My Aged Care Review

Office of the Inspector-General of Aged Care.

Background

My Aged Care (MAC) system commenced on 1st July 2013 with the Aged Care Gateway which included a website and call centre. MAC development has resulted in a numerous updates and add-ons aimed at improving the system. The Regional Assessment Service (RAS) was a major development established to be a centralised process for assessing eligibility for entry level assessment and services and the ability to refer to Commonwealth Home Support Program (CHSP). The MAC call centre generates referrals for the RAS teams based on algorithms within the screening tool.

The Commonwealth Government funds the States and Territories to administer the Aged Care Assessment Program. Comprehensive assessments under this program are conducted by the Aged Care Assessment Teams (ACAT) and provides the second tier of assessment for clients with complex needs. This is to determine eligibility for residential care, residential respite, home care packages, short term restorative care and the transition care program. State and territory governments are responsible for the day-to-day operation of the Aged Care Assessment Program (ACAP) including the timely delivery of assessments for care types under the *Aged Care Act 1997* as well as the management, training, and performance of individual ACAT assessors. Each jurisdiction is required to manage workloads to ensure that priority is given to those in greatest need and that access to aged care services is not delayed unnecessarily.

The Commonwealth introduced the process of Support Plan Reviews (SPR) which allowed assessment agencies the ability to conduct reviews and amendments of a client's support plan from within the MAC portal. If the support plan changes required further assessment, example A new delegable decision, assessors could initiate a new assessment for a client following a review. This change means this role now sits with the last assessing agency. If a client has been seen by RAS and becomes palliative and is clearly needing ACAT approvals this will initially go back to RAS as a SPR. RAS SPR often wait for extended time to be actioned. Then often RAS is still not referring to ACAT. Then My Aged Care receive another phone call for ACAT and will still go back to RAS. RAS determine if ACAT needed or not. It is part of the MAC algorithms.

Response to Questions:

1/ My experience with My Aged Care commenced with my role as assessor within ACAT and have experience and knowledge of the system prior to MAC and post MAC. From a professional perspective, I have had 11 years of experience working with MAC.

My experience has also been personal with parents and in laws needing to access Commonwealth funded services. This has seen me use the MAC call centre as a family member, primary carer and accessing information through My Gov and MAC system.

Because of my understanding of the system, I was able to get them through MAC, to bypass RAS and for an ACAT due to needing a Home Care Package (HCP).

2/My experience professionally of using MAC to organise an assessment has been over 11 years and last time was last week. Privately, organising an assessment, the last one was about 6 months ago.

3/ Privately, a referral was done using the MAC phone line which was positive but then getting it through to ACAT was difficult even though what was wanted was clearly ACAT service approvals. MAC sent the referral to RAS and when they contacted me (primary contact) to arrange an assessment I declined and requested it be sent to ACAT for HCP and residential respite. This did occur despite the protests from RAS and me having to remain insistent.

Professionally, there is high level of confusion regarding RAS and ACAT assessments, many clients report they wanted an ACAT for HCP and/or residential respite and thought that is what they were having with a RAS to then find out at the end they can't be provided with those approvals and may or may not be referred to ACAT, depending on RAS assessor decision making. It can be considerable time from their first initial contact to MAC to getting to ACAT. Often clients are very frustrated by the time they get to ACAT and considerable time is taken to explain to clients the MAC system and how the assessment process works. Clients will often say to me that their understanding of the system is better after talking to me or others in ACAT because they find it very confusing and is all too hard.

4/6/7. This is the area of major concern with the My Aged Care system. As an assessor in the system, I have many examples of where clients have tried to access help but haven't been able to get assistance or where the system is delaying them from the vital help they need. This can be categorized into a couple of areas**.**

Firstly, there is numerous examples of where clients have contacted the MAC call centre for referral for an assessment and/or service provider has completed an online referral to MAC and it does not go to an assessment agency. It sits with MAC and due to glitch in system it isn't progressed. In some instances, it has been with MAC for a few months, and a referral has not been sent to RAS or ACAT. It is only discovered when a client or provider starts contacting MAC and then a referral maybe issued. Sometimes clients or service providers may contact ACAT directly and we investigate and find the referral is still sitting with MAC and has not been issued months after the initial contact. In this situation ACAT generate the referral rather than having to send the client through the MAC system again. Without ACAT intervention, sometimes it has taken numerous contacts to MAC call centre staff for action to occur. This includes clients who are under palliative care and their time is limited and a very stressful time in their life. It is not clear to me whether this is a MAC call centre staff error or a computer system glitch. These errors seem to go undetected and unlikely any reliable statistics. The Aged Care Reforms do not rectify this problem.

Secondly, there is examples of referrals being made with a clear need for ACAT related services and the MAC call centre generates referrals for the RAS teams based on algorithms within the screening tool. This is despite clear indication that client is palliative and needing

urgent HCP. In some circumstances they can remain in RAS review tab for some weeks and eventually get actioned and then not always referred to ACAT. I have examples of client taking 131 days to get to ACAT. When ACAT eventually received the referral and was classified urgent and assessment was completed within 10 days and approved for HCP high priority and the client would have likely received assignment within 10 days but was admitted to DOVE Unit (palliative care unit) and died. Palliative care clients do not have the benefit of time and these unnecessary delays are appalling.

These time delays are disadvantaging palliative care clients getting the service support they need. Families are getting frustrated and don't have the physical and emotional energy to follow up when their priority is to care for their loved one. Families can be very confused by the MAC system at a highly emotional and stressful time. At the same time very limited interim services under the Commonwealth Home Support Program (CHSP) and it is not coordinated adding complexity to the carer role. With lack of support, carer crisis, clients can end up in hospital or going into residential care. It is impacting the clinicians working with Specialist Palliative Care service by time taken away from their roles to follow up multiple My Aged Care referrals and phone calls in trying to get them through to ACAT. It shouldn't be this hard. The clinicians are frustrated. In terms of the Aged Care system, it is wasting valuable resources and RAS assessment (funding unit price) may influence decision making as to whether to refer and decision making is not always in the best interest of the palliative care client. This is one ACAT's experience and multiply this across Australia for a massive barrier to getting appropriate care.

Given the frequency of these experiences occurring our ACAT team developed a local policy for palliative care clients. The aim of the streamlined palliative care system is to assist clients through the My Aged Care (MAC) system to ensure these clients experience referral to ACAT in a timely manner to avoid unnecessary delays, and to be able to access Home Care Packages as appropriate and not be disadvantaged by the system. Local ACAT did this by bypassing MAC system and specialist palliative care team could complete referral to ACAT directly, using similar pathway to how the hospital assessments work. This means the local ACAT would generate the referral on MAC, and ACAT would see the client within 2 weeks of referral for urgent HCP and if HCP high priority is approved then can have an HCP assigned to them within 2 weeks. Making a huge difference to these clients service support and enabling them the best chance to remain at home for end of life care. What happens to palliative care clients in other areas? How many palliative care clients don't get the service provision they need due to the MAC system?

Any Service model must allow providers to respond quickly when an individual's condition changes, to avoid inappropriate or unnecessary emergency department presentations at the end of life and support people to remain in their home, if they choose, for as long as possible. Research and experience have identified the benefits for individuals and families in remaining at home as long as possible. (Gomes et al,2013)

8/MAC call centre information that is put through with a ACAT referral is very unreliable information and when ACAT contact the client their issue/concern is different to the information provided by the call centre staff. At times the grammar used is poor and limited

aged care health understanding. Call centre level of urgency is random and inaccurate. Because of the unreliability of call centre information, ACAT have an intake process to determine whether ACAT needs to assess a client or not and the category of urgency.

MAC system can sometimes be effective for clients who are alert, educated and articulate and know what they want. However, the concern is for those clients who have some confusion, vulnerable clients, at risk of homelessness, possible elder abuse, CALD background, indigenous backgrounds and those without families who struggle within this system.

Population groups that are currently under-served with getting quality access to palliative care, include people who are ageing and frail, living in rural and remote areas, living with disability, including cognitive impairment such as dementia, experiencing homelessness, Aboriginal and Torres Strait Islanders. Barriers include geographical, cultural, language, and other barriers. Addressing these barriers and facilitating access can help overcome health disparities.

More recently Care Finders have been introduced but have had their own waiting lists and not sure that funds have been used in the best way. I have major concerns when a system is so complicated that you need to develop another service (eg. Care Finders) to enable people to access it appropriately.

10/MAC has made improvements along the way, and it continues to be a work in progress. It has been positive in nationalizing the aged care system and having a fairer system of distributing HCP across the country in comparison to the system prior to MAC. It has been good to have timeframes to tell people in terms of the wait for HCP and somewhat more transparent. However, the last 8 months MAC have had glitches in the HCP timelines and timelines are no longer accurate and MAC are no longer issuing interim HCP either. The time frames have improved in 2022/23 with assignment of HCP but again these have increased to 12 months and has a domino effect with increased calls from clients to MAC to find out their current wait time and MAC then put them through as a Review to ACAT under guise of consideration for high priority. We make contact and follow up the reviews and they often are not appropriate for high priority HCP and client was not even asking for this. They continue on the waitlist. This takes extra assessor time that could otherwise be used to complete assessments.
It has been beneficial to have an Australian wide aged care data system, given the rate of migration across the states to have access to that information as previous system was state based.

This review is the first that I am aware of that is critiquing seriously My Aged Care system and not the usual surveys that a not helpful to identify the problems. I have examples of the above with MAC AC numbers however these cannot be submitted due to confidentiality under Queensland Health.

Melissa Brennan SCACAT
Thanks.