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Aged care and health services: Looking to the future

9.1 The Committee received a range of suggestions for putting aged care and health services on a better footing for the longer term. Three overarching matters are seen as critical to addressing these issues, together with related funding issues:

- increased focus on research to gain a better understanding ageing and the care of the aged;
- a workforce more attuned to the needs of older people and more appropriately skilled to provide services for people as they age; and
- better integration of services to provide person centred care: genuine cooperation between the states, territories and the Australian Government, breaking down traditional program and funding barriers, and collaboration and team work by health professionals.

Research to better understand ageing and care of the aged

> There is an urgent need for more research to underpin planning and action for the ageing population. Ageing is a complex biological, psychological, and social phenomenon. Research into ageing must necessarily be transdisciplinary, focusing on a variety of biological, clinical and social

> perspectives for greater understanding of issues limiting health in older age and effective means to intervene.[1]

9.2 This need for ageing research was a common theme in evidence to the Committee. There is growing recognition that the processes of ageing are poorly understood and that a better understanding is urgently needed if aged care and health services are to more effectively support older Australians now and in the future.

9.3 Areas identified for health and age care research were comprehensive and wide-ranging, underlining concerns that it is no longer appropriate to assume that the outcomes of research designed for other age groups can be assumed to be valid for older people. Areas for research included: increased knowledge of the physical norms in older age groups, understanding of the mechanisms that enhance ageing in place, healthy ageing, the cultural dimensions of ageing, diagnosis, prevention and management of neurodegenerative diseases, vascular disease, geriatric nutrition, evidence to underpin clinical decision making, better understanding of how to empower older people and respect their individuality, older people's perceptions of their experiences and needs, geriatric pharmacology and adverse drug events, musculoskeletal health, support for carers including older carers looking after people with a disability, the potential for information and communication technology to support care services. [2]

9.4 Changes to funding arrangements and the level of funding available for ageing research were seen as essential to quickly building research capacity and a body of research knowledge.

9.5 Attention was drawn to the fact that by far the majority of NHMRC funding is awarded to biomedical research and that the peer assessment panels are largely drawn from biomedical researchers: only two experts represent geriatrics.

9.6 Professor McLean stated that arrangements for ageing research compare poorly with some overseas countries:

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1 Byles J, Hunter Medical Research Institute, sub 103, p 11.

2 Centre for Education and Research on Learning, sub 63, p 3; Byles J, Hunter Medical Research Institute, sub 103, p 7; Australian Physiotherapy Association, sub 118, p 19; Australian Association of Gerontology, sub 143, p 3; CSIRO, sub 35, pp 6-7; Council for Multicultural Australia, sub 74, p 2; COTA, sub 91, p 14; Alzheimer's Australia, sub 79, pp 7-8; Andrews G, University of South Australia, transcript 28/03/2003, p 355-6.

> Australian contributions [to ageing research] are limited by a small and ageing research work force, funding levels which are relatively trivial, funding award systems which are disorganised and unfocussed compared to the integrated systems in place in the USA, Britain, Scandinavia and the European Union. The US system is pre-eminent in terms of size and organisation with the National Institute on Ageing …[3]

9.7 At the same time, recent initiatives to increase the emphasis on ageing research and establish research priorities were acknowledged as a step in the right direction including: the work of the NHMRC's Strategic Research Development Committee; the Scoping Study on Ageing Research; the Building Ageing Research Capacity (BARC) initiative; and the move by the Australian research Council (ARC) to begin funding applied ageing research. [4]

9.8 The NHMRC noted that since 1997 it has funded over 100 age-related research projects, and that in 2002 an additional $23 million was provided for research into areas such as osteoporosis, arthritis, dementia, Alzheimer's disease and injury. [5]

9.9 The NHMRC also noted that in December 2002, the Prime Minister announced the Government's National Research Priorities including as a priority goal, *Ageing well, ageing productively* under the national priority, *Promoting and maintaining good health*. All Australian Government research and research funding bodies are expected to submit plans to the Government outlining how they propose to support the four priorities. No additional funding will be provided specifically for the National Research Priorities; rather they will be addressed through better coordination of effort.[6]

9.10 A suggestion was put to the Committee that Australia should develop a research infrastructure similar to the US National Institutes of Ageing. However, Professor Le Couteur stressed that Australia has a lot of good researchers and the important thing is to find a

3 McLean A, sub 95, p, 2.

4 Australasian Centre on Ageing, sub 108, pp 2, 4; Byles J, sub 103, pp 12-13; Australasian Centre on Ageing, sub 108, p 2.

5 Australasian Centre on Ageing, sub 108, p 2; Nair K, transcript, 3/07/2003, p 562; Le Couteur D, transcript 3/07/2003, p 599; Bartlett H, transcript 20/05/2003, p 498; NHMRC, sub 130, p 3.

6 NHMRC, sub 130, p 2; 'Research priorities for Australia's future prosperity', media release 5 December 2002, viewed 12 July 2004, <http://www.pm.gov.au/news/media_releases/2002/media_release2018.htm>.

mechanism to draw them into ageing research, possibly through establishing an NHMRC panel on ageing. Such a panel, together with emphasis on multi-disciplinary collaboration, was supported by the Australian Association of Gerontology because they considered it would be unlikely a model such as the US National Institutes of Ageing could be achieved, given Australia's much smaller population.[7]

9.11 The Committee notes that all 21 research agencies and funding bodies have completed their National Research Priorities implementation plans. Those with a major focus on *Ageing well, ageing productively* include, CSIRO, components of the Cooperative Research Centres programme, and the NHMRC. The Australian Institute of Family Studies and the Department of Veterans' Affairs have a lesser focus on *Ageing well, ageing productively.* For the first time, the ARC and the NHMRC will collaborate to jointly fund projects in the fields of medical research and new technologies. Working groups have been established to identify projects.[8]

9.12 In its implementation plan the NHMRC stated that in 2003 around $68 million in funding would be provided for 257 projects ($30.6 million) for research in *Healthy start to life*, 110 projects ($10million) for *Ageing well, ageing productively*, and 199 projects ($27.6 million) for *Preventive healthcare*. This comprises in the order of 23% of NHMRC's total expenditure. NHMRC anticipates that there will be an incremental increase in their funding for National Health Priorities in future rounds and that it would be 'reasonable to expect' that one third of total expenditure (around $105 million) could be directed to priority areas by the end of 2005. [9]

9.13 The NHMRC plans to establish Strategic Research Networks in each of the three health-related sub-priorities to accelerate the development of research capacity in these areas. The Strategic Research Networks are to be informed by the notion of the 'consensus conferences' developed by the US National Institutes of Health. The

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7 Centre for Education and Research on Ageing, sub 63, pp 4-5; Le Couteur D, transcript 3/07/2003, p 598-59. See also, Nair K, transcript 3/07/2003, p 562; Australian Association of Gerontology, sub 143, p 3.

8 Department of Education, Science and Training, 'National Research Priorities: Implementation', viewed 14/04/2004, <http://www.dest.gov.au/priorities/implementation.htm>; ARC, *Discovery,* Autumn 2004, p 2; NHMRC, *eNewsletter*, April 2004, p 3, viewed 14/07/2004, <http://www.health.gov.au/nhmrc/new.htm>

9 NHMRC, Implementation plan, pp, 5, 12, 13., viewed 14/07/2004, <http://www.dest.gov.au/priorities/implementation.htm>

networks will bring together research teams from across basic, clinical, population health, and health services research.[10]

9.14 The Committee concludes that all three sub-priorities, *Healthy Start to Life, Ageing well, ageing productively* and *Preventive Healthcare,* and the establishment of Strategic Research Networks have the potential to improve the urgent need for a better understanding of the processes of ageing and how to improve aged care and health services.

9.15 However, on the basis of NHMRC's 2003 funding across the sub-priorities, *Ageing well, ageing productively* is still the poor cousin. This imbalance should be actively addressed in future funding rounds as Strategic Research Networks focussing on this area are established

Conclusion 15

9.16 **The Committee concludes that the Australian Government actively monitors funding for National Health Priorities research to ensure that by the end of 2005, at least one third of the funding priority is directed to research related to Ageing well, and ageing productively.**

9.17 The Committee also concludes that gaining a better understanding of nutrition for people as they age, and for people who are already in their later years, is of critical importance. Immediate priority should be placed on this area of research by the NHMRC.

Conclusion 16

9.18 **The Committee concludes that, in the next funding round, the National Health and Medical Research Council should give priority to research aimed at gaining a better understanding of nutrition for people aged over 65 years.**

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10 NHMRC, Implementation plan, viewed 14/07/2004, <http://www.dest.gov.au/priorities/implementation.htm>.

A workforce attuned to the needs of older Australians

9.19 The Committee is concerned by evidence of the inadequacy of education and training to fit health and allied health professionals for working with an ageing population. These concerns relate both to the shortage of professionals with specific geriatrics education or training and to the minimal exposure undergraduates and post-graduates get to understanding and working with older people. Once in the field, many practitioners are exposed only to older people who are sick, disabled or in hospital. As this may not be balanced by exposure to the 'well old', stereotypical impressions that 'old' means 'sick' are reinforced. Nor does this situation encourage a focus on prevention rather than treatment.

9.20 Research considered by the Deans of Australian Schools of Nursing calls for changes in the curriculum for aged care nursing education and training. Provision by the Australian Government of aged care scholarships is also acting as an incentive for universities to provide more appropriate courses. The Committee appreciates that these initiatives will take some years to bring more appropriately qualified staff into aged care in significant numbers.

9.21 At the under-graduate level of medical education, there is still no core component relating to ageing. Some electives in geriatrics are available and in some clinical schools these are proving popular. At the graduate level, various universities offer masters degrees or graduate certificates but these more often attract people already working in the field than new graduates.

9.22 The Committee concludes that current arrangements are insufficient to ensure that health professionals are equipped to meet the demands of working with an ageing population. The Committee of Deans of Australian Medical Schools is best placed to take a leadership role in this matter. The Committee considers that the conference to consider a future vision for Australian medical education being organised by the Committee of Deans provides a timely forum to consider the implications of Australia's ageing population for curriculum development.

Conclusion 17

9.23 **The Committee concludes that the Department of Education, Science and Training should work with the Committee of Deans of Australian Medical Schools to increase the focus of the health of older people in the curriculum for under-graduate medical education.**

Working together

> The key to a robust, efficient and effective health system is improved integration of care services between acute, residential, transitional, mental health and home and community care sectors. … Strategies must be implemented to improve continuity of care across programs and to address any cost shifting, service fragmentation and jurisdictional duplication measures that impede quality care.[11]

> One of the major requirements for … holistic care is for health professionals to work together, rather than along side each other. The latter is the norm now.[12]

9.24 The Committee is concerned that a repeated theme in the above sections is fragmentation and lack of cooperation: across levels of government; between GPs and residential aged care homes; between hospitals and residential aged care homes; between community services; between professionals with what should be shared responsibility for the care of people as they age.

9.25 Fragmentation and lack of cooperation are claimed to results in frustration, inconvenience and costs to older people, service providers, and governments at all levels – and to jeopardise the healthy ageing of older people.[13]

9.26 Fragmentation and lack of cooperation may arise from policy and funding arrangements. Equally they may arise from historical professional practices. Mr Malone, of the Australian Physiotherapy Association, highlighted the difficulties of working in an area subject to split policy responsibilities and multiple funding arrangements:

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11 Catholic Health Australia, sub 94, p 9.

12 Nair B, sub 159, p 2.

13 Chamber of Commerce and Industry of WA, sub 70, p 7.

> … physiotherapy services often fall between the cracks of state and federally funded programs. The Commonwealth … would say that physiotherapy is a state responsibility, yet at the same time the Commonwealth has programs, like the enhanced primary care program and the More Allied Health Services Program, which in principle are terrific ideas that we support and which are trying to deliver a multidisciplinary service to people who have conditions that have been shown to respond well to multidisciplinary care.[14]

9.27 Evidence was also received about a lack of cooperation between care professionals and the people and communities they care for. The National Rural Health Alliance, for example, referred to providers who 'resist the efforts of community organisations' to recruit professionals themselves, 'presumably to maintain an effective monopoly' on services and income.[15]

14 Malone D, transcript 31/03/2003, p 332.

15 National Rural Health Alliance, sub 131, p 35.