Response Submission to Productivity Commission Caring for Older Australians Draft Report 2011

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Introduction

Case Management is "a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes" (Case Management Society of Australia, 2004).

Case Management should be considered as the framework to which care and system planning is undertaken!

Context of Response

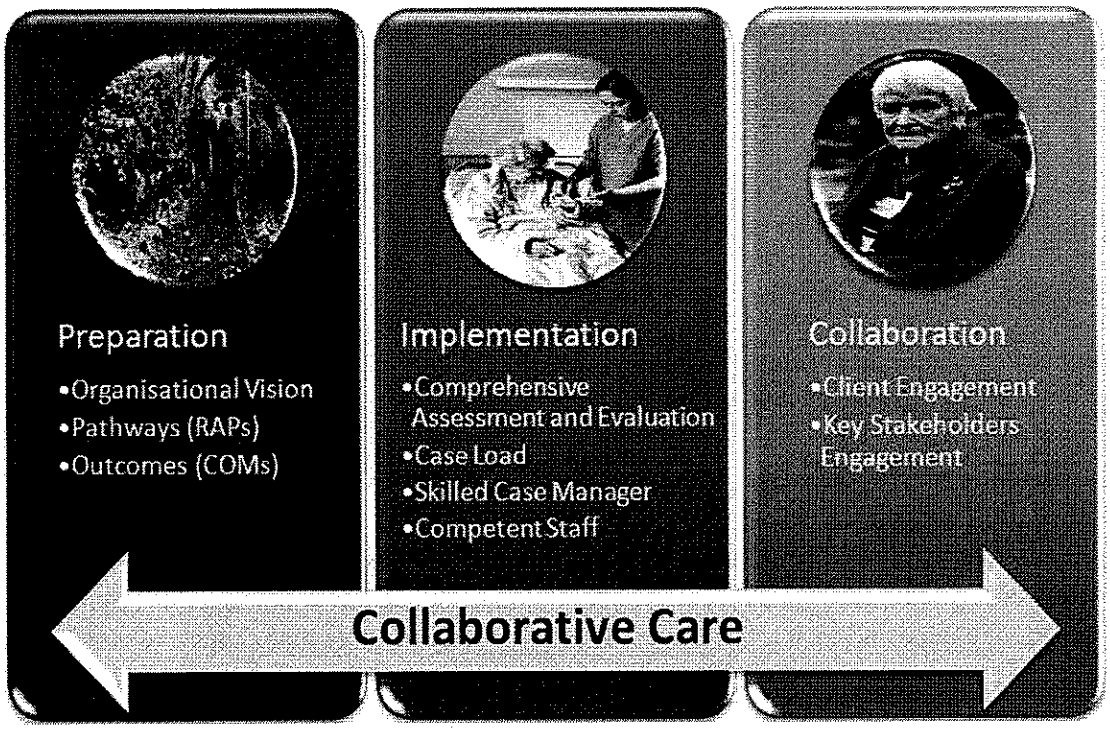
I am actively committed to case management, along with work developing certification of the case manager role. There are a number of references throughout this document about case management and care coordination. I would strongly encourage you to consider using a common terminology of case management. Internationally there are similarities amongst these terms however, the trend has been to provide 'case management' as the consistent term.

Case management as a concept is already strongly embedded into both community and disability sectors and is making slow inroads into its utilisation and strength in residential aged care. Case management has many advantages: A thematic synthesis of case management studies has enabled a clearer presentation of the advantages of case management. Notably most of these studies represent the greater healthcare sector, rather than case management in community and residential aged care. The conclusion to this analysis identified that case management outcomes are overall advantageous: 64% of studies reported a reduction in hospital admissions (Franklin et al., 1987, Gagnon et al., 1999, Kim and Soeken, 2005, Lim et al., 2003, Marshall et al., 1998, Elkan et al., 2001, Georing and Stylianos, 1988, Lichtenberg et al., 2008, Smith and Newton, 2007, Bernabei et al., 1998, Bjorkman and Hansson, 2007, Bond et al., 1988, Borland et al., 1989, Bush et al., 1990, Dincin, 1990, Fitzgerald et al., 1994, Holloway and Carson, 1998, Hutt et al., 2004); half reported reduction in mortality (Elkan et al., 2001, Zimmer et al., 1990, Bernabei et al., 1998, Fitzgerald et al., 1994); hospital length of stay was reduced in 71% of studies (Franklin et al., 1987, Gagnon et al., 1999, Kim and Soeken, 2005, Lim et al., 2003, Lichtenberg et al., 2008, Smith and Newton, 2007, Bernabei et al., 1998, Bjorkman and Hansson, 2007, Dincin, 1990, Fitzgerald et al., 1994, Holloway and Carson, 1998, Hutt et al., 2004, Leung et al., 2004, Rubin, 1992, Sadowski et al., 2009, Ziguras and Stuart, 2000, Zimmer et al., 1990, Tosun and Akbayrak, 2006, White et al., 2005, Blegen et al., 1995, Marshall et al., 1995, Terra, 2007) ; severity of clients' condition was reduced in 88% of cases (Bernabei et al., 1998, Bjorkman and Hansson, 2007, Chan et al., 2000, Ferguson and Weinberger, 1998, Marshall et al., 1995, Smith and Newton, 2007, Ziguras and Stuart, 2000, Fisher et al., 1988); and presentation to emergency departments was reduced in more than 60% of studies (Bernabei et al., 1998, Goering et al., 1988, Bush et al., 1990, Fitzgerald et al., 1994, Gagnon et al., 1999, Sadowski et al., 2009). All studies investigating re-hospitalisation rates (Fitzgerald et al., 1994, Schraeder et al., 2008), hospital costs (Aliotta, 1995, Borland et al., 1989, Leung et al., 2004, Spooner and Yockey, 1997, Zimmer et al., 1990), direct care hours (Zimmer et al., 1990), residential aged care facility admissions (Zimmer et al., 1990, Elkan et al., 2001) and symptom presentation (Singh, 2005,

Bjorkman and Hansson, 2007), reported reductions. Of the few studies reporting quality of care aims (Aliotta, 1995, Blegen et al., 1995, Singh, 2005, Terra, 2007), client contact (Chan et al., 2000, Fitzgerald et al., 1994, Gagnon et al., 1999, Holloway and Carson, 1998, Marshall et al., 1995, Zimmer et al., 1990) and provision of counselling services (Zimmer et al., 1990, Yau et al., 2005, Chan et al., 2000), all had positive outcomes. Medication compliance was a significant outcome for many case management models, resulting in an increased compliance of 80% in these studies (Bush et al., 1990, Chan et al., 2000, Howgego et al., 2003, Spooner and Yockey, 1997, Bond et al., 1988). Improved functional status (Bernabei et al., 1998, Bjorkman and Hansson, 2007, Fitzgerald et al., 1994, Goering et al., 1988, Hutt et al., 2004, Lim et al., 2003, Sadowski et al., 2009, Terra, 2007), role performance (Bjorkman and Hansson, 2007, Chan et al., 2000, de la Rosa et al., 2009) and social engagement (Aliotta, 1995, Bjorkman and Hansson, 2007, Blegen et al., 1995, Chan et al., 2000, Goering et al., 1988, Howgego et al., 2003, Huber et al., 2003, Marshall et al., 1998, Oshima et al., 2004, de la Rosa et al., 2009, Smith and Newton, 2007, Ziguras and Stuart, 2000) were reported in 75% of studies, while quality of life indicators were overall more positive (55%) (Bjorkman and Hansson, 2007, Dincin, 1990, Lim et al., 2003, Oshima et al., 2004, Rife et al., 1991, Franklin et al., 1987, Bond et al., 1988, Singh, 2005, Holloway and Carson, 1998, Marshall et al., 1995, Sadowski et al., 2009). Client satisfaction improved in 78% of studies(Aliotta, 1995, Holloway and Carson, 1998, Oshima et al., 2004, Singh, 2005, Terra, 2007, Tosun and Akbayrak, 2006, Ziguras and Stuart, 2000), while the remaining studies reported no change in expected outcomes (Gagnon et al., 1999, Rife et al., 1991, Zimmer et al., 1990), possibly indicative of the instruments utilised. Overall, three quarters of studies reported positive outcomes for the implementation of case management, while only 10% reported negative findings.

I would further support many of the recommendations made in the Productivity Commission Draft Report (2011). However, whilst there is much consideration for the funding structure, I would recommend that the **future framework for caring for older Australians should be CASE MANAGEMENT**. Case Management involves assessment and evaluation, service coordination, point of contact (either as a single or team case manager), emergency response (including respite), key stakeholder collaboration (including carers and health professionals), skill development, client pathways and benchmarking data to monitor outcomes. All of these elements have been considered in the Productivity Commissions recommendations in one way or another. One model that has been proposed as suitable for Australian aged care is the Collaborative Care Case Management Model (Figure 1) by Brooke (Brooke, 2011).

Figure 1: Collaborative Care Case Management Model



Response to Draft Recommendations

The following responses to the draft recommendations will be made in order to highlight the synergies between the Draft Report concepts and that of case management. I would suggest that case management will form a pivotal platform for the future of the aged care system .

A Framework for Assessing Aged Care

Case management should be considered as an overarching framework for assessment and system implementation.

Recommendation 4.1: Guide to future policy change

The foundations of case management align to the broad aims identified in the Draft Report; namely:

- Promoting independence
- Access to individualised care
- Client is actively engaged in their care
- Treat clients with dignity and respect
- Systems should be easy to navigate
- Involving key stakeholders in care (including informal carers)
- Be affordable

Where incentives are used, I would support outcome focused and transparent systems whereby these are benchmarked and strategically evaluated.

Paying for Aged Care

Recommendation 1.1: Policy for major cost components of aged care

Nil recommendations for amendments

Recommendation 1.2: Accommodation and living expenses, health service subsidy and individual contribution

Service providers /Seniors Gateway Agency should be audited on its case management practices and capabilities. The Case Management Society of Australia has standards of practice that I would see as suitable for all these bodies. It is this process to which I would be more than capable to provide advice and guidelines.

Recommendation 1.3: Remove regulatory restrictions on bed/package numbers and high/low care beds

Nil recommendations for amendments

Recommendation 1.4: Remove regulatory restrictions on accommodation payments

Nil recommendations for amendments

Recommendation 1.5: Sufficient provision of residential accommodation for those with limited financial means

I support the need to provide mechanisms for those with limited financial means to receive care, as active advocacy is pivotal to case management philosophy.

Recommendation 1.6: Establish an Australian Pensioners Bond Scheme

Nil recommendations for amendments

Recommendation 1.7: Government contribution to reflect basic standard of residential accommodation

Nil recommendations for amendments

Recommendation 1.8: Discontinue extra-service bed licences

Nil recommendations for amendments

Recommendation 1.9: Set prescribed client contributions and comprehensive means testing to determine contribution through Gateway,

Nil recommendations for amendments

Recommendation 1.10: Set up a lifetime stop-loss limit

Nil recommendations for amendments

Recommendation 1.11: Transparent schedule of care service prices and indexation

Nil recommendations for amendments

Options for Broadening the Funding Base

Recommendation 7.1: Government-backed Aged Care Equity Release Scheme

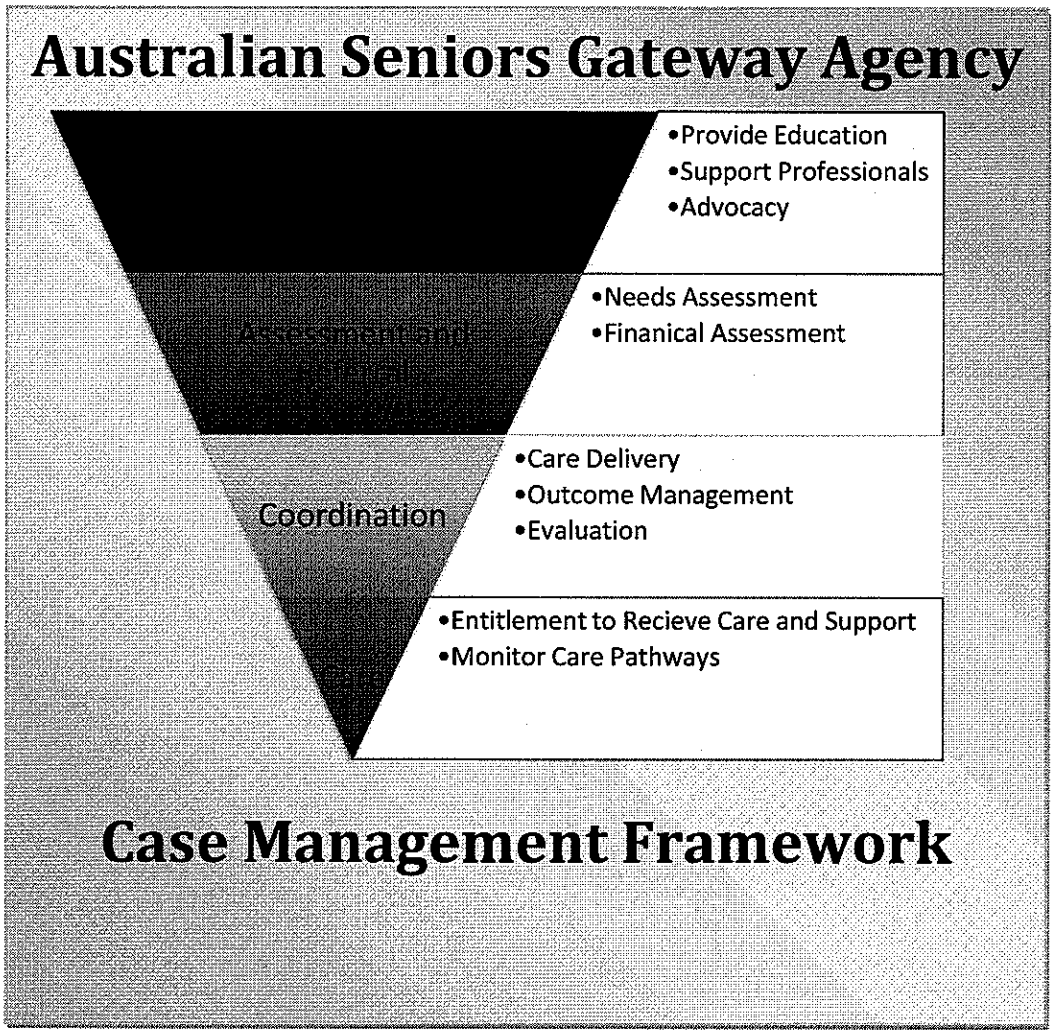
Nil recommendations for amendments

Care and Support

Recommendation 8.1: Establish an Australian Seniors Gateway Agency

The Australian Seniors Gateway Agency should be developed based on a case management framework such that case coordination, service delivery management, assessment and education form components of case management. Whilst I would support this all of this population being case managed, those clients who are identified and assessed through this Agency should have a case manager allocated to them. It is within this allocation that a variety of intensity would result for the case manager, thereby having low to high intensity clients reburying low to high workloads which will need to be managed. I would propose a revision of Figure 2 in the Draft Report (Productivity Commission, 2011) to reflect a case management model such as that presented in Figure 2 of this document.

Figure 2: Australian Seniors Gateway Agency Case Management Framework



I would like to further comment on the need for those Professionals who are undertaking assessments through the gateway process should be certified Case Managers with adequate and relevant tertiary qualifications. These staff must have comprehensive assessment skills with case reasonable case load (number of clients they are responsible for) and these assessments should not be performed over the phone. There is a lot of data that is gathered during a face to face interview and consultation with carers involved in the clients day to day care.

Recommendation 8.2: Single system for care provision to combine HACC, community packages and residential services. Expand advocacy services.
Additional funding in the building block approach should be considered to include funding for case management approaches. This would embrace an individual, collaborative and outcome focused approach that has systemic effect on improving the organisational capabilities.

Recommendation 8.3: Providers receive appropriate palliative and end of life case mix payments
Case mix and care pathways for palliative care and end of life processes needs to be based on evidenced based practices that is both reasonable and has a method to which education is embedded.

Recommendation 8.4: Detailed consideration for any future blocking of funding programs
Nil recommendations for amendments

Recommendation 8.5: Promote expanded use of in-reach services to residential aged care and development of multidisciplinary teams
The utilisation of multidisciplinary teams or more current terminology of interprofessional approaches is core to both The Case Management Society of Australia and the Collaborative Care Case Management Model. Case management strongly believes in the role of interprofessional collaboration and the need to support such a process with adequate resourcing, communication mechanisms and infrastructure to improve its efficiencies despite the inevitable workforce issues that are inherent in rural and remote communities.

Catering for Diversity – Caring for Special Needs Groups

Recommendation 9.1: Gateway Agency should cater for diversity (access to information and assessment, interpreter services, culturally appropriate assessment tools)
Nil recommendations for amendments

Recommendation 9.2: Regulation Commission to set transparent set of prices of care services (inc. interpreter services and staff training in cultural awareness)
Nil recommendations for amendments

Recommendation 9.3: Remote and Indigenous aged care services need to be actively supported (building, quality, training, funding models) before remedial intervention
Nil recommendations for amendments

Age-Friendly Housing and Retirement Villages

Recommendation 10.1: Coordinated and integrated national policy approach on maintenance and modification of homes
Nil recommendations for amendments

Recommendation 10.2: Develop design standards for housing modification
Nil recommendations for amendments

Recommendation 10.3: Strategic policy for ensuring sufficient housing to meet need
Nil recommendations for amendments

Recommendation 10.4: Retirement Villages should remain with state and territory governments and not aligned with aged care regulation
Nil recommendations for amendments

Recommendation 10.5: Purse nationally consistent retirement village legislation
Nil recommendations for amendments

Delivering Care to the Aged Care – Workforce Issues

Recommendation 11.1: Assess capacity of informal carers to provide ongoing support (carer education, training, respite, counselling and support). Carer Support Centres should be developed from existing National Carelink and respite centres.
Whilst The Case Management Society of Australia actively supports this, it maintains that this component of the framework too should be developed in a case management model in order to adequately assess, prioritise, manage and support the needs of informal carers. Case management further embraces a pathways strategy for reviewing care needs and promoting support, education and independence for this cohort.

Recommendation 11.2: Assessment of care prices needs to consider need for competitive wages
Nil recommendations for amendments

Recommendation 11.3: Promote skill development (inc Nurse Practitioners, management courses)
Further education should be encouraged to promote skill development in case management. This can be achieved through existing structures (VETAB and tertiary institutions). Case management itself promotes professional development through improved skill proficiency, enhanced education

and management capabilities as well as in the specific skills of case management (including leadership).

Recommendation 11.4: Promote expansion of teaching aged care services
Nil recommendations for amendments

Recommendation 11.5: Assessment of care prices needs to consider costs associated with volunteering
As a not for profit body with volunteer board membership, I too support this recommendation.

Regulation – the Future Direction

Recommendation 12.1: Establish Australian Aged Care Regulation Commission (Department of Health and Ageing cease regulatory authority except policy development (quality standards and advice). Establish Aged Care Standards and Accreditation Agency under Commission. Establish office for complaints handling and review under the Commission. Appoint 3 full time commissioners.
Nil recommendations for amendments

Recommendation 12.2: Commissions Commissioner for complaints and review to determine complaints, assess, undertake early resolution and conciliation, investigate, refer and undertake communication, stakeholders management and outreach. Abolish Office of Aged Care Commissioner. Commission and Gateway Agency appeals to be heard by Administrative Appeals Tribunal (Aged Care Division)
The process of complaints management needs to be contextualised under a case management framework, whereby there is accountability and ownership of problems, there is a comprehensive consultation and collaboration process; outcomes evaluation and an upskilling and learning program developed strategically into the system development. This cannot be undertaken in isolation, nor as a separate process to accreditation and quality management. Whilst it is commendable that this report holds complaints review as a significant component of this change process, so too does the implementation need to consider the philosophy of complaints to improve rather than just condemn and find fault.

Recommendation 12.3: Council of Australian Governments should agree to publish quality assessment results. Community Care Standards to be consistent with residential aged care.
Community aged care has previously experienced the many benefits of case management as a model of care. I would suggest that case management should be rolled into all aspects of this review of aged care; including residential aged care, Seniors Gateway Agency, Carers Support Centres, Aged care compliance legislation and complaints handling/

Recommendation 12.4: Commission to ensure penalties exist proportional to the severity of non-compliance
Nil recommendations for amendments

Recommendation 12.5: Prior to implementation of the commissions model of aged care, all governments should agree to reforms to aged care services delivered under HACC (principal funder and regulator).
Nil recommendations for amendments

Recommendation 12.6: Introduce a streamlined reporting mechanism for aged care providers.
Under a case management model, outcome management is critical and needs to be benchmarked, including structured accountability and evaluative mechanisms.

Recommendation 12.7: Amend residential aged care prudential standards to allow providers to disclose on request rather than automatically.
Nil recommendations for amendments

Recommendation 12.8: Amend missing client reporting requirements to allow longer reporting to Department whilst promptly pursuing police services
Nil recommendations for amendments

Recommendation 12.9: Remove onerous duplication and inconsistent regulations (eg- disease outbreaks, OH&S, food safety, nursing scope of practice, power of attorney, guardianship and advanced care planning)
Nil recommendations for amendments

Aged Care Policy Research and Evaluation

Recommendation 13.1: Encourage policy and research (set up data repository and coordinate, set up protocols, set up databases and promote research findings)
Research into case management should be a priority.

Reform Implementation

Recommendation 14.1: Announce a timetable for changes and impact, consult and integrate feedback, grandfather current users, sequence reforms carefully and establish an Aged Care Implementation Taskforce
Nil recommendations for amendments

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