



Aged & Community Services

SA & NT Inc

Medicare Plus – Aged Care GP Panels

An Aged Care Perspective

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- Peak industry body for not-for-profit aged and community care providers in SA & NT.
- ACS has over 300 members who provide residential aged care, community care, and retirement villages for older people in SA & NT.
- A member of the national ACSA Federation incorporating ACQ, ACS (NSW&ACT) VAHEC, ACST, & ACSWA



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Historical Issues

- Ageing in Western Society not valued
- Residential Aged Care has had a poor public image
- Aged Care not a priority amongst health professionals
- Only now starting to receive political recognition



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Current Issues

- Increased acuity of residents with complex care needs
- Shortage of Drs, Nurses, Dentists & Allied Health Professionals
- An ageing workforce & competition with acute sector
- Ongoing issues of under funding / profitability
- Over regulation, paperwork & accreditation
- Capital Funding



Current Issues (Cont)

As At 30th June 2003:

- There were 2,958 residential aged care facilities in Aust.
- 184,095 elderly and/or infirmed people received care in a RACF or 10.5% of people \geq 70yrs
- 31,186 received care at home through a Community Aged Care Package. Or 2.2% of people \geq 70yrs
- 34,025 people received residential respite care or 1.9% of people \geq 70yrs of which 14,792 were later admitted to permanent care
- An estimated 700,000 people received services through Home and Community Care (HACC) programs of which an estimated 485,000 were \geq 70yrs



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Future Concerns

- Increase in complexity of health care needs of residents and those receiving community care
- Limited access to good medical care, dental care and allied health care
- Ongoing workforce issues (availability & cost)
- Increased Community and Government expectations.
- Viability and Regulation

Future Concerns (Cont)

- Currently there are 2.5 million older people ≥ 70 yrs.
- Over the next 4 decades this number will grow by 164.6% to 6.7 million. Although growth rate will be greatest in next 2 decades: by 2022/23 people ≥ 70 will be 4.7 million

Table 6-1: Financing aged care, Government and consumer contributions, 2002-03 to 2042-43

(\$b)	2002-03	2012-13	2022-23	2032-33	2042-43
Nominal GDP	735.768	1225.882	1941.341	3013.584	4630.327
Cost of provision (assuming current practices)					
Residential care	6.654	12.638	26.019	52.007	93.993
CACPs and EACH	0.337	0.447	0.717	1.220	1.836
HACC	0.863	1.624	3.133	6.182	10.901
Other programs	0.434	0.552	0.699	0.887	1.128
Total cost	8.288	15.261	30.568	60.296	107.858



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Medicare Plus Initiatives

- An opportunity to develop partnerships with Divisions, GP's and aged care.
- Improved access to medical care.
- Raising the professional profile of aged care.
- A new era of co-operation to enhance the wellbeing of those in care



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Perceived benefits of new initiatives

- Improved access to GP's
- Improved medical care of residents including emergency care.
- A resource to nursing staff.
- Encourage training and share information with GP's on ageing Issues
- Appropriate involvement of GPs in quality initiatives and accreditation processes



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Thoughts on where we are at

- Varies between State to State. Most states peaks report good involvement between Divisions and Peak Bodies. However at this stage there has been little involvement between ACS/ANHECA and Divisions in SA. This needs to change.
- Info from RACF's indicates some Divisions/GP's very proactive with excellent interrelationships with RACF's- while others have shown little progress or initiative.
- Peak Bodies would welcome ongoing involvement. With SBO's and Divisions.



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Conclusion

- Fundamental flaw is shortage of GP's especially in selected regions
- Some comments that additional money is insufficient to make a real difference ?
- RACF's need GP's more than GP's need RACF's
- RACF's need to work on making life easier for GP's – GP's need to tell RACF's how they can help GP's
- Danger that this initiative may be criticised for lack of progress. Divisions and Peaks need to collaborate to ensure needs of GP's/RACF's are understood by both parties and to show a united front aimed at improving the health of older people and in particular those in RACF's