



Aged & Community Services SA & NT Inc

National Health and Hospitals Reform Commission Interim Report – A Healthier Future for all Australians

The following are key points from the report that will impact on aged care

Aged Care:

2 objectives:

- **Meeting future demands for aged care**
 - **Enabling older people to have greater choice and more control over their care.**
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- Focus of aged care in the future should be on funding people and their needs rather than places.
 - If Commonwealth target ratio continues number of residential aged care places will have to increase by more than 50% by 2020, requiring increased capital funding
 - Current regulation & restrictions on places limits choice for older people, reduces competition, results in higher occupancy and so limits incentives for providers to be entrepreneurial and responsive to older people & families.
 - Propose lifting restriction on number of places while retaining control over number of people receiving subsidies at any one time through ACAT.
 - Propose changing the target ratio for provision to care recipients per 1000 people aged **85 or over**.
 - Under existing supply & regulation, support the view that accommodation bonds in high care should be restricted. However, consider bonds or alternative approaches if removing limits on places results in sufficient competition in supply & price.
 - Consolidate all aged care programs under Commonwealth Govt
 - Streamlined, consistent assessment for eligibility across all aged care programs (single assessment process)
 - More flexible range of care subsidies for people receiving community care packages, determined in way that is compatible with care subsidies for residential care.
 - Harmonise fees (excluding accommodation costs) for community and residential care.
 - People supported to receive care in the community should be given option to determine how resources allocated for their care and support are used. Changes will open up options for consumer-directed care.
 - Once alignment in place across community and residential care, older people should be given greater scope to choose between using their care subsidy for community or residential care.

- Aged care providers to make standardised information on service quality and quality of life publicly available on www.agedcareaustralia.gov.au to enable older people and their families to compare aged care providers.
- Strengthening access to specialist palliative care services across range of settings with special emphasis on people living in residential aged care facilities and people at home in community.
- Funding for national implementation of the Respecting Patient Choices program (advance care planning) across all residential aged care services.
- Funding for use by residential care providers to strike arrangements with primary care providers and geriatricians to provide visiting care to residents of aged care homes.
- Hospital discharge referral incentive scheme.
- All hospitals, residential aged care services and Comprehensive Primary Health Care Centres should be required to produce an annual public report on their quality improvement and research activities, including reporting on actions arising from investigation of adverse events.
- Person-controlled electronic personal health records to be accessed – with person's agreement – by all health professionals across all settings.

Health:

- Universal entitlement to be overlaid with targeting of health services to ensure that disadvantaged groups have best opportunity for improved health outcomes.
- Commonwealth have responsibility for all primary health care policy and funding.
- Establishment of Comprehensive Primary Health Care Centres in most local communities which have established arrangements with local home and community care providers and enter into arrangements with local residential aged care facilities to provide visiting on-call medical services to residents.
- Increase access to sub-acute services (rehab, geriatric evaluation & management transition care).
- Establishment of National Aboriginal and Torres Strait Islander Health Authority to purchase services specifically for Aboriginal and Torres Strait islander Australians and their families from accredited providers. (modelled on approach taken by DVA)
- In order to deal with disadvantage, disadvantage needs to be factored into the funding formula for remote and rural areas.- funding based on adjusted average per-capita primary health spending.
- Expansion of multipurpose services programs to towns with catchment populations of approx 12,000.
- Improved tele-health & telemedicine, patient travel and assistance scheme better funded and higher proportion for new undergraduate and postgraduate places across all health professionals disciplines allocated to remote and rural regional centres.