Eastern Health

Allied Health Clinical
Research Office

Acting Inspector-General of Aged Care

Office of the Inspector-General of Aged Care

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Dear Acting Inspector-General of Aged Care,

Thank you for the opportunity to contribute to the review of the administration of My Aged Care.

We make this submission coming not from a consumer perspective, but from a professional, evidence-based perspective on waiting list management. Our team, based within the Allied Health Clinical Research Office at Eastern Health, has been conducting research over the past 15 years in the field of demand management for healthcare and reducing waiting lists in outpatient and community care settings. In 2023, our work was featured as part of the Victorian Department of Health Demand Management Toolkit for Community Health Services, and we were subsequently awarded some funding by the Victorian Department of Health to assist in the implementation of the Toolkit in Victoria's 78 Community Health services.

Associated with this work, we have been running a series of interactive workshops to train providers of community health services in evidence-based approaches to demand management. Since the beginning of 2024, we have had the opportunity to interact with more than 100 clinicians working in community health services. We have also been providing assistance to Victorian Community Health Services to audit their existing waitlists. During these interactions, we have received regular feedback from community health providers about the relationship between My Aged Care and waiting times, and believe that these insights may be of value for the purpose of this review.

Key observations arising from these interactions are outlined below, under the terms of reference of the current review.

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?***

   Our interactions with the community health service sector suggest that waiting time for services is used as a performance indicator, but the accuracy of this measure is questionable. Community Health clinicians regularly report that a primary strategy for waitlist management is simply closing the My Aged Care portal for their service. Waitlists at some services are so long (amongst multiple funding streams), that they

find their only option is to temporarily cease being an option for MAC consumers. Consequently, some clients may need to be directed elsewhere by RAS assessors, adding to another services' waiting list in a non-local area, while other clients may simply be waiting in limbo until the service decides to re-open their portal.

Additionally, in the context of long waiting times, Community Health providers report that RAS assessors submit multiple referrals for the same client and the same issue to different services in an effort to support timely access to services. For example, submitting duplicate referrals to the same discipline across multiple different Community Health providers, or identical referrals to related allied health disciplines within the one service. For example, separate referrals may be received for the same person to physiotherapy and exercise physiology as RAS services "hedge their bets" about which one will come up first. Unfortunately, rather than improving access, these strategies result in additional referrals being added to waitlists which may not be appropriate or required. Resulting inefficiencies and wasted resources in processing these referrals actually contribute to even further delays in already stressed systems.

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

Within our workshops we often receive feedback about the challenges of My Aged Care in meeting the expectations of consumers. One concern that has been raised on multiple occasions is that clients with relatively straightforward needs are having to go through an unnecessarily long and involved process that does not add value to their care. For example, some clients may be relatively fit and able, and require the services of one discipline for a specific, well-defined need. However, because they are over 65, they are told that they need to be referred to My Aged Care. They wait for an assessment and are then asked many invasive and comprehensive questions (and often don't understand why) and then they wait again to be picked up by a Community Health service – hopefully one that has not closed their MAC portal.

We hear that many consumers, and in some cases community health service providers, are actively looking for ways to avoid a My Aged Care referral in these situations because they perceive it as excessive and unnecessary, and they are likely to get a faster appointment without it. Developing some kind of fast-track process to meet the needs of this group without going through the full MAC assessment process would likely be more cost effective, reduce pressure on already stretched services while providing clients with a more convenient and streamlined service.

Another issue that impacts on the provision of services to users is fragmentation of services within the system. One example of this is delays and inefficiencies that occur between occupational therapy assessments and the provision of recommended home maintenance services, despite both of these aspects of care having funding linked through MAC. Closer alignment between home maintenance providers and occupational therapy services would be one way of addressing this issue. This could

be achieved by co-locating these “home handyman” services directly within occupational therapy teams in Community Health Services. This would facilitate direct communication and face to face discussion, to problem solve difficult situations and prioritise jobs to ensure the most vulnerable clients receive home modifications in a timely manner. This “one stop” service model would free up valuable clinician time to assess new clients off the waitlists, and provide a seamless, timely service for clients.

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?***

   Common feedback from regional and rural Community Health services is that high demand (referrals) and limited supply (staff) results in greater access challenges. My Aged Care consumers can be complex, and tasks such as home visiting and provision of equipment can be time consuming with long drive times across large service catchments. Any strategies that can streamline services and reduce fragmentation in these settings are likely to have benefits in reducing needs for multiple visits by different service providers at different times.

   In all areas, it appears to be common for GPs to avoid making MAC referrals despite their clients being over 65. When community health providers receive referrals directly from GPs, they have to either (1) send them back to the GP to follow the correct referral process, delaying access to care, or (2) the administration/service coordination workers of the Community Health Service need to make the MAC referral, taking their time away from other intake tasks and also delaying treatment for the consumer. This process is even more frustrating for all concerned if the need for which the client has been referred is clearly justified and could be immediately addressed, and the MAC intervention is unlikely to add any value to the client journey.

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?***

   As mentioned in earlier points, some common drivers for consumers to seek access to an assessment through alternative means, appear to be:

   - Long (or closed) waiting lists for My Aged Care
   - Excessive and sometimes unnecessary questioning/assessment process, often about issues that appear to clients to be unrelated to the reason for referral
   - Cost: In some situations we have heard of consumers managing to seek out Enhanced Primary Care Plan referrals from doctors so that they are paying less for services.

For further information, please contact:

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