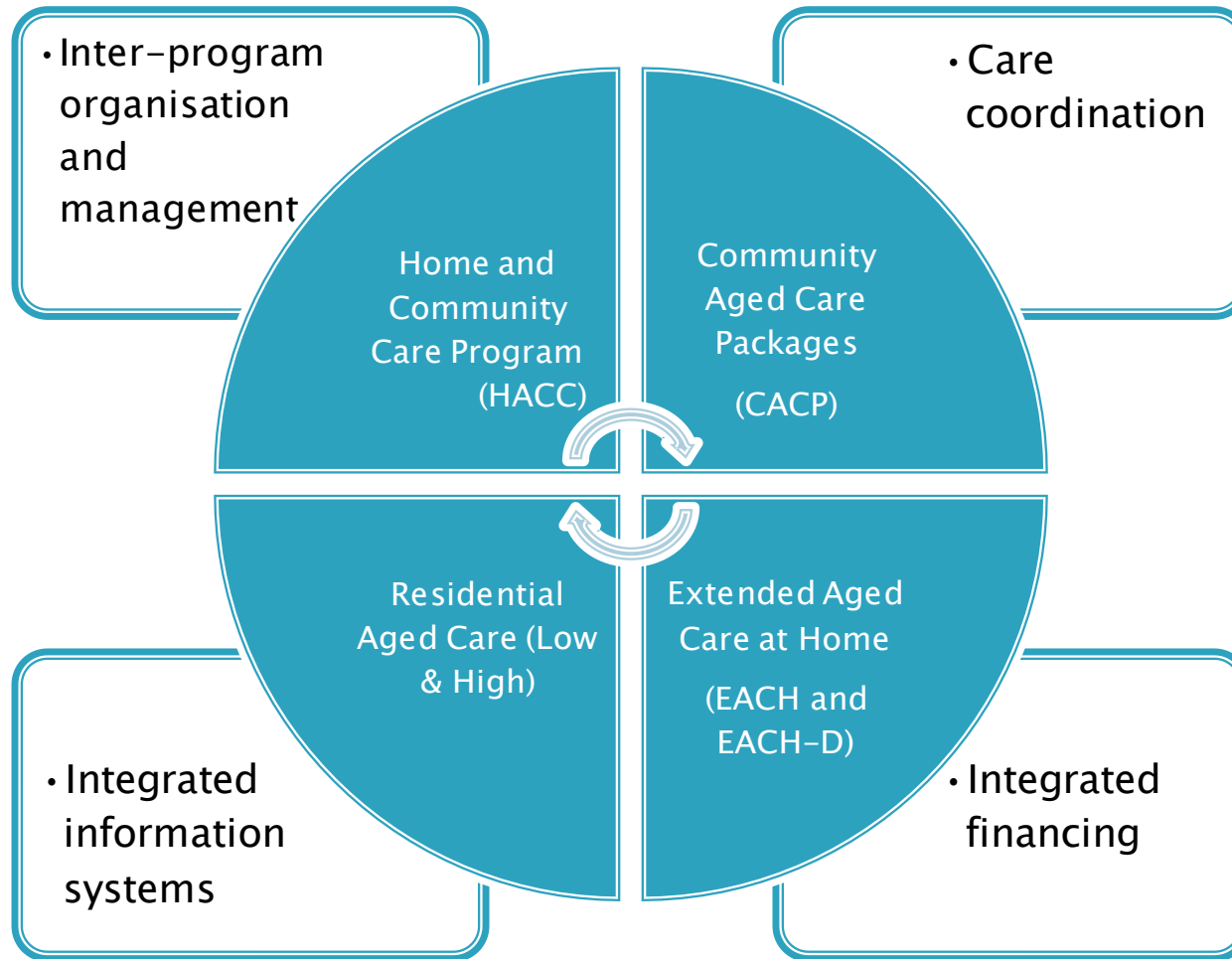


# Factors associated with the adoption of integrated aged care service structures

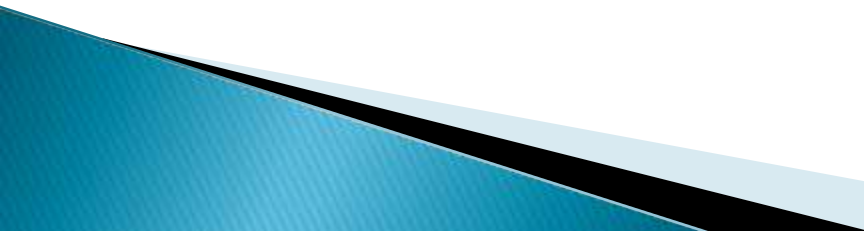
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# Integrated aged care in New South Wales: Conceptual framework



# Methodology

- ▶ To examine inter-program organization and management
    - Multinomial logistic regression modeling of secondary data from the State and Commonwealth
  - ▶ To examine care coordination, information systems, integrated financing
    - Case studies of 8 “innovative” providers groups
    - 4 selected from data and 4 from expert nominations
    - Interviews with government officials
- 



# Aged care reform context

- ▶ Integrated financing starting July 1, 2012
  - Commonwealth takeover policy, funding and operational responsibility for all aged care services
    - HACC program
    - From the States/Territories
    - In exchange for disability services
- ▶ Movement towards all community services being provided in “packages”
  - Currently: Package substitutes for low and high residential care
  - Expand packages to lower acuity services

# Inter-entity organisation and management

- ▶ Ranges from affiliation agreements and contracts to **corporate ownership**
- ▶ Benefits
  - centralized policy and operational management including
    - economies of scales
    - greater bargaining power
    - wider distribution of risk
    - automatic referrals and
    - improved customer satisfaction.

# Non-government aged care providers by structural integration group in NSW (n=921)

| Community Care (56%)   |                         |               |                         | Community care + Residential (11%) |                           |   | Residential (33%)   |
|--|-------------------------|---------------|-------------------------|------------------------------------|---------------------------|---|---|
| 201<br>HACC<br>Single  | 204<br>HACC<br>Multiple | 58<br>Package | 41<br>HACC +<br>Package | 2<br>HACC<br>+<br>Resid.           | 65<br>Package<br>+ Resid. | <b>37<br/>HACC +<br/>Package<br/>+ Resid.</b> | 302<br>Residential<br>only  |
|  Increasing level of structural integration |                         |               |                         |                                    |                           |   |  |

From L. Hixon (2012)

# Results

- ▶ Multinomial Regression Model
  - Factors associated with integrated structures (offering HACCC + Packages + Residential)
    - Common sponsorship
    - Non profit tax status
    - Greater capacity (more kinds of HACCC services, more packages)

| Variables                    | Service provider type |       |          |       |                 |       |                         |       |
|------------------------------|-----------------------|-------|----------|-------|-----------------|-------|-------------------------|-------|
|                              | HACC Multiple         |       | Packages |       | HACC + Packages |       | Community + Residential |       |
|                              | Beta                  | Sign. | Beta     | Sign. | Beta            | Sign. | Beta                    | Sign. |
| Intercepts                   | -0.158                | .537  | -2.05    | .000  | -2.279          | .000  | -0.952                  | .002  |
| <b>HACC Planning Regions</b> |                       |       |          |       |                 |       |                         |       |
| Metro North                  | -0.029                | .935  | -1.146   | .063  | -.002           | .997  | -0.964                  | .031  |
| Metro South                  | 0.059                 | .855  | -0.225   | .654  | 0.675           | .269  | -0.888                  | .035  |
| Hunter                       | 0.201                 | .607  | 0.327    | .574  | 1.100           | .102  | -0.049                  | .917  |
| Northern                     | 1.122                 | .001  | 0.566    | .306  | 0.084           | .918  | 0.207                   | .643  |
| Southern                     | -0.281                | .478  | 0.055    | .921  | 0.497           | .477  | -0.715                  | .142  |
| <b>Common sponsorship</b>    |                       |       |          |       |                 |       |                         |       |
| Yes                          | 0.450                 | .09   | 2.187    | .000  | 1.126           | .004  | 2.32                    | .000  |
| <b>Tax status</b>            |                       |       |          |       |                 |       |                         |       |
| For profit                   | -0.725                | .029  | 0.701    | .076  | -0.43           | .449  | -1.667                  | .009  |



# Other integrating mechanisms

- ▶ Care coordination examples
  - ▶ Driven by public program requirements

## Commonwealth packaged care

- With all packaged care (CACP, EACH, EACH-D), a care manager puts together and monitors a service package to keep client out of low or high residential care

## HACC

- Community options program = Brokered services + Case management
- High needs pool for frail aged (“an integrated range of basic personal care and support services”)

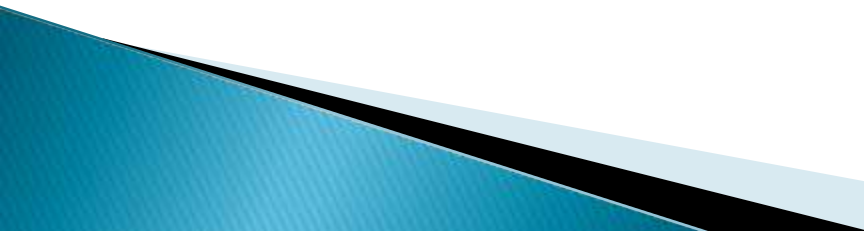
# Other integrating mechanisms

(continued)

## ▶ Information systems

- Driven by both public and private interests
- Public effort examples
  - “Access Points” – single point of entry (assessment and referral)
  - HSNet – Whole-of-government referral network
    - Departments of Health, Community Services, Housing, etc.
    - Non-government agencies allowed to refer a client to another agency and track progress
- Private effort example
  - ICN Health software (Central Coast)
    - Beta testing of central waiting list for domestic assistance services under HACC
    - Provided most up-to-date Client Information and Referral Record (CIARR) so it didn't have to be redone
    - Not sustained because of costs

# Conclusions

- ▶ Australia is poised to create new opportunities in integrated aged care delivery
  - ▶ Consolidated financing creates
    - Opportunities to align incentives for providing care in the least restrictive setting
  - ▶ Care coordination is available for programs aimed at being NH substitutes
  - ▶ Formal structures exist and informal structures are being created to offer a continuum of care
  - ▶ Public investment in integrated information systems probably necessary
    - Need to spend before you can count on using savings (from downward substitution of care, increased efficiency)
- 

# Thank you

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# References

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