



We all agree that older people should be adequately cared for. I feel that the aged care system at the moment is not working and I am concerned that it will be overwhelmed as the baby boomers reach old age. The proposed reform by the Productivity Commission Inquiry into Caring for Older Australians is urgently needed. I would like to identify some issues that should be considered for the Commission's final report due in June 2011.

Older people prefer to remain in their own homes for as long as possible. It is more likely that community aged care will experience an increase in demand in the future. Since the 1980s aged care policy makers have been pushing for Community Care Options for older people. With the introduction of the 'community options' programs, the principle behind this was one of consumer choice. The directive was to provide support for those older people who choose to stay at home and to provide services and support that suit their needs.

In theory this policy sounded good but in practice it has not worked. People feel frustrated, confused and angry about the current provision of aged care community option packages and how they work.

People are frustrated that they do not know what funds are available to meet their needs. They are frustrated at the time taken to implement a care plan and for the start of service provision - this may take as long as 6 months in some cases. Frustration is also felt with the lack of flexibility – a 96 year old lady has to wait at home all day because the service provider cannot commit to a specific time of arrival of the agency carer who is to assist her shower.

People are confused about how the service package is allocated to individuals and what service is available from that package.

People are angry about the administrative costs that can account for a high proportion of the available funding – up to 50% they say.

As older people prefer to use community options and stay at home for as long as possible, we need to find the best way to access the provision of aged community care services. Consumer Directed Care (CDC) should be introduced as a service delivery option for aged and community care as a means of providing quality aged care.

CDC is both a philosophy and an orientation to a service delivery option where consumers are allowed to choose the services they get. This includes a spectrum of options that extends from consumer participation in the planning and delivery of agency services to budget holdings by the service provider for the use by the consumer.

I support Aged & Community Services Australia (ACSA) Guiding Principles for CDC in aged and community care:

1. Access and choice is a right of all consumers and CDC is an important option for older people and their families.
2. CDC model development must take into account the importance of a viable and sustainable aged and community care service system which provides easy access for frail older people.
3. The emphasis of CDC is on the choice and control consumers have over the services and the government funding for which they are eligible.
4. CDC can be managed and administered in a variety of ways. The different approaches need further exploration.
5. Consumers should be supported in their decision-making through the provision of capacity building programs (including information and education) and the presence of appropriate safeguards.
6. A person's funding should be based on an objective assessment of their support needs, with capacity for individual self-assessment to be part of the process.
7. The services of an advisor/manager/support broker should be available to the consumer if required.
8. Government, industry and consumer partnership is required to lead the ongoing development of CDC.
9. Government involvement is essential to determine resource allocation models, the parameters of choice and an entitlement system.
10. CDC must not be seen solely as a cost saving measure for governments.

Glenn Rees, the CEO of Alzheimer's Australia, in his delivery on CDC in October 2010¹ reported international studies on CDC that have shown:

- Program participants and their family carer's have better outcomes related to quality of life, independence and satisfaction of care than those who rely on home care agencies.
- Quality of care is at least as good in CDC programs as it is in traditional programs.
- There is no evidence of systemic abuse or neglect of participants as a consequence of CDC.

CDC has already been introduced into Australia; it has been embraced by the disability services, and proves to be a viable option. The same option should be introduced for aged and community care.

The reason that I am interested in the outcome of the Productivity Commission is I work the aged care sector as an independent care provider. I own and run a business which is modelled an American model of care provision services for older people in the community. It is referred to as the Geriatric Care Management System.

Geriatric Care Management (also known as "Elder Care Management", "Senior Health Care Management" and "Professional Care Management") is the process of planning and coordinating the care of the elderly and/or disabled to improve their quality of life and to maintain their independence for as long as possible. Health care and psychological care are integrated with the best possible combination of services such as: housing, home care services, socialization programs, financial and legal planning. A care plan tailored for each individual's circumstances is prepared after a comprehensive assessment. The care plan is modified when necessary based on the professional geriatric care manager's monitoring of the effectiveness of the components of the care plan.

Professional geriatric care managers accomplish this by combining a working knowledge of health and psychology, human development, family dynamics, public and private resources and funding sources while advocating for their clients throughout the continuum of care.

¹ Glenn Rees, CEO Alzheimer's Australia, Presentation on Consumer Directed Care to Aged Care Services, 28 October 2008

http://www.alzheimers.org.au/common/files/NAT/20101028_Nat_SP_ReesConsumerDirectCare.pdf

In the USA, Professional Geriatric Care Managers are degreed, licensed and certified specialists who assist seniors and/or disabled individuals and their families in meeting their long term care needs. Most Professional Geriatric Care Managers have training in gerontology, social work and nursing and/or counseling. Professional Geriatric Care Managers have extensive knowledge about the costs, quality and availability of services in their communities. By evaluating an individual's level of functioning, health, emotional state, finances etc, a Professional Geriatric Care Manager helps to identify problems and offers timely, practical and cost effective solutions.

The role of Geriatric Care Managers in an Australia CDC system for aged and community care would be as manager/advisor or broker between the consumer and the CDC program services. The implementation of each of the required services must respect the client's and families desires regarding services and providers. Care Managers use formal and informal services – these include home health agencies, volunteers, friends and neighbours. The Care Manager will arrange the services and coordinate them.

Care Management fees are billed privately on a fee-for-service basis at the moment and they are not covered by Medicare or by most health insurance policies. If Geriatric Care Management is to be a viable option in provision of services for older Australians, the government would have to include Geriatric Care Managers as service providers within the CDC program and thus allow the aged community access to them.

Given the fact that there are persons who cannot afford private Geriatric Care Management, it is projected that the government will be forced to integrate a system such as Geriatric Care Management into a funded system of care. Can the government deny a service needed by all but affordable to only a few?

For successful implementation of reforms there has to be a better networking system and delivery of information; a separation of accommodation and care package so that consumers have genuine choice in the mix of community and residential aged care that is appropriate to their needs. In particular the Commission's recommendation to abolish redundant existing care packages, and instead creating an Australian Seniors Gateway Agency to assess people for care services which would be provided flexibly according to the assessed need.

The implementation of the Australian Senior Gateway Agency is a good start. Hopefully, its introduction will be expedited earlier than the two year time-frame. This reform is urgently needed as a central depot for dealing with assessment, referral and regulation. The Senior's Gateway Agency should include private and community options as well as a combination of the two. Geriatric Care Managers should be included in the list of service providers recommended by the Seniors Gateway Agency.

There are still many issues that need to be addressed in how the implementation of CDC is going to be managed. This is beyond my scope of knowledge and will be a challenge that bureaucrats and politician will have to face. They will need to develop a system of flexibility to consumers and service providers so they can exercise choice to access quality care.



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