



University of Wollongong

CHSD

Centre for Health Service Development



Community Care Needs Assessment

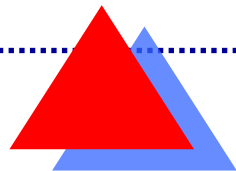
Peter Samsa and Louise Ramsay
Centre for Health Service Development
University of Wollongong

August, 2006

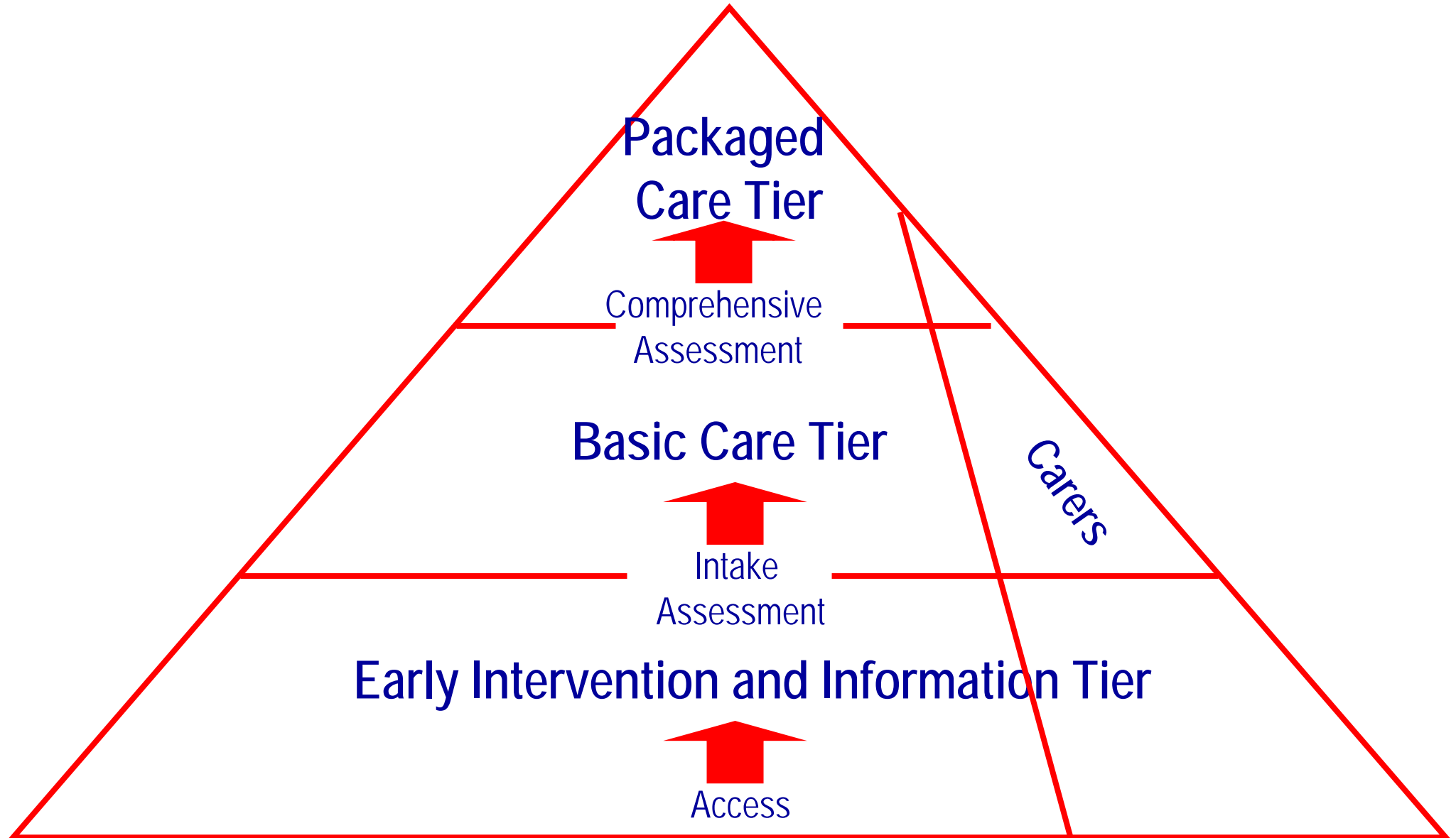


Background

- ◆ The *Way Forward* released August 2004
- ◆ COAG communique 10 Feb 2006:
 - “By December 2007, governments will provide more timely and consistent assessments for frail older people requiring care services and their carers by improving and strengthening the Aged Care Assessment Program and will simplify entry points and improve eligibility and assessment processes for the Home and Community Care Program”.



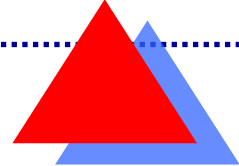
The Way Forward tiered model of service provision





National Intake Assessment System

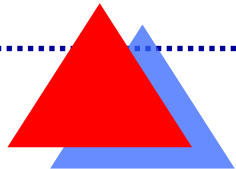
"The Australian Government will fund the development of a nationally consistent intake assessment tool, encompassing the HACCC nine-item dependency tool. The tool will, at a minimum, incorporate eligibility assessment for the HACCC Program, the National Respite for Carers Program and the Day Therapy Centres Program. Appropriate pilot testing will be a key feature of this development work."





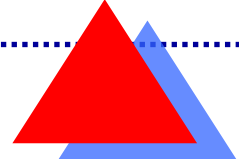
2 assessment tools

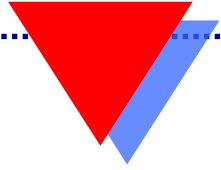
- ◆ Australian Community Care Needs Assessment (ACCNA) - clients
- ◆ Carer Eligibility and Needs Assessment (CENA) - carers





3 key issues that our project has been addressing

- ◆ Scope
 - ◆ Purpose of assessment
 - ◆ Compatibility with existing systems and tools
 - mappable data elements
 - assessment should not only occur at intake, but also at periodic intervals thereafter
 - outcome has to be an improvement on current practices, not just the lowest common denominator
- 



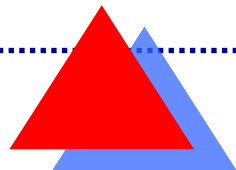
1st Issue - Scope



The minimum scope of “The Way Forward”



But most States and Territories wanted a broader scope





You can have this:

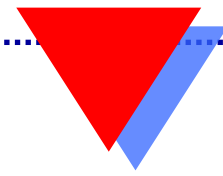
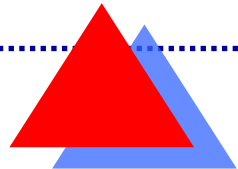
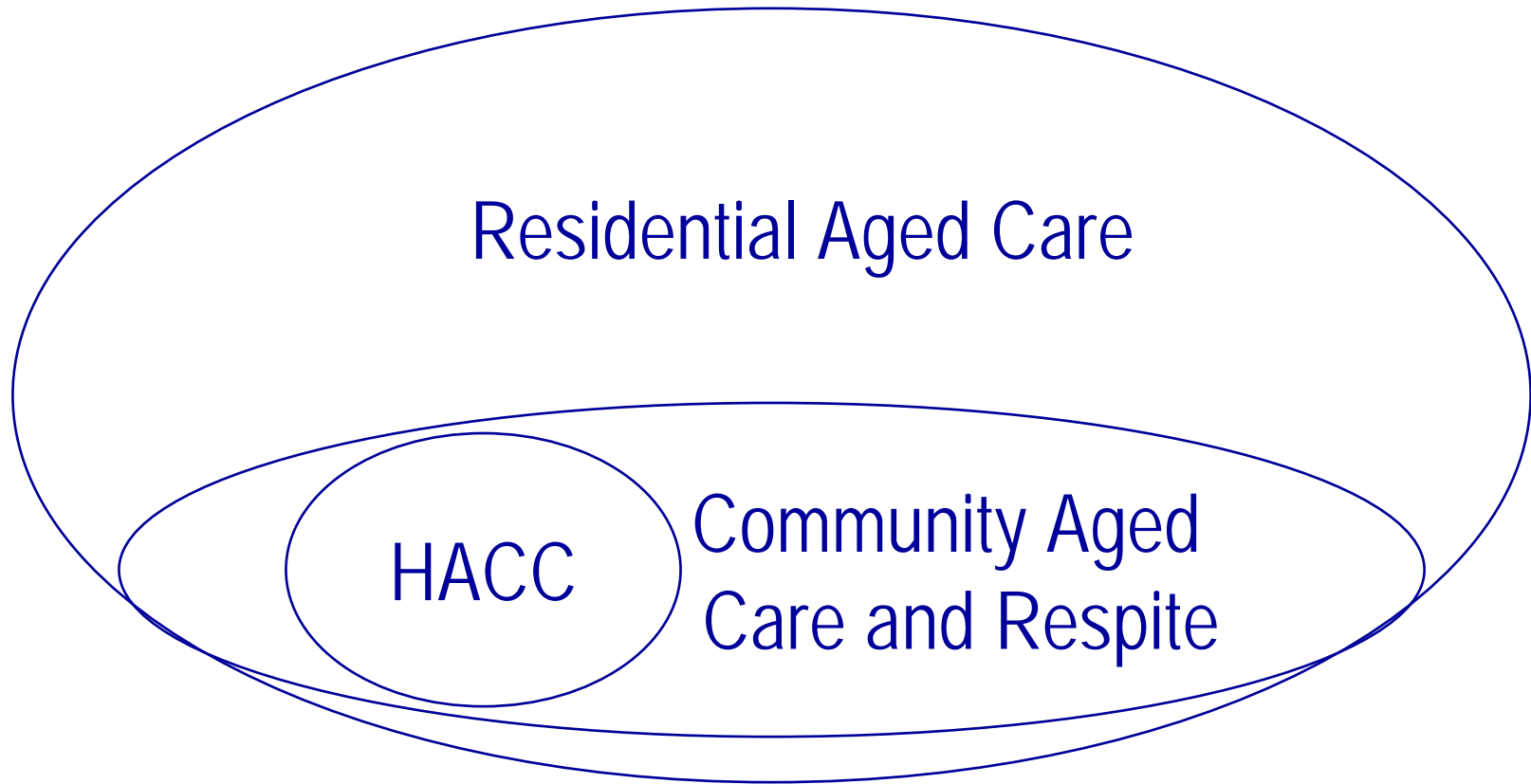


HACC

Community Aged
Care and Respite

Community &
Primary Care

Or maybe this:



But you can't have it all:

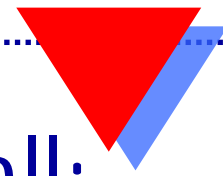
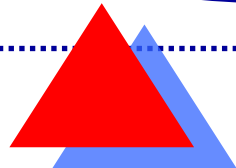
Residential Aged Care

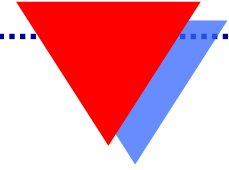
Inpatient services

HACC

Community Aged Care and respite

Community & Primary Care

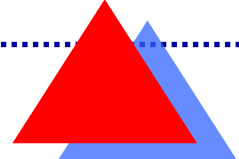




2nd Issue - Finding a Common Language



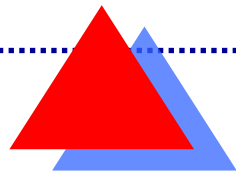
Finding a common language

- ◆ National meetings during 2005 got agreement that a common language and understanding of starting points is a prerequisite for the rest of the project
 - ◆ All jurisdictions provided information on their terminology and context
 - ◆ National meeting in July 2005 agreed a common language and framework
- 



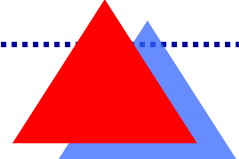
Responses from jurisdictions

- ◆ Common ideas and purposes, but not a common language
 - your 'screen' is my 'assessment'
- ◆ No single pathway in any jurisdiction - lots of ways to enter the service system and move between its various parts
 - the 'triangle' works in some, but not all, circumstances
- ◆ Jurisdictions expect this to continue
- ◆ Common to all is that community care is part of a bigger system in each jurisdiction, and does not stand alone





Way through

- ◆ 7 (not mutually exclusive) assessment 'types' (but language differs between and within jurisdictions)
 - in most cases, an 'assessment' consists of more than 1 type
 - ◆ All jurisdictions have agreed that what they do (and intend to do) can be mapped to these 7 types
 - ◆ No agreement on a common term for each of these 7 types that can be adopted as a national language, but...
 - ◆ Agreement to use own terms locally but map these to these 7 types for national purposes
- 

Type	Scope/purpose
1	Determine eligibility
2	Shallow and narrow (one domain such as function, continence, depression) assessment of need
3	Shallow and broad (more than one domain) assessment of need
4	Deep (in depth interview, usually face to face) and broad (more than one domain) assessment of need
5	Deep (in depth interview, usually face to face) and narrow (one domain) assessment of need
6	Assessment of need for a specific service
7	Determine the relative priority of consumer need(s)

Most assessments in the field consist of a combination of these assessment types (eg, 1, 3 and 7 or 1, 2 and 6)

Depth and breadth

		Depth	
		Shallow	Deep
		Breadth	Type 2
	Narrow	Type 3	Type 4
	Broad		



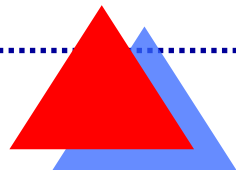
3rd Issue – Compatibility with Existing
Systems





Compatibility with Existing Systems

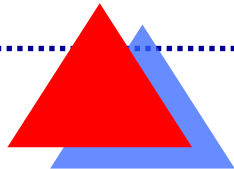
- ◆ Set of standardised data items and processes rather than a 'tool'
- ◆ Can be integrated into existing systems and tailored to meet the needs of each organisation
 - Meeting MDS requirements
 - eg ONI, INI, SCTT
- ◆ Need for public domain minimum version

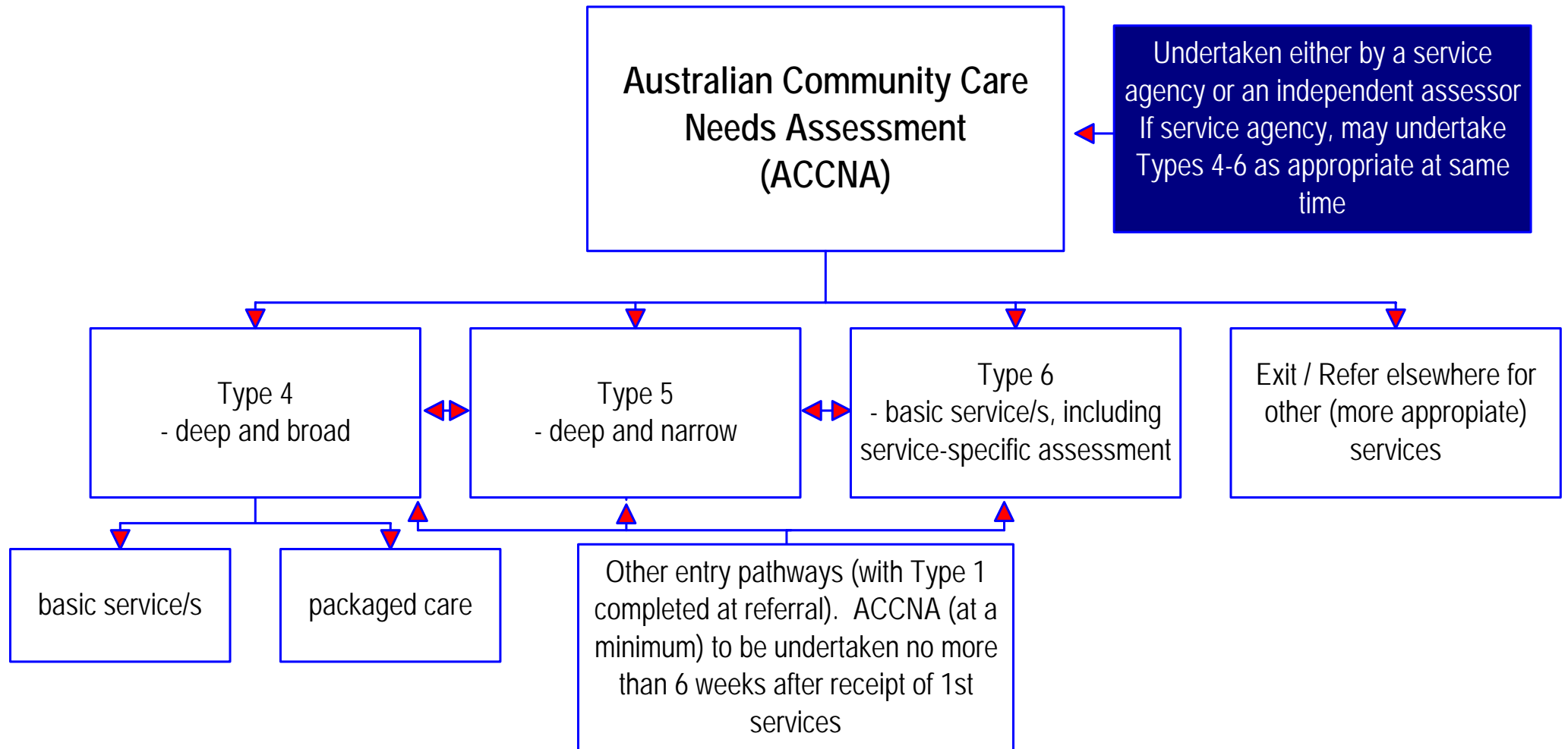




ACCNA

- ◆ The ACCNA is Type 3 (broad and shallow) in combination with Type 1
 - forms the front end of the ONI tool already used in Qld and the SCTT tool already in use in Victoria
- ◆ Recognise that not every consumer would receive a ACCNA prior to receiving services
 - multiple pathways
 - up to 6 weeks of service before ACCNA required

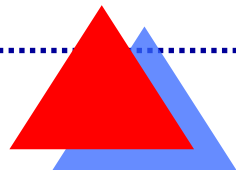




Role of ACCNA (1)



- ◆ Determine eligibility (if not already determined)
- ◆ Stream (potential) consumers:
 - other assessments as required (Types 4 and 5)
 - direct to service provision (including Type 6, service-specific assessment)
 - exit / referral to other (more appropriate) services
- ◆ Assess consumer needs to feed into carer assessments

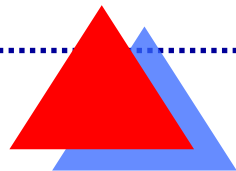


Role of ACCNA (2)



◆ Role is not to:

- determine basic versus packaged care (this is the outcome of a Type 4 and maybe Type 5 assessment)
- determine priority for service within a specific type or level of service
- determine the detailed content of a care plan





Domains in the ACCNA -

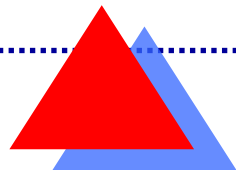
(most are in common with the ACFI)

- ◆ Eligibility
 - ◆ Reason for referral
 - ◆ Functional dependency profile
 - ◆ Client goal
 - ◆ Financial and legal profile
 - ◆ Living arrangements
 - ◆ Carer profile
 - ◆ Self reported health conditions
 - ◆ Social, emotional & mental health issues
 - ◆ Action Plan
 - ◆ Plus:
 - Client registration and contact details
 - Demographic information
 - ◆ These are not measures of need
 - ◆ Required to help formulate service response
- 



Carer Eligibility and Needs Assessment

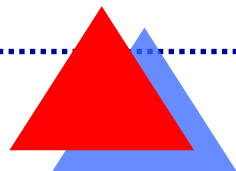
- ◆ The CENA is a combination of Type 1, 3 and 4
- ◆ Designed to be used by NRCP funded programs and can be used by other organisations that provide services to carers
- ◆ Not every carer will receive all components of a CENA
– different components may be administered at different points in time according to the needs of the carer





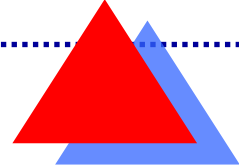
Development of the CENA

- ◆ Conducted an international literature review
 - identification of best practise domains
- ◆ Survey of existing tools in the field
- ◆ Consultation with the field and DoHA
- ◆ Development of an electronic system that incorporated the MACA-I & ACA-I into one assessment tool with several domains and multi-layered



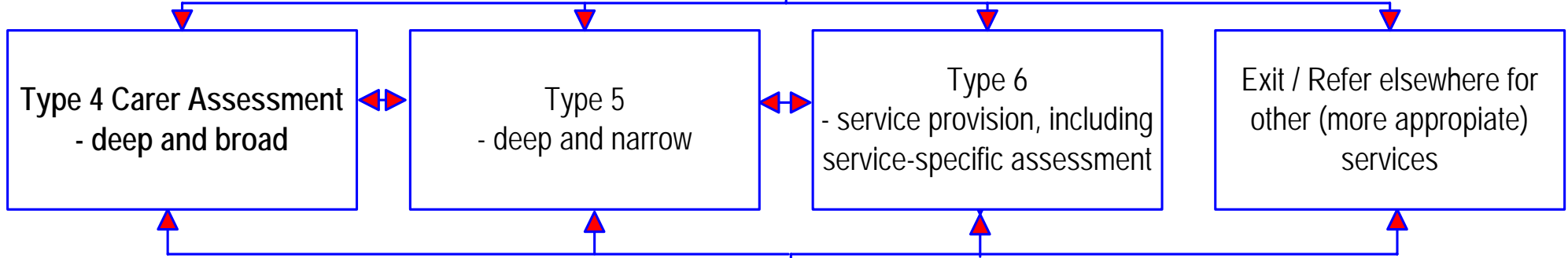


Role of the CENA

- ◆ Determine eligibility for NRCP programs
 - ◆ Assess the needs of the carer as a consumer in their own right
 - ◆ Stream carers to:
 - other assessment as required – i.e. specialist mental health
 - direct to service provision (within assessment agency)
 - Referrals to more appropriate services
 - ◆ Assist with care planning
 - ◆ Determine priority for services
- 

Type 3 Carer Assessment
- shallow and broad

Undertaken either by a service agency or an independent assessor
If service agency, may undertake Types 4-6 as appropriate at same time



Type 4 Carer Assessment
- deep and broad

Type 5
- deep and narrow

Type 6
- service provision, including service-specific assessment

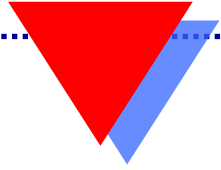
Exit / Refer elsewhere for other (more appropriate) services

Other entry pathways (with Type 1 completed at referral). Type 3 (at a minimum) to be undertaken no more than 6 weeks after receipt of 1st services

Domains in the CENA



- ◆ Caregiving Context
 - ◆ Knowledge
 - ◆ Functional Level of Care
 - ◆ Care Tasks and Skills
 - ◆ Health
 - ◆ Social Support
 - ◆ Financial, legal and employment
 - ◆ Coping Strategies
 - ◆ Confidence and Competence
 - ◆ Values and Preferences
 - ◆ Positive Aspects of Caregiving
 - ◆ Strengths and Risks
 - ◆ Action Plan
 - ◆ Plus:
 - Client registration and contact details
 - Demographic information
 - ◆ These are not measures of need
 - ◆ Required to help formulate service response
- 



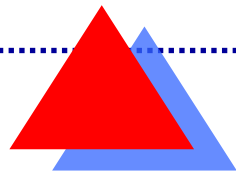
Issues now largely resolved

But we will be seeking feedback in the field trial



Triggers

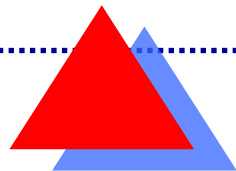
- ◆ Triggers to stream (potential) consumers/carers:
 - to other assessments as required (Types 4 and 5)
 - direct to service provision (including Type 6, service-specific assessment)
 - exit / referral to other (more appropriate) services

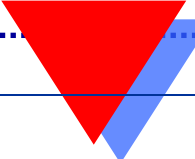




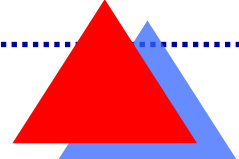
How to assign priority for service

- ◆ Algorithms developed
 - Clients - need x risk
 - Carers - needs + risks + strength of relationship
- ◆ But whether to use will be decided after the field trials





RISK	NEED			
	Low function	Medium function		Good function but health, psychosocial or other problems
		with significant psychosocial or other problems	with no significant psychosocial or other problems	
No carer able to provide necessary care	1	1	2	5
Carer arrangements exist but are unsustainable without additional resources	3	3	4	7
Carer arrangements suitable and sustainable OR Carer not required	6	6	8	9





CENA

PRIORITY FOR SERVICES = NEEDS + RISKS + STRENGTH OF RELATIONSHIP

Assessor, taking into account all information available to you, record a score for each of the following: Score

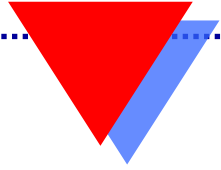
Carer needs and risks	High = 1	Medium = 2	Low = 4	
Care recipient needs	High = 1	Medium = 2	Low = 4	
Sustainability of relationship	Weeks to months = 1	At risk in next year = 2	Sustainable = 4	

Assessor, if relationship has already broken down, treat as a request for emergency respite

Total score

Priority rating = Total score minus 2 =





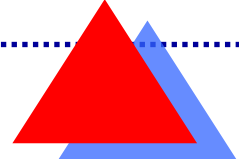
Work program and next steps



Since the national surveys

- ◆ Detailed technical design phase for both tools
- ◆ Sign off to proceed to national field trials

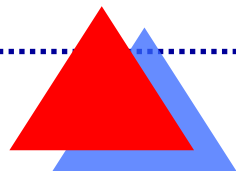
NEXT STEPS

- ◆ Electronic version of the ACCNA and the CENA now being written
 - ◆ Four-level field trials commencing 3rd week in July
 - ◆ Final report, including the final recommended approach, in late 2006
- 

4 Level Field Trial



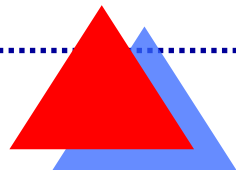
- ◆ **Level 1** - technical trial in two regions
- ◆ **Level 2** - providers able to register for a copy of the tool/s to test themselves
- ◆ **Level 3** - providers will be invited to access the ACCNA and the CENA on the CHSD website to test useability and acceptability
 - Enter information but not save it permanently
- ◆ **Level 4** - forums/targeted focus groups to evaluate acceptability to special needs groups





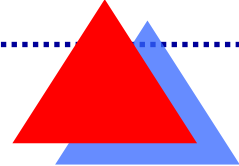
Level 1 – Technical Trial

- ◆ Use ACCNA/CENA software in parallel with or replacing existing assessment system
- ◆ Estimated volume required = up to 4000 for both CENA & ACCNA
- ◆ Broad aim is to test the acceptability and technical aspects of the tools
- ◆ CENA will also be trialled at reassessment





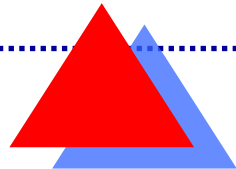
Level 2 - Usability

- ◆ Agencies will be able to obtain a copy of the software and test within their agency
 - ◆ Will need to register with CHSD
 - ◆ Are willing to provide feedback
 - ◆ Limited support available
- 



Level 3 – General Acceptability

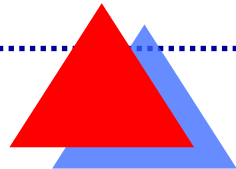
- ◆ Software will be available to use on CHSD website
 - Test purposes only
 - No client data to be stored
- ◆ Feedback re. an evaluation form on the website





Level 4 – Special Acceptability

- ◆ Focus groups with special needs populations
 - Tasmania → greenfield site
 - Northern Territory → remote and ATSI
 - Sydney
 - ◆ ACCNA → Young people with a disability
 - ◆ CENA → Carers as participants
 - Melbourne → CALD population
- ◆ 5-6 hrs duration, presentations and feedback



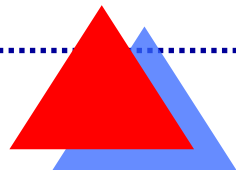
Draft Timetable

Week beginning	Week No	Technical test	Usability	General Acceptability	Special Acceptability
03-Jul-06	1	Training materials			
10-Jul-06	2	Training – SA			
17-Jul-06	3				
24-Jul-06	4	Training – NSW			
31-Jul-06	5				
07-Aug-06	6	Technical			
14-Aug-06	7	Trial	Software distribution	Web version of software	Focus Groups, Melbourne
21-Aug-06	8				
28-Aug-06	9				
04-Sep-06	10				Focus Group, Tasmania
11-Sep-06	11				
18-Sep-06	12	Evaluation sessions- SA			Focus Groups, Northern Territory
25-Sep-06	13	Evaluation sessions- NSW			Focus Groups, Sydney
02-Oct-06	14				
09-Oct-06	15	Interim Report			
16-Oct-06	16				
23-Oct-06	17				
30-Oct-06	18				
06-Nov-06	19				
13-Nov-06	20				
20-Nov-06	21				
27-Nov-06	22				
04-Dec-06	23	Final report			



Advantages of your Participation

- ◆ Contributing towards an improved service system
- ◆ Reduced duplication of assessment
 - Reduces amount of time clients have to tell their story
- ◆ Work towards common assessment data
 - Shared data standards
- ◆ Sharing information between service providers
 - Trust each others assessment information

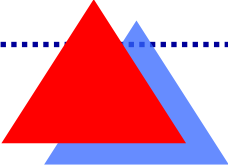




Trial Implementation



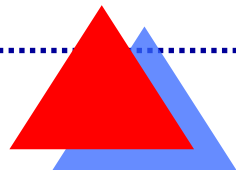
Organisation Support

- ◆ 1 day training workshop in both tools
 - ◆ Telephone hotline - any issue/ any time
 - ◆ FAQs on web-site – will be updated regularly
 - ◆ Newsletter to participating agencies
 - ◆ Regular discussion between agencies and CHSD
 - ◆ Local network support between participating agencies
- 



Training workshops

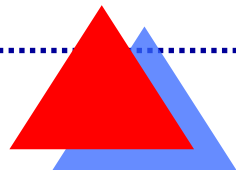
- ◆ Focus on HOW TO USE THE ACCNA & CENA
 - paper based & electronic
 - case studies
- ◆ Use of software
- ◆ Consent – de-identified data for evaluation
- ◆ Overview of the evaluation framework
 - Including completion of electronic evaluation forms






IT Issues

- ◆ Has to be worked out in detail with all sites
- ◆ Variety of software will be installed meeting the needs of individual sites
- ◆ During trial provide extracted de-identified data to CHSD
 - Check accuracy of data and providing feedback



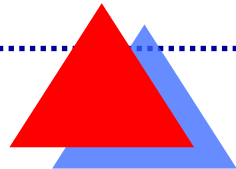


Evaluation Framework and Research Questions



Evaluation Framework

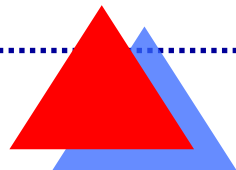
- ◆ Action research model → problems identified will lead to modifications and changes to the system
- ◆ 4 broad parameters linked to field trial levels
- ◆ Level 1 – Did it do what it was designed to do?
- ◆ Level 2 – What did you do and how did you do it?
- ◆ Level 3 – How does it look in your setting?
- ◆ Level 4 – Who is still left out?





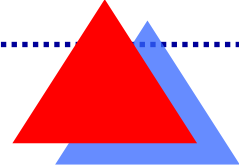
Evaluation - Issues

- ◆ No mandatory components in tool (except where MDS is required by agency)
- ◆ Collect as much information as possible
- ◆ Three broad purposes – to understand or answer:
 - The needs of the consumer/ carer
 - The needs of the service system → assessing for needs beyond what your own agency can meet
 - Evaluation framework – research questions



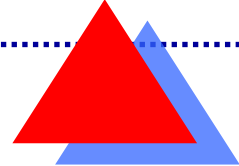


Assessor Feedback

- ◆ Two levels:
 - Assessor feedback following each assessment (form built into software)
 - ◆ Appropriateness of the questions (including groups with special needs)
 - ◆ Order and structure of the questions
 - ◆ Comment on the recommended outcomes and priority rating
 - Assessor feedback at the end of trial – survey/ focus group
 - ◆ Based on whole experience
 - ◆ Designed to capture other feedback such as future training needs/ culture change issues
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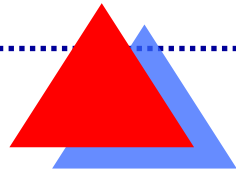
Technical Questions in Common

- ◆ Time taken to complete?
 - ◆ Number of items routinely collected?
 - ◆ Average length of assessment at first point of contact?
 - ◆ Are some questions better administered at 2nd point of contact or face to face?
 - ◆ Comparison between assessor judgement and automatic prompts built into the tool – test the reliability of these prompts
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CENA Research Questions

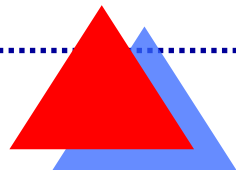
- ◆ Can we reduce the number of items in the CENA tool?
- ◆ Do we **need both** the Zarit Burden Interview and the K10 Mental Health Screen?
 - Can one predict the need for the other?
 - Comparison of 4 item Zarit with the K10 mental health screen
 - Comparison between the 4 item Zarit, 12 item Zarit and the 22 item Zarit





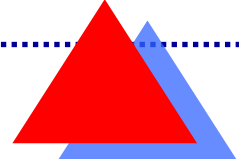
CENA Research Questions

- ◆ What are the domains that best predict the type of service response? (Carer needs, care recipient needs &/or the strength of the relationship)
- ◆ Within these domains what are the best items that reliably predict the type or intensity of service provision?
 - Planned or emergency
 - In home or centre based respite?
 - ? Type of service may be determined by the care recipient needs?





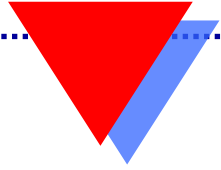
CENA Research Questions – Priority Rating

- ◆ Using our priority rating model what is the spread across the 10 priority ratings?
 - ◆ Even or uneven distribution of the scores?
 - ◆ Does it have face validity based on assessors experience?
 - ◆ Is there a relationship between the number of items completed and the level of priority rating?
 - ◆ To what degree do particular items (i.e. care recipient having a diagnosis of dementia) predict their priority rating category?
- 



End of trial

- ◆ Evaluation sessions
 - ◆ Information session for the broader sector
- 



Watch this space!

<http://www.uow.edu.au/commerce/chsd/cap.html>