



My Aged Care Evaluation: Stage Two Wave Two Peak Bodies Market Research – Written Response Form

You have been nominated by your organisation as its contact for research currently being conducted on behalf of the Department of Health and Healthdirect Australia, about the ongoing implementation and effectiveness of the My Aged Care Gateway. This work is being undertaken by research agency AMR.

AMR has been contracted to conduct a range of interviews with several different stakeholder groups, including those representing providers, consumers and health professionals.

The purpose of the research is to provide a broad, representative picture of perceptions of My Aged Care across the sector as a whole. This is one of many opportunities for the sector to share their views and provide feedback on the system. The Department of Health will continue to consult with stakeholders and welcomes ongoing feedback from aged care peak bodies such as yours.

This project is defined as market research, and is conducted under a code of practice of the Australian Market and Social Research Society. As such, all of your comments will be kept confidential, and will not be included in any report in such a way that will allow you to be identified.

Please type as much or as little into each box below as you would like. There is no word or character limit, and each question is non-mandatory.

When you have completed the form, please save it and email it to agedcaresurvey@amrsydney.com.au with the subject line My Aged Care Evaluation Response.

ORGANISATION AND MEMBERSHIP

1. To assist our understanding of your organisation’s involvement in the aged care system, could you provide a brief overview of the role of your organisation and its membership in the sector?

The Dietitians Association of Australia (DAA) is the leading organisation for nutrition professionals and peak body for dietitians in Australia with 6400 members. DAA is responsible for the Accredited Practising Dietitian (APD) program which is the basis for self-regulation of the profession.

200 APDs nominate aged care as their workplace setting but many more provide services to older Australians in various settings, including private practice, public and private hospitals, food service, community health services. An indication of the importance of this area is that approximately 20% of members subscribe to the DAA Rehabilitation and Aged Care Interest Group.

As an organisation DAA considers it important that older Australians who are well and living at home have the information and support they need to eat well to maintain their health and wellbeing. DAA advocates for better access to dietetic services and nutrition products to maintain well older Australians living at home, and greater investment in food and nutrition systems for frail older Australians receiving at home or in residential aged care. Frail older Australians living are susceptible to various nutrition risks, most notably risk of malnutrition (undernutrition) and poor hydration. The prevalence of malnutrition in the community for older people in Australia is estimated at 8 -11% and up to 38% are at risk of malnutrition. For residential care Australian studies report 22 – 50% malnutrition.

MY AGED CARE – PERCEPTIONS AND PERFORMANCE

We’d like to understand how peak organisations operating in the aged care sector view the implementation and performance of My Aged Care. We’re also interested in the feedback you are receiving from your membership with regard to My Aged Care.

2. Since the implementation of the My Aged Care gateway in July 2015, to what extent has yours, or your member organisations’, experience with the aged care system changed overall? Have you seen any improvements or decline in performance in that time?

DAA supports the intent of the aged care reforms. Prior to My Aged Care it was very difficult to navigate the aged care system and the prevalence of malnutrition in residential care and in the community was too high. Nevertheless, at a local level, many services and referral pathways were working well to support older people. However, implementation of My Aged Care has disrupted systems which worked well, and is yet to deliver benefits intended by the reforms.

A specific example is the National Screening and Assessment Form (NSAF). Ideally application of the form in a well-designed system by well trained staff would have the potential to connect older people with services to meet their needs, and to identify people at risk of harm earlier so that early interventions can be put in place to support wellbeing and reablement. In practice however the NSAF is not used consistently and has been found to be very time consuming. New systems have presented barriers not enablers to service connection.

3. What impact have the changes to the system had on your organisation or on the organisations you represent? Has your workload changed? To what extent?

DAA is committed to improving aged care systems to enable older Australians to live good lives, particularly through better access to dietetic services, and food and nutrition products. As a consequence of this commitment the workload for the organisation has increased and remained elevated as aged care reforms have continued. The organisation has invested in membership and attendance at National Aged Care Alliance meetings (requiring staff time, and funding for accommodation, travel and Alliance membership costs), staff time in preparing submissions, attending consultations, volunteering on advisory/reference groups, recruiting members to attend consultations, and updating members on changes. This is challenging because we are also committed to advocacy in disability, mental health, and other areas in which change is occurring.

4. How have the changes impacted on the delivery of information, assessment and referral to services?

See attached Word document summarising experiences of APDs with My Aged Care. (DAA My Aged Care themed feedback)

5. Have you received any feedback from organisations involved in service delivery to particular cohorts, for example, rural and remote providers; CALD or Indigenous providers about particular barriers or challenges they have experienced in using My Aged Care?

No comment

6. In your view, what are the main challenges faced by your membership in using My Aged Care? How could these areas be improved?

Challenges

- the My Aged Care system is a one size fits all, without flexibility
- inadequate training of RAS and ACAT staff who may have little experience in the aged care sector, and/or knowledge of nutrition in older people and the role of APDs in improving the wellbeing of older people. The NSAF has the potential to identify nutrition problems but requires staff using it to integrate responses to ensure appropriate referral and interventions are implemented.
- Lack of access to the portal and lack of access to the full NSAF
- Incomplete NSAF
- Inability to track referrals

Improvements

- More comprehensive initial and ongoing training of RAS and ACAT staff, including training in use of the NSAF to identify nutrition related issues and appropriate referral options.
- Introducing some flexibility e.g. in reviewing pathways for referral. If an allied health professional in hospital has requested that the consumer see an allied health practitioner in the community, there should be a short-cut to this rather than requirement for further assessment.

- Improve accessibility to the portal and improve accessibility to the consumer NSAF.
- Introduce ways for referrers to track the outcome of a referral.

7. How have the challenges we have discussed changed/improved over the period My Aged Care has been in operation?

Problems we report are continuing. Information provided by the Department of Health at the February 2017 National Aged Care Alliance meeting indicated that from 1 October 31 to December 2015 73.5% of service referrals were rejected. For the same period in 2016 this had reduced to 60% of referrals being rejected but this is still unacceptably high. We have no information on the details of these rejections but it is consistent with anecdotal feedback from DAA members.

8. Are there any other aspects of the implementation or performance of My Aged Care you would like to raise?

DAA would like to see more opportunities for allied health to contribute to improvements in My Aged Care. Active involvement of allied health working in hospitals, transition care programs or the community would provide perspectives from practitioners who support older people. In our experience, allied health representation is limited and news of opportunities often arrive too late for peak bodies to recruit members who need time to reallocate private practice commitments or to obtain permission from their government employer to attend a consultation.

Thank you for providing this feedback. Please save this form and email it to agedcaresurvey@amrsydney.com.au with the subject line My Aged Care Evaluation Response.