

## **ISSUE**

- 1. Residents of residential aged care facilities are receiving inappropriate, ad hoc medical services.**
- 2. The benefits achieved against the cost of providing aged care specific proactive preventative care services to residents of residential aged care are not being considered by Government Funding policies.**

## **SOLUTION**

**An Aged Care Intervention that recognises the benefits involved in providing an aged care specific service and provides the appropriate funding of this strategy.**

**This submission argues that there should be a bipartisan policy agreement that embraces an Aged Care Health Intervention strategy for residents living in residential aged care that adopts the proactive preventative care model and provides the funds to support this policy change.**

## **Background**

General practitioners (GPs) have long been responsible for providing medical care to residents in aged care facilities.

The ageing of the population and changes in government policy have seen the number of residents and their level of frailty and clinical complexity increase significantly over the last decade, while the generalist GP- Practice based model responsible for delivering medical care to these residents has remained mostly unaltered.

In this context of increased demand, factors such as workforce shortage, high GP workloads and preferences for part-time work have seen the number of GPs supplying services to aged care residents steadily decreasing (Lewis & Pegram, 2002). A 2008 AMA survey recently highlighted the many administrative and

logistical difficulties faced by GPs in serving aged care, as well as a downward trend in the number of GPs expecting to maintain their aged care patient load.

This disconnect between clinical demand and supply has not only led to unnecessary levels of distress and morbidity being suffered by residents, but the ad-hoc and reactive nature of the General Practice service has inadvertently led to an increased acute hospital utilisation when care cannot be provided in a timely or appropriate manner.

Despite the substantial investment of community resources into aged care, very little research has been completed on the unique clinical challenges associated with aged care residents such as management of poly-pharmacy, chronic disease and physical disability and dementia (Flicker, 2002). Similarly, only minimal education and training opportunities exist for GPs wishing to expand their aged care practice.

### **Medical Care – Australian context**

In Australia we are fortunate to have a universal medical system that assures the right to accessible, appropriate and timely medical care.

However, with the recognised shortage of General Practitioners willing and able to provide services to the aged population residing in residential aged care it is becoming significantly apparent that this cohort are being denied their right to accessible, appropriate and timely medical care.

Even when residents of aged care facilities are able to obtain the services of a General Practitioner this service is mostly ad hoc, reactive and often too late to avoid an inevitable admission to an acute health facility. This is of no fault of current General Practitioner services that do their utmost to provide appropriate and timely medical care to their patients residing in residential aged care facilities. It is just their priorities lie with their General Practice surgeries: from a business perspective they cannot afford to provide home visits to their patients.

Even with the current Medicare Incentive payments to General Practitioners there has only been a small increase in appropriate and timely medical services to residents in aged care facilities.

### **Health Care as it should be for residents of aged care facilities...**

Medical care to residents in aged care facilities should be designed around a model that aims to promote wellness and provide health outcomes that maximise quality of life. Not only is this ethically and morally the correct thing to do it is suggested that it is the most efficient and cost effective model of care from a government funding perspective. Aged Care needs and deserves a government policy that embraces a Medical Intervention for residents of aged care facilities.

Using an 'auto - pilot' analogy a proactive, preventative approach to medical care in residential aged care demonstrates the benefits in improved outcomes for patients and a reduction in cost for government.

By constantly monitoring for changes in status, responding appropriately and often, then major variances will be avoided or minimized resulting in improved quality of life and a reduction in inappropriate costly admissions to acute health facilities.

The model below uses the auto – pilot analogy. Infrequent checking for course direction leads to large swings and significant effort to realign with the correct course: it takes longer to reach the destination and is more costly.

The same applies to residents in aged care. The ultimate decline in health is inevitable however as with the current model for providing medical services to residents the ad hoc intermittent review leads to costly acute admissions and a boomerang effect of readmission. The proposed aged care intervention of proactive preventative care will lead to improved quality of life by aiming to maintain levels of wellness with less frequent admissions to an acute health facility.

## Proactive, preventative approach

Figure A: Reduced frequency of checking heading increases deviation and reduces efficiency

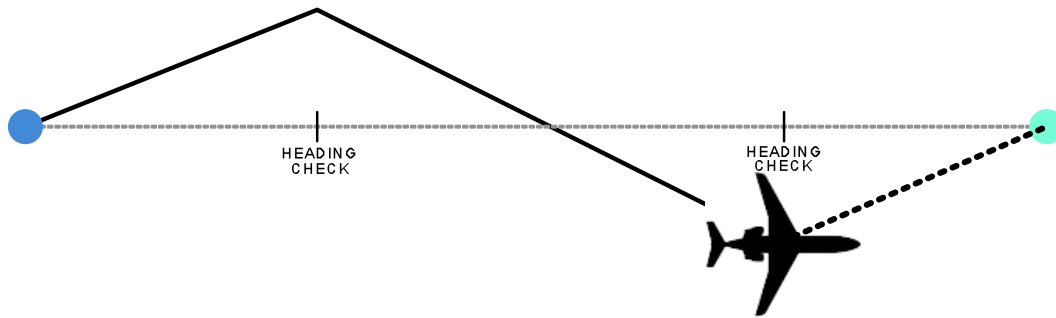


Figure B: Increased frequency of checking heading reduces deviation and optimises efficiency

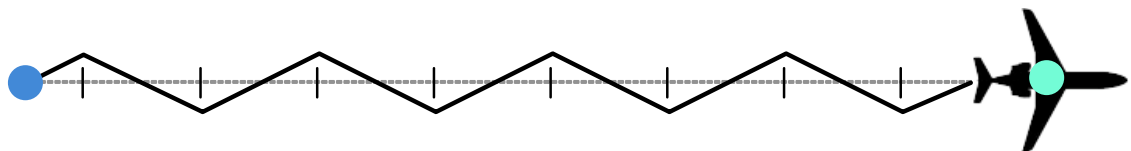


Figure C: Infrequent health checks lead to reduced wellness and increased acute admissions

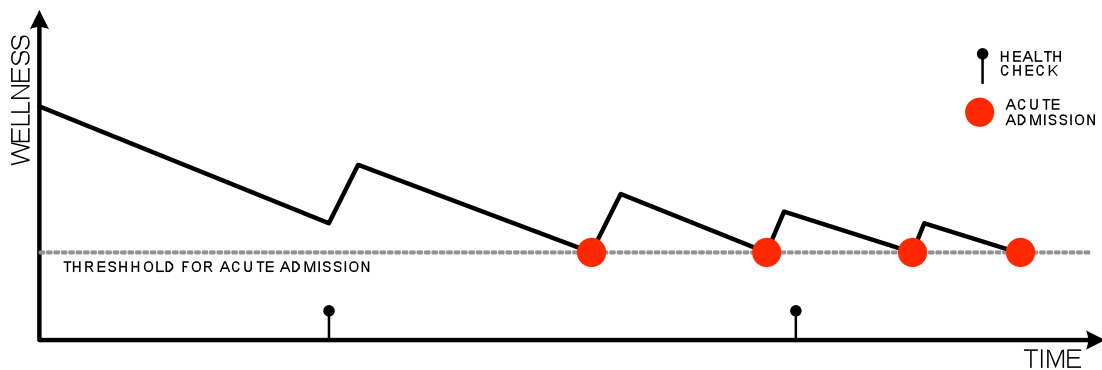
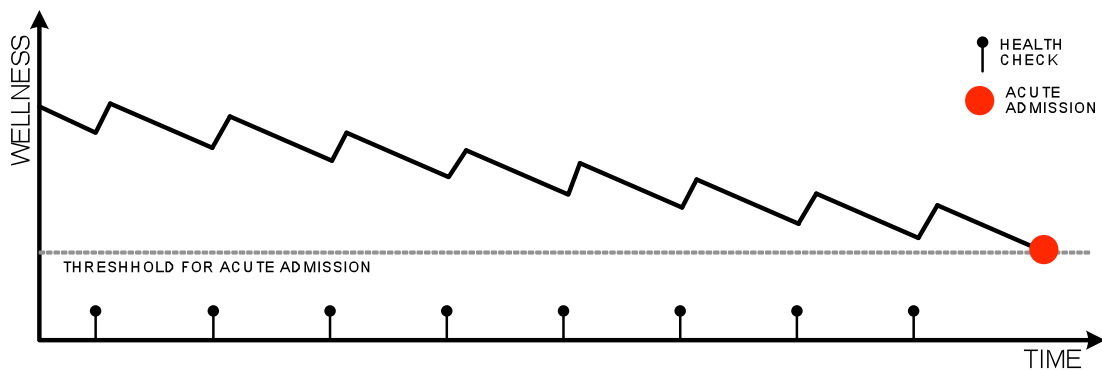


Figure D: Increased health check frequency optimises wellness and reduced acute admissions



Each acute admission is estimated to cost approximately \$20000.

## **An Aged Care Intervention Strategy**

This proposed model of proactive, preventative care attracts a service management cost. The ability to provide an aged care specific service model based on constantly monitoring for changes in status, responding appropriately and often, with major variances being avoided or minimized requires an additional administrative cost.

Employing General Practitioners dedicated to employment within the aged care sector generates an administrative cost that is not covered via the Medicare Benefits Schedule. Scheduling, monitoring quality standards and increased recruitment costs are some of the increased costs associated with this model of service provision. It is estimated that this additional cost would be approximately \$495 per resident per year. This cost compared to the cost of an acute admission and the improved health and quality of life outcomes is a small amount to pay.

The question is who should pay: the aged care resident, the aged care facility or Government? An additional dilemma is the current State/Commonwealth funding arrangement for medical services. The State's are responsible for funding acute medical facilities whereas the Commonwealth is responsible for residential aged care funding. The Commonwealth funds the Medicare Benefits Scheme.

There is an understanding in Australia that Government will provide universal health care to all citizens. It is also understood that health care will be accessible, timely and appropriate.

This submission argues that there should be a bipartisan policy agreement that embraces an Aged Care Health Intervention strategy for residents living in residential aged care that adopts the proactive preventative care model and provides the funds to support this policy change.

**HealthCube Pty Ltd**

**HealthCube is a privately held Australian company providing high quality clinical services to the aged care sector. Using teams of carefully selected and trained clinicians, supported by robust quality management systems and secure, robust information technology, HealthCube ensures that the most appropriate care is delivered to the right people, where and when they require it.**

**HealthCube was born in Canberra by two doctors who saw an opportunity to improve the quality of care provided by general practitioners serving the aged care sector.**