

What's Next for the CHSP?

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Professor Eagar has had a celebrated career investigating both community and residential aged care, and has presented expert testimony to the Royal Commission. She has authored over 500 papers on management, quality, outcomes, information systems and funding of health and community care systems.

To access webinar, visit:

<https://drive.google.com/file/d/1skiMEUoij9Nldc82v6jtcM4hP3PEhNqc/view?usp=sharing>

To access PowerPoint Presentation, visit:

https://drive.google.com/file/d/1aluy_jqTWy2QMiPvEoUKZE4SN4qO-4fn/view

The webinar presented Professor Eagar's view of the Royal Commission and what this may mean for CHSP providers, below are her take-home points.

The Royal Commission set the scene by shedding light on neglect and abuse practices in the system.

Professor Eagar believes that there is a mismatch between the uncovered problems and the solutions presented by the Commission. In addition, the Commission failed to recognise that aged care is a public good, and hence utilising a competitive market model is not appropriate.

Government response to Royal Commission findings:

- ✚ Substantial increase in aged care funding - \$17.7b over 4 years
- ✚ Low hanging fruits: a new Aged Care Act, more public funding, staff ratios in residential care
- ✚ Establishment in 2013 of a new 'At Home Support' program to replace current support

Some promising elements:

- ✚ [Governance reform](#)
- ✚ [Funding reform of ResiCare](#)
- ✚ Public reporting
- ✚ [Independent Hospital and Aged Care Pricing Authority \(IHACPA\)](#) has been given the responsibility to take over aged care costing and classification

Missed opportunities:

- ✚ Outlining what a good aged care system looks like and acknowledging that aged care is a complex social policy
- ✚ Not addressing the integration of aged care with our health care system, instead of looking at the aged care system within a silo
- ✚ Increase accountability and regulation prior to expecting Australians to pay more taxes into aged care
- ✚ Recognising the holistic nature of aged care and its domains; health, function, social, residential, palliative
- ✚ Increase workforce salary - 3 claims currently before the Fair Work Commission seeking 25% pay increase for aged care workers, these are scheduled to be heard Nov 2021
- ✚ Establish GPs and hospital locations to act as Community Aged Care System Navigators as they are usually the first contact for seniors needing assistance
- ✚ Ensure equal access to services for Aboriginal and Torres Strait Islander people – by not acknowledging that it costs different amount of money to provide services to different people (remote areas/building rapport, etc), the system will continue to be structurally unequal

CHSP implications:

- ✚ New model '[Support at Home Program](#)'
- ✚ Likely to be a mix of grant funding and classification model. Concept on the table is “bundling” of services based on data that consultants are capturing through current consultations and surveys
- ✚ Client co-contributions will remain
- ✚ No immediate changes to access for HCP recipients to respite, social support and assistive technology CHSP services
- ✚ New provider governance responsibilities, some work required for CHSP to comply with these
- ✚ Revision of aged care quality standards

One of the aged care models that offers Australia interesting opportunities is the [Dutch Model of Aged Care](#).

This special type of care model aims to allow the elderly to live more independently and allow nurses to be freer in terms of how this care is provided. Individuals are assessed and then given the choice to be referred to receive services from a Government funded organisation, or receive vouchers to source their own service.

The system works by having a single nurse care for an individual and their family, rather than have different nurses throughout their care. This is done to promote a relationship between the individual and the nurse, which can greatly help the person in the long run alongside any necessary care they require. The overall idea is to provide care that is more respectful of the people requiring aid, and that this aid is given in a relaxed unrushed manner.

Opportunities for CHSP-Funded Organisations

Professor Eager commented that the Royal Commission was unable to provide a cohesive and useful aged care system model. In addition, although it did not recommend individualised funding, it appears that policy makers desire an NDIS type system.

- ✚ work together to paint a picture of what a good aged care system looks like and share this with the Government
- ✚ mobilise local MPs, associations etc to shape the new CHSP system
- ✚ with the introduction of CHSP 'payment in arrears', it would be a strategic move for CHSP service providers to bundle their services and link these to consumer outcomes
- ✚ need for CHSP organisations to be proactive by assessing current funding models, particularly the current Resi Care Funding model, then make recommendations to Government of readapted models to meet CHSP needs to ensure a fixed + variable funding model, as individualised funding is only possible for big organisations that have large cash reserves:
 - Adjustment payment: one off payment to know the person, needs, develop care plan etc
 - Base care tariff (set of fixed costs to run service – receive this funding 12 months in advance)
 - Marginal individualised payment (in arrears) which is fixed, per client
 - Client co-contribution

Useful Links

- ✚ <https://www.health.gov.au/resources/publications/options-for-an-assessment-classification-and-funding-model-for-a-single-in-home-care-program>
- ✚ https://www.health.gov.au/sites/default/files/documents/2019/12/resource-utilisation-and-classification-study-rucs-reports-report-6-an-acc-a-national-classification-and-funding-model-for-residential-aged-care-synthesis-and-consolidated-recommendations_0.pdf
- ✚ <https://beaconstrategies.net/beacon-strategies-blog/2020/1/21/aged-care-innovation-the-buurtzorg-model>
- ✚ https://agedcare.royalcommission.gov.au/sites/default/files/2020-01/research-paper-3-review-innovative-models-aged_care-appendix-3.pdf

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