AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

19 October 2015

Our ref: 151019-DSMD-RA

By email: STRC@dss.gov.au

Re: New Aged Care Short-Term Restorative Care Programme Consultation

Thank you for the opportunity to comment on the New Aged Care Short-Term Restorative Care Programme. We have provided comment below for your consideration.

The APA welcomes Government's efforts to help reverse and/or slow functional decline in older people, and to improve wellbeing so they can remain living in, or return to, their homes.

We support the programme's aim to deliver an early intervention, multi-disciplinary, flexible and coordinated package of services that is goal-oriented and therapy-focussed, and we are pleased that care will be available to people who do not require hospital admission.

We also support the proposal that care will be delivered according to a care plan that articulates the consumer's needs and goals, and which allows consumers more power to influence the design and delivery of the services they receive.

The discussion paper provides two options for providing consumer access to the programme and a further two options for selecting providers of care. We strongly believe that physiotherapy should be available to whole community and that providers should work within existing quality frameworks and safeguards. In accordance with this belief, but notwithstanding our comments below, the APA supports:

Consumer access:

> *OPTION TWO In addition to those people eligible under option one, people who are currently receiving Commonwealth subsidised home care, including through a multi-purpose service*

Providers of care:

> *OPTION TWO: Approved provider of flexible care must also be a provider of either residential care and/or home care*

In response to this consultation paper, we provide the following comments:

- In addition to the programme's goal to reverse and/or slow functional decline in older people with the aim of improving wellbeing, the stated goal should also be: 'to reduce the impact of possible functional decline.' We believe this will capture the management of functional decline.

- We are glad to see programme numbers will continue to increase in line with population growth, but we are concerned the provision will not be sufficient to meet current or future needs, particularly considering our growing ageing population and the increasing level of frailty in residential care.

- Any registration process for providers of physiotherapy services must take registration with the Australian Health Practitioners Regulation Agency (AHPRA) into consideration. While safeguarding the interests of older people, a registration process must not place an unnecessary burden on health practitioners, nor restrict peoples' access to their preferred choice of physiotherapist.

Victoria / National Office
Level 1, 1175 Toorak Road, Camberwell, VIC 3124 Australia
Postal Address
PO Box 437, Hawthorn BC, VIC 3122 Australia
p: (+61 3) 9092 0888
f: (+61 3) 9092 0899
e: info@physiotherapy.asn.au
www.physiotherapy.asn.au
ABN 89 004 265 150

- The programme should be able to respond quickly to changes in an individual's capacity, functional mobility, physical and / or emotional health, cognitive status and any other changes. Rapid responses will maximise the programme's effectiveness and ensure the most favourable outcomes for consumers.

- The programme should provide for variety in accommodation settings. For many older Australians, their home may be some form of supported living or residential aged care. The definition of 'home' needs to be clarified, and should explicitly include residential and supported care facilities.

- The paper has provided a useful definition of functional decline. We believe 'wellbeing' should also be defined. For example, 'Active ageing' (WHO 2002) "…allows people to realise their potential for physical, social and mental well-being throughout the life course and to participate in society…"[1] We recommend that the DSS provide a definition of well-being in line with this approach.

- Co-ordinating care requires clarity about roles and responsibilities, and appropriately trained and skilled care co-ordinators, as well as creating sufficient capacity with resources and infrastructure. We would like more detail on how care will be co-ordinated and how capacity will be developed – for example, by training ACATs and staff working in community environments and through ICT infrastructure – to provide care according to the model.

- Reporting and monitoring will form an important method of measuring the effectiveness and value for money of the programme for government and consumers. To support better outcomes, the APA proposes the use of standardised outcome measures to evaluate and demonstrate clinical effectiveness, for example the Generic Patient Specific Scale or Barthel's Index.

  However, some flexibility with outcome measures would support clinical reasoning to decide on the most appropriate measure/s for the individual. Sufficient resources, which may include ICT and training, must be in place to support effective measurement of outcomes and meet any other reporting requirements.

- The proposed limit of up to eight weeks (56 days) per episode of care service is sufficient to provide early intervention services as intended under this programme. We note that care will not be extended beyond 56 days. We would like clarification what would happen, for example, if an unexpected illness occurs within 56 days.

  It will also be important to ensure people are appropriately discharged when they reach their goals, and service providers should plan for services to taper off over the care period to ensure dependency on a service or service provider does not develop.

- The consultation paper proposes the Commonwealth will pay flexible care subsidy to short-term restorative care providers in respect of each care recipient (approximately $190 per day). We are concerned that the $190/day contribution is capped or may not be sufficient to cover necessary costs, especially in regional and rural areas where greater travel costs may be incurred, or for clients who need more than one discipline per day.

  This consumer may require high intensity, multiple services, for example from physiotherapists and occupational therapists, or two staff members for manual handling. We believe that the subsidy should provide for reasonable and necessary care to achieve the consumer's needs and goals in accordance with the plan.

[1] Active Ageing A Policy Framework p12 WHO 2002 (http://apps.who.int/iris/bitstream/10665/67215/1/WHO_NMH_NPH_02.8.pdf)

In systems where resources are 'rationed' these resources should be targeted to greatest need and potential outcome. We would like to know what criteria will be used to select beneficiaries of the programme under these circumstances.

- While we support Access Option 2 (above), we are concerned about leave arrangements. Some people, for example with dementia, may find change particularly difficult and distressing. We believe it is essential to maintain continuity of care, particularly in such circumstances. We strongly advise that mechanisms should be developed to ensure that the programme provides for continuity of care when appropriate to the needs of the consumer.

We welcome efforts to encourage, support and enable improvements in safe and quality healthcare, and look forward to further opportunities to contribute to these reforms.

If you have any queries or wish to discuss this submission further, please contact Richard Attwood, Senior Policy Advisor, richard.attwood@physiotherapy.asn.au (03 9092 0840)

Yours faithfully,

Marcus Dripps
President