

What are the critical factors for rolling out assessment tools to service providers?

Aged care services rely on correct and valid assessment data and assessment protocol to ensure that clients referred to them can be appropriately managed within their resources. Clients can be referred and/or placed inappropriately due to inaccurate assessments, which can be costly for providers and detrimental to the client. The tools must be sensitive to cognitive and behavioural needs associated with dementia and other mental health conditions, and continence and mobility needs. These areas require specialist health professional assessment that cannot occur over the phone, or based purely on self reports or third party reporting in many instances. Reflecting on WA's experience it is imperative that comprehensive, regular and consistent training of the assessment tools are provided to staff that will administer them. Service providers must have trust in the quality of the assessment tools and the way in which the assessments are undertaken. The assessment tools need to be standardised and culturally sensitive.

Personnel using the assessment tools at Level 2 and 3 need to be registered health professionals who are credentialed by the Gateway to conduct more complex care need assessments. This should include a range of health professionals with specialist skills in relevant areas so that a holistic approach to identifying care needs is in place (ie multidisciplinary assessment ideally in the individual's own home.) There are access and timeliness challenges for rural and remote clients because of distance from services.

All completed assessments should be filed in the client's on-line records to avoid the need for duplication, and for future reference to identify client decline/improvement, and for quality control purposes. Assessment data should be responsive to the changing needs of residents. Access to client records should be available to aged care providers with password control. Providers would need time to modify existing client record data systems and the Commonwealth should be responsible for the provision of the minimum IT requirements for service providers to adapt to the new requirements of the Commonwealth.

Assessment at Level 1 should consist of a series of screening questions that identify the need for more complex assessment. This initial assessment may be conducted by non-health professionals who can fast-track or refer to health professionals for further assessment at Level 2 or 3. At Level 1 assessment, referral to basic services could be undertaken when low need services are required. However, self-reporting by clients over the telephone has its challenges, and third party information may not be reliable.

There is no mention throughout the NACA documents relating to the proposed assessment framework as to whether the assessments will have a focus on a restorative or wellness approach. Feedback from ACSWA members is that this needs to be a focal point of any assessment rather than coming from a consumer deficit perspective.

What support would service providers need to embed the assessment tool and update to client records into their standard operating practice?

The NACA Session 3: Service Delivery Model documents states "commitment for service providers to manually upload information or update documentation and ultimately to look towards a level of system integration with the Gateway to allow for easy transfer and upload of data". ACSWA members are concerned that it is implied that this may be at the financial burden of the service provider, whereas the onus should be on the Commonwealth to provide a minimum level of IT/system integration to service providers at no cost, to reduce the need for any duplication, and additional resources to meet the Commonwealth changes.

The IT system servicing the Gateway needs to be user friendly and compatible with other users to ensure affordability, accessibility and usability. Basic IT requirements would need to be written into contracts with service providers.

Current and accurate client records should be automatically linked to the Gateway and available to other service and/or future providers to facilitate a real-time record of client needs and service delivery. It also provides data to ensure quality control, pricing etc.

Practical and financial resources are vital to assist service providers in both the community and residential setting transition, just as funds were made available to the States which transitioned HACC to the Commonwealth.

In what circumstances would face to face assessment be required?

From the initial roll out of the WA HACC Assessment Framework, members are continuing to report concern for vulnerable clients such as clients with cognitive impairment, mental health issues, clients from Aboriginal or Non English Speaking background, or clients with sensory impairments in navigating their way through a one entry point system. There is a sense that vulnerable clients need to have the client pathway simplified, and have direct access to a face-to-face, rather than phone screening, process as this could be a barrier for access support, and be too confronting for some clients that have then opted out of seeking vital support and services.

Similarly the new Gateway would need to recognise the importance of reducing duplication of information and processes for clients that were considered known to the health system. The GGJ evaluation of the WA HACC Assessment framework in November 2011 identified these clients often “felt that they had to talk to too many people about the same thing before they received services”.

A series of trigger questions may identify the need for face-to-face assessments, including self requests for such an assessment at Level 2. All assessments undertaken at Level 3 should consist of face-to-face assessment to ensure residents are referred or placed with the appropriate service provider who can provide the care required.

Once referred – what level/type of assessment would service providers anticipate needing to undertake?

Needs assessment must be based on the increasing health complexity and co-morbidities associated with the ageing process, and must take into account the need for multiple and timely assessments in response to changing health and social needs.

In the community care program the need for further assessment may be identified by feedback from care workers attending the client, based on their observations during care delivery, or self or family referral in response to increased care needs. Feedback to the service providers could trigger a further, and responsive, assessment with the Gateway to identify changed care needs, and the need for progressive support services. This would particularly apply at Level 1 and 2.

It is unclear at this stage whether the Gateway will determine the funding category (such as ACFI) or whether this will occur at the site level. Obviously if this is the intent of the Gateway assessment, there would need to be a timely process for reassessment of residential aged care clients relevant to their changing needs, to ensure providers are adequately funded to provide the care the client requires.

How can we best design the service referral to ensure it supports service planning and appropriately mitigates/removes duplication in service assessment (e.g. client retelling the same story)?

The IT system used by the Gateway must be the central repository for all assessments, referral details and current services being delivered to avoid duplicity. The system must include a classification system that rates the needs of the client. Access to this data should be password protected to ensure confidentiality. The program must also have reporting capability.

Assessment agencies and service providers in WA have worked tirelessly on improving the WA HACC Framework for better outcomes for consumers and carers.

Several key aspects to any such model need to be: 1) Assessment services to have a thorough understanding of the services to establish which match with the consumers' and/or carers' needs and expectations, 2) Clear guidelines and policies about clients whom need case management and which organisation which will be responsible for providing this. From WA's experience of the Assessment Framework, Case Management of clients with complex needs has been the poor cousin to the screening and assessment process. Responsibility of case management of HACC level clients should stay with the Assessment services until the client is active with the service provider.

Unresolved questions on service delivery model

Hours of access

Data available in WA within one region of the metro area has provided feedback that the majority of the calls for access to HACC screening are received between 7am – 7pm. Advisory or screening organisation for services generally close at 5pm, but the statistics indicate there is a clear need to work longer than usual business hours.

The provision for urgent services

WA would support the provision to respond to urgent service enquiries from consumers and carers as aged care enquiries are becoming more complex and challenging, as people are choosing to stay at home for longer. Making resources available for staff training in this area is imperative, with a database identifying what local services are able to respond to the needs of the consumer/carer in these situations. The WA HACC Assessment Framework defines and has the provision for urgent enquiries, eligibility screening, assessment and referral for service provision.

Skill set and characteristic of high value for Gateway staff

To deliver quality and relevant information and screening at level 1 the model would benefit from staff that have a minimum requirement of Certificate 3 or 4 in aged Care, with a minimum requirement of 2 – 4 years hands on experience. Current WA organisations which have recruited for similar positions found it essential for staff to have skills in the following areas: reflective listening skills; excellent verbal and written skills; high level of customer service; assessment and analytical skills; knowledge and understanding of aged care; to ability to multitask; sound problem solving skills; IT skills; good self care skills due to the position being demanding, and passion and commitment to assisting people.

What type of information would consumers consider within a Service catalogue

- A clear and concise service description\easy to search and navigate search categories
- Accurate and clear eligibility criteria
- Current program availability
- Contact details for key people within the organisation
- Fees schedule

General Feedback on the NACA draft Gateway documents

Lessons learnt from the Implementation of the WA Assessment Framework

ACSWA community care members attended a forum and participated in a survey to provide feedback to ACSWA on the roll out of the assessment framework for HACC services into a key entry point of contact through the CRCC's.

The main lessons that a national system would need to reflect on are as follows:

- Service providers expressed concern that since the implementation of the WA Assessment Framework 68% of survey respondents had experienced an increase in community members' complaint levels.

The most common concerns raised by prospective new HACC clients were complexity of the assessment process; duplication in information being gathered; length of time between clients' eligibility screening and assessment; and consumers reported feeling disconnected from the process.

- 77% of HACC service providers whom responded to ACSWA's service doing the roll out period of the Assessment Framework were dissatisfied with the length of time between an eligibility screening call and a face to face assessment for the client. As the new approach to managing HACC through the local gateway system, client referrals and assessments was not adequate resourced initially, leading to a bottleneck. The concern being that if the Commonwealth don't resource these reforms appropriately that WA's experience may be replicated. This has the potential to translate into consumers waiting extended waiting periods for assessments which may contribute to consumers being readmitted to an acute hospital setting, and increased stress and distress on carers.
- Service providers in WA after the implementation of the WA Assessment Framework had been in place for 9 months indicated that the top priorities that still required urgent action was a need for improve quality and consistency in the assessors documentation; clients needed to be more central to the process; improved timely responses to client assessments remained an issue; and further formal and informal opportunities for collaboration and networking between organisations that where the point of entry service, assessment service organisation and service providers, as the new system had created a divide between a sector that had previous well established relationships which had been rocked.

The need for a strong consumer marketing approach

The WA HACC Assessment Framework commenced implementation on 1 February 2011. The evaluation report dated November 2011 conducted by GGJ Consultants still alluded to the fact that 54% of clients still made the first point of contact through the local HACC service provider and not the dedicated point of entry of the CRCC's as developed. Only 12.5% of client referrals were being identified through our local gateway approach. It was noted in the evaluation that the lack of marketing and promotion by Government was seen as a significant contributing factor to the public, and the community generally not being aware of WA's key entry point to HACC services.

The National Gateway would need to commit to a multiple pronged marketing and promotion approach to get the vital information out to community members about the National Contact Centre and My Aged care website otherwise we risk these new initiatives being underutilised and ineffective.

System Integration

There needs to be more consideration on how the aged care system links to the disability, veterans, acute and sub-acute systems models, especially those that are not Commonwealth based. If the proposed aged care models are not able to be integrated from a service providers perspective, this would increase the administration and burden on a service provider and increase inefficiencies at the level of direct care, which is counterproductive.

Rural & Remote Communities

Further discussions and clarity need to occur on accessibility for consumers in rural and remote regions such as the Kimberley and Pilbara in WA, where particularly remote communities have extremely limited access to IT including phones. The WA Assessment Framework has had to adapt models of service to meet the needs of the local population, and address resources available in the regions it has been implemented. Currently the model in the metropolitan is different to that in the South West and the Kimberley, and not a one size fits all concept.

Technology systems need to be easily accessible by mobile or desktop for staff that undertake significant travel in order to provide services to rural and remote communities, and IT consultants need to work closely with staff from an aged care background so that programs that are designed are relevant and workable for the sector.

How to resource staff in rural and remote areas that would conduct face to face assessments will be a challenge and needs further exploration, as currently many regions in WA already have limited Aged Care Assessment staff which directly impacts on consumers not being able to have assessments in a timely manner.

Moving from outputs to outcomes as a KPI measure

ACSWA members firmly believe that there is an opportunity to further a shift away from measuring outputs as service providers move to a consumer directed care model, and gain government support for understanding more about what the client values, and the outcomes for clients/carers from the service provision.

More clarity needed

We acknowledge that the documents circulated are a starting point and that DoHA is requiring feedback and to progress reforms within a tight timeframes, but in that context often lack of clarity occurs. ACSWA's Committee commented that there was a general consensus of concern that the Gateway model discussed in the Productivity Commission report will be rolled out in the proposed LLLB budget, and that the two do not match. If this is so then are we not adding a new system, that is already lacking funding and resources onto a sector that has had significant changes and is already underfunded?