 2005, the Australian Government invested in the development of a National Aged Care Workforce Strategy¹⁰. The Strategy was intended to provide a coordinated national response to issues surrounding population ageing and serve as a framework to support the development of economic and social policies. The seven objectives identified in the Strategy were:

- Understanding the workforce profile,
- The development of effective workplace practice models;
- The development and sustaining of aged care leadership and management;
- Education training and development;
- The development of a responsive workforce;
- Addressing the perceived status and image of working in aged care; and
- Maintaining linkages with relevant strategies, policies and plans.

Whilst the development of the Strategy was admirable, many of the issues identified for change in the document remain. These workforce challenges may be further exacerbated over time as the demand for employees to work in aged care parallels the growth in the ageing population. The workforce demands are three-fold with an increasing proportion of the population requiring workers to support them as they age, a reducing capacity of informal carers to provide support

¹⁰ National Aged Care Workforce Strategy. March 2005 . Commonwealth of Australia
[http://www.health.gov.au/internet/main/publishing.nsf/Content/90A1E255138D80CACAA256FE3001715E3/\\$File/nacws.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/90A1E255138D80CACAA256FE3001715E3/$File/nacws.pdf)

to family and friends as the informal carers age and fewer people in the workforce, due to demographic change.

Future workforce issues which will require consideration include employee education and retention, the development and implementation of strategies to support workers employed in community settings, the management and measurement of the quality of care and the development of services which better reflect the diverse needs of the ageing community.

Initiatives to support informal carers, such as increased respite options will be vital to ensure people are able to remain independent in their home longer which has flow through implications for future workforce issues.

Conclusion

Medibank commends the Government and the Productivity Commission for considering the challenges associated with restructuring Australia's aged care system to ensure we can meet the challenges facing it in coming decades.

There appears to be widespread agreement that the current system for funding and accessing aged care is inequitable, confusing and complex. It is also widely agreed that the system needs to be reformed so that the future funding of aged care is sustainable for younger generations.

The development of the 2010 Intergenerational Report and increased public awareness of the future challenges Australia will face due to demographic change makes now an opportune time to consider how a comprehensive integrated health and aged care service system may be further developed. This new system will need to reflect the diverse future needs of Australia's ageing population. The development of proactive, innovative, high quality services will enable people to remain well and living independently and create an opportunity to reduce Australia's cost burden associated with funding future residential aged care.

Technology brings many opportunities to enhance the provision of high quality services through the use of data to inform service development, coordination of service delivery, information provision and assistive technology to enhance safety in the home. Maximising the benefits which technology offers, may offer significant improvements in people's experience of aged care supports and ultimately their quality of life.

It is an important time to consider how workforce issues will be addressed and how the Australian community will fund the supports which the ageing demographic may require. The consideration of new funding modalities such as insurance schemes, estate taxes, equity release and increased individual accountability to self-fund supports need to be explored to ensure we are considering how we can best meet future needs.

Medibank is currently undertaking some work which considers our members' expectations of care, gaps in the current service system and innovative models of aged care supports. We would be pleased to provide the Productivity Commission with additional information as this work develops.