Australian Reforms to Community Aged Care – do they match the evidence?

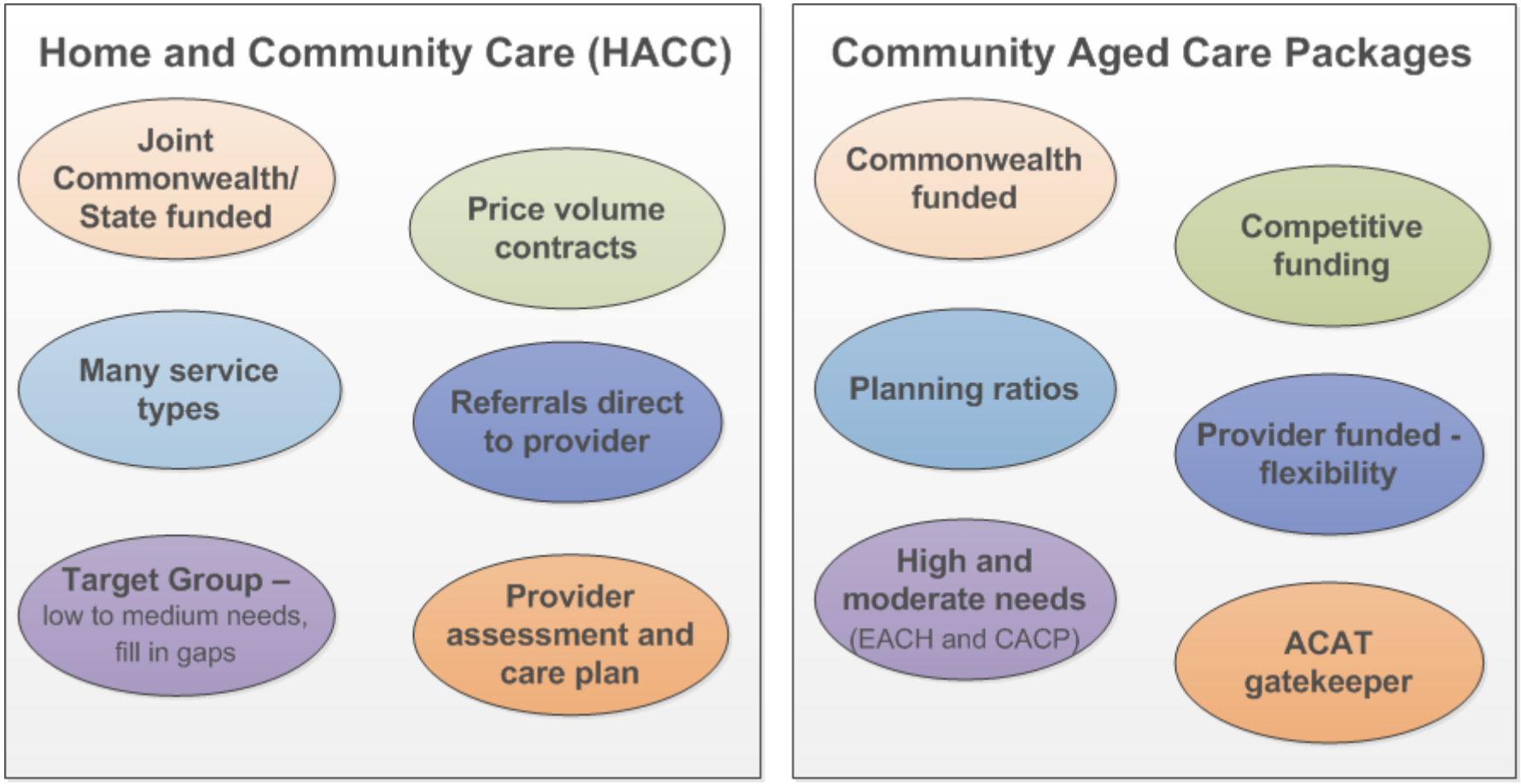
Prof Gill Lewin

TVN Annual Conference, Toronto 2015

Presentation Outline

- Australian Community Aged Care - as it was, the reasons for reform and as it will be
- Reablement/restoration - key principle of reform
- Evidence re. reablement/restorative home care
- Gaps in Translation

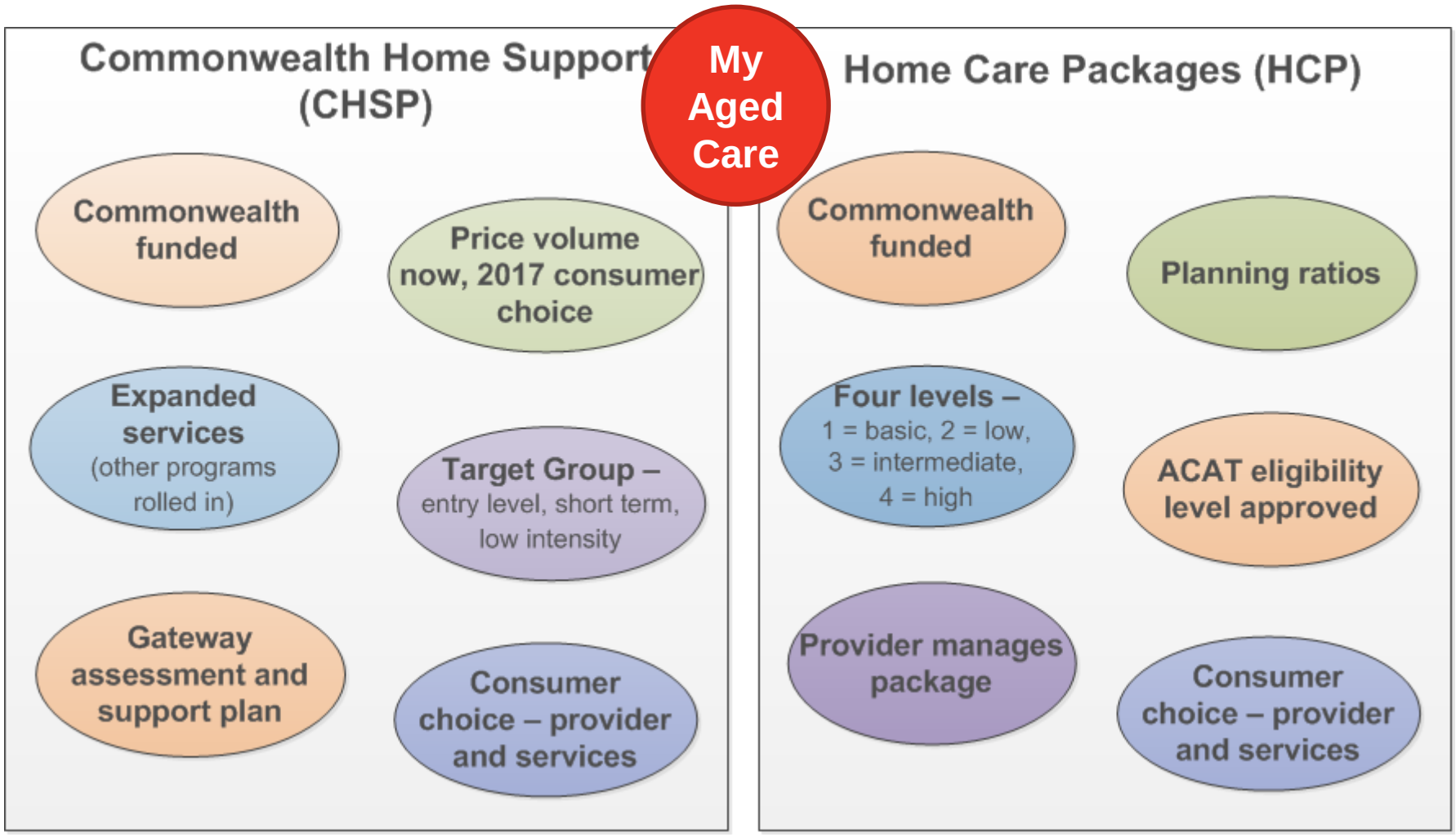
Australian Community Aged Care - Past



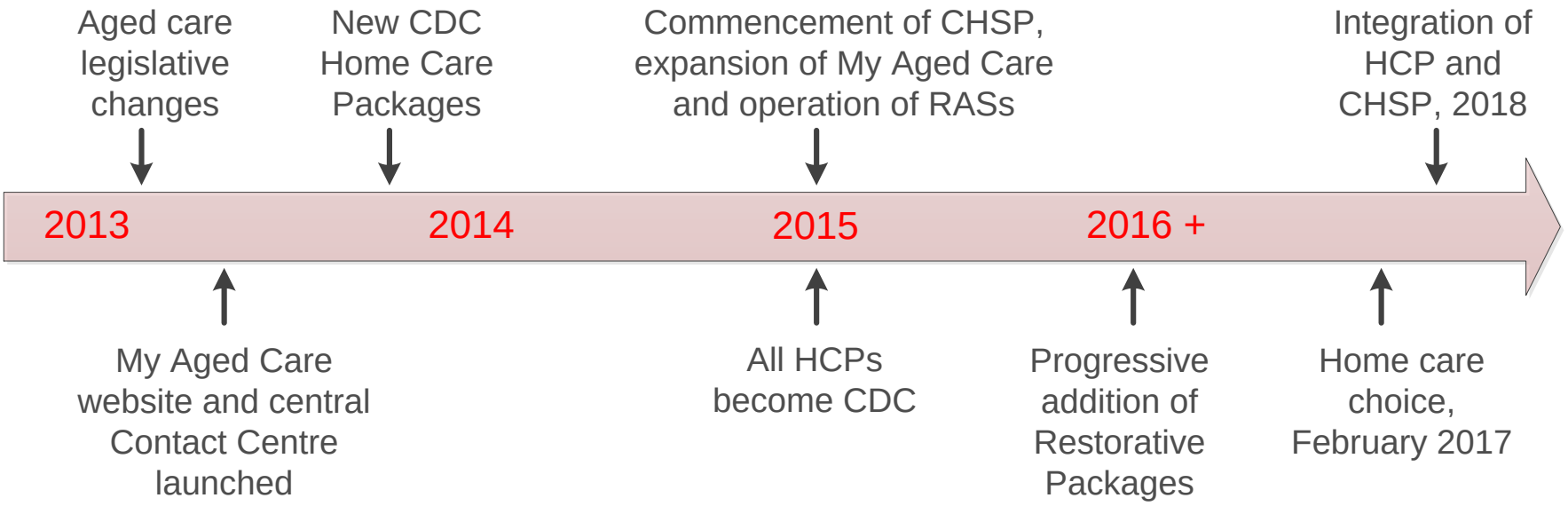
Why did we need reform?

- System complex and difficult to navigate
- Difficult to access and understand information about system
- Waiting times for assessment often excessive
- Limited consumer choice, provider driven, consumer passive not partner
- Lack of continuity of services
- Lack of incentives for providers to maintain/increase functional independence
- Inconsistent and inequitable pricing, subsidy and co-contribution schemes
- Fiscal pressures associated with ageing populations

Australian Home Care Reforms



Australian Home Care Reforms - Timeline



Curtin University

Silver Chain

Programme Principles

CHSP

- Promote max capacity + QoL
  - Involve client in meeting goals
  - Focus on retaining/regaining independence
  - Build on strength and capacity
- Individually tailor services
- Optimise choice and flexibility
- Agree time period and review points
- Support community/civic participation
- Promote strong partnerships/working relationships

HCP

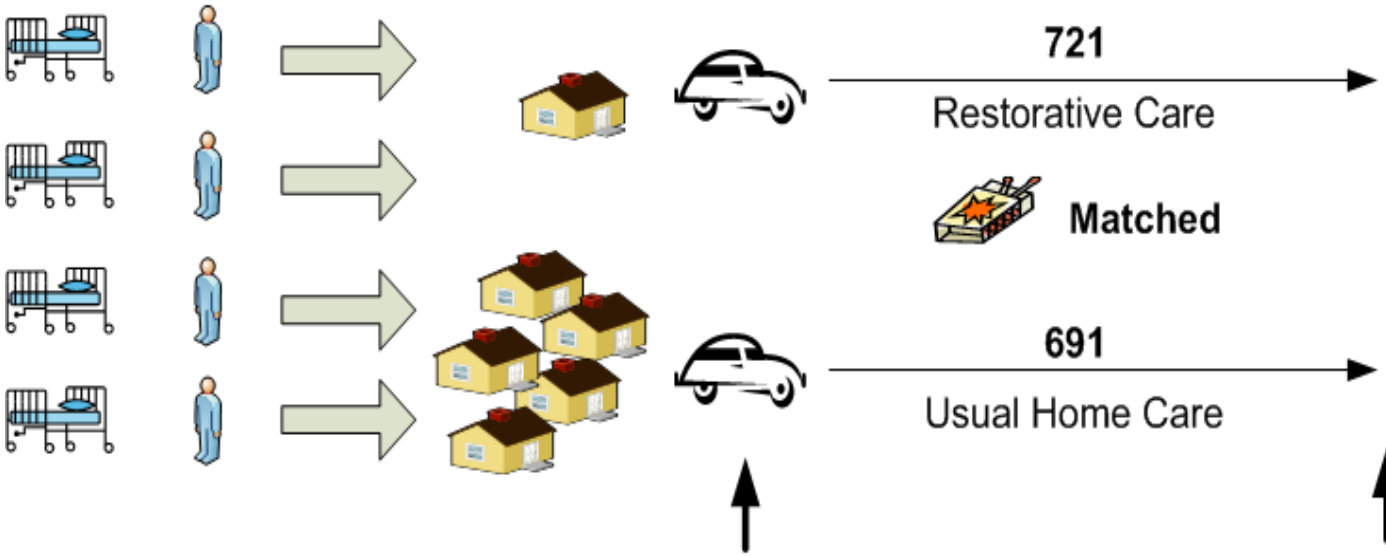
- Consumer choice and control
- Rights
- Respectful, balanced partnership
- Support community/civic participation
- Wellness and Re-ablement
  - Restorative/re-ablement framework
  - Maximise independence
  - Minimise reliance on services
- Transparency of budgets

Effectiveness of Reablement/Restorative Services

Studies in Australia, NZ, US and UK have found:

- Improvements in everyday activities of daily living
- Increased wellbeing/quality of life
- Increased confidence to do things without falling
- Improved functional mobility
- Reduced likelihood of needing ongoing home care
- Reduced likelihood of admission to emergency department, hospital or nursing home
- Cost savings

Tinetti et al. Restorative Home Care in US



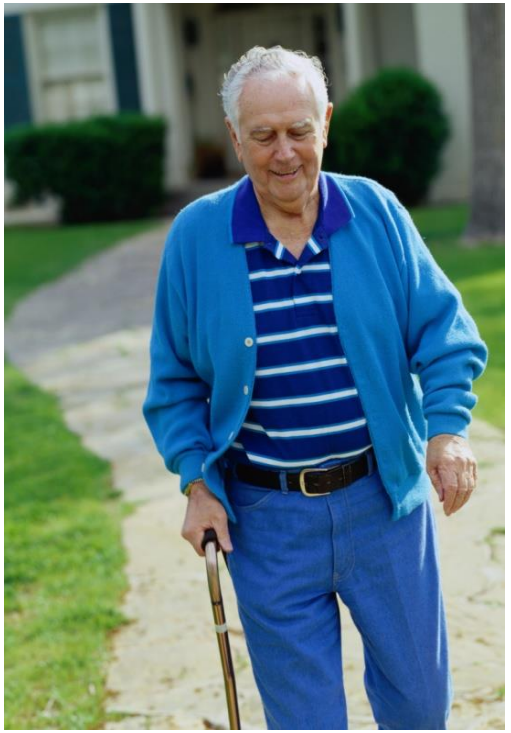
Entry Assessment
Oasis B MDS
ie Demographics
Health, Sensory and Cognitive Data
Self Care
Home Management
Mobility

Discharge Assessment
Oasis B Data
and
Destination (home/hospital)
LOS
ED and Doctor Visits

Tinetti et al. Results

Restorative compared to “usual home care” clients were:

- More likely to remain at home
- Less likely to have a visit to ED
- Discharged sooner
- More improved in home management
- More improved in mobility



Tinetti et al. Journal of the American Medical Association (2002) 287, 2098–2105.
Tinetti et al. Journal of the American Geriatrics Society (2012) 60, 1521–1526.

Reablement in the UK

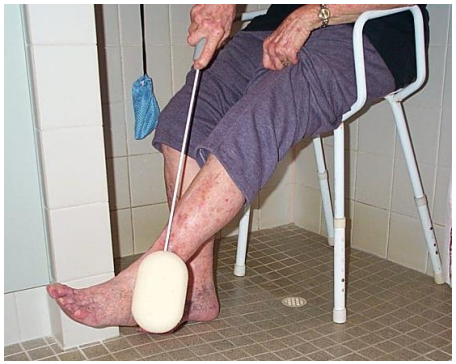
- Emphasis on prevention and rehab for 15 yrs
- Social (Home) Care responsibility of Local Authorities
- Most Local Authorities have a Reablement team
- Reablement trained staff (non-health professionals), 6-8 weeks, OT support
- Targeted at either community/hospital referrals
- If needed, ongoing care provided by independent home care provider

UK Reablement Results

- Retrospective analysis of 4 sites:
  - 53-68% no need for ongoing care
  - 36-48% didn't need home care for 2 years
  - Delay in need for those who did
- Prospective study:
  - Significant improvements in:
    - self-rated health
    - quality of life
    - care outcomes
  - Savings of 60 per cent on later social care spend
- LAs optimistic about savings
  - Lewisham anticipates 3 million/yr, North East Region 15-20 million

HIP Care Model

- Early intervention
- Restorative
- Multidimensional
- Interdisciplinary
- Goal oriented
- Evidence-based
- Time limited



Curtin University

Silver Chain

HIP Randomised Controlled Trial (RCT)

Randomised

375
HIP
150 HIP

Recruited to
Sub-groups

375
HACC
150 HACC

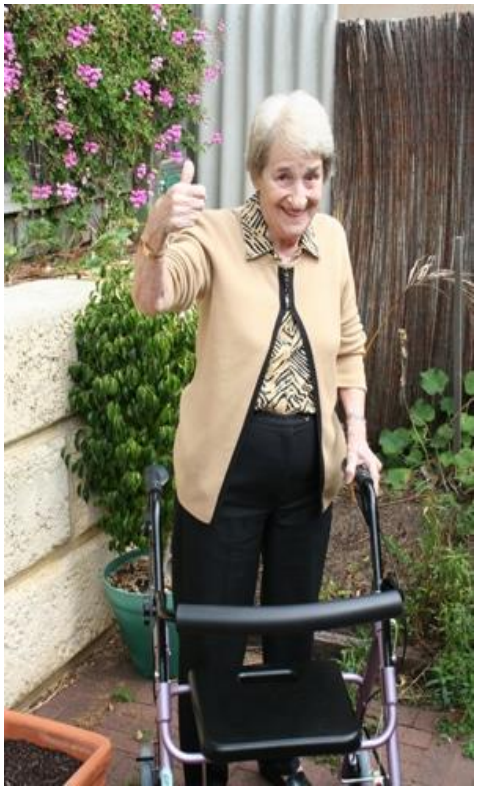
Over 65 yrs
Living in community
Referred for
personal care
No dementia

Eligibility
assessment
Demographics
Dependency

At discharge/1 year
Service use
Service outcome

Home visits at start,
3 months, 1 year
IADL, ADL, MFES,
TUG, AQOL

HIP RCT Results



HIP vs HACC were:

At 3,12 + 24 months:

- Less likely to be receiving home care
- More likely to be independent in showering

At 12 months:

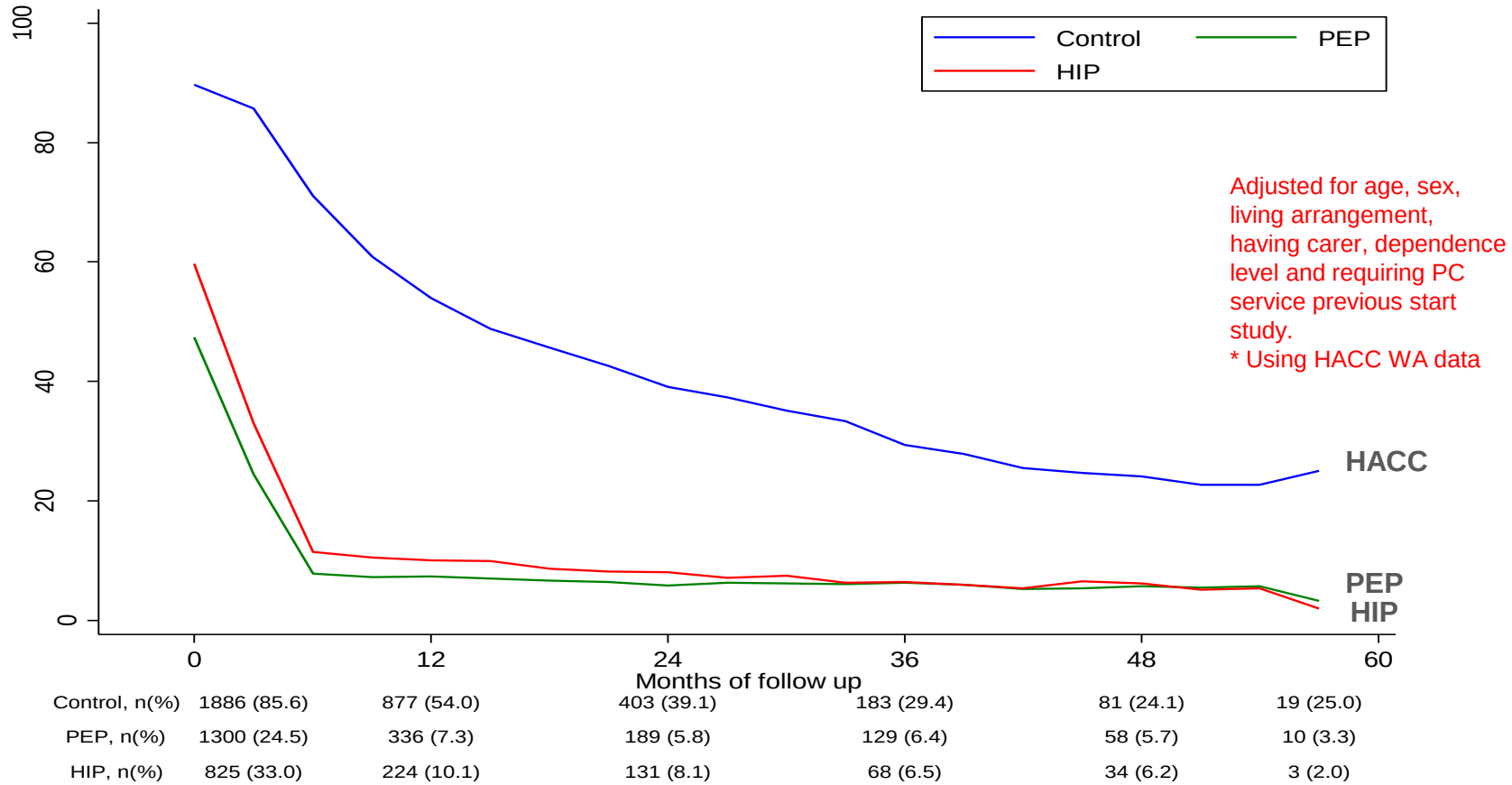
- More improved in IADLs

At 12 + 24 months:

- Less likely to have visited ED
- Less likely to be ACAT assessed as hi care
- Cheaper in terms of health and aged care costs

Lewin et al. Health and Social Care in the Community (2013) 21, 69–78
Lewin et al. Health and Social Care in the Community (2014) 22(3), 328–336

Retrospective Study - PC Use: HIP, PEP, HACC clients

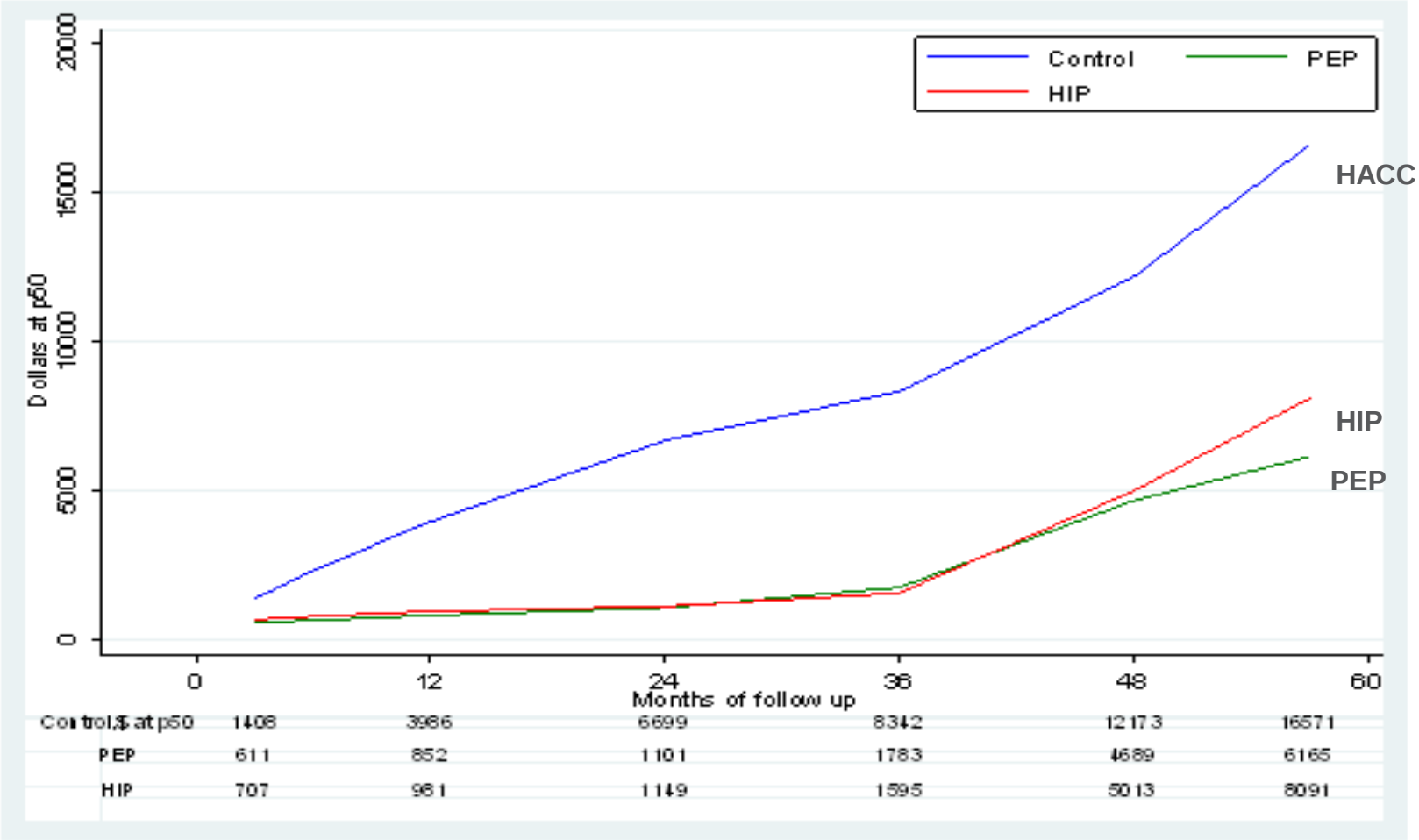


Adjusted for age, sex, living arrangement, having carer, dependence level and requiring PC service previous start study.
* Using HACC WA data

Control, n(%)	1886 (85.6)	877 (54.0)	403 (39.1)	183 (29.4)	81 (24.1)	19 (25.0)
PEP, n(%)	1300 (24.5)	336 (7.3)	189 (5.8)	129 (6.4)	58 (5.7)	10 (3.3)
HIP, n(%)	825 (33.0)	224 (10.1)	131 (8.1)	68 (6.5)	34 (6.2)	3 (2.0)

Lewin, Alfonso & Alan. Clinical Interventions in Aging (2013) 8: 1273–1281

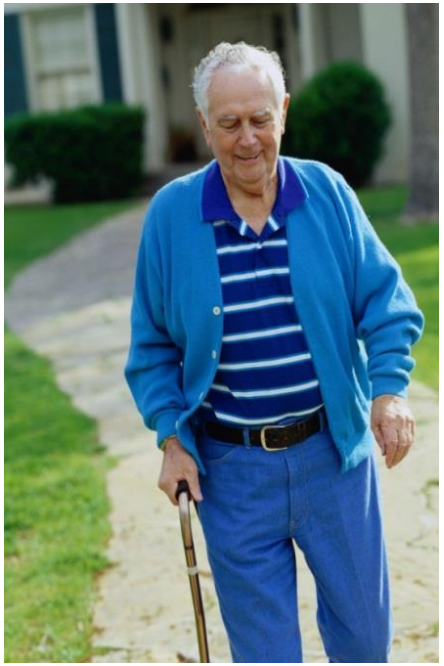
Adjusted Median Cumulative HACC Cost



Lewin, Arrese & Atlantis Clinical Interventions in Aging (2013) 8: 1273–1281

Key Aspects of Evidence

- Target groups had ADL difficulties
- Way services worked – no choice of approach
- Entry pathway
- Short term intensive
- Targeted interventions
- Expectations critical



Curtin University

Silver Chain

Reforms - Evidence Gap

- Rhetoric re. approach not short term intervention
- Limited restorative packages
- Not part of entry pathways
- Choice at forefront
- Design discourages independence

Curtin University

Silver Chain

What we are doing to close the gap

- Current - RAS Reablement Trial i.e. at entry to CHSP
- Future - Trial of Reablement at entry to HCP

THANK YOU FOR LISTENING

Any follow up questions

Please contact me

Gill.Lewin@silverchain.org.au

Curtin University

Silver Chain