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Organisation name: (Enter N/A if this does not apply to you)	APodA
Your role: (Enter N/A if this question does not apply to you)	Advocacy and Policy
Which statement best describes your involvement with aged care?	I am from a peak body or similar organisation
What perspective do you represent?	Clinical workforce
If you work for a residential aged care provider, what type of organisation do you represent?	N/A
Are you located in a rural or remote area?	Prefer not to say
Are you a member of, or do you represent or provide specialist care to any of the following groups? (tick multiple)	N/A
Have you heard of the Independent Health and Aged Care Pricing Authority (IHACPA) or the Independent Hospital Pricing Authority (IHPA) prior to this public consultation?	Yes
How did you hear about this consultation?	Department of Health and Aged Care Newsletter Alert

<p>What, if any, may be the challenges in using the Australian National Aged Care Classification (AN-ACC) to support activity based funding (ABF) in residential aged care?</p>	<p>4.2 - Activity - Under the AN-ACC funding model, activity data from residential aged care providers will be reported to the Government. This will include data on the assessed AN-ACC classes of the residents as well as demographic and facility data. This data will form the basis of AN-ACC daily basic subsidies paid by the Government to providers. The intent of AN-ACC is to improve stability, fairness and access to health care across residential aged care in Australia. This is seen through the allocation of care minutes, which of course is connected to specifically allocated funding per resident. The concern resonating with this incomplete policy-focused funding approach is the limited understanding policymakers have of the immense impact allied health care has on aged care. The neglect to include allocated minutes for allied health within the care minutes amplifies the already resonant voice of policymakers which is the constant undertone of second-best. Instead of being a core attribute of multi-disciplinary care, allied health is reserved for a nice to have or luxury only afforded once. The APodA supports the focus on data as it will form the basis of AN-ACC, but there remains uncertainty regarding how it will represent the true operational nature of allied health.</p>
<p>What, if any, concerns do you have about the ability of AN-ACC to support long-term improvement in the delivery of residential aged care in Australia that is efficient, sustainable and safe?</p>	<p>The long-term sustainability and relevance of the AN-ACC model in supporting improvement in the delivery of residential aged care are underpinned by the ability to form a comprehensive nationally consistent allied health minimum data set. It is through collaborative efforts of supportive bodies such as AHPA and the associated peak bodies policymakers are able to approach a robust, appropriately represented allied health minimum data set, which will form part of the foundation of AN-ACC.</p>
<p>What, if any, additional factors should be considered in determining the AN-ACC national weighted activity unit (NWAU) weightings for residents?</p>	<p>NULL</p>

<p>What should be considered in developing future refinements to the AN-ACC assessment and funding model?</p>	<p>Areas for consideration in the development of future refinements to the ANACC assessment and funding model: Data integrity Data integrity is vital in supporting a sustainable approach to the refinement of the AN-ACC assessment and funding model. Data being the base of the AN-ACC assessment and funding model the need for accuracy, consistency and completeness of the information (data) is required in order to establish, maintain and refine effective price modelling now and into the future. - Appropriate representation: An appropriate representation of health services through data Mentioned under \,data integrity" the aim is for completeness when modelling data that supports the AN-ACC assessment and funding model. It is only through a national allied health minimum data set we are able to achieve an accurate foundation on which to develop future refinements of these new models. - Data transparency: Data transparency is a vital component of a sustainable approach to policy implementation, assessment and refinement. It is through the improvement of data transparency the nurturing of evidence-based decision-making will have an avenue to foster trust among patients, facilities, workers and policymakers. It has been indicated IHACPA is expected to commence a more comprehensive costing study later in 2022. As this study aims at collecting ide range cost data spread, focusing on appropriate cost data representation which in turn attempts to enable the IHACPA to confidently determine cost differentials. Pending the results of this study, a greater level of transparency and peak body involvement needs to occur in order to aid in maintaining a responsible approach to patient-centric care.</p>
<p>What, if any, changes do you suggest to the proposed principles to guide the development and operation of the Pricing Framework for Australian Aged Care Services?</p>	<p>NULL</p>
<p>What, if any, additional principles should be included in the pricing principles for aged care services?</p>	<p>Additional principles that may support a more sustainable approach to the pricing principles for aged care services could be: 1) Innovation – innovation is needed in order to remain relevant and sustainable. Innovation leads the way for research into evolving care approaches which could feed into the other principles of access to care, quality of care and value of care. 2) Data Integrity – the integrity of data to assist health services in meeting the requirements for accuracy, integrity and transparency. 3) Cultural sensitivity - Cultural sensitivity involves a balanced awareness of both patient and treatment culture. It is imperative to negotiate these interactions to improve patient information, compliance, satisfaction and improved health outcomes.</p>
<p>What, if any, issues do you see in defining the overarching, process and system design principles?</p>	<p>NULL</p>

<p>What, if any, concerns do you have about this definition of a residential aged care price?</p>	<p>Concerns regarding the definition of a residential aged care price are as follows: The term national efficient price was taken from the National health reform agreement which underpins the national system of activity-based funding for public hospitals, as there was no current definition for efficiency under NHRA. It became the responsibility of the IHACPA to determine and establish the definition. The concern surrounding this development and the aged care pricing advice is that it heavily focuses on improving efficiency but relies on its own definition, rather than a definition established through wider consultation. IHACPA proposes that initial recommendations for the price will reflect the need for facilities to sustainably meet direct care minute requirements as well as other factors required to support minimum care standards and quality improvement. Understanding this and the fact staffing ratios and minimum standards and the fact that calculated es per resident does not incorporate allied health services, this has the capacity to impact the efficiency and integrity of future benchmarking.</p>
<p>What, if any, additional aspects should be covered by the residential aged care price?</p>	<p>NULL</p>
<p>What, if any, concerns do you have about the proposed pricing approach and level of the residential aged care price?</p>	<p>NULL</p>
<p>How should 'cost-based' and 'best practice' pricing approaches be balanced in the short-term and longer-term development path of the Independent Health and Aged Care Pricing Authority (IHACPA)'s residential aged care pricing advice?</p>	<p>NULL</p>
<p>What should be considered in the development of an indexation methodology for the residential aged care price?</p>	<p>NULL</p>
<p>What, if any, additional issues do you see in developing the recommended residential aged care price?</p>	<p>NULL</p>
<p>What, if any, changes are required to the proposed approach to adjustments?</p>	<p>NULL</p>

What, if any, additional adjustments may be needed to address higher costs of care related to the resident characteristics?	NULL
What evidence can be provided to support any additional adjustments related to people receiving care?	NULL
What should be considered in reviewing the adjustments based on facility location and remoteness?	NULL
What evidence can be provided to support any additional adjustments for unavoidable facility factors?	NULL
How should any adjustments for quality and safety issues be considered in the long-term development path of AN-ACC and the associated adjustments?	NULL
Should hotel costs be incorporated into the AN-ACC funding model and what should be considered in doing this?	NULL
What should be considered in future refinements to the residential respite classification and funding model?	NULL
What are the costs associated with transitioning a new permanent resident into residential aged care?	NULL

<p>How might workforce challenges present in the implementation and refinement of AN-ACC for the aged care system?</p>	<p>Workforce challenges have a wide- and far-reaching impact on many areas within the healthcare system. Areas of consideration when addressing the implementation and refinement of AN-ACC for the aged care system are: - Reduced workforce availability will impact Overarching principles of care – specifically efficiency, quality and access. - Without allotted minutes for allied health services the risk is appropriate health services care will be substituted with lower-skilled, unregulated services - Possibly foster the stewarding of thin markets in the aged care sector A workforce that is able to work at top of scope, providing high-value, measured care will inevitably provide a more sustained approach to the field of aged care workforce than that of low-scope, low-value care. The challenges of workforce are multi-faceted. A high-value service comprehensive harmonious approach will be required in order to address the image of aged care health services and attract practitioners to the workforce: - High-value care – allowing practitioners to work to top of scope - Allied health-led co-morbidity comprehensive management plans (led and initiated) - Acknowledging allied health services through the allocation of defined minutes per day and staffing ratios Finally, a national workforce strategy for Allied health is imperative in order to establish a framework for the government to work with in order to ensure sector-specific workforce plans are data-driven, enable and activate the industry to drive change and successful use migration to complement an existing domestic workforce.</p>
<p>What areas should be included in the proposed five-year vision for IHACPA’s aged care pricing advice?</p>	<p>NULL</p>
<p>What would be considered markers of success in IHACPA’s aged care costing and pricing work?</p>	<p>NULL</p>
<p>Other comments</p>	<p>NULL</p>
<p>Please indicate if there are specific sections of your submission that you wish to remain confidential and the reasons for this.</p>	<p>NULL</p>
<p>I consent to IHACPA contacting me for further information or clarification about my submission.</p>	<p>Yes, I consent</p>
<p>Timestamp</p>	<p>44848.63056</p>