

Consultation Paper on the Pricing Framework for Australian Residential Aged Care Services 2024-25

Questionnaire

Please read the following information before making your submission to this public consultation.

About your submission

Your feedback will contribute to the development of the *Pricing Framework for Australian Residential Aged Care Services 2024-25* (the Pricing Framework), which will guide the Independent Health and Aged Care Pricing Authority's (IHACPA's) approach to developing its aged care pricing advice for residential aged care and residential respite care.

Before completing the questionnaire, you should read the [Consultation Paper on the Pricing Framework for Australian Residential Aged Care Services 2024-25](#) (the Consultation Paper).

This survey includes all 11 questions from the Consultation Paper. You are encouraged to respond only to questions of interest or relevance to you. You do not need to respond to all questions.

IHACPA has also included some questions that seek information about you, your role and your perspective. Answers to these questions will help us understand and contextualise your response. We would also like you to provide your name and email contact details so that we may contact you if we have any questions about your feedback. **All questions are optional**, however responses that do not include answers to these questions may be given reduced weight in our analysis and the development of the Pricing Framework.

Publication of submissions

All submissions, including the respondent's name and/or organisation name, will be published on IHACPA's website unless respondents specifically identify sections that they believe should be kept confidential due to commercial or other reasons. You should not include any sensitive or private information about yourself or your organisation that you do not wish to be publicly available.

We may use your details to contact you regarding your submission but we will never share any of your contact details or make your email or phone number public, abiding by our [Privacy Policy](#). Email addresses and phone numbers will be redacted or removed when submissions are uploaded to the IHACPA website.

Certain information in submissions may need to be withheld from publication in some circumstances, if it:

- may contain information that is commercially sensitive.
- is factually contentious - contains data, methodologies or processes that are likely to be contestable by another party on the basis of a fact.
- raises individual confidentiality concerns - contains information that, if released, may be in breach of confidentiality regulations.
- contains assumptions about likely legal or industrial determinations (for example wage increases) - information that, if released, may be used to prejudiced or influence determinations of other statutory agencies as representing an IHACPA position.

This questionnaire may take around fifteen minutes to one hour to complete, depending on the length of your responses and how many questions you choose to answer. We recommend copying your responses into a separate document in case you have any problems submitting your responses.

You are also welcome to make a submission by email to submissions.ihacpa@ihacpa.gov.au. If responding by email or mail, please attach a copy of the questionnaire to your submission.

Start your submission

1.Full name

Dr Angelo Papageorgiou

2.Email address

[REDACTED]

3.Phone number

[REDACTED]

4.State or territory (please choose one option)

- NSW
- Victoria
- Queensland
- South Australia
- Western Australia
- Tasmania
- Northern Territory
- Australian Capital Territory

5.Organisation name (enter N/A if this does not apply to you)

SA Oral Health Plan Monitoring Group - Older Person's Expert Working Group

6. Your role (enter N/A if this question does not apply to you)

Chair of Older Person's Expert Working Group

7. Which statement best describes your involvement with aged care? (please choose one option)

- I am an aged care resident or person receiving care
- I am a carer and/or family member of a person receiving care
- I am from a peak body or similar organisation
- I am from a professional college or association
- I work for a medium or small residential aged care provider
- I am an approved provider for residential aged care
- I work for a home care provider
- I am a health professional/clinician
- I work for a Commonwealth, state or territory government department or agency
- I work for a Primary Health Network (PHN)
- I work for a Local Health Network (LHN) or public hospital
- I work for a private hospital or private hospital association
- I work with a research institute, organisation, university, policy institute or consulting group
- I work for an information technology provider
- I am from the general public
- Other (please specify)

If other please provide details:

Older Person's Expert Working Group comprises clinicians providing care to aged care residents, aged care provider representatives, and policy members from state government departments

8. What perspective do you represent? (please choose one option)

- People receiving care/aged care residents
- Carers and family members
- Aged care providers
- Clinical workforce
- Non-clinical workforce
- Australian Government
- State or territory government
- General public
- Other aged care stakeholder (please specify)
- Other (please specify)

If other please provide details:

The Older Person's Expert Working Group comprises clinicians providing care to aged care residents, aged care provider representatives, and policy members from state government departments

9.If you work for a residential aged care provider, what type of organisation do you represent? (please choose one option)

- Government-owned
- Private
- Not-for-profit
- N/A
- Prefer not to say

10.Are you located in a rural or remote area? (please choose one option)

- Yes (please specify)
- No (please specify)

Please provide details:

Members of the Older Person's Expert Working Group work across metropolitan and regional settings

11.Are you a member of, or do you represent or provide specialist care to any of the following groups? (tick multiple)

- Aboriginal and Torres Strait Islander peoples
- Culturally and linguistically diverse communities
- People with dementia
- People experiencing or at risk of homelessness
- LGBTQI+ people
- Veterans
- N/A
- Other (please specify)

If other please provide details:

[Click or tap here to enter details.](#)

12.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
- No

13.How did you hear about this consultation?

- Social media (please specify)
- Department of Health and Aged Care Newsletter Alert
- Independent Health and Aged Care Pricing Authority email or letter
- Peak body or similar organisation
- Commonwealth, state or territory government department or agency
- Another aged care provider
- Other (please specify)

If you selected social media or other or please provide details:

Working group member

Consultation questions

Principles for activity based funding in aged care

14. What, if any, changes do you suggest IHACPA consider for the residential aged care pricing principles? (maximum: 5,000 characters)

The residential aged care pricing principles appear broadly fit for purpose. The core issues of our feedback relates to the second overarching principle - quality care. With updated Aged Care Quality Standards, we believe a review of the AN-ACC assessment process is required to specifically assess requirements outlined in the Standards, particularly in relation to clinical care requirements. Within this, an assessment of oral health status and assistance required which could subsequently inform care minute allocation and resident need should be incorporated.

The Australian National Aged Care Classification funding model

15. Do the current Australian National Aged Care Classification (AN-ACC) classes group residents in a manner that is relevant to both care and resource utilisation? (that is, require the same degree of resources to support their care delivery). What evidence is there to support your answer? (maximum: 5,000 characters)

As we are not aged care providers, we do not have a specific opinion on whether the classes, group residents appropriately.

16. What, if any, factors should IHACPA consider in future reviews of the AN-ACC classes? (maximum: 5,000 characters)

Within the assessments of a resident's functional, cognitive and physical capabilities, we would advocate for an explicit assessment of how these capabilities impact the resident's ability to perform their own daily oral hygiene, and/or to inform the level of assistance which may be required to perform this task. This would then in turn influence the appropriate class in which the resident is placed, thereby ensuring the care minutes and funding is reflective of the whole care requirements of the resident. This would be consistent with the revised Aged Care Quality Standards, specifically section 5.5.6 Oral Health.

There may well be other elements of the revised Aged Care Quality Standards (specifically Outcome 5.5 Clinical safety) which also require explicit assessment to inform the AN-ACC class.

17. Are there any other legitimate or unavoidable costs associated with a permanent resident's stage of care? For example, entry into or departure from a service. (maximum: 5,000 characters)

We believe if the AN-ACC class appropriately assesses a residents requirements for assistance in completing daily oral hygiene, then this should flow through to AN-ACC class, and therefore pricing and care requirements including care minutes allocated per resident per day to support these tasks. The provision of and access to the required oral health

products, aids and equipment (which may include non-standard items such as non-foaming toothpaste for residents with swallowing difficulties) should be considered in either the resident expenses component of care or specifically in the hotel costs, noting that Toiletry goods are listed as Item 1.9 in the Hotel Services component of the Schedule of care and services.

18. Are there any other legitimate or unavoidable costs associated with a respite resident's stage of care? What evidence is there to support your answer? (maximum: 5,000 characters)

As per permanent residents.

Developing aged care pricing advice

19. What, if any, considerations should IHACPA seek to review in its indexation methodology for its residential aged care pricing advice? (maximum: 5,000 characters)

We would encourage IHACPA to continue to mature its data collections regarding actual costs, and the provision of items that meet the Aged Care Quality Standards and individual resident needs to improve its ongoing indexation methodology.

Adjustments to the recommended price

20. What, if any, additional cost variations are associated with the provision of care to residents who require specialised services? What evidence is there to support this? (maximum: 5,000 characters)

We recognise that many residents of aged care require specialised services, and there are groups who are considered in particular need of additional services or have additional costs associated with the delivery of care (e.g. rural and remote). While some of these require adjustments to the Base Care Tariff, others may be best identified at a resident level and ensuring the AN-ACC assessment process appropriately identifies and classifies a person's care requirements may be an appropriate approach.

21. What, if any, care-related costs are impacted by service location that are not currently addressed in the Base Care Tariff (BCT) weighting? (maximum: 5,000 characters)

N/A

22. What, if any, evidence or considerations will support IHACPA's longer-term development path for safety and quality of AN-ACC and its associated adjustments? (maximum: 5,000 characters)

We are supportive of the longer term path to incorporate quality and safety adjustments into AN-ACC and associated pricing. For oral health, there is robust evidence of the bi-directional relationship between oral health and diabetes. There is also clear evidence of the impact of oral hygiene on pneumonia.

For information on the impact of oral hygiene in residential aged care and on resident health care status see, for example

[Dental status and its correlation with polypharmacy and multimorbidity in a Swiss nursing home population: a cross-sectional study - PubMed \(nih.gov\)](#)

[Oral Hygiene Reduces the Mortality from Aspiration Pneumonia in Frail Elders - PMC \(nih.gov\)](#)

[Association between oral health and frailty: A systematic review of longitudinal studies - PubMed \(nih.gov\)](#)

[The Bidirectional Relationship between Periodontal Disease and Diabetes Mellitus—A Review - PMC \(nih.gov\)](#)

[The Importance of Periodic Dental Control in the Oral Health Status of Elderly Patients - PMC \(nih.gov\)](#)

Priorities for future development

23. How could, or should the AN-ACC model be modified to be used for Multi-Purpose Services (MPS) and are there any factors that aren't accounted for under the AN-ACC model? (maximum: 5,000 characters)

N/A

24. How could, or should the AN-ACC model be modified to be used for the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and are there any factors that aren't accounted for under the AN-ACC model? (maximum: 5,000 characters)

N/A

Final questions

25. Other comments (maximum: 5,000 characters)

This submission is on behalf of the Frail Older Person's Expert Working Group, a working group of the South Australian Oral Health Plan (SAOHP) Monitoring Group. The working group is a collaborative, multidisciplinary group committed to advocating for and identifying opportunities to improve the oral health of frail older people, defined, for the purposes of the working group, as those living in a Residential Aged Care Facility (RACF) or receiving a Commonwealth aged care package.

All older people have the right to eat, talk, smile, chew food and live without oral disease as much as other age groups in our community. Oral health care as a priority should be maintained and be accessible to support older peoples' overall health and quality of life. To achieve this, a strong partnership between key aged care and oral health providers is required.

The working group made a submission to the Department of Health and Aged Care regarding the Revised Aged Care Quality Standards and were pleased to see the final version of the revised standards specifically include- and address- key oral health processes critical to maintaining the oral health of older people.

Implementation of these standards will go a long way to addressing the issues raised in the Royal Commission into Aged Care Quality and Safety, and ultimately to improving oral health status of this most vulnerable and overlooked group. However, in reviewing the standards and in discussion with our aged care service provider colleagues, we are concerned about the feasibility of implementation.

We note that as part of the Australian National Aged Care Classification (AN-ACC) assessment process, there is no specific assessment of oral health status or of the assistance required to undertake daily oral hygiene. Our concern is that without assessment of the status or assistance necessary, the allocation of care minutes and funding required to undertake this will be inadequately resourced and will therefore constrain the ability of aged care providers to fulfill their obligations under the new standards.

We note that in South Australia, the public sector aged care providers have successfully integrated the Oral Health Assessment Tool (OHAT) into the electronic medical record system (Leecare) and its implementation is currently being rolled out.

We hope that by providing a submission on the pricing framework, oral health status and assistance requirements can be embedded into the national assessment process to ensure care requirements are identified and resourced in a consistent manner.

26. Please indicate if there are specific sections of your submission that you wish to remain confidential and the reasons for this. (maximum: 5,000 characters)

N/A

27. I consent to IHACPA contacting me for further information or clarification about my submission.

Yes, I consent

Thank you for your submission

Your feedback will contribute to the development of the *Pricing Framework for Australian Residential Aged Care Services 2024-25* and a Consultation Report, which will both be published in early 2024.

If you have any questions or need to contact us about your submission, please email submissions.ihacpa@ihacpa.gov.au or phone +61 2 8215 1100.

If you would like to receive updates about IHACPA's work in aged care costing and pricing, please [subscribe](#) to our mailing list.

To participate in future aged care costing studies with IHACPA, please contact agedcarecosting@ihacpa.gov.au.

Ways to submit your response

- email this questionnaire to submissions.ihacpa@ihacpa.gov.au
- print this questionnaire and mail it to:
PO Box 483
Darlinghurst NSW 1300