McLean Care iAgeHealth Submission: 2025 Progress Report on Implementation of Aged Care Royal Commission Recommendations

Introduction

The Royal Commission into Aged Care Quality and Safety Final Report made numerous recommendations to lift the standard, delivery and safety of aged care for all older Australians. The work of the Commission was critical to shaping a path forward through an extensive and ambitious reform agenda centered on individual rights-based care.

The face of Australian aged care is changing. Importantly, there has been a re-prioritisation in the way government and industry contemplate delivery of care, starting first from a place of individual rights and preferences.

Focus of much of this reform has been lifting up providers who have fallen behind the standards of expectation in modern aged care. As we continue to move forward through the reform agenda, attention needs to turn to how we hold up innovative providers who are delivering at or beyond the baseline. This is important because aspirational services and innovative providers must be celebrated and funded to ensure a sustainable future for a sector that every Australian can rely on.

This is critically important to ensure that individuals' needs can be met, regardless of their backgrounds or circumstances. Government and industry prioritization of de-escalating the needs for more advanced or intensive care rely upon better and early management. In regional, rural and remote (RRR) contexts, this challenge is heightened due to inherently thin markets which are under increasing pressures. Priority needs to be given to finding ways to service older Australians in RRR to enhance and protect equality in health and aged care.

McLean Care's iAgeHealth platform

iAgeHealth is a world class remote workforce solution delivering real time clinical services virtually. With plug-and-play technology, the service has been designed specifically for use by older Australians in residential aged care homes (RACH) and for older Australians living at home in RRR locations.

iAgeHealth is currently offered successfully in 10 residential aged care facilities and home and community care settings across NSW, QLD and NT and supporting up to 1,000 older people. iAgeHealth provides 24/7 access to clinical and allied health specialists bedside, filling a critical shortage gap that thin market aged care providers face.

Older Australians and staff can have on-demand access to diagnostic capabilities and high quality, experienced and specialist treatment, monitoring and support from the comfort of their own rooms or homes. iAgeHealth assists with the non-emergency healthcare needs typically experienced by older Australians in receiving aged care services.

The iAgeHealth model replicates the continuity of care offered in a face-to-face service by ensuring a small group of virtual clinicians are allocated to a specific RACH or home care service (HCS), enabling registered nurses and allied health clinicians to build relationships with older Australians and staff

over time.

Virtual care is in most cases a very close substitute for in-room care. McLean Care has refined the iAgeHealth model to deliver a comprehensive service which will help overcome the challenge that most aged care providers in RRR areas face: which is for the foreseeable future, it is profoundly unlikely they will be able to access a full complement of allied health services and staff on a financially sustainable basis.

Meeting individual needs regardless of background or circumstance

With this in mind, McLean Care's submission to the Inspector-General's Progress Report focuses on consideration of the question:

> *Have existing reforms been sufficient in creating an aged care system which can meet individuals' needs regardless of their backgrounds, circumstances or postcode? Alternatively, do they continue to treat diverse populations as an 'add on' to mainstream populations?*

More needs to be done to support the individualised delivery of care to people across all aged care, and especially in markets where care provision already faces challenges – that is, RRR locations. This is an ongoing process, but one which is deserving of the Inspector-General's attention.

'Diverse' populations are not only defined as population from diverse cultural backgrounds (although iAgeHealth does take active steps to consider this) but also populations who may, by virtue of their geographical location and circumstance, require a different contemplation of care delivery.

A good model for individual care should prioritise prompt, broad and specialist access that is targeted to specific needs, and continuity in delivery. Improved quality of care and personalised health outcomes are the standard that should apply to all care service, agnostic of location or residential or home settings and is the standard that iAgeHealth delivers. This service is particularly effective when delivered in regional, rural and remote areas because of the efficiency it delivers by reducing the impact of costs and consequences of remoteness. The digital delivery model is also particularly important to First Nations and culturally and linguistically diverse (CALD) communities, who are not often effectively served outside capital cities.

Equity in care availability should be looking at how the access to the full range of healthcare services of those living in metropolitan or urban Australia can be efficiently and effectively delivered on the same timetable to the rest of the country.

Alongside the social, emotional, and direct health benefits that come from earlier and easier access to care, there are additional economic savings made both to the individual (e.g. reduced travel) and the system (e.g. reduction in avoidable hospitalisation or more intensive use of service provisions).

Reform to date has not gone far enough to champion and promote such care delivery. There has been much about the sector which had to first be 'fixed', but with the framework now in place, it is time to change our mindset to actively considering what care delivery frameworks need to be scaled to improve service provision across the country at large.

McLean Care highlights below three case studies which highlight the critical importance of support for services which place individual care at their core. These are the kinds of services that need to be supported, expanded and held up as demonstrations of what best practice care delivery in Australia should be.

Case Study: Multi-disciplinary teams supported coordinated care and return to function

82-year-old Betty* (not her real name) was referred to iAgeHealth after four weeks in hospital following an unseen fall. Betty presented with an unstageable pressure injury to right heel and was immobile on admission. She had experienced unintentional weight loss and significant functional decline due to a pressure injury.

iAgeHealth established a multidisciplinary team consisting a Registered Nurse, Registered Nurse Wound care specialist, Physiotherapist, occupational therapist and dietician. Betty saw continuous improvement with regular and varied support from her multidisciplinary team, who worked cohesively to support her improved condition. Her husband was able to be present for all consults, both in person and virtually.

After three months of care with iAgeHealth, Betty had achieved her key goal: for her pressure injury to heal, reduced pain and supported mobilisation. She has seen sustainable supported weight gain and rates pain now as a 2/10 from an initial 9/10 on referral. Betty states that she feels her quality of life has been returned to her.

Betty has now set a new goal of returning home, and is confident with iAgeHealth's continued support, she can achieve this.

Case study: First Nations remote care

59-year-old Mr R is a First Nations man who lives in a remote Northern Territory community, 670 kilometres from a commercial centre. He has impaired mobility, Type 2 diabetes and chronic leg ulcer with a pain rated as 9/10. Mr R had an urgent need for home modifications, with the estimated wait time for occupational therapy and physiotherapy in community quoted as being 2 years, and $10,000 for flights and assessment. Mr R had no access to wound care consultant or dietician.

While Mr R acknowledged his need for care, importantly his preference was to remain on country and remain connected to community and his spiritual homeland.

Mr R was referred to iAgeHealth. He received a consultation with Aboriginal Health Practitioner. A virtual home modification assessment was completed with an Occupational Therapist. This was supported by advice from a broader multidisciplinary team consultation, assessment and care planning, including a wound care consultant, physiotherapist, occupational therapist and dietician. This included a regular cadence of consultations initially, then reduced but remaining regular (ongoing weekly physiotherapy, ongoing monthly dietetic) for maintenance.

Home modifications were completed following assessment and prescription and referral to building agency to complete and Mr R's living environment is now safe. He has been prescribed a motorised mobility aid to move around his community, and his mobility has improved to the point that he can now walk 200 metres with no assistance. His pain is down to a 3/10, his chronic leg ulcer is managed well and infection free and his diabetes is well managed. Additionally, an Aboriginal Health Practitioner connects with Mr R weekly, which ensures ongoing management and maintenance of Mr R's primary goal to remain on country.

Every older Australian deserves to be able to access specialist, multi-disciplinary care delivered in a format that is suitable to their needs and preferences.

Government reforms must support the expansion of such services to allow these needs to be met. There are services – iAgeHealth and others – who are equipped and ready to expand their service delivery in way that is supportive of better outcomes across the sector – older Australians accessing aged care, workforce and providers alike. In many settings, the alternative to this service delivery is at best far less reliable service and at worst, no service at all. This time of reform represents an ongoing opportunity to deliver more for older Australians across the country, but particularly in regional, rural and remote areas.

Additionally, delivery of care in this way:

- reduces wait time for allied health services for older Australians accessing aged care services – a key issue identified in the Royal Commission and a stated priority of reform for the Government.
- supports PHNs, by enabling GP and allied health service access within residential aged care in line with one of the funding mechanisms established following the Royal Commission into Aged Care Quality and Safety.
- The provision of virtual care from RN and allied health clinicals to RACS and Home Care Services in RRR locations supports the strengthened arrangements in the new Aged Care Act.
- Rollout of such a service would also assist in the uptake and utilisation of workstations on wheels (WOWs) and iOT devices that have been distributed by the PHNs via Grants processes for the delivery of clinical support, in line with efficiency and economic sustainability objectives.

Conclusion

Equitable access to quality health and care services for older Australians is critical, and it is an issue not only for older Australians who remain in their homes but equally for those who live within a RACH setting.

The Royal Commission identified equitable access as a key area of improvement and the government's ongoing reform seeks to reduce barriers to care where they exist. Broader implementation and recognition of the importance that programs like iAgeHealth could play in closing those gaps, would go a long way to the creation of our new system which appropriately and holistically meets individuals' needs regardless of their backgrounds or circumstances.

Contact

Sue Thomson, CEO, McClean Care

Email: sue.thomson@mcleancare.org.au

Phone: 0408 693 076