

Submission to the Royal Commission into Aged Care Quality and Safety

From: The Health Alliance core group on improving the health and wellbeing of older people

About: The Ageing Well Initiative – an innovative model of care for older people in The Prince Charles Hospital/Chermside catchment area of Brisbane

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Overview

This submission describes an initiative underway in North Brisbane led by Brisbane North PHN and Metro North Hospital and Health Service (Metro North HHS), involving the wider health sector working together with older people to support them to be healthy, well and independent in their own home and community.

“When people get to crisis, the solution is often to put them in hospital – but that makes it worse. Modern hospital is a poor place for older people” – Hospital Clinician

Known as the ‘Ageing Well Initiative’, it is interpreting evidence based best practice into local provision arrangements, coupled with creating an enabling and learning environment to sustain transformational change in the care of older people.

We recommend that the Commonwealth and State Governments support initiatives such as the Ageing Well Initiative, that are outcome focused and regionally integrated approaches to improving the health and wellbeing of older people.

The key components include:

- A shift in funding arrangements from discrete silos focusing on volumes of services towards outcomes that matter most to older people.
- Accessible information systems that support health workers, families and patients to better manage the whole patient journey to improve outcomes at the individual and population level.
- Leadership and governance that includes older people, as well as broad provider sector representation.

Background information

The Health Alliance

Building on a track record of collaboration and partnership in the North Brisbane and Moreton Bay region, in 2017 Metro North Hospital and Health Service and Brisbane North PHN created the Health Alliance. The Alliance is an approach to tackling healthcare problems that transcend the mandate of any one organisation or part of the health sector, and that can't be fixed by existing approaches.

How does it work?

The Alliance creates a neutral space where stakeholders can come together to discuss shared problems and develop shared solutions. It's about empowering people and the sector to design a system response not limited by existing program or institutional boundaries. Throughout these discussions, the Alliance holds an objective and open-minded view, with a focus on solutions that benefit both patients and the health system.



The Health Alliance is focused on three population groups:

- Improving the health and wellbeing of frail older people.
- Improving health outcomes for children in Caboolture.
- Supporting people who have complex health and social needs who frequently present to emergency departments.

Each of the focus areas has a core group comprised of participants from across the health sector. This submission comes from the deliberations of the Improving the Health and Wellbeing of Frail Older People core group following an extensive consultation process with the local health sector over the last two years. Input has been received from the following stakeholders:

- Hospital clinicians including physicians, geriatricians, nurses, allied health professionals and pharmacists
- GPs
- nurses in general practice and community settings
- community-based aged care providers
- residential aged care facilities
- public health officials
- Brisbane North PHN
- Queensland Ambulance Service
- Indigenous service providers
- older people, their families and carers
- companies supporting IT innovations.

Quality of aged care services

The findings from consultation with older people and sector providers in the region echo many of the submissions the Royal Commission has already received.

Older people fear being admitted to a residential aged care facility (RACF). There is an intense fear of being 'put into' a RACF or having to go to hospital. Entering a RACF was described as "the most fearful thing a human has to face".

Ageing is an emotional journey full of anxiety, worry, feeling lost and feeling isolated. Worry about declining health, loss of independence and the decisions being made about them and concerns about elder abuse.

Ageing is confusing and overwhelming. There are a range of financial, legal, familial and healthcare decisions to be made, but these systems and service environments are bewildering and overwhelming to navigate.

Older people want trust and confidence in staff when they are in their homes or private space. It is important that support service (home and hospital) providers are friendly, high quality, polite and consistent. When services are not carried out as planned (e.g. service doesn't show up or is running late and hasn't called to let the person know), people lose trust and confidence in the system. Changes in staff are seen as disruptive (one reported that in 30 days, 20 different people may shower you) and can feel 'intrusive'. In this situation, people feel as though their personal space has been 'invaded'.

GPs and health services are valued, but some patients feel that their time is misused. GPs are central to good care and health services are a key support for patients as they age. However, some patients experience long wait times, rushed consultations, lack of coordination of appointments, distracted providers and feel as though the provider is not listening to them or speaking the same language. Patients want to feel comfortable and have a clear conversation when talking to their GP or health service provider. They want to be seen as an actual person as opposed to 'just a payment'.

Families provide invaluable support and should be involved in current care and future planning. While having a family member as a carer is mostly a positive experience for the patient, it can also add to the stress and burden of the emotional experience of ageing. Older people worry about the burden being placed on family and understand that 'they have their own lives too.'

Long waiting times for home care packages, difficulty getting GP home visits and a lack of flexibility in care package arrangements were frequently mentioned concerns.

*"Thank god for my daughter."
The best thing for me is having a daughter [to help care for me]...
but some people don't have one"
– older person*

"People ask for help 12 months after they need it, with homecare packages you need to ask for help 12 months before you need it" – older person

The overall conclusions reached by the core group were:

- Older people express a desire to be safely cared for at, or closer to, their home.
- Hospital care can damage the health of older people due to long wait times and being in a hospital bed for long periods.
- When older peoples' health deteriorates at home and in residential aged care facilities, they cannot easily get the extra care and support they need.
- Older people tend to have more than one health condition, and what matters most to them gets lost in the fragmented way the care they need is delivered.
- In the current system, older people undergo unnecessary and unhelpful tests and procedures, and at times are over medicated.
- No single health professional is able to take an overview of the care due to fragmentation of the health response.
- The cost of care is increasing. If current trends in cost growth continue, neither the individual nor the government we be able to afford to pay for it.
- The complexity of the system of care is increasing. Care coordination needs to start with the patient and the family; "teaching families how to fish" should be the approach, not layering additional external coordination mechanisms.

The Ageing Well Initiative

The Ageing Well Initiative is a local health system response to the challenges in the provision of healthcare to older people. Its goal is to support older people to be healthy and well in their own home and community.

Leadership

The initiative is led by the senior executives and boards of Metro North HHS and Brisbane North PHN and includes engagement with Queensland Health's Health Purchasing and System Performance branch.



Figure 1 - Dr Kylie Norris - GPLO, Abbe Anderson - Brisbane North PHN CEO, Dr Elizabeth Whiting - Executive Director Clinical Services TPCH

Scope

The population consists of 22,000 older people aged over 75 and 1,000 Aboriginal and Torres Strait Islander older people aged over 50, located in The Prince Charles Hospital area, including Chermside and surrounding suburbs.

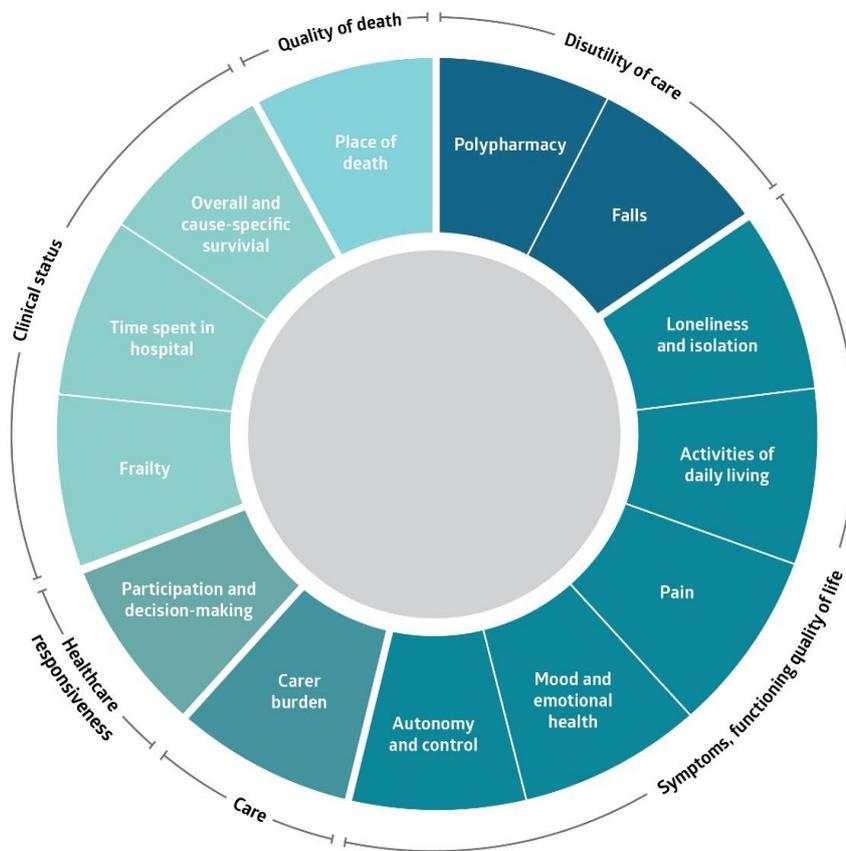


Figure 2 - Indicator Framework

Illustration based on the ICHOM Standard Set of outcomes for Older people.

The initiative describes the different phases in an older person's health journey and is seen below.

The views of older people and health providers concurred over the need for much greater focus on the 'Living Well' phase of an older person's health journey.

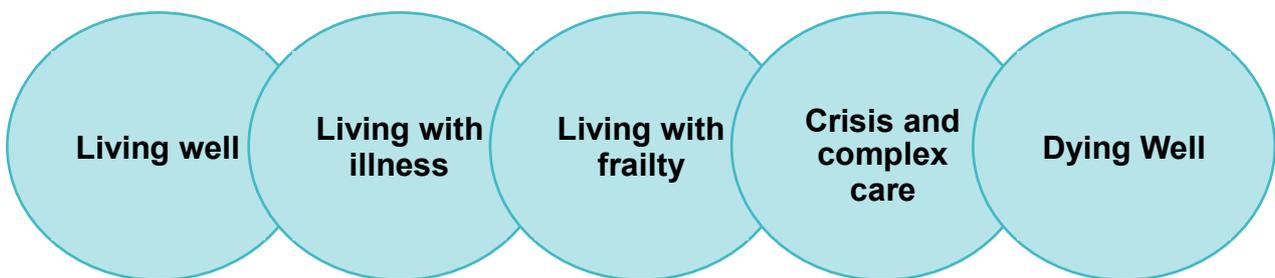


Figure 3 - Older person's health journey

Outcomes focus

The initiative is focusing on current and future interventions which, based on international evidence, would reduce unnecessary hospitalisation of this cohort. To guide all activities, an indicator framework that balances 'system' outcomes (such as hospitalisation) with outcomes that matter most to patients (such as autonomy and pain).

Funding

The current funding arrangements incentivise volumes of services delivered which drives over servicing and inappropriate care. The initiative intends to shift the funding incentives from the current focus on activity, toward a focus on value and outcomes that matter to older people. The two lead organisations are establishing a regional funding capability that is able to more closely link regional planning mechanisms with resource allocation. The current pattern of care for this population costs \$140m per year in emergency department and inpatient costs alone. The initiative intends to create a funding pool based on anticipated income growth from price and population changes, but uncouple the funding from its current focus on service volumes to allow more rational allocation to support greater care at home. This funding arrangement will be conditional on satisfactory performance in relation to agreed outcome measures and their associated indicators, rather than the volume of services delivered.

Information

Health sector information is in silos which is hampering understanding and effective management of the whole patient journey. The initiative includes the development of a 'whole of system' information platform. It includes reporting on progress being made towards the individual items on the outcome indicators above.

People centred

Older people are very active participants in the system co-design process and the outcome indicators are focused on 'what matters' to older people.

The ongoing governance of the initiative involves the Health Alliance's Older Persons core group, which has wide sector input and includes older people representatives.



Figure 4 - Eric Jesson and Laurel Scott, consumer and carer representatives

Approach to quality of care

The Ageing Well Initiative takes a comprehensive approach to quality and safety, by using a six dimensional quality framework; effectiveness, efficiency, equity, safety, appropriateness, sustainability. It has taken this approach due to the complexity of the current aged care system. Interventions in one domain (such as efficiency) may be having a negative impact in another domain (such as equity).

Indigenous focus

Partnering with local Aboriginal and Torres Strait Islander organisations, the initiative aims to address the health inequities experienced by older Indigenous people. This includes a broader age range (aged 50 and above) which reflects the need to respond to the existing gap in life expectancy between Indigenous and non-Indigenous older people. Older Indigenous people express a cultural need to be safely cared for in their community. This will ensure an ongoing cultural connectedness and enables fulfilment of their roles and responsibilities as Elders in the Indigenous community.

Approach to equity

Health for older people is profoundly influenced by their wider social environment. By taking a population health approach, the initiative will identify and target support for groups of people with the highest level of health needs. This includes people living in poverty and people from culturally and linguistically diverse and LGBTIQ+ communities. Connecting the health response seamlessly to the social response (such as access to My Aged Care) through improved care coordination is central to addressing the wider environmental determinants of health for these communities.

Changes to the system of care

In addition to the system level changes mentioned above (funding, information, leadership, outcomes focussed) the local health sector has agreed to pursue the following:

Increase system focus on 'Living Well'

This includes a number of initiatives underway, such as "Active at Home" to increase access to physical activity, as well as proposals such as social prescribing to improve access to physical activity, nutritional support and social connection.

"There is a lack of vision for older people. We are given two options by society and the media; go on a river cruise in Europe or go into a retirement village. We desperately need clearly articulated visions of growing older" – older person

End to end coordination and navigation

The initiative is working with existing care coordinators to improve the uptake of these activities and support patients and families with the tools to navigate the health and social supports available.

"People are absolutely amazed when you tell them what's available" – care coordinator

Improve hospital and primary care interface

Hospital specialists and GPs from the area have developed a blueprint on how they will use common language to proactively identify frailty, improve handover of care between the hospital and general practice and work as a team to improve patient outcomes.

Reduction of polypharmacy

A collaborative group from across the sector are working to improve pharmacological management and reduce harm from polypharmacy.

"Often in the current system we are waiting for crisis to occur so then we can intervene and access services"

"We're asking our patients to change across settings, why don't we [doctors] change against settings?" – local GP

Identification and improved response by health workers to the onset of frailty and cognitive decline

Currently, when an older person becomes frail, the health system response tends to follow specific disease states, and fails to address the multisystem dimensions of frailty. This then leads to a loss of focus on what matters most to the patient, polypharmacy and at times, futile care. Often cognitive decline is not recognised or responded to. The initiative is working with GPs and hospital specialists to identify the onset of frailty and respond with a comprehensive assessment and approach to care that is inclusive of but not restricted to addressing specific disease states.

Supporting additional projects

In addition, there are a number of projects already underway in direct support of the initiative, including:

- offering flu vaccinations for all formal and informal carers
- extending the operational hours of the Residential Aged Care District Assessment and Referral (RADAR) service
- developing standardised local pathways for end of life care

- increased use of RACFs for emergency respite and improved awareness, accessibility and sharing of Advance Care Planning documents.

Additional initiatives for development

Additional initiatives have been prioritised by stakeholders for further development in late 2019, including:

- improved access to competency-based training for RACF staff
- increased nursing workforce to support dying at home.

Reimagining RACFs

The core group is also considering how to reconceptualise the RACF as a place of re-ablement and integrating it more closely into the community. Elements discussed include:

- continuity and availability of GP care from a known practitioner, especially after hours
- geriatrician ward rounds of RACFs to support general practice care in this setting
- older people moving more easily between RACF and community settings (both ways)
- staff training, support and continuity, including clinical staff to respond to need and work with other professionals (include social workers to support families and more Nurse Practitioners)
- increased engagement with families at all stages of their stay, especially when the older person's condition changes
- recreate the village atmosphere, rather than the current institution focus i.e. animals, children and broader community access.

Supporting submissions

In addition to this submission on behalf of the Health Alliance, there are a number of recent relevant submissions from the PHN network, including:

- Queensland PHNs submission to the Queensland inquiry into aged care, end-of-life and palliative care and voluntary assisted dying.
- Brisbane North PHN and Brisbane South PHN joint submission to the inquiry into the effectiveness of the aged care quality assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practiced, submitted 30 November 2018.
- Joint response to the additional questions posed to Brisbane North PHN and Brisbane South PHN for the aforementioned inquiry, submitted 6 March 2019.

Recommendation to the Royal Commission

That the Commonwealth and State Governments support outcome focused regionally integrated approaches to improving the health and wellbeing of older people.

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