



3 August 2010

Caring for Older Australians
Productivity Commission
PO Box 1428
Canberra City ACT 2601

Dear Commissioners

I write in response to your Issues Paper of May 2010, and in part to respond to what I perceive to be a rather unbalanced submission from the Medical Technology Association of Australia (which I believe was submitted to the Commission on 30th July). I would particularly like to respond to your questions under Section 7

‘How might technology be used to enhance the care of older Australians? Are there any impediments to technological developments that could ease workforce demand or enable higher levels of support?’

Having worked for many years in rehabilitation engineering, and the provision of assistive technologies to maximise independence and participation in our community, I feel quite strongly that technology is greatly *underutilised* in assisting older Australians as they age. In a period when we face a substantial shift of the age demographic, and the commencement of the transition of the ‘Baby boomer’ generation into retirement, little attention is being paid to the potential of simple but highly effective technology interventions. Instead, substantial research and private and public funding is being redirected to monitoring and electronic communication solutions – typically telehealth and telecare. I find it striking that the MTAA does not give much time to medical devices (as defined by the Therapeutic Goods Act) that include wheelchairs, walking frames, over toilet chairs, and pick-up sticks, let alone simple home modifications that can be the difference between safe and independent living for older people, or institutional care. While the ECL approach has some merit, it continues an approach that is medical in focus, and not empowering. As sound health care depends on consent and client centred decision making, I am surprised that the ECL list (section 4.4) does not include electronic speech generation devices (see <http://www.novitatech.org.au/subcategory.asp?p=247&id=1>) which can be critical to those with voice or language disorder due to stroke or head injury – or even in some cases dementia. I would urge the Commission to look beyond the ‘high tech’ that appears to be emphasised in Section 5 of the MTAA submission and recognise that ‘assistive technology’ is a very broad range of technology that can range from items of a few dollars through to complex integrated mobility and control systems.

Rather than seeking to explore the benefits of effective assistive technology use in aged care, I would refer the Commission to several studies and reports that have been conducted over the last decade or so.

In Australia, the Federal Department of Ageing commissioned a review of the literature, national and international, grey and white, relating to the use of assistive technology in aged care. The report 'The Use of Assistive Technology in Aged Care' (prepared by Urbis Consulting) was received by the Department in June 2008. The Minister advised me on the 9th July that 'the report is currently being considered by the Gillard Government.'

In the United Kingdom, the Audit Commission has undertaken several studies into technology use with older people. 'Older People: Assistive Technology' was published in 2004 and can be accessed at <http://www.audit-commission.gov.uk/nationalstudies/health/socialcare/pages/default.aspx> . The Audit Commission and others in the UK have undertaken several studies in telecare due (in my opinion) to the strong contribution of a large telecare supplier. There are recognised benefits of telecare, but it is not a panacea and like many other forms of healthcare technology, may not be the most cost effective intervention.

Other evidence based studies have been done on Housing and Older People (Kings College, 2003) and the economic and social evidence for housing modification, improvements and other equipment (UK Office of Disability/University of Bristol).

To my knowledge the 'gold standard' of studies in this area was done in the USA by Professor Bill Mann and his colleagues and published in 1999 entitled 'Effectiveness of Assistive Technology and Environmental Interventions in Maintaining Independence and Reducing Home Care Costs for the Frail Elderly.' This randomised controlled trial stands almost alone in assistive technology research, and despite some enthusiasm to repeat it or studies like it in Australia, there are virtually no avenues to fund such studies in the assistive technology/community care sector.

I am also aware of a pilot program in South Australia that identified a vast unmet need for communication devices for people of all ages to facilitate their active participation in the community, enhanced management of their healthcare, and reduced burden on carers. A comprehensive report was prepared on the 'Statewide Complex Communication Needs Project' that showed even in this area, significant benefits can be achieved with modest, well targeted intervention.

Links to these and other studies of relevance are available on the Tech4Life website at <http://www.tech4life.com.au/publications.html>

Finally I would urge the Commission to recognise that while there is much evidence for the substantial value (economic and social) of effectively used assistive technology, it is currently poorly applied in Australia. Many state schemes to provide such equipment focus on bulk procurement and standard issue items. Such approaches are similar to the UK approach to wheelchair provision in the 1980s (since abandoned) that offered a single model, heavy metal manual wheelchair – in limited sizes. It was clear that the service was about making users fit the technology on offer, not about facilitating effective mobility for each individual.

Proactive engagement with older people through community based services to empower them in identifying aspects that they need assistance with, and then finding the optimum solution

would seem the most cost effective and timely way to proceed. It would also encourage greater focus on users of this technology as consumers, who not only have functional limitations, but also have aesthetic tastes, a range of daily routines, roles and pastimes, but also potential buying power.

I expect the Baby Boomer generation will demand enhanced access to assistive technology that complements their home, lifestyle and needs, rather than jarring or at times creating a barrier. This demand, with appropriate government support for Australian research and development in the sector, would spur the revitalisation of our Australian assistive technology industry and help it match developments in Europe, Japan and North America.

I would be happy to respond to further questions of the Commission relating to technology and older Australians, and I look forward to your interim report.

Yours sincerely,

Dr Lloyd Walker.