

Lessons for the sector: Insights from the transition to My Aged Care

Introduction

To support Victorian healthcare organisations including registered community health services adapt to a changing aged care environment, the Victorian Healthcare Association (VHA) has developed a range of capacity building resources across key priority areas including governance, workforce, strategy, marketing, infrastructure, and consumer directed care.

As part of this broad program of activities, the VHA conducted a series of interviews with members delivering the Commonwealth Home Support Programme (CHSP) to uncover key lessons for sharing with other organisations.

While each organisation faced its own unique challenges, a number of common themes emerged, including:

- all organisations faced additional costs, which were met from existing funding sources, in establishing new systems and processes to address the requirements of My Aged Care
- the introduction of My Aged Care has resulted in significant administrative burden and has been impacting employees at all levels within the organisations including clinical and operational staff
- delivering care in an integrated and holistic way has become more challenging but not impossible
- supporting consumers to understand and register with My Aged Care is time consuming and unfunded, but the sector continues to see it as a critical role they must play.

This document

The results of these interviews are included in this document which outlines the positive outcomes for public sector CHSP providers operating under My Aged Care, information on ongoing challenges faced by these organisations and simple tips on how to navigate these challenges. This document is presented in five sections:

- Background: My Aged Care and the Commonwealth Home Support Programme
- A portal to business as usual
- Changes to processes and infrastructure
- Streamlining reporting
- Working towards 2022.

Background: My Aged Care and the Commonwealth Home Support Program

My Aged Care is the key component of the federal aged care reform agenda. Introduced in 2013, it provides a central, identifiable point of entry for older people, families and carers to access information on ageing and aged care, have their needs assessed and get support to locate and access available aged care services.

On 1 July 2015, the Commonwealth Home Support Programme (CHSP) commenced. The CHSP consolidated the Commonwealth Home and Community Care (HACC) Program, the National Respite for Carers Program, the Day Therapy Centres Program and the Assistance with Care and Housing for the Aged Program. The CHSP is one of the changes made by the Australian Government to the aged care system to help older people stay independent and in their homes and communities for longer. The CHSP provides entry-level home support for frail older people who need assistance to keep living independently.

Since the introduction of My Aged Care in 2013 and the consolidation of a range of services under CHSP in 2015, the aged care sector has worked hard to ensure access to services is maintained for all consumers. Reports from across the sector indicate that after several years of transition and adaptation, interacting with My Aged Care has become 'business as usual' and the sector can focus on what they do best, delivering high-quality care and support to older Victorians.

A portal to business as usual

The good news

Transitioning to My Aged Care represented a significant shift in how providers manage information about their services, manage referrals for services issued by the

My Aged Care contact centre, record information about services being delivered, request reassessments, and report on services. When first introduced, the sector reported that the My Aged Care provider portal was difficult to use, however, feedback suggest that the functionality and usability of the portal has improved considerably.

The referral process for the majority of subsidised aged care services changed with the introduction of My Aged Care and has become much more prescriptive. The My Aged Care contact centre undertakes the initial screening and determines whether the client will receive a face-to-face assessment by a Regional Assessment Service for entry-level support and linkage to services provided under the CHSP.

Previously, the CHSP providers would receive referrals from a range of mechanisms including self-referrals and GP referrals, make clinical decisions and judgments about what was required for each client, and then implement a service based on that clinical assessment.

In addition to the change in delivery of referrals, organisations have found some of the referral information is limited requiring clients to retell their story to inform service planning and delivery.

In response to the new referral process, organisations have overhauled their intake services. While there has been considerable upfront investment of time and resources, the combination of changes to organisational processes and improvements to the portal mean it's now seen as a standard business practice.

The ongoing challenge

The sector reports, however, that the communication from My Aged Care to service providers is still an issue, particularly where the client hasn't identified the organisation as a contact person. In comparison to some of the previous referral systems, which were also electronic, the consent process is a lot more challenging.

Tip: To deal with this additional layer, many service providers have implemented systems to gain client consent to access their client record. Provider feedback suggests that the easiest way to achieve this is to call My Aged Care while the client is onsite and seek approval over the phone.

While the system has improved substantially since its introduction, the most difficult part of My Aged Care continues to be the time required for updating client information alongside existing care planning requirements and activities within

healthcare organisations. It requires clinicians to go in and make the update, which can take them away from client care alongside an already exhaustive amount of documentation.

Tip: To reduce the burden on clinical and administrative staff, providers suggest assigning a dedicated staff member with responsibility for updating service information in the portal.

Changes to processes and infrastructure

The good news

The introduction of My Aged Care and the transition to the CHSP meant significant changes to processes within organisations and investment of money and resources across a number of areas. As a result of careful planning and changes to various processes, these new systems have been embedded as standard practice within many organisations.

The changes introduced by many organisations are based on considerable experience managing complex change projects in recent years. A key outcome has been a number of innovative procedures and practices allowing the health sector to take full advantage of My Aged Care and CHSP.

One of the major areas of change has been the requirement to update information technology systems within organisations, which has allowed providers to improve their data capture as part of the integration with the My Aged Care portal and other systems.

The ongoing challenge

Sector feedback suggests that the introduction of new systems and processes required significant input from the various business units and departments including IT, strategy and finance and required strong leadership and support from the CEO and executive. Many organisations are still navigating some of these changes, including seemingly simple issues such as addressing the requirement for all staff to have access to an AUSkey.

Tip: Begin conversations early with the right people to understand the work involved in making changes to your processes or investment decisions.

Tip: Find a 'buddy' organisation to share learnings and troubleshoot challenges in improving the effectiveness and efficiency of existing and new processes and infrastructure to meet the requirements of My Aged Care.

Streamlining reporting

The good news

As part of reporting changes related to CHSP, organisations have had to refine their data collection and reporting processes. Initially a considerable amount of work needed to be done with software systems to align the reporting, but organisations have continued to be able to operate as normal during the process and provide clients with the services that they need.

Sector feedback suggests that the reporting process is now relatively streamlined, with many organisations investing considerable time and money into working with their IT departments and software vendors to write software programs that allow managers to extract monthly data which can be uploaded into the portal.

Organisations are also able to login and see the breakdown across services and see exactly how many hours of service they've provided and how many clients they have provided a service to, which they can match against targets.

Tip: Allocate a single resource responsible for collating feedback from various service areas to ensure consistency and accuracy in data.

Working towards 2022

The challenge

In the 2019-20 Budget the Australian Government announced that funding for the CHSP will be extended from 1 July 2020 to 30 June 2022. In May 2019, the Commonwealth Department of Health issued contract extensions for the 2019-20 period, and has indicated that extensions to 2022 will be negotiated as part of a separate process.

A major focus for the sector is what will happen with CHSP in 2022 and whether it might provide a pathway to activity-based funding. For a sector used to dealing with

constant changes, they continue to be adaptable and flexible, but time for planning and implementation is critical.

The vision for the sector is to have clinically trained staff at that first interface and to develop a more interactive community around My Aged Care where clinicians have the ability to liaise with clients, other providers and the My Aged Care team.

Tip: While there continues to be uncertainty about the future of the CHSP and the government's intention to move toward individualised or activity-based funding, providers are encouraged, similar to how they prepared for the NDIS transition, to understand the cost of delivering CHSP services to support informed decision-making post 2022.

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