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Office of the Inspector-General of Aged Care review of the Administration of My Aged Care

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Thank you for inviting CRANAplus (Council of Remote Area Nurses Australia) to respond to the Office of the Inspector-General of Aged Care review of the Administration of My Aged Care.

CRANAplus is a grassroots, not-for-profit, membership-based organisation founded in 1983. We provide a wide range of services, support, and opportunities to nurses, midwives, and other health professionals to ensure the delivery of safe, high-quality primary healthcare to remote and isolated areas of Australia. We advocate for change on issues affecting the health workforce and remote populations, including safety, health inequality, and workforce availability. We offer feedback from this position.

1. *Are there clearly prescribed standards against which My Aged Care's performance can be measured to ensure the Government's objectives are being met?*

CRANAplus members have raised concerns there do not appear to be any publicly available benchmarks against which My Aged Care is evaluated and publicly reported, and certainly none specific to the experience of older people, their families and equitable access to support and services in rural and remote areas.

Prescribed standards against which My Aged Care is evaluated may exist, but if health professionals cannot identify them, older people and their supporters are unlikely to locate them.

2. *Is the user experience of My Aged Care aligned to the needs of its expected users/target audience?*

Feedback from rural and remote health professionals and consumers provided to CRANAplus indicates that older people have various issues accessing My Aged Care. While there is diverse experience across rural and remote areas, there are also commonalities.

Consumers report having significant challenges, including

- accessing support by phone
- poor internet and computer access
- struggling with the digital literacy needed
- finding service availability is either not as represented or not available despite being promoted as being so
- health professionals and family members supporting older people report the process as 'not user friendly'.
- language and hearing barriers (frequently raised)

3. *Are there distinct access challenges arising in regional, rural and remote areas, and in other contexts, and how does My Aged Care overcome these?*

Feedback from consumers and primary healthcare providers indicates rural and remote consumers are attempting to work around and overcome My Aged Care access challenges, believing there is a way to influence the process. Consumers indicate they have either independently or collaboratively worked with friends and family to 'game the algorithm' online, believing each answer will increase or decrease their chances of accessing the support they need after observing amongst friend networks that some older people cannot access services even when their need is greater than the new applicant's.

CRANAplus also received information (from separate states) where remote primary health clinicians reported older people had exaggerated self-care and support needs (including reporting 'falls') to the point of hospitalisation to get services in place to meet lower-level needs (cleaning, meal support, shopping assistance) acknowledging if there are local services potentially available, they were more likely to take on higher level care opportunities in thin markets and that they may be able to get the lower level support they were seeking. Such an approach undermines the provision of support to maintain independence at home and perversely increases the older persons' willingness to depend on additional support.

Health professionals and consumers have reported to CRANAplus that the quality of assessments for rural and remote consumers is highly variable. Poor quality phone assessments and assessments undertaken in the acute health setting (in distant metropolitan hospitals) without reference to the lives, living conditions, community and cultural resources, and service availability are particularly problematic. Such assessments rely upon self-reported issues from rural and remote consumers who may also under-report needs to avoid 'making a fuss'. Examples presented to CRANAplus include an older person assessed for home support as an inpatient in a metropolitan hospital. The older person reported they could manage independently, only to return to an isolated home with no heating, cooking or hot water without chopping and carting their wood and physically maintaining a fire. The local health and primary care services were not involved in the assessment but ultimately needed to intervene. Primary care nurses reported the older person did not want to bother the assessor and was not explicitly asked about woodchopping!

CRANAplus has received additional reports on experiences with My Aged Care and assessments across rural and remote geographic areas, including the following.

- Assessments may be thorough. However, services (if available) frequently cannot meet support needs in older people's rural or remote locations.
- Assessments may not reflect the reality of the older person's living environment or rural or remote community resources. Assessments are often completed in acute settings where the older person's context is unknown or not adequately acknowledged.
- Assessments sometimes underestimate the person's support needs. When the reality of support needs becomes apparent, service providers, if available, discontinue services as they are not sustainably deliverable in thin markets. Local healthcare providers (primary care, local hospitals, and community health) often bridge the gap while efforts are made to escalate support needs. Hospitalisation is, at times, required for the person's safety.
- Assessments that do not acknowledge and integrate the complexity of family structures and cultural needs.

4. *If My Aged Care is the single point of entry to be assessed for aged care services, what drivers cause older people to seek to access an assessment through other means*?

Feedback provided to CRANAplus has indicated a range of drivers for people seeking other ways to access an assessment, including

- Consumer and family perceptions (real and otherwise) of the barriers to using My Aged Care, particularly accessing assessment and availability of services once assessed
- Language and cultural considerations, particularly First Peoples applicants who anticipate and seek to avoid leaving their communities and country to receive care in larger centres as services are unavailable in their home communities.
- Digital literacy and resourcing (computer/phone and internet access)
- Physical barriers, including hearing and availability of in-person support to use My Aged Care

Feedback shows variability in My Aged Care experiences in rural and remote areas. Access to assessment and equitable and sustainable service provision appear to be the two most challenging aspects of My Aged Care in rural and remote areas. It is also clear that older people, their support networks (families and communities), and health service providers are, at times, expending significant energy to work for the best outcomes for individual older people with the systems available.

Should further clarification or information concerning feedback from this submission be sought, CRANAplus would be pleased to assist. Please contact the Professional Officer, Melanie Avion, melanie@crana.org.au or 07 4047 6400.