My Aged Care review
Office of the Inspector General of Aged Care
GV Health – Allied Health response, June 2024

Introduction
Goulburn Valley (GV) Health is a Regional Public Hospital and Health Service for the Hume Region of Victoria, with main campuses located at Shepparton, Tatura and Rushworth. The main campus in Shepparton is the major acute referral hospital for the sub region. Additional sites are also located in Shepparton, Seymour, Benalla, Cobram, Echuca and Wodonga.

GV Health provides high quality services for people of all ages and diverse health and wellbeing needs – from services for Women and Children to Aged Care, Mental Health, Cancer and Wellness Services, Community Services, Dental, Dialysis, Drug and Alcohol Services, Emergency Department, Medical and Surgical Care, Allied Health, Diagnostic and Clinical Support Services. Services are also provided in rehabilitation, palliative care and aged care. Our services aim to enhance wellbeing and support healthy communities in the Goulburn Valley. Our region is rurally dispersed with a culturally diverse population.

GV Health receives Commonwealth Home Support Program (CHSP) funding in a number of areas such as Allied Health, Nursing and respite to the value of 6.3 million dollars annually. The organisation is also a home care package (HCP) provider.

The below response is provided from the perspective of our more clinical based CHSP services of **allied health and nursing**. Responses are provided for each of the five key areas outlined in the discussion paper and some additional thoughts.

My Aged Care – benefits
A number of benefits of a single point of entry system to Aged Care have been seen since the inception of My Aged Care.

The benefits have included:-
- Being able to receive referrals through one mechanism
- Ability to view interactions as consumers enter the system and seek services to meet their need
- Transparency and information sharing regarding the progression of consumer requests for services, referrals and information about their situation and need for supports.

My Aged Care - challenges
The system also presents challenges and guidelines are not always followed, creating work from a service provider perspective.

The challenges include:
- Qualifications and experience of call centre staff, including knowledge of allied health and what is possible and available to be provided. There are times where expectations are created through consumer contact with the call centre which cannot be provided.
- Limited notes from call centre interactions
- Inability to easily contact and return a call to a call centre staff member or help desk staff with no option other than e-mail being available

- The need to accept a referral to view additional details which would assist in making a determination regarding eligibility of the most appropriate service e.g. consumers may have higher level needs best addressed through State funded Health Independence program such as Community Rehabilitation Centres (CRC), rather than entry level CHSP Allied Health.
- Referrals containing little information, or last support plan being 3-4 years ago and being directed by call centre to service provision without a RAS or ACAS assessment, making difficulty to collect sufficient background information to appropriately understand the consumers' needs and triage appropriately for a clinical service. This also make it difficult to request support plan reviews and obtain referral codes etc to support the consumers care needs.
- Confusion regarding Home Care Package recipients and ability to receive CHSP services when a budget is exhausted. The ability to records this within the MAC system would be helpful to communicate the consumers situation and eligibility for CHSP services along with recording a review dates of the situation.
- Lack of clarity or prominent recording/flag within the system when a consumer has POA/Authorised representatives in place
- Access to language services when interacting with My Aged Care, including Auslan.
- Consumer access to technology, IT connectively, particularly in rural areas, in addition to IT literacy on aging consumers as shift to digital processes continues
- Duplication of common requirements when a sector is short staffed and having difficulty meeting a growing demand (see below opportunity)

My Aged Care opportunities

- Service model re-design to reduce duplication
    - Innovation in service model design is needed to maximise the use of clinical resources such as allied health professionals, in which there are significant recruitment challenges and long waiting periods.
    - This may involve centralising functions within My Aged Care and assessment processes such as current wallet checks, fee assessments, vulnerable person status and collection of minimum dataset/demographic information etc.
    - Collection of this information is repeated across multiple agencies involved in a consumer's care and a change would significantly reduce duplication of effort
    - The result would be to free up allied health/clinical staff, to increase the use of their clinical skills, knowledge and expertise to support consumers, improve their efficiencies and service throughputs.

- Reporting features
    - To add a reporting function with My Aged Care to enable service providers to monitor the volume of referrals received, number re-directed, number rejected (& reason), response times from referral to service provision etc.

- Information Technology systems
    - Software which easily interfaces across My Aged Care and other required systems such as payment portals is important to facilitate communication regarding consumer care, collection of common and key information from demographics to safety indicators, drive service efficiencies, remove duplication and streamline processes.

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