

11 February 2019

Assessment Reform Section
Department of Health

By email: streamlinedagedcareassessment@health.gov.au

To whom it may concern,

Re: Streamlined consumer assessment for aged care

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health for the opportunity to respond to the consultation on streamlining consumer assessment for aged care.

Specialist General Practitioners (GPs) are the primary providers of medical care to older people in the community, including those living in Residential Aged Care Facilities (RACFs). They are therefore an integral part of the aged care workforce. Providing high-quality medical care to older people requires a special set of knowledge, clinical skills, attitudes and practice arrangements, all of which are characteristic of Australian general practice.

The RACGP considers that streamlining the aged care assessment process will address many issues with the current model of assessment. Many of these issues have previously been identified by the RACGP in responses to government consultations on the current aged care assessment model. The following feedback outlines existing as well as further recommendations for improvements to the assessment process.

1. Enhance GP referrals to My Aged Care

Many GPs refer their patients to the My Aged Care portal when they require local or in-home services. It is common practice for a GP to recommend the type of assessment (whether a home support assessment or a comprehensive assessment) that their patient may require, and to advise patients and their families on how to access My Aged Care.

RACGP members have identified several issues that they, or their patients, experience during the referral process, including:

- patients incorrectly referring themselves for wrong type of assessment due to a lack of clear information on the services available via the different assessment types
- patients experiencing difficulties accessing or using the technology required to complete an online assessment, such as computers and mobile phones

- a lack of communication to GPs from assessment providers and/or assessors regarding the outcome of patient referrals to services (whether initiated by the patient or the GP)
- poor communication from assessors to GPs, such as inconsistencies concerning whether GP support letters are required during the assessment process and no acknowledgement of receipt of a GP referral for assessment
- system incompatibilities between My Aged Care and general practice software creating unnecessary administrative burden (eg, currently, when GPs write a support letter they must, write it, print it and then scan it in order to upload the letter to the My Aged Care portal).

The RACGP recommends that, in order to address these issues, the new streamlined assessment model should be linked with existing general practice clinical and administrative systems. This would support better communication with GPs and may help to ensure that they remain informed throughout the assessment process. It would also facilitate ongoing GP involvement in the assessment process, enabling GPs to provide information and guidance to their patients and assessment providers where necessary.

The RACGP recommends that the following tools or processes should be introduced to make improvements to the assessment and referrals process:

- **Adoption of a secure messaging system** – most general practices are heavily if not fully computerised, and neither make nor keep paper records. Secure messaging delivery systems are widely used by GPs. However, the majority of aged care services communicating with general practice do not currently use communication systems that are compatible with existing GP systems. Implementation of a secure messaging system in the aged care assessment process would therefore facilitate:
 - GPs to send information directly from their own databases
 - acknowledgment from the contact centre or assessment provider that a referral has been received
 - the My Aged Care system to alert GPs of the care package allocated to their patients
 - reports to be sent back to the GP electronically, rather than in a paper-based format.
- **Electronic templates that are modifiable** – to be useable in the context of general practice, online communication throughout the assessment process must integrate with GPs' electronic clinical and administrative systems. This will eliminate the need to manually re-enter information that is already held in a GP's electronic clinical and administrative system and/or in the government's system. Providing an electronic template that is modifiable and linked with existing GP electronic clinical and administrative systems, would also allow GPs to upload existing documents from their databases.
- **Links to existing electronic medical record software** – the current online referral form requires the input of information that is already included on referral templates in general practice clinical software systems. As hardcopy or image formats of letters, reports and other documentation received by general practice from other health services must also be manually scanned and added, there are significant inefficiencies, implications and costs for GPs to manage the transfer

of information. Linking aged care assessment process with existing medical record software would reduce duplication and enable pre-population of relevant information into the aged care assessment electronic template.

2. Provide opportunities for GPs to review support plans

Service providers are responsible for ensuring that the services delivered to patients are consistent with the recommendations put forward in the patient's original support plan. They are therefore also responsible for reviewing a patient's services, particularly where a plan recommends short-term or time-limited services.

GPs often refer their patients for a support plan review based on their own assessments during consultations that occur as part of ongoing patient care. RACGP members have noted that the support plan reviews process needs to more effectively respond to the needs of patients with deteriorating health, especially those living with progressive conditions such as dementia. In some instances, it may take 3-4 months for a plan to be reviewed. For patients with progressive conditions, the review process is therefore unable to keep up with their deterioration in health.

The RACGP considers that the recommendations described in section 1 of this submission, would significantly improve information flow and, as a result, address the issues associated with long wait times for a plan review. Technological enhancements that better link GP clinical and administrative systems with the aged care assessment process would also assist in avoiding the need to re-enter unchanged patient information from the initial plan into subsequent plans.

3. Qualification requirements for the aged care national assessment workforce

The RACGP notes that the proposed streamlined aged care assessment model would include a national assessment workforce comprising of assessors from non-clinical as well as clinical backgrounds.

As well as GPs, the RACGP considers the following healthcare professionals as essential to the aged care workforce:

- **Registered nurses (RNs)** – RNs are currently key members of Aged Care Assessment Teams. RACGP members recognise the vital role of registered nurses (RNs) in the aged care sector, not only in supporting patients but also in supporting GPs. The RACGP therefore considers that RNs should remain as key staff members in the national assessment workforce, with additional training in aged care where required.
- **Allied health professionals** – allied health professionals also form a part of Aged Care Assessment Teams. Given the rise in the number of patients with complex care needs accessing aged care, the RACGP recommends that all allied health professionals employed by the national assessment workforce have additional training in the management of older patients with chronic or complex conditions.

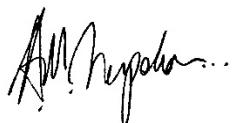
Any member of the future assessment workforce, regardless of whether they come from a non-clinical or clinical background, must also be trained in the care needs of older Aboriginal and Torres Strait Islander patients.

The RACGP has a strong history of being at the forefront of innovations in the health sector, and has an expert committee dedicated to practice technology and management, responsible for developing the position statement on ['the use of secure electronic communication within the health care system'](#). This position statement details key considerations regarding the better integration of communication between all parties involved in a patient's care, and includes a number of principles that should be considered in the process of streamlining the aged care assessment process.

The RACGP is ideally placed to guide governments and other stakeholders to ensure that they are informed of what is reasonable, workable and useful for GPs and their patients when implementing eHealth initiatives. The RACGP is therefore interested in remaining involved in the development of a streamlined assessment model for aged care.

Should you require any additional information from the RACGP, please contact Ms Susan Wall, Program Manager – Funding and Health System Reform, on (03) 8699 0574 or susan.wall@racgp.org.au

Yours sincerely



Dr Harry Nespolon
President