



**Continence
Foundation
of Australia**

Towards an Aged Care Pricing Framework

October 2022

Rowan Cockerell, CEO

SUITE 1, 407 CANTERBURY ROAD, SURREY HILLS, VIC 3127

Introduction

The Continence Foundation of Australia welcomes the opportunity to respond to the consultation on the development of the *Towards an Aged Care Pricing Framework* being undertaken by the Independent Health and Aged Care Pricing Authority.

The Foundation supports the decision to see the renamed Independent Health Pricing Authority take on the role to provide aged care costing and pricing advice to the Commonwealth Government. We see this as an important opportunity to ensure that the new classification system is informed by the actual costs of delivering care, including continence care, and that it recognises incontinence as a cost driver, and uses this to provide a comprehensive assessment for good continence management and adequate care planning within aged care services.

The Continence Foundation of Australia is the peak body for promoting continence (bladder and bowel control) health. The expertise of the Foundation is in education, awareness, advice information, advocacy, continence service provision, and more importantly, experience of putting people at the centre of program design, alongside representation in each state and territory. This means that we are best placed to represent the interests of individuals, carers, and health professionals in relation to continence and disability.

The Foundation's Submission:

The Foundation supports recommendations from the Royal Commission to establish an independent pricing authority for aged care services and supports the role the Pricing Framework will play in enabling aged care providers to deliver person-centred, quality care.

Good continence care and continence management is an imperative but often under-prioritised aspect in ensuring that the dignity, quality of life and mental and physical health of aged care residents who experience incontinence is protected.

The Foundation submits that continence care and incontinence management of Australians living in residential aged care should be prioritised, and that the Pricing Framework be informed by the cost of delivering safe and effective continence care and incontinence management to Australians living in residential aged care.

A New Funding Approach for Residential Aged Care

Whilst we support the transition to activity-based funding (ABF) for aged care, the Foundation holds significant concerns that AN-ACC, in its current form, does not reflect the true cost of supporting someone with their continence care and incontinence management. Explicit assessment for incontinence is missing from the AN-ACC assessment tool, making its capacity for evaluating incontinence weak and unable to provide an accurate picture of the complex needs of aged care facility residents.

The Foundation supports the overarching pricing principles which will underpin funding reform for aged care services.

- **Access to care** - The Foundation supports the respective roles of the health and aged care systems in delivering health care to people receiving aged care being clearly defined, well understood, and effectively carried out. Improved access to specialists, particularly in regional and rural areas, will also improve health outcomes. The assignment system should be designed to mitigate localised supply issues, ensuring efficient access to residential aged care

places. Better stewardship of the residential aged care market and facilitating a more competitive market to increase consumer informed access and care will help increase access.

- **Quality care** - The Foundation supports funding reform underpinning high quality and safe care, ensuring that any worker performing personal care work has the experience, qualifications, skills and training to perform the particular personal care work the person is being asked to perform. This should include the delivery of evidence-based, dignified continence care.
- **Fairness** - The Foundation agrees that ABF payments should be fair and equitable and should recognise the legitimate and unavoidable costs faced by some aged care providers. Consumer needs, choice and dignity should be placed at the centre of assessments and funding, and should acknowledge incontinence as a cost driver, and ensure each facility and resident is appropriately classified and adequately funded for safe and effective continence care and incontinence management.
- **Efficiency** – The Foundation agrees that the sustainability of the aged care system over time should be part of activity-based funding. This includes proper continence care and incontinence management, and not just a focus on containment. This will increase efficiency in staff time, increase the autonomy of residents and their quality of life, and decrease the use of aids and products, reducing the overall continence-related costs over time.
- **Maintaining agreed roles and responsibilities** – The Foundation agrees that the complementary responsibilities of each government agency and department in the funding and management of aged care services should be recognised in ABF design. The development of a quality care advisory body to oversee service providers in meeting Quality Standards will help facilitate ABF design and ensure that safe and effective continence care and incontinence management is included in activity-based funding.

The Foundation agrees that the residential aged care price should reflect the cost of delivery. Activity-based funding should reflect additional factors not incorporated into the average cost, and promote high quality and safe care, including continence care and incontinence management.

However, the capacity of the AN-ACC to evaluate incontinence is weak and does not provide an accurate picture of the complex needs of aged care facility residents, including those who experience incontinence. Implementing the residential aged care price to increase the standard of care delivered by aged care providers will only be successful if it acknowledges incontinence as a cost driver in residential aged care facilities. Appropriate continence care and incontinence management requires a comprehensive planning tool at the funding stage to enable adequate funding and assessment and promote appropriate care planning.

A lack of funding will result in continence care and incontinence management strategies limited to containment, rather than promotion of continence or maintenance of continence status.

The Impact of Incontinence in Residential Aged Care

Incontinence as a cost driver:

- Currently there is a lack of recognition of the time required by staff for management of incontinence and provision of appropriate continence care, resulting in a focus on containment care.
- Incontinence is one of the top three critical factors identified for older Australians needing to transition from home-based aged care to residential aged care¹.
- In Australia in 2003, \$1.27 billion which equated to 32% of the total basic residential aged care subsidy was used to address bladder and bowel management and assistance with toileting in RACFs².

- Insufficient funding will result in continence care and incontinence management strategies limited to containment rather than promotion of continence. Containment - which is the use of, or overreliance on, continence pads to contain urine or faeces - is a short-cut and minimalist model of care. Whilst it may be a useful strategy to achieve social continence, so any incontinence is not evident, it does not promote continence and may not consider people's rights to have their preferences actioned such as the right to access and use the toilet.
- However, continence care done well should reduce the costs associated with continence products, Urinary Tract Infections (UTIs), Incontinence Associated Dermatitis (IAD), and pressure injuries and generate savings long term. Effective care and treatment will also result in reduced costs by increasing the efficiency of staff time, increasing the autonomy of residents, and decreasing the use of expensive continence aids and products.
- In the *Interim Report: Neglect* released by the Royal Commission into Aged Care Quality and Safety, poor continence management was listed as one of the 'major quality and safety issues' in aged care.³ The report also stated that: *It is shameful that such a list can be produced in 21st century Australia.*
- In the last quarter of 2018/2019, formal complaints to the Aged Care Quality and Safety Commission showed that for residential aged care continence management ranked in the top five most common issues subject to complaint.⁴

Limitations of the AN-ACC:

The Foundation is concerned that AN-ACC does not reflect the true cost of continence care and incontinence management. Funding calculated under this model may not provide enough funds for comprehensive care which may result in a higher risk of residents developing incontinence or deterioration of their incontinence, experiencing mental health issues due to incontinence and poor continence care, and staff missing symptoms which may indicate more severe and life-threatening disease, such as urinary sepsis or faecal impaction.

The capacity of the AN-ACC to evaluate incontinence is weak and does not provide an accurate picture of the complex needs of aged care facility residents. It relies purely on an assessment of mobility and the need for assistance to use the toilet, which are important but are not a complete assessment of good continence management. Without a comprehensive assessment tool at the funding stage, appropriate continence care and incontinence management will not be adequately assessed or funded, leading to inadequate care planning and therefore substandard delivery of care.

- Although the Aged Care Funding Instrument (ACFI) was very limited in terms of the number of questions about residents' continence status, it nevertheless, had a greater focus on continence issues in both direct and indirect measurements compared to the AN-ACC assessment tools.
- The AN-ACC tool measures toileting on a scale of 1-4 with 1 meaning the resident is independent or only in need of supervision and 4 meaning two or more persons are required to physically assist⁵. There is no continence-specific section included in the Resource Utilisation Groups – Activities of Daily Living (RUG-ADL) assessment.
- The AN-ACC funding assessment tool does prompt users to indicate whether the resident requires catheter or stoma care. However, when the AN-ACC funding assessment tool was being studied, very few residents actually required care for stomas (1.1%) or catheters (2.1%)³. As a consequence, these care needs were not identified as compounding factors and are not used to determine funding.⁶

- Additionally, the Australian Modified Functional Independence Measure (AM-FIM) prompts users to assess residents' independence for toileting and bladder and bowel management. However, again these care needs were not identified as compounding factors and are not used to determine funding⁷.

Conclusion

The Continence Foundation of Australia strongly recommends and urges that the Aged Care Pricing Framework identify incontinence as a cost driver, and ensure specific assessment for incontinence is included, utilising best practice continence tools.

The Foundation holds significant concerns that incontinence has not been adequately acknowledged in the AN-ACC, and that, further, the failure to ensure the necessary time, and resources and capacity for good continence care will have detrimental impact on the quality of life and care provided to aged care residents.

We welcome the Independent Health and Aged Care Pricing Authority's (IHACPA) role in aged care costing and pricing functions and ensuring that the new classification system (AN-ACC) is directly informed by the actual costs of delivering care. The Foundation supports the role the Pricing Framework could play in enabling aged care providers to deliver person-centred, quality care.

We will continue to monitor the development of the pricing framework and look forward to the opportunity to contribute to this and the broader aged care reform process.

References

1. Pearson J (J Pearson & Associates) (2003). Incidence of incontinence as a factor in admission to aged care homes. Prepared for the Department of Health and Ageing. Canberra: Australia Government Department of Health and Ageing.
2. Australian Institute of Health and Welfare. Incontinence in Australia. 2013. Available from: <https://www.aihw.gov.au/reports/disability/incontinence-in-australia/contents/table-of-contents>.
3. Royal Commission into Quality and Safety in Aged Care. *Interim report: neglect*. Commonwealth of Australia: 2019.
4. Australian Government Aged Care Quality and Safety Commission. *Residential care sector performance April – June 2019*. Available from: https://agedcarequality.govcms.gov.au/sites/default/files/media/ACQSC%20Sector%20Performance%20Data_April%20-%20June%202019.pdf [Accessed Sept 2022].
5. Loggie C et al. (2019) AN-ACC Technical appendices. The Resource Utilisation and Classification Study: Report 7. Australian Health Services Research Institute, University of Wollongong. ISBN: 978-1-74128-301-3
6. O'Connell, B, Ostaszkiwicz, J, Hawkins, M. A suite of evidence-based continence assessment tools for residential aged care. *Australasian Journal on Ageing* 2011; 30(1):27-32.
7. Wagg AS, Hunter KF, Poss JW, Estabrooks C. From continence to incontinence in nursing home care: the influence of a dementia diagnosis. *Alzheimer's and Dementia: The Journal of the Alzheimer's Association*. 2016;12(7):265-266.