



PRIMARY HEALTH NETWORKS AND AGED CARE

AHHA PRIMARY HEALTH NETWORK DISCUSSION PAPER SERIES: PAPER SEVEN

INTRODUCTION

In April 2015 the Commonwealth Health Minister, the Honourable Sussan Ley, announced the establishment of 31 new Primary Health Networks that will “*reshape the delivery of primary health care across the nation*”¹. Primary Health Networks (PHNs) are to be ‘outcome focussed’ on improving frontline services and ensuring better integrated care between primary and acute care services. Specifically the Minister stated that the Government seeks to “*ensure Australians are able to access the right care, in the right place, at the right time and Primary Health Care Networks form a core part of our plan*”².

In improving the delivery of local primary health care services, Minister Ley noted that the Government has set Primary Health Networks six priority areas for targeted work in:

- mental health;
- Aboriginal & Torres Strait Islander health;
- population health;
- health workforce;
- eHealth; and,
- aged care.

To facilitate discussion of the key challenges and opportunities arising from the establishment and operations of PHNs, this series of discussion papers published by the Australian Healthcare and Hospitals Association (AHHA) considers a combination of the critical success factors for PHNs and explores each of the priority areas in the context of organised primary health care in Australia.

The PHN program has the potential to make a significant positive difference in health outcomes for all Australians. This paper, **PHN Discussion Paper 7 - Primary Health Networks and Aged Care**, considers this topic in the context of organised primary health care in Australia and identifies key issues for exploration and resolution.

¹ Media Release “New Primary Health Networks to deliver better local care” Minister for Health (11/4/15)

² Media Release “New Primary Health Networks to deliver better local care” Minister for Health (11/4/15)

AGED CARE

The Australian population is growing and ageing³. The proportion of Australia's population aged over 65 year has grown from 8 per cent in 1970-71 to 14.4 per cent (or 3.3 million people) in 2013⁴. This trend is expected to continue, with the proportion of the population aged over 65 years projected to almost double to around 25 per cent of the total population by 2055⁵.

As they age, many Australians will experience chronic illnesses, disability, and/or physical or cognitive decline⁶. These Australians require varying levels of care and support, and aged care is the term for services provided to older Australians who "*either need some help at home or can no longer live independently*"⁷.

These services include a range of health and social care services, and are delivered by a mix of public, private and not-for-profit organisations (either community based or residential aged care⁸), as well as informal carers (family and friends). Presently, over one million older Australians receive formal aged care services, and by 2050 this number is expected to rise to over 3.5 million Australians using aged care services each year⁹.

However, predictions relating to the impact of an ageing population on aged care services are challenging. There is a complex array of factors that contribute, with conflicting trends appearing in the relationship between morbidity, longevity and disability:

- An increase in the survival rate of sick people would be expected to expand morbidity. However, there is no evidence of absolute expansion of morbidity or disability in Australia. While life expectancy has increased for both sexes, most of this increase corresponded with an *'increase in years free of disability and severe or profound core activity limitation'*.¹⁰
- A control on the progression of chronic disease would "*explain a subtle equilibrium between the fall of mortality and the increase in disability*".¹¹ However there is no evidence suggesting a 'dynamic equilibrium' in Australia. Rather, the number of years with severe limitations continued to increase slightly along with the increase in years lived with disability as a whole;¹² and

³ 2015 Intergenerational Report Australia in 2055. Canberra: Commonwealth of Australia; 2015.

⁴ Australia's fastest growing age group is 65 and over, ABS figures show. ABC News Online; Dec 2013.

⁵ 2015 Intergenerational Report Australia in 2055. Canberra: Commonwealth of Australia; 2015.

⁶ ARC Centre of Excellence in Population Ageing Research. Aged Care in Australia: Part 1 Policy, Demand and Funding. CEPAR; 2014.

⁷ Aged Care in Western Sydney: Care, Compassion and Dignity. Sydney: Western Sydney Medicare Local; 2014.

⁸ Australian Institute of Health and Welfare website – accessed June 2015

⁹ Productivity Commission Inquiry Report – Caring for Older Australians (2011)

¹⁰ Australian Institute of Health and Welfare. Healthy life expectancy in Australia: patterns and trends 1998-2012. Canberra: AIHW; 2014.

¹¹ Robine J-M, Michel J-P. Looking forward to a general theory on population aging. The Journals of Gerontology Series A: Biological Sciences and Medical Sciences. 2004;59(6):M590-M7.

¹² Australian Institute of Health and Welfare. Healthy life expectancy in Australia: patterns and trends 1998-2012. Canberra: AIHW; 2014.

- An improvement in health behaviours and the health status of older people would explain a compression of morbidity.¹³ However, there is no evidence of absolute compression of morbidity or disability in Australia (where the period living with ill-health and disability before death is shortened). Rather, gains in years with disability were no greater than increases in life expectancy.¹⁴

Regardless, the increased number of people and proportion of the population over 65 year and over 85 years means all services need to take more account of the needs of the old and the very old.

Services need to reflect consideration of^{15,16}:

- the significant increase in the number of older people
- the increasing incidence of age-associated disability and disease (e.g. dementia, stroke, COPD, diabetes), along with complex multimorbidity
- the rising expectations about the type and flexibility of care that is received
- community concerns about variability in the quality of care
- the expected relative decline in the number of informal carers
- the need for significantly more nurses and personal care workers with enhanced skills.

These issues are recognised as considerable and come with associated costs - *“Australian governments will face additional pressures on their budgets equivalent to around 6 percent of national GDP by 2060, principally reflecting the growth of expenditure on health, aged care and the Age Pension”*¹⁷. This projected increase in costs is further exacerbated by an anticipated reduction in government revenues - *“growth rates in output and income per capita are likely to slow, while increased demands on governments to fund age-related expenditure will generate fiscal pressures”*¹⁸. In summary, an ageing population will *“strain pension and social security systems, increase demand for acute and primary health care, require a larger and better trained health workforce and increase the need for long term care, particularly in dealing with dementia”*¹⁹.

PRIMARY HEALTH CARE AND AGED CARE

In responding to the challenges presented by an ageing population, the National Aged Care Alliance’s vision is to see that *“every older Australian is able to live well, with dignity and independence, as part of their community and in a place of their choosing, with a choice of appropriate and affordable support and care services when they need them”*²⁰.

¹³ Robine J-M, Michel J-P. Looking forward to a general theory on population aging. The Journals of Gerontology Series A: Biological Sciences and Medical Sciences. 2004;59(6):M590-M7.

¹⁴ Australian Institute of Health and Welfare. Healthy life expectancy in Australia: patterns and trends 1998-2012. Canberra: AIHW; 2014.

¹⁵ Productivity Commission Inquiry Report: Caring for Older Australians. Melbourne: Commonwealth of Australia; 2011.

¹⁶ Prince M, et al. The burden of disease in older people and implications for health policy and practice. The Lancet 2015;385:549-62.

¹⁷ Productivity Commission Research Paper: An Ageing Australia: Preparing for the Future. Melbourne: Commonwealth of Australia; 2013.

¹⁸ ibid

¹⁹ World Health Organisation website – accessed June 2015

²⁰ National Aged Care Alliance. NACA Blueprint Series: Enhancing the Quality of Life of Older People Through Better Support and Care. Canberra: NACA;2015.

In supporting this vision, *“Age appropriate primary care services need to be reorganised and trained, to better meet the needs of their increasingly aged clientele. Reforms should include a commitment to provide continuing care, capacity for outreach including home-based assessments, and holistic integrated care for patients with multimorbidities. Simple structured assessment and attention to underlying frailties (little mobility, undernutrition, pain, incontinence, and cognitive and sensory impairment) might promote increased attention to the needs of older people and limit disability and dependence”*.²¹

There are a range of factors for consideration by the primary health care sector and its interactions with the wider health care system. Similarly, these factors equally apply to the intersect between primary care services and aged care services, now and into the future. These factors include²²:

- providing care that enables the independence and wellness of older Australians and their continuing contribution to society
- ensuring all older Australians needing care and support have access to person-centred primary care services
- delivering consumer-directed primary care that allows older Australians to have choice and control over their lives and to die well
- ensuring services are easy to navigate so older Australians know what care and support is available and how these can be accessed
- making sure that older Aboriginal and Torres Strait Islander peoples’ needs are met with regards to culturally safe, health, aged and social services
- assisting older veterans who may have unique and complex needs, and
- providing assistance to informal carers that supports them in their caring roles.

Informed by the factors identified above, Primary Health Networks (PHNs) must consider their role in meeting the needs of older Australians.

PRIMARY HEALTH NETWORKS AND AGED CARE

PHNs can play a key role in supporting older Australians to lead healthy, productive and connected lives, ensuring they enjoy greater social and economic participation in society. As primary health care organisations, PHNs are uniquely placed to meet the needs of older Australians by applying a population health approach. This includes PHNs identifying needs, assessing current services, and developing solutions to fill priority gaps in primary care services for older Australians. Through this process, PHNs can also create networks and systems that connect providers across health and aged care services, thereby aligning services to the needs of older Australians.

²¹ Prince M, et al. The burden of disease in older people and implications for health policy and practice. *The Lancet* 2015;385:549-62.

²² Factors adapted from:

(a) Productivity Commission Inquiry Report: Caring for Older Australians. Melbourne: Commonwealth of Australia; 2011.
(b) Comprehensive Primary Health Care: Key Issues for the Federal Election. Canberra: Australian Medicare Local Alliance; 2013.

In particular, there are three specific areas in which PHNs can play a leadership role at the local level. These being:

- **Access:** It is acknowledged that *“the needs of older Australians vary from person to person and over time, as ageing is a unique experience... Accordingly, older Australians need access to a flexible range of care and support services that address their specific current needs and, to the extent possible, restore their independence and wellness”*²³.

Notwithstanding this, access to primary health services for older Australians is *“variable and difficult to navigate due to our fragmented health care system”*²⁴ and *“the distribution of services available to older persons is uneven across Australia”*²⁵.

PHNs have a mandate to *“undertake regional needs assessments and conduct service planning for their regions”*²⁶ in order to *“develop local strategies to improve the operation of the health care system for patients and facilitate effective primary health care provision, to reduce avoidable hospital presentations and admissions within the PHN catchment area”*²⁷. Given this, as PHNs assess needs and plan services, they are well placed to accommodate the needs of older Australians and ensure equitable access to appropriate aged care services.

- **Integration:** Presently, states and territories manage the acute hospital system, with responsibility for primary care and aged care residing with the Federal Government²⁸. Given this, and the multitude of organisations providing health care and other services for older Australians (both public and private), *“coordination of aged care services is important, both to provide services cost-effectively and to provide the appropriate care for people at the appropriate time”*²⁹. This situation gives rise to problems *“at the interface of these systems as older people move between acute hospital and aged care services”*³⁰.

As local health system integrators, PHNs have a role to play in *“improving coordination of care to ensure patients receive the right care, in the right place, at the right time”*³¹. In seeking to meet the needs of older Australians this translates to PHNs adopting a people-centred view of the patient journey across the local health and aged care services systems. Ideally this will result in PHNs

²³ Productivity Commission Inquiry Report: Caring for Older Australians. Melbourne: Commonwealth of Australia; 2011.

²⁴ Comprehensive Primary Health Care: Key Issues for the Federal Election. Canberra: Australian Medicare Local Alliance; 2013.

²⁵ Giles L et al. The Distribution of Health Services for Older People in Australia: Where Does Transition Care Fit? Australian Health Review 2009; 33(4)572-82

²⁶ 2014/15 Department of Health Portfolio Budget Statement - Outcome Five Primary Health Care

²⁷ ibid

²⁸ Giles L et al. The Distribution of Health Services for Older People in Australia: Where Does Transition Care Fit? Australian Health Review 2009; 33(4)572-82

²⁹ Australian Institute of Health and Welfare. Pathways in Aged Care: Program Use After Assessment. Canberra: AIHW; 2011.

³⁰ Giles L et al. The Distribution of Health Services for Older People in Australia: Where Does Transition Care Fit? Australian Health Review 2009; 33(4)572-82.

³¹ Frequently Asked Questions on the Establishment of Primary Health Networks (as at 11 April 2015) – Department of Health

ensuring that “aged care, disability, community services and health care systems are aligned to ensure consumers can transition between service systems seamlessly and always receive the care and support that best meets their needs in the most appropriate service setting”³²

- **Aged Care Reform:** In response to the ageing population in Australia, the Federal Government is implementing a range of aged care reforms. These reforms are founded on a restorative approach (incorporating wellness and reablement), aimed at encouraging healthy ageing so as to enable people to continue to productively contribute to the economy and to reduce the burden on the health care system. With clear evidence of the importance of continued risk factor modification into older age, “a greater emphasis on the neglected areas of health promotion and disease prevention in older age may yield substantial benefits.”³³

Further, the reforms seek to “create a better system to give older people more choice, more control and easier access to a full range of aged care services”³⁴. Service providers will be expected to offer to do more ‘with’ clients, than just ‘for them’. Shifting a workforce which has operated under different principles for so long will require strong leadership to embed this approach in workplace culture and support workforce development.³⁵

The changes to the aged care system are informed by the Productivity Commission’s Caring for Older Australians report (2011) and are being progressively implemented in three phases over a ten year period that started in 2013. These reforms include new policy and programming regarding home care, quality, residential care, needs assessment and care coordination. Medicare Locals were instrumental in effecting Australian Government reform initiatives in both health care and aged care and it is anticipated that PHNs can also play a valuable role.

CONCLUSION

The current aged care system is under pressure and has many weaknesses - “It is difficult to navigate. Services are limited, as is consumer choice. Quality is variable. Workforce shortages are exacerbated by low wages and some workers have insufficient skills”³⁶.

The health care and aged care sectors intersect and this nexus affords opportunities for PHNs to exercise their mandate to understand and respond to the primary health care needs of older Australians in their communities. Effective PHN responses will support and enable a “quality, affordable patient-centred aged care system in which consumers, the health and aged care sectors work in partnership to ensure timely and holistic care for older Australians across the spectrum of their

³² National Aged Care Alliance. NACA Blueprint Series: Enhancing the Quality of Life of Older People Through Better Support and Care. Canberra: NACA; 2015.

³³ Beard J, Bloom D. Towards a comprehensive public health response to population ageing. Lancet 2015; 385:658-61.

³⁴ Department of Social Services website – accessed June 2015

³⁵ Australian Government Department of Social Services. Living well at home: CHSP Good Practice Guide. Commonwealth Home Support Programme. Canberra: Commonwealth of Australia; 2015.

³⁶ Productivity Commission Inquiry Report: Caring for Older Australians. Melbourne: Commonwealth of Australia; 2011.

*care needs – from wellness and health promotion to early detection, diagnosis, treatment and rehabilitation through to palliative and end of life care*³⁷.

The challenge remains for PHNs to translate this intent into reality, meeting the individual needs of an increasing number of older Australians.

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³⁷ Australian General Practice Network – Aged Care Position Statement (2011)