



Aged Care Funding Reforms

1 December 2021

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Australian National Aged Care Classification (AN-ACC) Shadow Assessment Quality Assurance

Mark Richardson – Assistant Secretary, Residential Funding Reform

AN-ACC Shadow Assessment period

- Commenced on 6 April 2021
- As at Friday 26 November, 98,730 AN-ACC classifications assigned along with 3,095 AN-ACC respite classifications
- AN-ACC assessments are conducted by independent assessors engaged through one of the six Assessment Management Organisations (AMOs) contracted by the Department
 - Access Care Network Australia Pty Ltd
 - Australian Healthcare Associates Pty Ltd
 - Care Tasmania Pty Ltd t/as Care Assess
 - Health Administration Corporation as represented by NSW Ministry of Health
 - Healthcare Australia
 - Serendipity (WA) Pty Ltd t/as Advanced Personnel Management.

AN-ACC Quality Assurance project components

1. Recruitment of experienced and highly qualified assessors
2. Mandatory assessor training in the assessments and the AN-ACC tool
3. Departmental support, both clinical and general for assessors
4. Built-in validation rules in the AN-ACC assessment tool
5. Utilisation of a statistical data analytics tool to analyse assessment data
6. Dual assessments:
 - facilitated by the AMOs with their own assessors or with a Departmental assigned assessor for training or clinical purposes; or
 - inter-rater reliability (IRR) checks to ensure consistent outcomes.

AN-ACC Assessor training and departmental support

1. Assessors must have five years' minimum experience as a registered nurse, physiotherapist or occupational therapist delivering clinical services in aged care settings
2. Before conducting AN-ACC assessments, assessors must:
 - Attend a mandatory four day face-to-face training session delivered by La Trobe University and the Department
 - Undertake an exam on the AN-ACC assessment tools.
3. Departmental support for AMOs include:
 - Refresher training for assessors and clinical staff
 - Targeted Clinical Communities of Practice (CCoP) with individual AMOs, as well as across all AMOs.

Validation rules and statistical data analytic tool

4. The AN-ACC assessment tool has in-built validation rules to ensure data entered is internally consistent across the AN-ACC assessment instruments:
 - Amber alerts indicate a possible conflict that may be appropriate to override depending on the residents individual circumstances (such as dementia – cognitively frail and physically mobile)
 - Red alerts cannot be overridden.
5. The Department has engaged Taylor Fry to:
 - Develop the statistical data analytics tool (dashboard) to analyse de-identified AN-ACC shadow assessment data and validate outcomes
 - Conduct analysis and report on the outcomes on the Inter-Rater Reliability checks
 - Provide weekly and monthly reports to the Department highlighting anomalies for the Department to investigate and take action as required.

Dual assessments and inter-rater reliability checks

6. Dual Assessments

- Dual assessments for clinical or training purposes are facilitated by the AMOs either with their own assessors or with a Departmental assigned assessor
- Inter-rater reliability (IRR) checks are conducted to ensure assessment outcomes are reliable and consistent:
 - IRR assessments are conducted by two assessors on the same resident at the same time without consulting on assessment outcomes during the assessment
 - Cohen's kappa is the most appropriate measure of reliability available for the purpose of IRR on AN-ACC assessments
 - A trial IRR was conducted in August on approximately 200 assessments. Using the Cohen's kappa, the result of this trial met the acceptable threshold of 70% for human-to-human observations
 - Further IRR checks commenced in mid-November. This check will be conducted on approximately 400 assessments over a six-week period.

Findings of AN-ACC Quality Assurance project to date

Key results of the QA project to date:

- Out of over 250 assessors only four (4) have shown to be inconsistent with the remainder of the assessor cohort
- Inconsistencies have only been found broadly in facilities assessed in the first week of the Shadow period and will be recommended for re-assessment prior to 1 October 2022
- Differences between the DEMMI scores from trial and shadow – analysis has shown more residents in Classes 7 and 8 for AN-ACC shadow:
 - It was found that this was due to a change in DEMMI training. For AN-ACC shadow assessments residents with dementia are now not able to be rated as DEMMI Independent mobility.

Important Note: Highlighted anomalies are a material statistical difference between expected and actual results. They are not a flag for incorrect assessments, they flag results that are different from what was expected and require further investigation.

Quality Assurance of AN-ACC Assessments

- The Department is committed to ensuring the integrity of the independent assessor workforce and the AN-ACC assessment outcomes
- Thorough analysis is conducted to understand/explain anomalies before any treatments are recommended
- Once the analysis is completed the Department may contact AMOs to understand if there are any other factors that need to be considered
- Anomaly treatments will be considered once the thorough investigations have been completed with informed conclusions and may include:
 - Amendments to IT business rules or AN-ACC policy and/or procedures
 - Refresher training for assessors and clinical staff
 - Recommendations for re-assessment
 - Targeted Clinical Communities of Practice (CCoP) with individual or all AMOs.

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What to expect from IHPA in aged care

James Downie

CEO

Independent Hospital Pricing Authority



IHPA

About IHPA

Governed by Pricing Authority

- 9 members
- Determinative powers

Independent agency

- Commonwealth funded
- Established 2012
- 65 staff → ~100 staff 2021/22

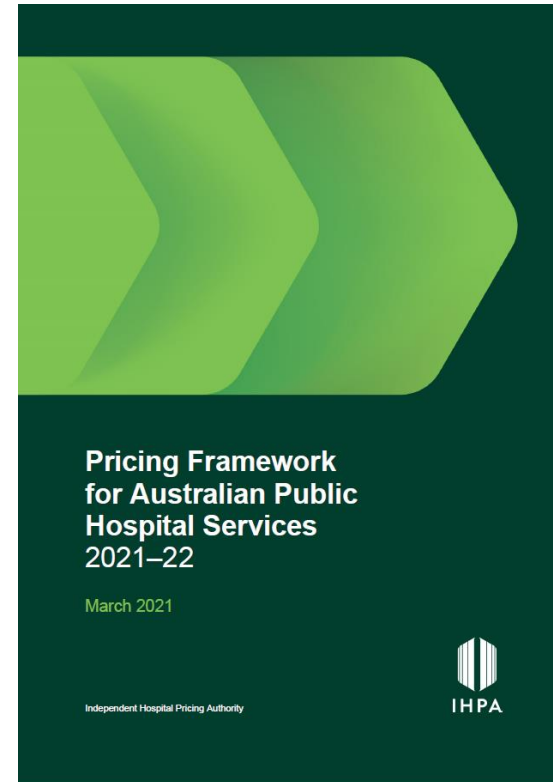
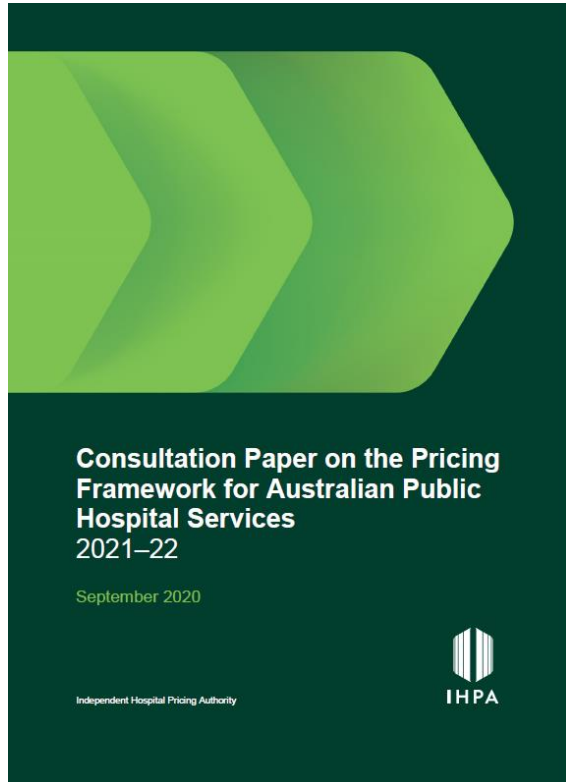
Budget Announcement

- AN-ACC from 1 Oct 2022
- IHPA functions expanded to become IHACPA
- Provide pricing advice for 1 July 2023
- Classification development
- Costing studies

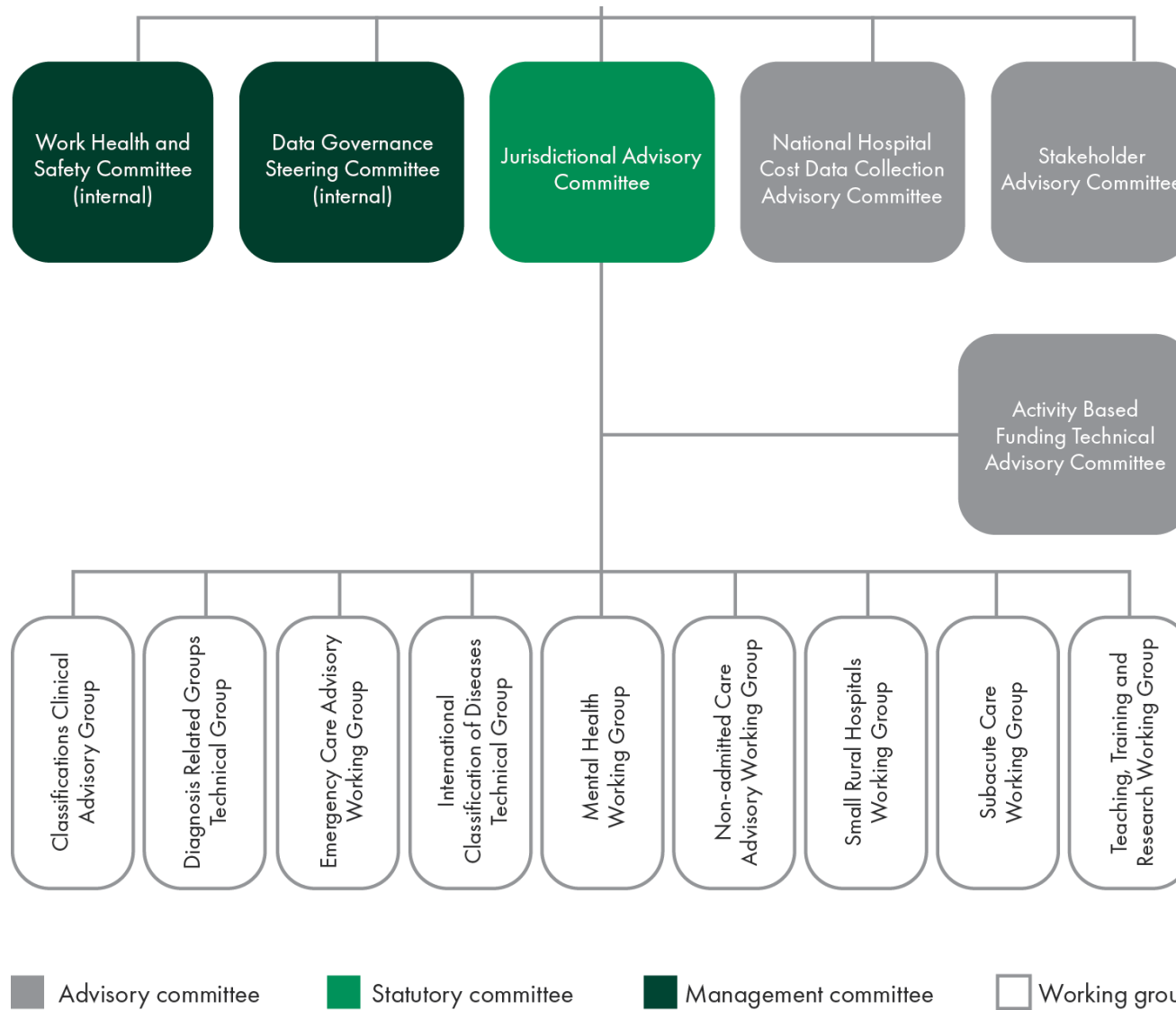
Key principles

1. Transparency
2. Evidence-based
3. Independence

Consultation is key...



Consultation is key...



Committed to transparency

**Pricing and
funding for safety
and quality**

Risk adjustment model for Hospital Acquired
Complications

Version 2
March 2018



**National Efficient
Price Determination
2018-19**

March 2018

**Technical
Specifications
2018-19**

National Pricing Model
March 2018



Data rules the roost

- System depends on good quality data:
- Activity data – AN-ACC assessment process
- Cost data – costing studies, financial returns

First 12 months

Pilot costing study

- PwC engaged
- Seeking pilot sites now
- Learn what will work in Aged Care

Large scale costing study

- Mid 2022
- Full coverage of size/type/location

Pricing framework

Consultation paper

- Key issues
- Proposed positions
- Genuine consultation and chance to debate issues

Pricing framework

- Key policy document underpinning pricing model

Tips for submissions

- Strong arguments back by data
- Focus on the top issues
- Propose solutions

Questions

www.iHPA.gov.au

Enquiries.iHPA@iHPA.gov.au



Financial transparency and prudential reforms

Jess Evans – Assistant Secretary, Structural Adjustment Strategy

Engagement Hub Consultation Contact

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Star Ratings and Quality Indicators

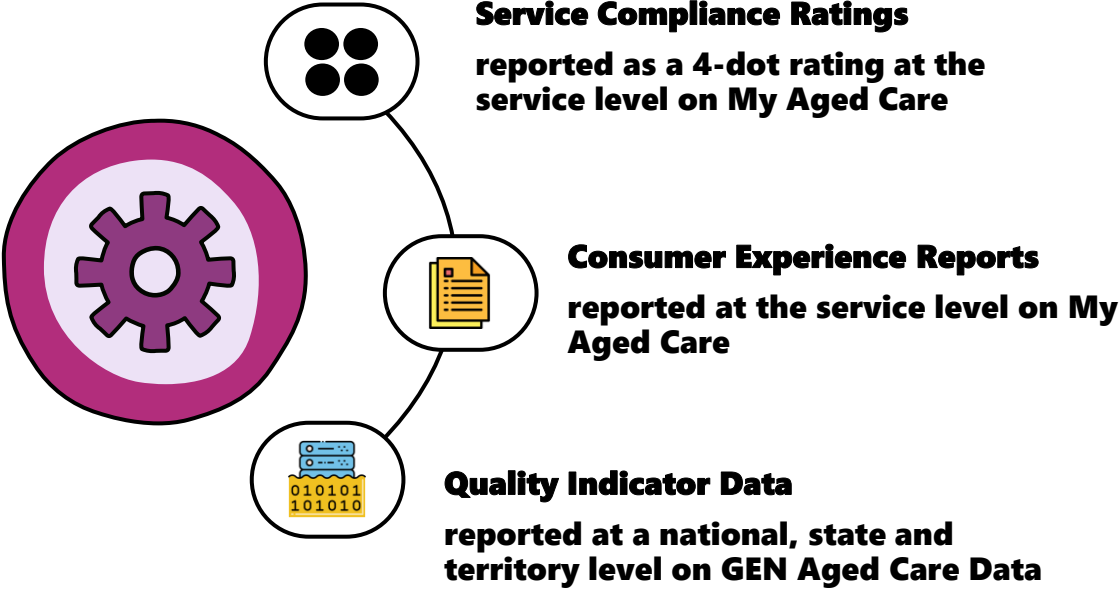
Empowering consumers of aged care with information to exercise choice

Joshua Maldon, Assistant Secretary of the Choice and Transparency

Royal Commission into Aged Care Quality and Safety

- Aged care **quality** should be **defined, understood, and capable of being measured**.
- Currently there is **a lack of information** about service quality to inform consumer choice, provider quality improvement, regulation and policy development.
- To have a consumer centred system, we need a **philosophical shift** and the **voices of people must be heard**.
- The Australian Government has responded including by publishing a **Star Rating system** for residential aged care services on My Aged Care by the end of 2022.

Existing publication of data



- Meets requirements
No areas for improvement identified in the most recent quality assessment.
- Some improvements needed
Some areas for improvement identified in the most recent quality assessment.
- Significant improvement needed
Current non-compliance notice
- Inadequate
Current sanction or Notice to Agree

What people said about 'Do staff treat you with respect?'

- 😊 62% said always
- 🙂 38% said most of the time
- 😐 0% said some of the time
- 😞 0% said never

Residential aged care quality indicators, pressure injuries, by state, April to June 2021

Indicator categories
Pressure injury stage 2



© 2021 Mapbox © OpenStreetMap

Pressure injuries per 1,000 care days*
0.24 0.55

Star Ratings ★ ★ ★ ★ ★

Published for all residential aged care services on My Aged Care, comprising:

- five quality indicators
- Service Compliance Ratings
- consumer experience
- staff minutes

Star Ratings will support senior Australians compare services and make informed choices

Consumer Experience Interviews (CEIs)

CEIs will be used to inform the Star Rating for residential aged care providers



A minimum of 10 percent of residents (for each aged care facility) are to be interviewed in 2022



Interviews are to be conducted at all residential aged care services in all regions across Australia.



Diverse representation ensure inclusion of Culturally and Linguistically Diverse and Special needs residents



Expected participation of all commonwealth funded residential aged care providers

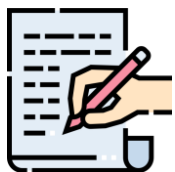


Commencing from early 2022

CEI's will inform the Star Rating



Consumer Monthly Reports



From July 2022, residential aged care providers will be required to provide consumer monthly reports

How do we build on existing communications practices?

Can consumers opt out?

Quality Indicator

**Quality indicators
measure outcomes
that impact on the
health and wellbeing
of aged care recipients**



Quality Indicator Program benefits



For government and policy makers

Provide nationally consistent quality measures across residential care services in Australia



Support sector-wide improvement and provide information about quality aged care



For residential care services

Provide robust, valid data to measure and monitor performance



Enable the use of quality data to identify and implement activities to improve quality of care delivered



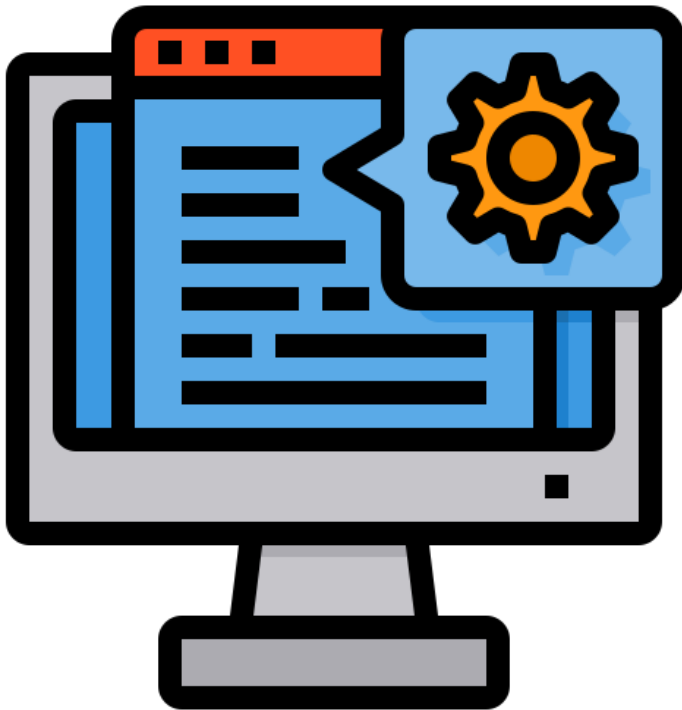
For consumers, care recipients and the community

Provide transparent information about quality in aged care



Enhance understanding of quality and assist decision making

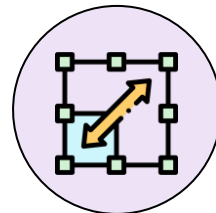
Quality Indicator Program Expansion



consumer experience and quality of life measures across residential and in-home aged care



additional quality indicators across **four critical care areas** in residential aged care services



expansion of the QI Program to report on **five critical care areas** of aged care in the home

Share your views

Project delivery will include the following opportunities to shape the development of Star Ratings and Quality Indicator expansion:



Consultations



Consumer focused workshops



Written Consultations



User Experience



Piloting

Communicate and Collaborate

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Thank you

If you have any questions after the session please send them to
communication.agedcare@health.gov.au