

## Resourcing Aged Care

2018

### 1. Overarching principles

- 1.1 Australia's ageing population will require an increasing amount of medical support due to an increase in the prevalence of chronic, complex medical disorders.
- 1.2 The aged care system must be adequately resourced so older people are able to access the same level and quality of medical care as other people.
- 1.3 Care for older people in the appropriate environment is a basic human right. The consequences of care in an inappropriate environment have implications for the wider healthcare system, including avoidable hospitalisations and excessive health costs.
- 1.4 Older people should have the same choice of medical care as the rest of the population, including choice in medical practitioner.

### 2. Context

- 2.1 Medical practitioner-led teams are a key part of the aged care workforce.
- 2.2 Aged care medical services are delivered by medical practitioners (and their team) with a wide range of specialties, such as:
  - a) General Practitioners, as the patients' primary carer.
  - b) Geriatricians, psycho-geriatricians, and other specialists.
- 2.3 Medical practitioner-led teams provide medical care for older people in a diverse range of settings, including; the patients' home, in the community, in a hospital, at the medical practitioner's practice, or in a Residential Aged Care Facility (RACF).
- 2.4 Medical practitioners have a responsibility to advocate for their patients' care needs, including to ensure there are adequate resources available to receive appropriate care.
- 2.5 The AMA recognises that RACFs are sometimes used to care for younger people with a range of illnesses and conditions. The AMA does not believe RACFs are the most appropriate environment for younger people, and calls for additional funding and resources to address this suboptimal arrangement.

### 3. A suitable funding model

- 3.1 The principles underpinning a suitable model are that it:
  - a) Provides universal access for every Australian to the basic standard of aged care services according to their needs, regardless of their ability to pay;
  - b) Provides certainty to aged care providers, and is sustainable for future generations.
- 3.2 Improved home and community care support is vital to reducing the increasing need for people to access costly acute care and RACFs.
- 3.3 Funding packages for home support should reflect demand and ensure timely access to care so people can remain in their home for as long as is appropriate.
- 3.4 When people are no longer able to live independently within the community due to health and social reasons, it is essential that they can access affordable and appropriately resourced RACFs.
- 3.5 The purpose of RACFs is to provide accommodation and care that cannot otherwise be provided in the conventional community setting.
- 3.6 Mental health care needs of older people are a priority and require specialist attention and funding.

- 3.7 There should be no service gap during a person's transition from National Disability Insurance Scheme (NDIS)-funded services to aged care-funded services.

#### 4. Resourcing aged care governance

- 4.1 The aged care system should be adequately resourced to produce a clear governance hierarchy that can be understood by all aged care providers and consumers.
- 4.2 The aged care system should be led by an overarching, independent body, such as an Aged Care Commission.
- 4.3 Role of the Aged Care Commission:
- a) Oversee the aged care regulatory bodies and make recommendations to the Government on how to improve the aged care system based on their work.
  - b) Works with the aged care industry to ensure an adequate supply of appropriate, well trained staff to meet the demand of holistic care to a diverse ageing population.
  - c) Centralise information-sharing between all aged care regulatory bodies, hospitals, state, territory and federal governments, Primary Health Networks, advocacy services, and aged care services to identify where the system is not operating efficiently, or where the current model is failing to address health issues, which can lead to higher costs.
  - d) Regularly assess the resources allocated for the health of older people by federal, territory, and state governments, in consultation with older people and their representatives, as well as with health care professionals, carers, and other providers of aged care.
  - e) Make recommendations to the Federal Government and the aged care sector to ensure the level of investment in the sector enables an appropriate level and quality of services and infrastructure to meet the needs of an ageing population. This includes:
    - i. Funding needed to meet the demand and appropriate mix of aged care services, including RACFs and home care packages, and
    - ii. Upgrading facilities to the standard the community expects, while also complying with the standards required for the provision of contemporary medical care.
  - f) Includes a medical practitioner in an advisory role who aims to improve clinical care and clinical governance in aged care, such as through education and training.
- 4.4 There should be an independent body (for example, an Aged Care Ombudsman) for relevant parties to report and appropriately address concerns regarding aged care.

#### 5. Improving access to medical practitioners

- 5.1 Medicare to support an ageing population
- a) The MBS should appropriately value the delivery of care to all people.
  - b) There is a disconnect between all MBS rebates and the true cost of providing a service, including providing a service to older people at home or in RACFs.
  - c) MBS funding for aged care medical services must be substantially increased to reflect the complexity of care and the significant amount of additional, but clinically relevant, non-face-to-face time with the patient that goes into overseeing their care.
  - d) In addition to case conferencing, there should be specific MBS items that compensate GPs and other medical specialists for the time that they spend with the patient's family and carers to plan and manage the patient's care and treatment.
- 5.2 There should be MBS items incorporating telehealth (as with referred specialist consultations), secure messaging and other remote forms of communication for GP consultations to significantly enhance access to GPs and improve the efficiency in the delivery of medical care.
- 5.3 Improved models to facilitate medical care
- a) The AMA supports continuity of care and believes that patients benefit the most from a life-long relationship with a usual GP. However, the AMA recognises that this may not always be possible as some patients move outside of the usual GP's area of practice.

- b) The AMA supports research into improved funding and workforce models regarding medical care for older people.
- c) However, the following must be guaranteed:
  - i. Models must be financially viable for all RACFs or service providers and medical practitioners.
  - ii. Patient choice in GP is maintained. If patients choose to keep their usual GP, they are still supported by their RACF or service provider to arrange consultations with their usual GP.
  - iii. There must be protections in place to ensure RACFs or service providers cannot influence the GPs' duty of care to their patients for financial or commercial gain.
  - iv. A practice should still be able to choose a care model that allows them to maximise their ability to visit patients.
- d) Improved models of care should not be a substitute for improving inadequate MBS rebates.
- e) Funding models need to recognise the important leadership role GP-led teams can play in providing advice on how to improve overall health outcomes beyond direct clinical needs. For example, advice on policy procedures, clinical governance, and an appropriately resourced care environment.

## 6. Resourcing appropriate aged care staff

6.1 No matter the location, there should be an appropriate level of well-trained staff to deliver quality personal and health care services to cater for older peoples' physical, functional and psychosocial needs.

### 6.2 Sufficient numbers of registered nurses

- a) Sufficient numbers of registered nurses are required to monitor, assess and adequately care for older people, and to liaise with medical practitioners.
- b) Accreditation Standards need to specify a minimum acceptable staff ratio between registered nurses and older people in RACFs.
- c) RACFs require appropriate numbers of qualified nursing staff to ensure older peoples' health is properly assessed and monitored, and older people requiring attention from a medical practitioner are quickly identified.
- d) Registered nurses should be available 24 hours a day in RACFs to ensure older peoples' medical needs are adequately met, including that medicines are administered when appropriate. This is critical to avoid unnecessary hospital transfers.
- e) Sufficient numbers of registered nurses are required in home and community care settings.
- f) Good nursing care under this model can reduce the number of avoidable attendances by medical practitioners and unnecessary hospital transfers.

### 6.3 The Role of Nurse Practitioners in aged care

- a) The AMA supports appropriate expansion of the role of nurses within a team-based model of care. However, all health care provided to older people must be coordinated by a medical practitioner familiar with the patient, who provides continuity of, and takes ultimate responsibility for, that care.
- b) The role of nurses should complement the work of a medical practitioner, and not used as a substitute for the higher quality of care that medical practitioners are trained to provide.
- c) Nurse practitioners can only provide care within their scope of practice. Older people require access to medical practitioners to provide comprehensive medical care.
- d) Nurse practitioners should only be supported under a medical practitioner-led structure.

### 6.4 Education and training in aged care

- a) Offering appropriate and accredited medical training places in RACFs would educate the next generation of doctors about caring for older people as part of routine medical practice and improve the quality of care in settings other than a teaching hospital.
- b) Personal care attendants should have a mandatory minimum qualification in aged care to ensure staff are appropriately trained in dealing with issues that face older people. The

Government should work with the sector to develop, and provide funding for, such a qualification.

- c) The following fields should be included in aged care staff education and training to improve quality of care for older people:
  - i. Strategies for addressing common health issues that older people face.
  - ii. Strategies to prevent deterioration in health, such as exercise programs and providing adequate nutritious meals and hydration.
  - iii. Strategies to reduce distress in dementia patients.
  - iv. Intervention and management of elder abuse.
  - v. Engaging with Culturally and Linguistically Diverse (CALD) older people.
  - vi. Palliative care skills.
  - vii. Mental health skills.

## 7. Resourcing RACFs for better medical care

7.1 RACFs should facilitate access to particular resources to ensure medical practitioners can provide a quality medical service to their patients. This includes:

- a) Clinically-equipped and available doctor treatment rooms that enables patient privacy and an appropriate working environment.
- b) Provided all privacy measures are met, the ability to access patient files through a contemporary eHealth system that is interoperable with clinical software, My Aged Care, My Health Record, and RACF software to increase communication and efficiency.
- c) Access to the actual facility, through the use of swipe cards, access codes, and car parking facilities.
- d) Access to a nurse to carry out a reliable clinical handover.
- e) Facilitating access to mobile x-ray and ultrasound services, as well as medication reviews.
- f) Ensuring that older people have timely access to allied health professionals.

7.2 There should be a minimum Accreditation Standard that requires RACFs to supply the above resources.

## 8. Aged Care in Rural and Remote Settings

8.1 Delivering aged care in rural and remote settings presents a unique set of challenges compared to aged care in metropolitan areas.

8.2 The aged care system has transitioned to providing funding to the person, not the provider, which warrants consideration of the distribution of facilities in rural and remote areas.

8.3 Rural and remote aged care requires resources for the following:

- a) Recruitment and retainment of more medical practitioners to ensure safe working hours, and timely access to medical care.
- b) Recruitment and retainment of appropriately skilled full-time carers and nurses.
- c) Access to medical and allied health services.
- d) Implementing professional development and training opportunities to ensure local staff and medical practitioners are appropriately trained.
- e) Providing locum relief so staff and medical practitioners can take leave, or travel for professional development.
- f) Providing infrastructure and transport in remote communities so older people do not have to travel large distances to receive appropriate care.
- g) Invest in ways to support older people living at home for longer, such as visiting and telehealth services, assistive technologies, as well as reliable internet access.

8.4 Investing in aged care rural and remote health services will reduce the dependence on costly district hospitals to provide respite care.

**9. Resourcing aged care for people with diverse backgrounds**

- 9.1 Older people from CALD and Aboriginal and Torres Strait Islander (ATSI) backgrounds often require culturally appropriate aged care providers and services that recognise and respond to their ethno-specific needs.
- 9.2 Aged care policies, programs and services should be inclusive of, and appropriate to, the ethno-specific, religious/spiritual and cultural needs of people from CALD and ATSI backgrounds. For people from CALD and ATSI backgrounds, understanding and catering to cultural considerations such as food, language and customs is particularly important in delivering care services.
- 9.3 Interpreter and translation services must be available for people from CALD and ATSI backgrounds to ensure they are informed and able to navigate all aspects of the aged care system.
- 9.4 ATSI people living in regional, rural and remote Australia experience particular challenges in accessing culturally and linguistically appropriate aged care services and supports.
- 9.5 On-going investment of programs such as the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) is essential in supporting the growth and development of aged care services for Indigenous Australians.
- 9.6 Governments should continue to recognise the need to provide specific LGBTQI aged care services and resources, however on-going investments in specific workforce training, sector collaborations, and 'diversity within diversity' policies are needed to ensure LGBTQI aged care services meet the unique needs of older people and carers.

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