



Safe, Seamless & Secure:

Creating Synergy Between Aged Care & Health Care

The challenges and opportunities for aged care service providers

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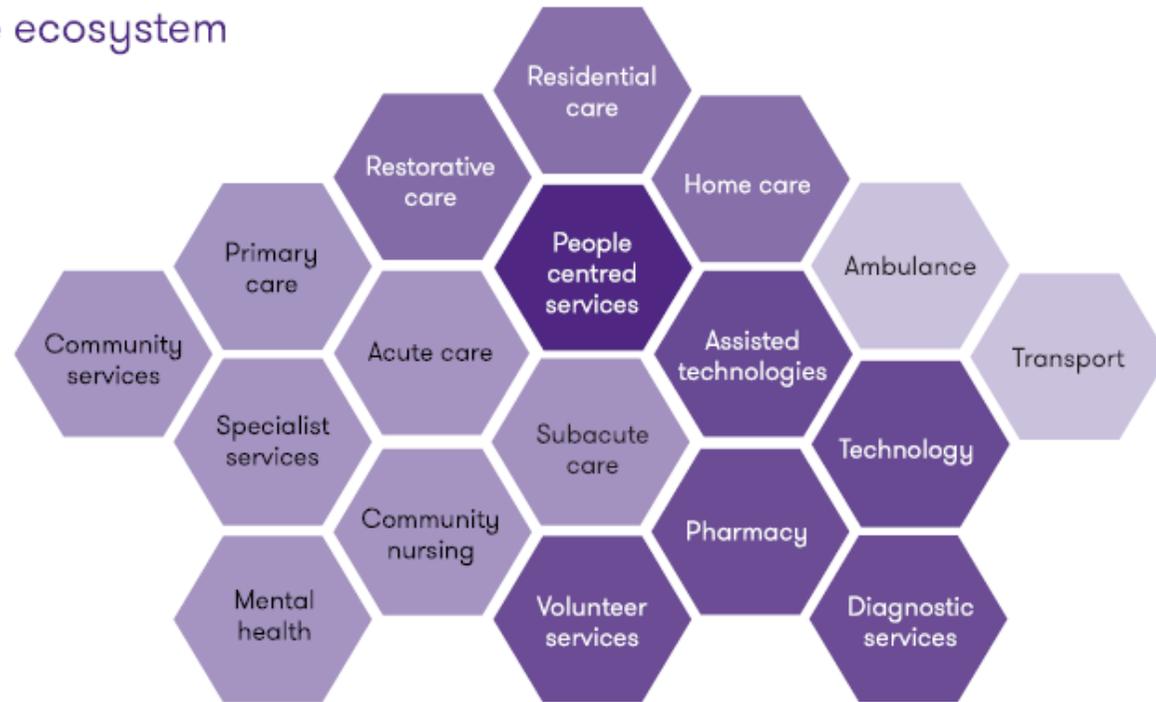
The Aged Care Ecosystem

- an illustration of complexity

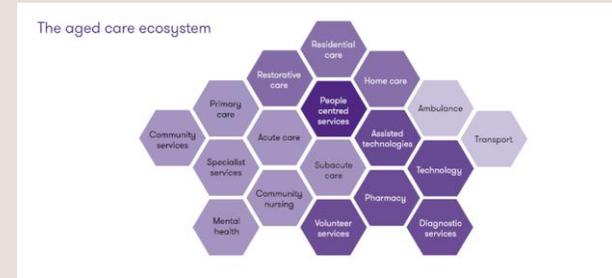


The aged care ecosystem

The aged care ecosystem



So what ...



- Its complex
- There are lots of moving parts
- Accountabilities and responsibilities sometimes conflict
- Solutions aren't true or false, they are better or worse
- There is no "silver bullet"
- Many actions can create a benefit for some and disbenefits for others
- Symptoms can be seen clearly, however causes are hard to define and analyse
- Often the way problems are framed define the chosen solution
- Stakeholders have very different views of how to solve problems depending on their perspective and the benefit / disbenefits they will receive

All in all, this is a wicked problem to have... and it gets more complex...

Solutions ?

- ✓ Carve out ALL aged care services into a single accountability and jurisdiction for all parts of the ecosystem
- ✓ Create procurement pathways so that allow for intersecting services to be formally acknowledged and delivers account ability between the parts
- ✓ Develop a performance framework that hols ALL parts of the system accountable to community expectations and to each other
- ✓ Do nothing ...

It is not likely that there is a silver bullet and a hybrid model will result in improvements to the current system... however is this what the community expects and we, as drivers of the system want ?

Language - It matters



Language matters - are there any nursing homes in aged care ?

41 3 Meaning of residential care

- (1) Residential care is personal care or **nursing** care, or both personal care and **nursing** care, that:
 - (a) is provided to a person in a residential facility in which the person is also provided with accommodation that includes:
 - (i) appropriate staffing to meet the **nursing** and personal care needs of the person; and
 - (ii) meals and cleaning services; and
 - (iii) furnishings, furniture and equipment for the provision of that care and accommodation; and
 - (b) meets any other requirements specified in the Subsidy Principles.
- (2) However, residential care does not include any of the following:
 - (a) care provided to a person in the person's private home;
 - (b) care provided in a hospital or in a psychiatric facility;
 - (c) care provided in a facility that primarily provides care to people who are not frail and aged;
 - (d) care that is specified in the Subsidy Principles not to be residential care.

Aged Care Act 1997, No. 112, 1997. Compilation No. 73. Compilation date: 15 May 2020. Includes amendments up to: Act No. 41, 2020. Registered: 25 May 2020.

No... and nursing is only mentioned three times...

Mentions of nursing homes...

- ✓ National Health Act 1953 9 times
- ✓ Nursing Homes and Hostels Legislation Amendment Act 1986 Repealed 10 Dec 2015
- ✓ A New Tax System (Goods and Services Tax) Act 1999. (Vol 1&2) Nil

So why ...

The Prime Minister spoke to Sky News this morning, saying that the government “considered restricting visitation to aged care facilities,” with advice expected to be given to the national cabinet tomorrow.

“People can expect to see a fairly significant restriction on visitation to people *in nursing homes*,” he said.

“Now I understand, I went through this with my own family over the summer, when you have elderly relatives who are *in nursing homes* you obviously want to see them, it may be the last time you do get to see them, and that was certainly the case in my family’s experience.” Scott Morrison, Skynews 16 March 2020

Strict isolation protocols have been implemented at the home but Dr Chant expects the number of coronavirus cases linked to the facility to rise. She reiterated aged care workers needed to take particular care because COVID-19 was extremely infectious in institutional settings such as *nursing homes*. Dr Kerry Chant, PSM, Deputy Secretary, Population and Public Health and Chief Health Officer, NSW. AAP, 18 April 2020.

National Health Act 1953. No. 95, 1953. Compilation No. 133. Compilation date: 1 January 2020. Includes amendments up to: Act No. 121, 2019. Registered: 31 January 2020.

A New Tax System (Goods and Services Tax) Act 1999.No. 55, 1999. Compilation No. 82 Compilation date: 1 April 2020. Includes amendments up to: Act No. 18, 2020. Registered: 23 April 2020.

Advanced care directives

Advance care directive

An advance care directive is an important part of your end-of-life care. An advance care directive formalises your advance care plan. The directive can contain all your needs, values and preferences for your future care and details of a substitute decision-maker. *Department of Health 2020.*

Advance care planning is the process of planning for your current and future health care. It involves talking about your values, beliefs and preferences with your loved ones and doctors. This helps them make decisions about your care when you can't.

Ideally these conversations start when you are well and then continue throughout your life.



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downloaded from
the NSW Health website www.health.nsw.gov.au
August 2019
[NSW Advanced Care Directive Booklet](#)

What is an ACD's role in end of life

- Do we read it when we are dealing with live resuscitation situations ?
- Has COVID changed an ACD's role ?
- What would you do in a COVID outbreak?

Solutions ?

- ✓ Harmonisation of aged care language across all parts of the system
- ✓ Increased education of leaders and workers interacting with the aged care system so they understand aged care is not acute, subacute or hospital care.
- ✓ Making sure everyone understand their roles responsibilities and accountabilities within the ecosystem.
- ✓ Ensuring workers understand advanced care directives, who has them and how they are to be used.
- ✓ Do nothing ...

This is hard and it will take time, however without some effort and some change across all intersecting services we will not advance the understanding of aging and age services in Australia, nor meet increasing community expectations

COVID - Seriously accelerating change



Telehealth..



Telehealth in residential aged care improving access and keeping residents out of hospital

A video consult using the Healthdirect platform. Photo: Healthdirect

By Western NSW Primary Health Network

Michelle Squire, Project Officer Aged Care Programs

20 Nov 2019

A program providing video consults between GPs and residents in aged care has improved access to health services and helped keep residents out of hospital. Western NSW Primary Health Network (WNSW PHN) participated in a nation-wide **Better Health Care Connections trial** funded by the Department of Health to pilot the feasibility of GPs providing video consultations to residents of participating residential aged care facilities (RACFs) in Broken Hill. The pilot, which ended in June 2017, made notable improvements in RACFs' access to primary health care services, facilitated GP involvement in multidisciplinary care of residents and provided multidisciplinary care coordination to RACF residents that included allied health and specialist services. During this pilot there was a significant reduction in hospital transfers from RACFs in Broken Hill.

From September 2017, WNSW PHN and the NSW Rural Doctors Network partnered to fund the Telehealth in Residential Aged Care Facilities Program (TRAC), which provides RACFs with access to GP-led video consultation telehealth services both during and after hours using the Healthdirect platform. TRAC video consultation can be completed on any device; for example, a PC, laptop, smartphone, iPad or a tablet that has a camera, microphone and speakers. The providers require a Provider Login ID to login to their Virtual Clinic using the Healthdirect Video Call platform along with a reliable internet connection.

The current TRAC Program provides GP video consultations into six aged care facilities; two in Dubbo, three in Broken Hill and one in Wentworth. The six facilities have a total of 395 beds. There are five practices actively involved in this program, two in Broken Hill and two in Dubbo and one in Mildura. A Practice in Merbein has recently been engaged in the Program and will complete consults into Wentworth, taking the number of General Practices to six.

Current COVID Telehealth

COVID-19 National Health Plan – Primary Care Package – MBS Telehealth Services and Increased Practice Incentive Payments

A fact sheet about the Australian Government's response to the COVID-19 outbreak. This fact sheet is about temporary Medicare Benefits Schedule items to allow doctors, nurses and mental health professionals to deliver services via telehealth. March 2020.

Questions

Does it work?

Why has it taken this long to get traction?

Why is it temporary ?

How can we leverage what we have learnt in the future?

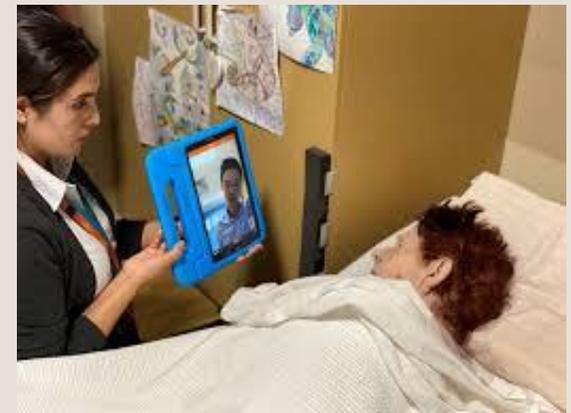
Monitoring chronic disease



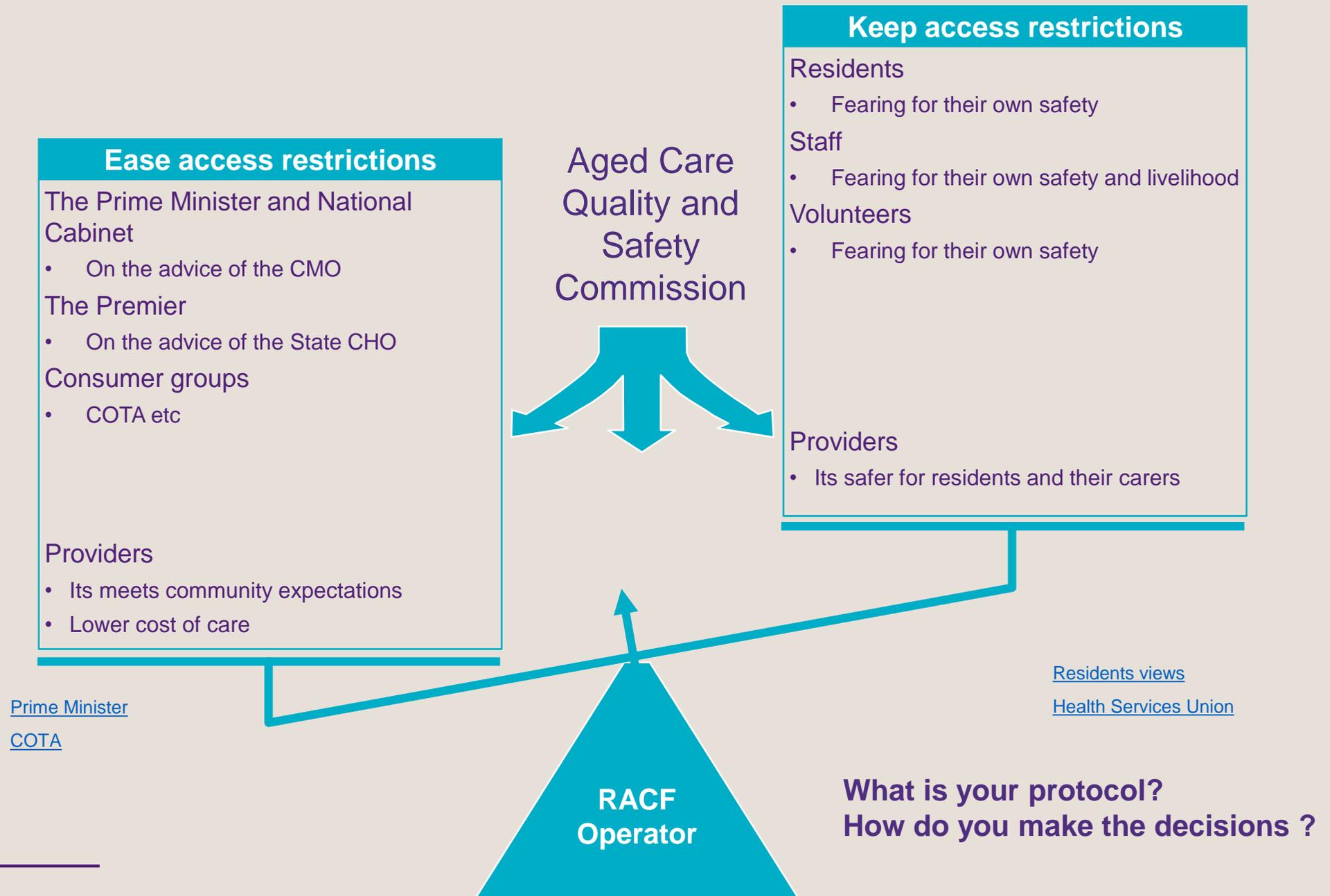
Supporting residential care services



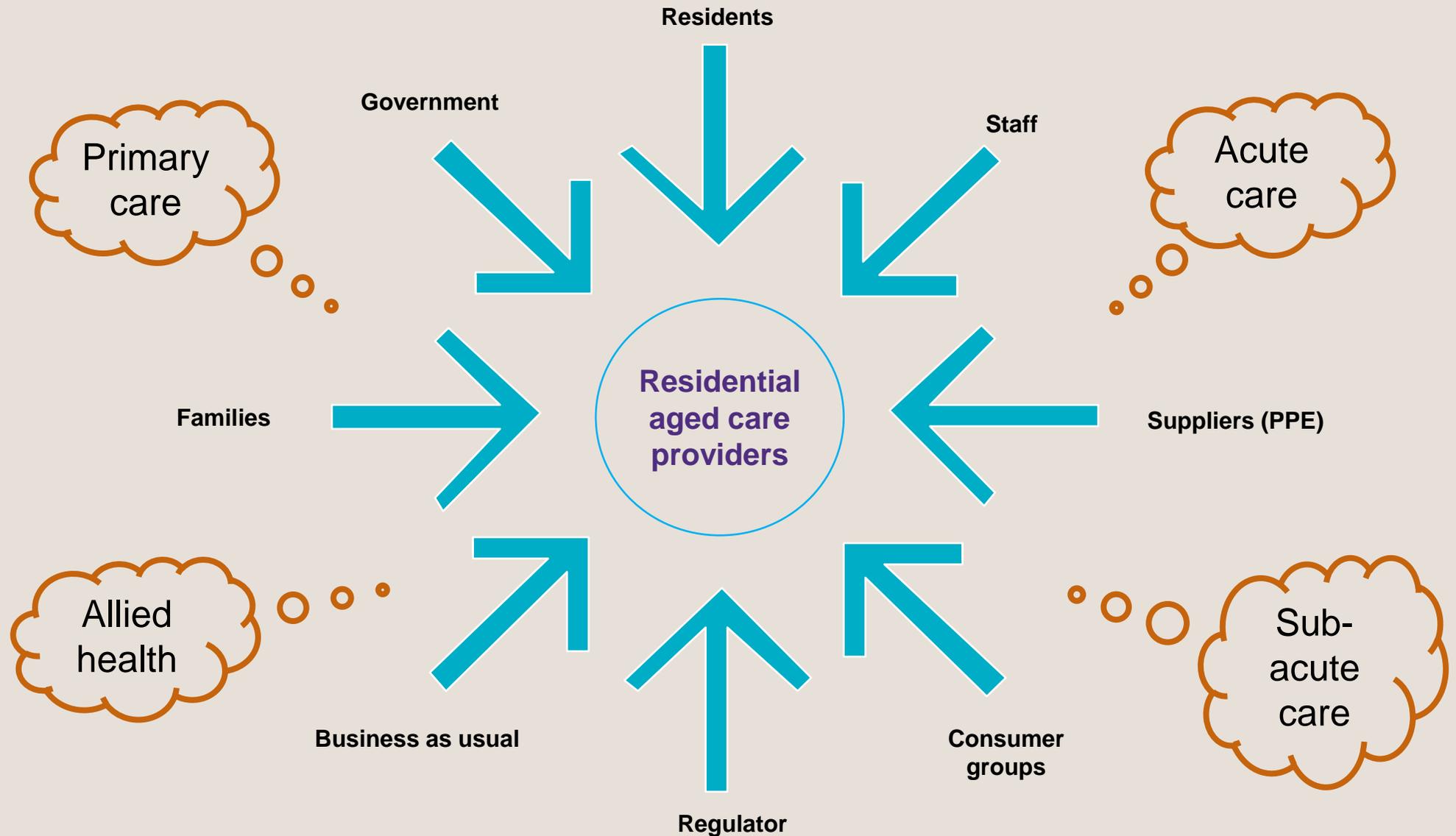
Social supports



Making COVID decisions



Another view - I want it COVID my way



COVID – What have we learned ?

Different parts of the aged care ecosystem have very different expectations of how providers will respond and what primary their focus is.

Balancing population health and individual health in a rapidly changing pandemic environment is probably one of the most difficult roles ever in Australia.

Alongside this is balancing the health consequences of pandemic with the micro and macro economic consequences.

The skills capabilities and attitudes you develop now, in this rapid action learning environment will make future change and adaptation easier.

This is a "wicked problem" - depending on the frame of reference and perspective applied by the observer, the decision maker is likely to be always right... and also always wrong.

Solutions ?

- ✓ Significant increased communication, tolerance and forgiveness will be required to ensure that the outcomes for those in care are optimised
- ✓ Even though a provider follows the rules while a COVID contagion unfolds, the cold light of day may result in penalties being applied - so communicate communicate and then communicate again...
- ✓ Accelerate telehealth measures and embed them in work practices for the future
- ✓ Do nothing ...



This is hard and it will take time, however without some effort and some change across all intersecting services we will not advance the understanding of aging and age services in Australia, nor meet increasing community expectations

Opportunity knocks

Aged Care Providers will benefit from fast deployment of any learning derived from COVID outbreaks across the aged care ecosystem and into intersecting services. They need to be given the resources to capture and share this at the fastest rate possible.

Extend your networks with intersecting services to ensure that the maximum supports can and will be deployed in the event of an emergency. This will stand you in good stead beyond COVID.

Develop a "safety first" culture with residents, those in care, their families and your workforce, to ensure that any chance of introducing COVID is eliminated and everyone understands the protocols if it gets in.

Stress test your response plans for business continuity, emergency management and strategic impacts.

Develop and embed telehealth initiatives as soon as practicable and ensure that residents, their families and health supports can use and access the technologies.



Your experienced corporate team you can work with



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Project Lead and Subject Matter Expert

Darrell has 35 years' experience in professional services, the commercial, not for profit and public sectors in Australia, including a role as turnaround CEO of a private healthcare business.

Darrell's background in North Queensland saw him working with indigenous organisation in Cape York and the Torres Strait.

He has a strong track record in developing trusted relationships, leading strategic development, change, transformation, business optimisation and commercialisation in both external and client side roles.

Prior to joining Grant Thornton, Darrell worked for Queensland's largest aged care and retirement living provider in a commercialisation role which included undertaking due diligence on acquisitions and de-risking investments.



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Primary Care Subject Matter Expert

Julie Smith has a strong background in the Primary Health Care industry and is a thought leader in the sector. She often speaks at medical industry events and exhibitions, sharing her knowledge and insights with medical professionals.

She has over 25 years experience working with clients to help them maximise the success of their businesses. As a Partner in Grant Thornton's Private Advisory team, Julie's focus is to draw on her considerable experience to deliver strategic advice to assist clients navigate the various issues within business. Her approach is to provide a holistic, tailored business advisory service that covers all essential accounting needs including business improvement.

Julie is passionate about working closely with her clients to help them achieve their business and personal goals.



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Governance strategy and leadership

John's expertise is in Human Services and Community Sector, specialising in social impact measurement, business strategy, business transformation, structural re-alignment, organisational change, and business systems design and planning. John's philosophy with people is that to create high performing collaborative teams requires clear vision and purpose and consistent leadership.

Prior to joining Grant Thornton in 2015, John led the Consult Point Technology Advisory firm as CEO for four years leading to its acquisition by Grant Thornton.

As CEO of St Vincent de Paul Society NSW from 2006 to 2010, John led the modernisation of the organisation, driving transformation from a distributed local charity to a corporate enterprise structure and supporting business and reporting systems.

Thought Leadership

Grant Thornton has long standing relationships with both not for profit and corporates in the Disability, Health Care, and Aged Care sectors . We have a deep understanding of how they operate from our extensive work in mid market transactions. We are also a significant contributor in thought leadership in these sectors which provides strong networks of participants and expertise on the issues relevant for transactions of this nature.

- **Perspectives on the future of aging and age services in Australia.** Grant Thornton, with support from Leading Age Services Australia (LASA) and a national cross-section of age services providers, came together to share perspectives on the future of age services and ageing well in Australia. On the coalface, providers hear the stories and experience the challenges the current system has in meeting the needs of older Australians. The report provides a reflection on consumer experiences, collaboration within the healthcare network, workforce, governance and government. It is the launch pad to further discuss future steps to support the aged care sector of the future.
- **A model for transformation and governance – the redesign of the aged care sector.** The aged care industry of the future will be defined by the social, economic, rehabilitation, medical and personal supports that enable Australians to age well. The opportunity we have now is to design a flexible system while providing assurance to providers to invest in services that will provide quality and safe outcomes for consumers. This required reconsideration of the Aged Care Roadmap and its potential role in the future. Based on feedback, we have created a phased approach to transformation that provides for different funding arrangements at different times to drive sectoral behaviour change and stimulate reform, investment and sustainable outcomes.
- **Funding and stimulus to support the aged care sector.** The purpose of this report is to explore options for improving the funding model for the sector. Some ideas are dependent on policy, while others can be leveraged independently by the providers. In consultation with the sector and our Tax specialists, we have identified six stimulus domains. Not one will work on its own, but a mixture could support real and sustainable change.



[The future of aged care - Perspectives, Transformation and Funding](#)

Thought Leadership

- **Dealtracker** is a periodic publication added to the Grant Thornton range of publications, providing an insight into Australia's mergers and acquisitions and equity markets. This included an in depth study of M&A transactions specifically in the Aged Care industry (adjacent right).
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- Other Grant Thornton publications include
 - An overview of the retirement living sector
 - The Search for growth
 - A force for growth



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