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What role do Australian health professionals play in helping people choose their home care package services?

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ABSTRACT

The home care package (HCP) scheme provides funds to eligible older Australians for social, personal, and clinical care services, and aims to assist people to age in-home. Uncorroborated evidence suggests older Australians rely on health professionals - especially general practitioners - to prompt HCP assessments, choose service providers and manage HCP funds thereafter. This was confirmed in a survey involving 502 older Australians over 65 years receiving HCP funds. As more Australians survive to older age, further research is needed to establish in general practitioners their needs regarding the delivery of in-home care information, clinic practice resources, trainee education and continuing professional development.

Key words

Community aged care; Information seeking; General practitioners; Managing home care packages

INTRODUCTION

Home-based aged care services are delivered to, and managed by, recipients in their own homes and have become commonplace internationally and in Australia. These models aim to deliver increased service flexibility, choice, and control for care recipients (Cornell, 2018), in line with people's preferences (Australian Institute of Health and Welfare (AIHW), 2017) and are believed to support independence (Day et al., 2018). In Australia, these services are allocated following an aged care assessment, and services are subsidised to a set amount by the Australian government. Known as Home Care Packages (HCPs), there are currently four levels of service ranging from Level 1 (support for people with basic needs) to Level 4 (support for people with high needs) (Cornell, 2018). Timely access to appropriate HCPs, together with assistance and erudite advice in navigating this complex process, provides older Australians with the best chances of maintaining their independence whilst increasing wellbeing. Research shows that people who wait more than six months for HCP services have an 18% higher risk of death two years after starting their HCP, in contrast to individuals receiving their HCP within 30 days (Visvanathan et al., 2019).

The entry portal to the aged care system is My Aged Care (MAC), which provides both online and telephone support services. MAC has been criticised as being cumbersome, not user friendly, having a low level of community awareness, poorly integrated with other related service systems such as health and disability, and especially difficult to navigate if recipients have complex needs or limited access to technology (Commonwealth of Australia, 2019; Russell et al., 2020); Commonwealth of Australia, 2017). Older Australians typically rely on health professionals and especially general practitioners (GPs) for health support and advice (Sims et al., 2000). Anecdotal evidence suggests that families also turn to health professionals when navigating the MAC system and seeking advice about HCPs, but this remains to be corroborated.

METHODS

Data for this study were derived from an earlier study assessing the five preconditions of effective consumer engagement: 1) barriers to access for those with reduced capacity or are more vulnerable; 2) financial and non-financial switching costs; 3) simplicity, accuracy and effectiveness of

comparison tools; 4) product information disclosure in a relevant, clear and comprehensible manner; and 5) awareness of how to access and act on information about products (HCPs) (Solomon and Martin-Hobbs, 2018; Cornell, 2018).

Criteria for participant involvement were being aged 65 years and over and in receipt of a HCP, of any level. A Computer Assisted Telephone Interviewing (CATI) survey was administered by an external provider, randomly sampling from metropolitan city postcodes (excluding the Northern Territory), until at least 500 responses had been achieved.

The questions asked of participants were across the following broad areas:

- Demographic information
- Impairments or limitations experienced by the participants that impacted on the ability to access and assess information
- Participants' process of initially choosing a HCP
- Information about HCPs and understanding a HCPs
- Comparing and switching between HCP providers
- Potential solutions to improve how the HCP system works

In total, 502 older Australians (172 male:330 female; mean age 78.6 years) residing in the metropolitan areas of all Australian state and territories capitals except the Northern Territory were surveyed. Respondents included 75% HCP recipients and 25% partners /carers answering on behalf of HCP recipients. Thirty-seven per cent of respondents were on Level 1 packages, 12% on Level 2 packages, 7% on Level 3 packages, 10% on Level 4 packages, and 34% did not know their package level.

Ethical approval was received from the University of South Australia Human Research Ethics Committee, number 006b/2018 Lowies.

RESULTS

Brief summary of overall project results

The full research findings are publicly available in the research report 'Choosing care: the difficulties in navigating the Home Care Package

market (Cornell, 2018). In summary, the study found that:

- HCP recipients have difficulty understanding and accessing key information on who provides their home care services, and the exact nature of the services they offer.
- Around a third (33%) of HCP recipients could not identify which level of package funding they received; and many (almost 40%) had some degree of difficulty understanding their fees and charges.
- HCP recipients were unclear as to how they could access information about the quality of providers.
- Existing information and comparison tools are used far less than direct advice from health care professionals, family or friends.
- Few HCP recipients had used online resources about HCPs; only 7% had used the My Aged Care portal and only 6% the internet more generally to find and compare information about their HCP.
- HCP recipients in general do not change provider (even though it is their right to do so) and when they do, it is difficult for them.
- The overwhelming majority (95%) of HCP recipients had not switched provider and only a small proportion (9%) had even considered switching, which raises questions about the level of competitive pressure within a market model to deliver care in-home.
- Unavailable in-home care and the underspending of package allowances require improvement.
- HCP recipients seek assistance from trusted individuals when choosing providers.

This last point is the key message for this paper. Most HCP recipients surveyed (61%) reported relying on a trusted individual in their support network, *particularly health professionals*, to assist them in selecting an HCP provider. We found that existing information and comparison tools are used far less than direct advice: only 7% of HCP recipients had used the MAC portal and only 6% the internet to access information and advice about the HCP process. Only one third of HCP recipients said that they selected an HCP provider unassisted. Furthermore, 31% of HCP recipients reported that it was a recommendation from a health professional that prompted the HCP assessment initially, typically following a major change in health status (40%), the onset of a chronic health problem (43%) or

reduced mobility (48%). When it came to choosing a provider almost half (47%) had relied on a health professional as an information source, two fifths (40%) reported that a health professional was involved in selecting their provider and a third (33%) had chosen a provider based on a health professional's recommendation. By contrast, family were much less likely to be an information source (25%), be involved in selecting a provider (20%) or recommending a provider (19%).

The original project was based on a conceptual framework – the five preconditions of effective consumer engagement – and therefore focused on the wider consumer journey in navigating HCP. This paper now zones in on the particular issue picked up in the report, that of the role of health care professionals in assisting older people to find information on, and navigate through the process of obtaining and managing, HCPs. Furthermore, how this should be addressed in terms of practice and policy is explored.

DISCUSSION

Among older people requiring in-home care via HCPs, integrated health and aged care is important; collaboration with GPs and other primary health care providers is critical (Day et al., 2018). The results of the study summarised in this paper confirm this, as most older people surveyed reported that they would rely on one of their health professionals for information on choosing an in-home care provider. The research also found that those who initially sought an assessment for a HCP following a major health change or on the initial recommendation of a health care professional were also more likely to rely on a health professional for information about providers. In other words, the importance of health professionals is clear both in the search phase of the process but also in providing more direct support when selecting a specific HCP provider (Cornell, 2018).

In light of the fact that the participants in the original study outlined identified the important role of health professionals in finding information about and choosing their HCP provider, the next question to ask is 'how confident are health care professionals in finding the necessary information for their patients on quality and appropriate in-home care?'.

Pond and Regan (2019) in their review of delivery of primary care to older Australians observe that MAC provides some access to social care but does not require health providers to be part of the communication loop, thus acting as a disincentive for health providers to engage with the MAC system. Areas of future investigation should include how health professionals experience the MAC system and what training and supports are provided to health providers in advising older Australians regarding HCPs.

Home care packages have been designed as part of a marketised system, reducing government responsibility. Service providers are relied upon to explain the options available to would-be consumers and this approach risks limiting some choices that are made when consumers are not fully aware of "what else is out there" (Phillip et al., 2019). Several studies and enquiries have explored the information-seeking process and navigation of in-home care services by older people (for example see AIHW, 2017; Visvanatha et al., 2019; Phillip et al., 2019). These studies report the difficulties experienced by older people and/ or family members in finding the relevant information. In many cases, people have ended up receiving home services only as a result of a hospital admission (Day et al., 2018); they would not have known how to find the services by themselves. However, there is little research on the knowledge of community-based health professionals such as GPs, community health nurses, and allied health professionals regarding their knowledge of in-home care packages for older people. A UK study found that the understanding of GPs about access to publicly funded in-home care for older people had been derived from patients themselves, rather than government agencies or the medical profession; and that even though such care had been available for many years (especially as delivered on a consumer directed care basis, via an individual budget) it 'appeared a mystery to some' Wilcock et al., 2020, p. 1101). As yet, there is no Australian literature in this area, and further research on this matter is urgently required, especially given the ageing Australian population and the fact that the Australian government is putting more resources and funding into the HCPs system.

<u>Potential limitations</u>

The sample of 502 people who were surveyed are likely to be a generalisable cohort – they were selected at random. However, there may

be others who simply did not answer their telephones, who may have been 'the next random number on the list' and who may have held alternative views. The survey did not seek the views of HCP service providers during this study; a group who could have their own opinions – gained from knowledge and experience dealing with HCP clients – regarding the role of health professionals. This is an area of potential future research.

CONCLUSION

This article contributes to the much-needed literature on consumer information-seeking with respect to HCPs in Australia. This is particularly timely as the Australian Government has recently received the Final Report, and recommendations, following a two year Royal Commission Inquiry into Aged Care Quality and Safety. One of the recommendations from the Commissioners is that a newly proposed System Governor, in cooperation with other levels of government, and working with health professionals, aged care providers and Primary Health Networks, should fund and support education, and the dissemination of information, and strategies to improve public awareness of the resources available to assist people to plan for ageing and potential aged care needs. The recommendation also states that the System Governor should drive improved knowledge about aged care among those responsible professionals with whom older people have frequent contact, encourage public discussion about, and consideration of, aged care needs, and bring older people's general practitioners to the centre of planning for ageing and aged care (Commonwealth of Australia, 2021). Furthermore, in response to the Final Report the Australian Government has committed to substantially expanding the HCP system. It is thus critical to investigate how older people decide on the specific package that meets their needs.

The findings from the present study indicate that health care professionals play a major role, as an information source, in selecting and recommending a home care provider. In order to effectively assist older Australians to navigate the complicated process of learning about, getting assessed for, and choosing a HCP, health care professionals must be supported by the provision of improved, comprehensive and understandable information and resources, along with clear and effective referral pathways. Their views on the functioning of MAC and how they might best support older Australians on HCPs presently remain unknown with implications for clinical governance, education and training and clinical service.

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