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Access and limitations of community services for older persons

A guide for the GP

Background
Increasingly aged care services are shifting from residential to community care. As a result, systems of access to services for older persons in Australia have become more complex. It is important for general practitioners to know how to navigate these systems.

Objective
To provide a practical guide for the GP on available aged care community services; how to refer to them, how to recognise their limitations, and how to build partnerships to improve care.

Discussion
There is a range of affordable community services for older Australians. However, the system has limitations including long waiting lists in some areas and lack of continuity of care. Improvement of communication between medical practitioners and community services is required.

The aging of the Australian population has been well documented.[1] In order to prevent a drastic increase in the overall cost of aged care services, there have been greater restrictions placed on nursing home admissions and increased government provision of aged community care services. For every 1000 persons aged 70 years and over, the Australian government has set a target of 44 high care residential, 44 low care residential and 25 community care places by 2010–2011.[2]

The range of aged care community services and pathways to access are bewildering to older persons, and their families,[3] and to some primary health care workers. Certainly it would appear that medical practitioners are underutilising services. In 2004–2005 only 12.3% of home and community care (HACC) referrals were from general practitioners or other community based medical practitioners, and 14.2% were from public hospitals.[4] General practitioners are in an ideal position to facilitate access to these services by providing referrals and information.

Types of services

Table 1 summarises the five types of government funded community care services in Australia and compares these with residential care.

Veterans' Home Care

Veterans' Home Care (VHC), which cares exclusively for veterans and their widows or widowers, provides the lowest level of care of all the community service types. On average, clients receive just over half an hour of services per week.[5]

Home and community care

Home and community care comprise services provided by a range of providers for persons with moderate, severe or profound

Table 1. Aged care services in Australia[4,5,10–16]

	VHC	HACC	CACP	EACH	EACH -D	NRCP	Residential care
Eligibility criteria	Having needs and a veteran or their widow/ widower	Moderate, severe or profound disability, or carer	Disability equivalent to low level residential care	Disability equivalent to high level residential care	Disability equivalent to high level residential care and having BPSD that impacts on ability to live in the community	Carers needing respite	At disability level requiring low or high level residential care
Eligibility assessor	Service provider	Service provider	ACAT	ACAT	ACAT	Service provider	ACAT
To refer	National VHC hotline 1300 550 450 for regional service	Aged Care Information Line 1800 500 853 for regional service	Local ACAT www.health.gov.au/internet/wcms/publishing.nsf/Content/ageing-contacts-acat-cd1.htm			Commonwealth Carer Respite Centres 1800 059 059	Local ACAT
Average hours of care per week	0.6	1–2	6.1	18–22	Data not available, at EACH level or greater	Not applicable	Average of 28 days for high care
Services available	Personal care, domestic help, home and garden maintenance, respite	VHC services plus nursing, allied health, meals on wheels, day care, home modification, social support, transport	VHC services plus case management, meal preparation, social support, transport	HACC services plus case management, continence management, mobility aids		Assistance in obtaining respite at a day care centre, in home, or in residential care	Accommodation and support at a range of levels
Number of places	63 823 (2005–2006)	744 197 (2004–2005)	36 000 (2006–2007)	2700 (2006–2007)	2000 (2006–2007)	N/A	192 585 (2006–2007)
Annual government funding per place	$1432	$2016	$11 500	$34 444	$45 881	N/A	$29 078
Current daily government subsidy rate	N/A Payments based on the type and hours of services delivered		$33.30	$111.32	$122.77	N/A	Average $43.16 for low, $120.41 for high care Range $0.00–122.77
Client contribution	Up to $5 per hour	Based on services used and income level	Up to $6.02 per day for those whose income is equivalent to the pension Up to 50% of any income above the maximum pension rate	Up to $6.02 per day for those whose income is equivalent to the pension	Up to $6.02 per day for those whose income is equivalent to the pension, more if higher income	Respite and counselling is charged for based on income	Up to $29.98 per day for full pensioners Up to $89.94 per day depending on income for nonpensioners*

* Persons entering low care pay an asset tested accommodation bond from which the facility keeps the interest and deducts a maximum amount of $273.50 per month

disabilities, or for those caring for such a person. Home and community care is used by the greatest number of Australians (both the aged and those with a disability) and typically provides 1–2 hours of care per week. People with above average support needs can receive up to 35 hours per week through the 'high need pool'. Home and community care services are often used concurrently with other services.[4]

Community aged care packages

Community aged care packages (CACPs) offer home care for persons who qualify for low level residential (hostel) care.

Extended aged care at home and extended aged care at home – dementia

Extended aged care at home (EACH) packages are for persons who qualify for high level residential (nursing home) care. Extended aged care at home – dementia (EACH-D), offer EACH level care for persons with severe behavioural disturbance associated with dementia.

Commonwealth carer respite centres

Commonwealth carer respite centres assist carers in obtaining respite and access to the National Carers Counselling Program, which provides short term counselling to carers. There is a commonwealth carer resource centre in each Australian state and territory.

Community nursing

Community nursing services are provided by area health services, not-for-profit organisations and private enterprise. There is no systematic central funding or data collection for these services. Nursing is provided as part of HACC.

Posthospital care

General practitioners should be aware that on discharge from acute hospital care there is a range of community care packages available to older people. Packages differ between states and deliver home based nursing and therapy, personal care, and home help care for 4–12 weeks.

How to refer to services

Aged care assessment teams

Aged care assessment teams (ACATs) assess, provide information, and referral or access to appropriate residential or community care. They have an additional role as gatekeepers to federally funded services such as CACP, EACH, EACH-D and residential aged care. Aged care assessment teams conduct assessments in the community or hospital to determine the level of care needed. They are aware of the availability of vacancies and additional admission criteria of service providers in their region, as providers may decide that a person is not suitable for their particular service even if eligible according to government criteria. For instance, some providers do not provide EACH packages to persons without carers. Aged care assessment teams recommend the best available care option and will refer to VHC and HACC.

Directly to VHC, HACC and commonwealth carer respite centres

Veterans' Home Care and HACC can be accessed without an ACAT assessment as service providers conduct their own eligibility assessments. Care is usually not coordinated, so referral needs to be made to providers of individual services (eg. 'meals on wheels', community transport). If there is an urgent need for care and a long wait for the ACAT assessment, referring directly to HACC (or VHC if a veteran) may be a quicker way of obtaining community services (*Table 1*).

When to refer or offer information

Older persons and their carers may not seek services because they think they do not need help, are reluctant to accept help or feel services are inappropriate for their situation. Lack of awareness of available services is also common and is potentially easy to remedy as it usually results from health care providers not providing information.[6] Referrals by GPs to community services are usually precipitated by a crisis.[7] Appropriate timely referrals could prevent crises as the need for services often develops gradually as disability and carer stress increase. However, GPs have to balance facilitating service provision against their patients' feelings of independence.

Information or referrals to community services could be offered to older persons who report more difficult coping with home or personal care, persons with restricted socialisation because of decreased mobility, persons with moderate to severe dementia and carers of these persons. Even if a person does not want services when the first offer is made, they may subsequently request or be more open to accepting services.

Medicare Benefits Schedule item numbers

Cost of services

Older persons and their carers may be reluctant to accept services because of cost. Aged care assessment team assessments are fully government funded. Fees for community care are set by individual service providers within guidelines on how much can be charged based on the person's income. For instance for a person with an income equivalent to the maximum basic pension, the maximum contribution for a CACP, EACH, or EACH-D is 17.5% of that pension, or $6.02 per day. Service providers are mandated to provide services based on need, not ability to pay. Community nursing is free when provided by area health services, although costs vary with other service providers. The Department of Veterans' Affairs funds community nursing for veterans through approved providers.

Community services for special groups

Dementia services

As dementia is a major source of disability in older persons it is unsurprising that 10% of mainstream HACC clients, 18% of CACP clients and 32% of mainstream EACH clients have dementia. Additionally, dementia specific CACPs and EACH-D packages specifically catering for persons with dementia are available. Staff may have had specific training in caring for persons with dementia. Younger persons with dementia may have more difficulty obtaining community services[8] as some service providers require a minimum age as younger persons may not fit in with other clients at day care or residential respite care.

Cultural and linguistically diverse specific services

Cultural and linguistically diverse (CALD) specific community services are usually available in areas with large CALD populations. Providers of multicultural community services attempt to match clients with care workers who speak the same language and from similar cultural backgrounds. Generally persons from CALD backgrounds have poor awareness of community services and prefer CALD specific services to mainstream services.[9]

Case study

Mr Adams aged 85 years presents with a diabetic leg ulcer. He describes increasing difficulty with mobility and has had several falls in the past year. He cares for his wife, aged 79 years, who has moderate dementia. The GP discusses community services with Mr Adams in relation to nursing for his ulcer and providing transport for shopping and other appointments. Mr Adams agrees to a referral and the GP contacts the local ACAT.

During the home assessment the ACAT also offers to assess Mrs Adams' eligibility for services. The ACAT determines that Mr Adams requires HACC services to help clean and dress his ulcers and modify his home. The ACAT approves a CACP for Mrs Adams and recommend that she receive help with personal care, domestic assistance, socialisation and that Mr Adams receive some respite from caring. Mr and Mrs Adams are referred to a service provider that offers both HACC and CACPs.

Limitations of Australia's community services

Older Australians are lucky to have available relatively affordable community care services which may help them stay at home if they wish to do so. However, there are some limitations to our current services. These include:

Delays

There is often a waiting period for services with differences between regions. In 2005–2006 the average time across Australia from referral to first face-to-face contact by an ACAT was 18 days. The elapsed time between ACAT approval and access to CACP services was under 1 month for 38.4% of CACP clients, 1–3 months for 29.2%, 3–9 months for 25.5%, and more than 9 months for 6.9% of clients. There is no central data collection on waiting times for HACC, however many services have waiting lists, and anecdotally some clients wait up to 2 years for services.

Lack of integration of services

Services are not well integrated to facilitate aging in the community. This is because of differing funding sources and administration: VHC is funded and administered by the Department of Veterans' Affairs; HACC is co-funded by federal and state governments and administered by the states; and ACAT, CACP, EACH, EACH-D and residential care are funded and administered by the federal government.

Service gaps

As services are not well integrated, gaps exist such that older persons often need services from multiple providers. This makes coordination of care more difficult and increases the number of different staff visiting a person. Clients have to change providers when there is a change in care needs. For example:

- CACP provides on average more hours of care than HACC but do not include nursing and allied health care
- CACP provides a maximum of 10 hours of care and EACH provides a minimum of around 16 hours of care
- there are only a small number of EACH and EACH-D packages available.

Multiple assessments

Nonintegrated services mean that clients often undergo multiple assessments. A common assessment tool for ACAT and service providers may minimise this.

Lack of choice

Individual consumers have little choice in which organisation provides them community care services. Consumers cannot usually access independent reports on the quality of service providers, in the same way that there is public access to accreditation reports for residential facilities.

Communication issues

Medicare Benefits Schedule item numbers 740, 742, 744, 759, 762 and 765 allow GPs to claim payment for case conferences with community care providers as long as there are a minimum of three health or care providers involved. Also, case management is provided as part of CACP, EACH and EACH-D and communication with GPs should constitute part of these packages.

However, anecdotally, communication between medical practitioners and service providers is poor. Community service providers often do not inform GPs when they begin providing services. The high turnover of aged care staff also hinders

the development of partnerships between medical practitioners and community services, which would enhance the care that both provide.

Building partnerships

Improvement of communication between medical practitioners and community services is required to improve quality of care. Service providers could directly support medical management (eg. nursing care, medication adherence, reminders and transport to medical appointments) and provide accurate information regarding patients with cognitive impairment and no family carer. Conversely, medical practitioners could assist service providers with care planning and pharmaceutical management.

Conclusion

The complexity of the community care system may dissuade medical practitioners from referring older patients to community services. Long waiting times, services not providing a continuum of community care and poor communication between medical practitioners and service providers are other limitations of the current system. The best referral point is the local ACAT, although if there is a waiting period then referrals could also be made to providers of appropriate HACC services.

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