

## **My Aged Care Reform Meeting: The Challenges and the Solutions 2015 - 2016**

### **Southern Metropolitan Region**

#### **Introduction**

The Southern Services Reform Group (SSRG) held a Regional Network meeting on Thursday 26<sup>th</sup> November 2015. This was the second in a series of State-wide meetings to collect data on the reform process as experienced by the providers working within the system. The first in this series was held by the Eastern Collaborative Project (ECP) in October 2015.

The meeting was jointly facilitated by the coordinators of the Southern and Eastern Collaborative Projects.

The session had 2 parts.

**Part 1** concentrated on topical areas of wellness that are important to maximise an older person's independence and autonomy, build capacity, encourage self management and focus on re-ablement or maintaining function. The topics presented were about nutrition, including the definition of frailty and how to address it, oral health and the role it plays in maintaining good general health and the third presentation titled 'The Italian Way' highlighted community connections and strengths.

**Part 2** used an adapted form of Results Based Accountability named Actionable Deviant Design developed by the SSRG and ECP over the past 3 years that achieves an action and results based outcome within a limited timeframe. The session focused on My Aged Care, the issues encountered and development of potential solutions.

Thirty-six people attended the meeting and came from a total of 21 different aged care organisations across the southern metropolitan region. During the session attendees were split into small groups to brainstorm the following:

1. What is going well with My Aged Care?
2. What are the issues you are experiencing with My Aged Care?

Each group was asked to report their information back to the larger group under four general themes originally identified in the ECP workshop, **Information, Time, Service Finder and Referral Process**.

The next steps focused on solutions:

3. After analysing all of the issues, what is the issue that has the most doable solution?  
(It was useful for groups to rank the issue solutions)
4. What are the actions to achieve this solution?

The problem solving was then shared with the larger group and discussed.

## Results:

### 1. What is going well with My Aged Care?

The intention was to start the discussion on a positive note and acknowledge the positive aspects that the reforms have brought to the sector. The summary of the positives that came from the group brainstorms are as follows:

#### Information

- Has increased consumer choice
- Older people only need to share their story once
- The Portal upgrade will increase the amount of information available to service providers
- MAC are listening to our feedback
- Promoting stream-line services
- One point of contact
- One phone number

#### Referral Process

- Online electronic referrals are good, quick and easy to use
- Steady flow
- One entry point

#### Time

- Hold times on phone have decreased
- Phone response was better and more comprehensive
- Quicker process now

#### Service Finder

- Less doubling up of services – fair and equitable

### 2. What are the issues you are experiencing with My Aged Care?

This session generated a lot of conversation about the challenges and issues providers were experiencing. Each group was asked to list up to 5 issues but it was difficult for the groups to keep within these limits. Each issue was placed under one of the 4 themes already identified by the ECP, but it was necessary to add a fifth theme. The fifth theme, **Client Centred System** evolved during discussions.

Both the SSRG and ECP comments have been combined in this section. Many of the comments were very similar; however there were also some differences. Specific ECP comments have been highlighted in red.

#### Information

- Information on referral - wrong nationality and incorrect interpreter engaged
- No flow of notes, who has made them, not consistent
- Assessment too long, (64 pages) but not much relevant information in it
- Feedback phone survey was too long and complicated
- Difficult to find information in referrals
- Had to fax copy of Power of Attorney

- Local knowledge about service providers is not always known or understood by MAC /RAS when referring clients
- My Aged Care Portal drop down box. No program specific information available. Very general information only eg social support
- Need and location does not match. Eg social support in Dulwich 3Rs does not come up for RAS
- Quality of RAS assessment varies greatly
- MAC staff have different levels of skill, knowledge, phone expertise
- Not getting the required information from MAC, eg: diagrams for home modifications

### Referral Process

- Multiple providers for one client
- Inappropriate referrals
- Clients being referred to services they don't want
- Service providers taking on consumers that they shouldn't to gain outputs
- Service providers accepting referrals that they don't have capacity for and putting clients on a wait list.
- Clients we have referred to MAC, referral very slow to come back
- Clients requesting a specific provider of their choice. Does not occur, the referral goes to another provider
- Service providers are not able to instigate case conferences anymore. Approached My Aged Care to follow up but they won't action anything unless the family makes the contact.
- Inappropriate referrals: CALD specific not getting CALD services, location, not recognising capacity
- An example of a GP practice manager spending over an hour on the phone to My Aged Care and provider only getting a name and phone number.
- Should be able to reject accepted referrals via portal, currently have to call
- Rejection process too long winded having to explain why
- Referral taken, but when worker attends services are already being received by another organisation
- When we contact a person re a new referral. They have been contacted by so many other providers they feel overwhelmed.
- Referrals that are intended for a service (eg one that already has contact with the client) may not go to that service as clients preference not checked
- Cumbersome process to refer to local and well known service, ring QLD for a service that is in my building
- Didn't get asked for Powers of Guardianship (only PoA)
- Consumers being bomb barded from service providers asking for same information – not on referral
- Referrals have dropped off

- Only recommend level 3 and 4 when it should be level 2 but they don't want to have to re-assess the client later on
- RAS receives a referral but when they go out to complete the in home assessment the client declines.
- Getting referrals for existing clients for existing services

### Time

- Back log of referrals, straight to RAS now and they have a back log too
- Time lost 2-3 month delay
- Delay in services
- Information to and from MAC to ACAT is incomplete often (more time delays for consumer)
- Amount of time taken to re-screen
- Gaining correct information (not funded to do this)
- Specialised service needs, not being prioritised eg: short term training for vision impaired clients, MAC knew of priority, palliative care clients
- Priority of needs, extremely poor
- Registration time for clients and having to repeat story/info to RAS
- We still need to do wallet check and WHS
- Trawling through information to find basic facts (64 page referral)
- More trained RAS assessors, improve quality of assessment and wait time
- Time spent on My Aged Care service provider line to make changes and time spent on portal. Eg 81 year old woman born in Australia who speaks English at home turned out to be an 81 year old man, born in Italy, who spoke limited English. My Aged Care would not change the client details. The client needed to call and make the changes.

### Client Centred System

- Too complicated for clients, too many steps to access services eg: client makes enquiry with service provider – MAC – RAS – hopefully back to service provider
- Not meeting outputs
- It seems more difficult for consumers to access services
- Client frustration/confusion
- Lack of carer information - only focused on recipient
- Difficult for younger clientele with multiple health issues (mental health)
- Limited to phone call contact - Not building a relationship with clients

### Service Finder

- Capacity of service finder – needs to increase
- Provider information keeps changing eg: incorrect post codes of areas covered by a particular service provider

### Suggested Solutions: Information

Solution	Action
Reduce human error, ensure relevant or mandatory fields are completed, staff training	
Reduce form size, have mandatory fields – key information summarised, living document updates as necessary	
Mandatory fields, to link the information to make an executive summary	
Local advice line – RAS (someone who is neutral)	
3-5 page summary which auto-fills from 64 pages – service/client specific	
IT infrastructure needs to be set up	
Email/scan facility	
Increase networking between RAS and service providers	<ul style="list-style-type: none"> <li>• RAS representatives attend SSRG Steering Committee meeting</li> <li>• Aged Care Pathway Workgroup – RAS representatives and providers - focusing on ways to increase specific program information to Regional Assessment Services: development of spread-sheet / ?use of the Seniors Southern Services Directory</li> <li>• Bi-monthly Aged Care Reform Workgroup meetings</li> </ul>
Increase local area knowledge – creating zones and/or state teams	

### Suggested Solutions: Referral Process

Solution	Action
Ensure all information is correct	
Increase accountability, MAC record keeping, including name of person who wrote note	<ul style="list-style-type: none"> <li>Name of RAS assessor is now attached to notes</li> </ul>
<p>Agencies to be in contact with RAS to provide information and updates</p> <p>RAS to know the local area and what is on offer</p> <p>Agencies to step up and build relationships with RAS</p>	<ul style="list-style-type: none"> <li>RAS representatives attend SSRG Steering Committee meeting</li> <li>SSRG Aged Care Pathway Workgroup – RAS representatives and providers - focusing on ways to increase specific program information to Regional Assessment Services: development of spread-sheet / ?use of the Seniors Southern Services Directory</li> <li>Bi-monthly SSRG Aged Care Reform Workgroup meetings – regular invite to RAS representatives to share information and build relationships</li> </ul>
1 person from each agency to meet/network with RAS on a regular basis	
Create a local area team – have on-going meetings to discuss identified themes, eg: respite, in-home, maintenance	
Create dementia friendly communities with RAS involvement and local team	
Part referral that agency can complete – but we need assessment/coordination funding	
If consumer identifies a preferred agency it doesn't go 'live' – goes directly to identified agency via administrator of agency who are part of the 'local area team'	

IT update	<ul style="list-style-type: none"> <li>System changes completed: 4 April 2016</li> </ul>
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**Suggested Solutions: Time**

RAS to ensure wallet check is completed	
3-5 page summary with auto fills from 64 pages, service/client specific	<ul style="list-style-type: none"> <li>A summary and goals can be accessed if go to the print plans tab on MAC Website</li> </ul>
More training of what is important to know for RAS assessors and My Aged Care consultants	

**Suggested Solutions: Client Centred System**

Local MAC – visible in the local community and accessible to clients	<ul style="list-style-type: none"> <li>SSRG Aged Care Pathways workgroup exploring ways to increase consumer awareness and sharing access to information resources</li> </ul>
Clients choose to go directly to a service provider of their choice	

**Conclusion**

Many positive benefits have arisen from the Aged Care Reform meeting held in November 2015. It gave service providers in the south an opportunity to network, collaborate and share their challenges and issues. The meeting began with a focus on wellness which provided valuable information on some new topics that impact on older people. This was followed by the workshop on My Aged Care which recognised the positives, the issues experienced and identified potential solutions. It was acknowledged that MAC is listening to feedback and improvements are happening progressively, however there are still many challenges, some of which solutions were recommended. The positive outcome of this event was the formation of SSRG workgroups to facilitate further solution focused conversations in the south.