Joining Up the Dots in Aged and Health Care Reform

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Overview

◆ Welcome
◆ A bit about the Australian Health Services Research Institute (AHSRI)
◆ Lessons we’ve learned from health services research
  – about tools to understand people’s needs
  – about ways to integrate across sectors
Today

◆ Sue Macri on the Commission’s current thinking on the Care of Older Australians – a slice of the action for the Illawarra

◆ Henry Ergas on the some economic factors shaping the bigger picture

◆ The views of experienced local and industry participants – Nieves Murray from IRT, Paul Sadler from Presbyterian Aged Services and the GP Division

◆ A panel discussion at the end, with Q&As throughout
About the Australian Health Services Research Institute (AHSRI)
About AHSRI

◆ CHSD established 1993, part of Sydney Business School. AHSRI in 2011
◆ Self-funded health services R&D centre
◆ Largest health services research centre in Australia
  - 200+ R&D projects - mix of international, national, state and local projects
  - 50+ staff and affiliates and 19 disciplines

  ♦ psychology, statistics, health economics, public health, management, health planning, operational research, education, pharmacy, human geography, health sociology, medicine, occupational therapy, nutrition, nursing, social work, health information management, informatics and communications
AHSRI Centres

- Centre for Health Service Development (CHSD)
- Australasian Rehabilitation Outcomes Centre (AROC)
- Australian Health Outcomes Collaboration (AHOC)
- Palliative Care Outcomes Collaboration (PCOC)
- Australian Occupational Science Centre (AOSC)
- Australian Centre for Clinical Terminology and Information (ACCTI)
- National Casemix and Classification Centre (NCCC)
What is health services research?

Investigating wicked problems, finding practical solutions and deriving lessons relevant to policy
Some examples of our research questions

- How to measure health outcomes of people with dementia?
- How to assess the needs of carers of people with disabilities?
- What predicts the post-school program that will best meet the needs of school leavers with disabilities?
- How to measure outcomes in palliative care?
- Is rehabilitation effective?
- How to implement best practice (translate research into practice) in Residential Aged Care?
Tools to understand people’s needs

◆ The examples show our main focus – how to understand needs and plan ways to meet them

◆ The Centres show where we work:
  – From acute care to palliative care and the spaces in between

◆ But the ‘interfaces’ are the where the real action is:
  – From acute to post acute to community care
  – From inpatient to ambulatory rehabilitation (aka wellness)
  – Across community care – aged, disability and carers
One of those wicked problems – how to integrate across sectors?

- The Commission is not constrained by program-based thinking, as implied by the title: ‘The Care of Older Australians’

- But to avoid being swallowed by programs or the acute health sector, it may risk not saying enough about that sector’s roles with older Australians
Lessons on integration

- Common tools are essential but the right tools are needed for the right job – outside hospitals, diagnosis less relevant than functional abilities.
- We are starting to visualise what a less fragmented set of tools to measure needs and classify people can look like:
  - A common set of data elements – big but finite
  - Tools that are modular to allow for variation and portability across sectors and settings
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Unifying themes + take home messages

◆ Palliative care is a good example of the aged and health interface

◆ And rehabilitation ditto and has lessons on the Commission's wellness theme.

◆ The gateway function is complex and when unpacked has potential for making a better distinction between people’s needs and their eligibility for particular programs.