

8 July 2024

Office of the Inspector-General of Aged Care  
PO Box 350  
Woden ACT 2606  
Email: [submissions@igac.gov.au](mailto:submissions@igac.gov.au)

Dear Colleagues,

ANZSGM submission for the Office of the Inspector-General of Age Care – Review of My Aged Care

On behalf of ANZSGM, I thank you for the opportunity to provide a submission to the Review of the administration of My Aged Care. Geriatricians interact with My Aged Care either by providing direct referrals on behalf of patients or by providing information to patients or carers to support them to navigate the assessment process. The questions provided were circulated to our Clinical Advocacy Committee and the following responses were received:

**1. How do you use My Aged Care?**

Geriatricians have varied experiences with My Aged Care. Some make direct regular referrals while other geriatricians will provide information for patients or carers to self refer. On occasions patients are connected with geriatric medicine services via ACAT approval through My Aged Care.

Some geriatricians reported never having made a direct referral but provide information to clinic patients ahead of an appointment. Nursing staff will then often refer if people are struggling to access. On hospital wards discharge coordinators and social workers make referrals.

Occasionally geriatricians refer to Dementia Australia key workers for their assistance or suggest the patient's General Practitioner have their practice nurse facilitate.

**2. What has been your overall experience interacting with My Aged Care and any referral portals? Have you had any issues with availability or reliability?**

Some geriatricians reported that for patients with cognitive impairment, setting up a relative or support person to help them navigate is often difficult.

Other specific comments about the platform include:

- Website clunky, embedded links become circular, difficult to find specific information, it's difficult to find printable fact sheets.

- Accessibility for those with poor IT literacy is challenging and a lack of carer/family to assist with navigation is another barrier.
- A significant time commitment is required to wait in phone queue. However once registered, it is relatively quick and easy to access assistance.

**3. Have you ever been prevented from completing a registration and referral by technology or another barrier, or prevented from accessing My Aged Care?**

One geriatrician said:

*"I regularly refer for complex scenarios requiring ACAT, the form almost always suggests CHSP services, and I have to add additional information to explain why they require an ACAT. I am a professional with an in depth understanding of the services and supports available; I find it concerning for my patients that they would often be linked in for the wrong service type at referral or delay their ACAT/Home care package/Restorative care needs because of the referral process if they were self navigating this from the community."*

**4. Has My Aged Care been promoted to you, or when recognising a need for aged care services for an older person did you need to research how to organise an assessment?**

Most geriatricians reported that My Aged Care has not been directly promoted to them as healthcare workers. There was a reported awareness around seeing advertising for My Aged Care. Geriatricians also reported researching online and gaining awareness through their professional links with ACAT teams and social work colleagues.

**5. What is your opinion on the general awareness of My Aged Care amongst older people and/or their family, and the ease with which information can be provided?**

Geriatricians reported varied levels of general awareness with challenges including:

- Not being able to nominate a support person to assist
- Not having the tech knowledge to navigate the services
- Not having the short-term memory to be able to navigate
- Not understanding what has been allocated or how to access what has been approved (for example finding a provider for a home care package)
- Having services allocated and not having service providers available in their area

**6. If you organise assessments on behalf of older people, have you used the website, e-referral, the phone line or a face-to-face walk-in centre? What is your preference and why?**

Comments include:

- The E-referral is fast, and I can provide my clinic letter with additional information

- The closed loop email to confirm referral is good.
- Notification of the outcome of assessment for patients is rarely received.

**7. For your preferred referral method, is it easy to register someone and make a referral?**  
Geriatricians reported that it takes a long time at the end of clinic and requires a lot of information which is included in the letter and therefore is doubling the work required. The system can then make an incorrect recommendation which has to be addressed.

For carers the initial referral process can be onerous and time consuming. This could be challenging for someone without a thorough understanding of the aged care system or reasonable IT skills.

**8. In an ideal world, what changes would you make to My Aged Care that would streamline registration and referral?**

- Where referral is made by a healthcare professional, an option for the referrer to nominate what they want to refer for at the beginning (i.e. HCP or ACAT etc).
- A simple check box to allow a support person to be added to help navigate the complex system without having to register them with the person (very difficult for those living with dementia and carer already doing everything for them), or otherwise simplifying the process for appointment of a representative/support person who can navigate and access the system on the patient's behalf.
- Not have to provide a full list of activities of daily living, and instead have someone contact them to review these details if it is needed.

**9. Alternatively, are there any recent changes that have improved My Aged Care and your ability to refer older people?**

Our members had not noticed recent changes leading to improvement.

Please contact the Society's Chief Executive Officer Alison King on +61 2 9241 2412 or [executive@anzsgm.org](mailto:executive@anzsgm.org) if you require any further information.

Yours sincerely,



**Dr Robert O'Sullivan MBBS, FRACP**

President, Australian and New Zealand Society for Geriatric Medicine