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Speech Pathology Australia

Speech Pathology Australia's submission to the Independent Health and Aged Care Pricing Authority's consultation on "Towards an Aged Care Pricing Framework"

Revised submission date
21 October 2022

The Speech Pathology Association of Australia Limited
ABN 17 008 393 440

Independent Health and Aged Care Pricing Authority
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Submitted electronically: submissions.ihacpa@ihacpa.gov.au

To whom it may concern,

Thank you for the opportunity to provide feedback to your consultation regarding a new Aged Care Pricing Framework.

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 13,500 members. Speech pathologists are university trained allied health professionals with expertise in the diagnosis, assessment, and treatment of communication and swallowing difficulties. Speech pathologists are therefore essential members of the multi-disciplinary healthcare team providing services to older people and can provide identification of disease/disorder, assessment, intervention, counselling/support of families and caregivers, education of other professionals, case management, consultation, and advocacy.

Given speech pathology's scope of practice, our feedback below relates to, and highlights, the specific needs of individuals in residential aged care facilities who have communication and/or swallowing difficulties to have access to appropriate care. The Royal Commission into Aged Care Quality and Safety confirmed the 'inadequate access' to allied health services such as speech pathology contributed to substandard care. Speech Pathology Australia believes that a fair and accurate aged care pricing framework inclusive of speech pathology services is a vitally important foundation piece of the reform needed to ensure safe and effective care is delivered to these individuals.

We hope the Authority finds our comments useful and if Speech Pathology Australia can assist in any other way or provide additional information, please contact Ms Kym Torresi, Senior Advisor Aged Care, on 03 9642 4899 or by emailing agedcare@speechpathologyaustralia.org.au.

Thank you for the opportunity to contribute to your inquiry.

Yours sincerely,

Tim Kittel

National President

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Introduction

Speech Pathology Australia (the Association) welcomes the opportunity to provide feedback to the Authority's inquiry. We have responded in a general manner to the sections that we believe are most relevant to the practice of speech pathologists in the aged care sector. We preface our comments with some background information on older people with communication or swallowing disability, and the role of speech pathologists in Aged Care.

About Speech Pathology Australia

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing over 13,500 members. Speech pathology is a self-regulated health profession through Certified Practising Speech Pathologist (CPSP) membership of Speech Pathology Australia. Speech pathologists are not required to also be registered through the National Registration and Accreditation Scheme. Speech Pathology Australia maintains robust self-regulation of its members mirroring that required by the National Registration and Accreditation Scheme (NRAS) in relation to monitoring and systematic mechanisms for quality and safety in the delivery of health care by practitioners. This includes responsibilities for developing and maintaining the clinical, educational and ethical standards that promote high quality and safe speech pathology care.

The CPSP credential is recognised as a requirement for approved provider status under a range of government funding programs including Medicare, all private health insurance providers, CHSP and the NDIS. To be eligible for CPSP membership of Speech Pathology Australia, a speech pathologist is required to demonstrate they have completed an approved university course, they have recency of practice, and have undertaken a minimum level of professional development in the previous 12 months.

As the national body regulating the quality and safety of speech pathology practice in Australia, Speech Pathology Australia accredits the university entry-level training courses for speech pathologists in Australia, evaluates requests for recognition of overseas qualifications, administers the continuing professional development program for the profession, and provides mentoring and support programs to the significant cohort of new graduate/early career speech pathologists currently within the speech pathology workforce.

The Role of Speech Pathologists in Aged Care

Speech pathologists, as experts in the assessment, diagnosis, and treatment of communication and mealtime support needs (for those with swallowing problems) are essential members of the multi-disciplinary healthcare team providing clinical services to older people.

Speech pathologists can provide identification of disease/disorder, assessment, intervention, counselling/support of families and caregivers, education of other professionals and support staff, case management, consultation, and advocacy. Speech pathologists have an important role to play in promoting healthy ageing and minimizing the social, emotional and economic costs associated with communication disability and swallowing disorders. Speech pathologists can assist older people to access a functional means of communication via speech or augmentative and alternative communication (communication aids and strategies). Additionally, speech pathologists play an important role in education for communication partners (staff, family and other residents) such as support with use of tailored communication strategies, and in ensuring the physical and communicative environments are conducive to communication.

Speech pathologists also provide valuable contributions to the assessment of decision-making capacity and the facilitation of supported decision making for older people with communication support needs. This includes developing communication accessible health information and decision-making procedures and

protocols. Speech Pathologists assess, diagnose and manage swallowing difficulties to ensure older people safely continue to eat and drink well, and enjoyably. For older people living with dysphagia, speech pathologists also provide counselling/support of families and caregivers, education of other professionals and support staff regarding appropriate mealtime supports.

Speech pathologists provide services to older people across a range of sectors including acute care (hospitals), sub-acute care, rehabilitation and primary care sector (including community health and general practice) as well as within the residential aged care setting. Speech pathologists work across public and privately funded services. Provision of services for older Australians living with communication and/or swallowing difficulties is a core area of professional practice for speech pathologists. Approximately 25 per cent of Speech Pathology Australia members identify as working with adults aged 65 years or older.

About older people with communication and swallowing difficulties

Communication problems encompass difficulties with speech (producing spoken language), understanding or using language, voice, fluency (stuttering), and pragmatics (the social use of language), or a combination of these. Swallowing problems (dysphagia) affect the ability to safely swallow food or liquids and can lead to medical complications including malnutrition, chest infections/pneumonia, choking and death. Difficulties in communication and swallowing can occur in isolation or a person may have difficulties in more than one area. For example, following a stroke a person may have speech, expressive and/or receptive language, and swallowing difficulties.

While communication and swallowing difficulties affect people across the lifespan, the prevalence and complexity of these disorders increase with age as both communication and swallowing functions are vulnerable to the natural ageing process. Changes in anatomy, physiology, sensory and motor functioning can lead to reduced function and increased risk in relation to eating and drinking safely. Similarly, the body's natural ageing process can affect memory, processing speed, voice, hearing, and speech processes which can impact on how effectively the older person can communicate. Even subtle age-related changes in communication skills such as voice have been demonstrated to have a significant impact on a person's everyday life and social participation.

There is of course the added possibility of disease or disorder in older Australians, and many common age-related conditions including stroke, dementia and Parkinson's disease have a high prevalence of communication, swallowing and mealtime difficulties associated with them. The communication, swallowing and mealtime difficulties associated with ageing vary significantly in type and severity.

The prevalence of communication and swallowing difficulties in older people in Australia is unknown due to the absence of a national mechanism for data collection and monitoring. In its report on the speech pathology workforce, Health Workforce Australia[i] noted that despite the number of potential data sources that exist, each has substantial limitations in providing a complete picture of demand for speech pathology services in Australia. Often incidence and prevalence figures for both communication and swallowing problems in older people commonly relate to specific disorders/diseases. For example, the vast majority of people living with dementia will experience some form of communication difficulty ranging from trouble retrieving words, to problems keeping track in a conversation, and to the complete loss of communication in the later stages of the condition. Or conversely, data are amalgamated, for example the Australian Bureau of Statistics reports the level of communication disability amongst older Australians (aged 65 and over) as 41.9 per cent or 753,400 people, with almost a quarter of these having a profound or severe communication disability, but these figures will include hearing difficulties.[ii]

Towards an Aged Care Pricing Framework for speech pathology

Speech Pathology Australia believes that a fair and accurate aged care pricing framework inclusive of allied health services such as speech pathology, is a vitally important foundation component of aged care reform. However, the needs of allied health are unique within this sector and will require further consideration in order to be appropriately met. Developing accurate costings for services such as speech pathology within residential aged care settings involves several challenges that are not yet adequately reflected in the current consultation paper.

Speech Pathology Australia seeks to outline some of these challenges in this submission, as well as propose next steps that will be needed to inform the accurate future costing and pricing of speech pathology services in aged care.

Current Service Provision and the impact on data for pricing

In order to understand some of the challenges present in current data, it is important to reflect on issues with current clinical service provision and the systemic barriers within residential aged care settings regarding speech pathology services.

1. **Data on speech pathology service engagement is not currently available**

Speech pathologists are typically not employed within residential aged care settings but brought in by aged care providers (or sometimes medical practitioners) for individual resident consultation or staff training sessions as contractors. However, at times speech pathologists are also engaged directly by residents and their families on a private basis as the provider has not agreed to fund the service.

To date, there have not been any consistent mechanisms to capture levels of speech pathology service engagement in residential aged care. Whilst the Aged Care Quarterly Financial Report (QFR) has recently implemented collection of data regarding the amount of speech pathology service use funded by aged care providers, this data will not be an accurate reflection of the actual speech pathology needs of residents and therefore not enable a costing approach that contributes to supporting safe and effective care for these older people.

2. **Data on speech pathology service use is limited, inaccurate and not based on need**

Speech pathologists are allied health professionals with expertise in dysphagia (swallowing difficulties) assessment and management. Dysphagia is common, with estimates of 50-60% of people in residential aged care being affected[iii]. In addition to impacts associated with choking and aspiration pneumonia, malnutrition can also be a consequence of dysphagia. Malnutrition has been found to affect up to 50% of people living in residential aged care[iv].

Speech pathologists are typically only referred to at times of crisis / adverse event for one time isolated swallowing assessments with residents in residential aged care.[v] Speech pathologists are rarely engaged by residential aged care providers for appropriate further clinical review of initial recommendations regarding swallowing management, or for any proactive management of emerging difficulties before such adverse events occur.

This contributes to increased mortality and morbidity for those living with dysphagia and mealtime support needs. Choking has been found to be the second highest cause of preventable deaths in residential aged care settings[vi] and such cases have been the subject of Coroner's Cases across recent years[vii]. Respiratory complications are one of the top three causes of avoidable hospital admissions of residents from residential aged care[viii], with aspiration pneumonia a leading contributor to these admissions.

Recent research examining coroner's reports of deaths in residential aged care associated with choking or aspiration pneumonia showed that in each case, the coroner found the death was preventable.[ix] The study found that these dysphagia-linked deaths were due to a combination of factors including services failing to refer to relevant health professionals and failing to appropriately implement recommended mealtime management strategies.

In addition to dysphagia and mealtime supports, speech pathologists also have expertise in supporting people living with speech / communication difficulties. These skills include implementing appropriate communication strategies and aids, and communication partner training to make communication more effective, even when speech is impaired.

Research shows that up to 95% of people living in residential aged care have some form of communication difficulty[x]. Being able to communicate is a basic human right and is essential to being able to indicate choice and control, actively participate in activities and maintain social relationships, mental health and quality of life. An aged care system underpinned by a Human Rights based approach, that aims to be person centred must support the right of people with communication difficulties. This includes the right to be provided with the appropriate communication supports to make their needs and preferences known in order to promote supported rather than substitute decision making.

Care cannot be adequately provided without knowledge of how someone with complex communication disability communicates. However, most older people with communication difficulties who require these supports are not referred to see a speech pathologist[xi].

Despite the swallowing and communication needs of older people having significant adverse impacts on health and wellbeing, speech pathology services are currently provided in very limited amounts and within a restricted scope of practice. Funding constraints are typically reported as the main barrier to providing these important services.

Data collected by the Stewart Brown Deep Dive Survey on Allied Health (2020) showed that the average service provision of speech pathology is less than a minute a day per bed[xii]. These circumstances likely contributed to the finding of the Royal Commission into Aged Care Quality and Safety, that inadequate access to allied health services such as speech pathology contributes to the substandard care of older people.[xiii]

For allied health services such as speech pathology, measuring what is currently being provided will not be adequate to meet the objectives of an aged care pricing framework which seeks to underpin an aged care system delivering safe and high-quality care. A lack of assessment of an individual's allied health needs is currently leading to a lack of data on service composition, episode length / course of care to help inform future funding models and associated costings. It is vital that this is addressed to be able to accurately identify these needs in order to cost what services may be required to provide high quality care that meets residents' needs.

3. Data on incidence of speech pathology need, and speech pathology course of care is not available

There is no consistent assessment of the allied health needs of residents in residential aged care. Providers undertake their own care planning process, which as is outlined above, is not leading to speech pathology needs being appropriately identified or addressed.

Costing of a residential aged care system inclusive of speech pathology to address health and wellbeing needs must be able to identify what services are needed, by whom, and for what amount of time.

A consistent 'Health and Wellbeing' assessment tool undertaken with input from a multidisciplinary allied health team is needed to be able to consistently identify this data.

In order to develop a pricing approach for allied health in aged care, a separate strategy and costing study will be needed. It is essential that such a costing study is set up mindfully, rather than capturing the 'status quo' as described above. This may mean either setting up a specific demonstration project of multidisciplinary allied health care (including speech pathology) delivered according to assessed clinical need, or identifying locations where detailed data collection can be embedded within existing multidisciplinary allied health teams. It is important to note that many aged care providers with allied health 'teams' will tend to involve select disciplines only (e.g. typically only physiotherapy, podiatry).

One option to be able to collect the required data to inform pricing determinations may be to approach Victorian publicly funded residential aged care facilities with broad allied health team positions. Speech Pathology Australia would welcome the opportunity to work with the Authority in developing such a pricing approach.

4. **Data on allied health care generally is limited but shows an even further reduction in use of allied health since the Royal Commission**

Whilst the Royal Commission concluded that allied health services are underused, undervalued and that this contributed to substandard care[xiv], measures of allied health care have confirmed there has been a reduction in allied health care minutes since the Royal Commission[xv]. Initial results within the research undertaken by Professor Kathy Eagar and her team from the Australian Health Services Research Institute indicated that aged care residents receive an individual average of only eight minutes of allied health care a day.[xvi] However, this figure included input from lifestyle professions, which are not included within the definition of allied health developed by the sector and the Department of Health.[xvii].

More recent data released within StewartBrown reports have documented a declining rate of allied health care. The 2020 Deep Dive survey on allied health found that aged care residents received an average of 7.2 minutes of allied health care per day.[xviii] StewartBrown's Aged Care Financial Performance Survey report (Sept 21) organises allied health separately from lifestyle with the result of 6.6 allied health minutes.[xix] The Ageing Research Collaborative (ARC) at the University of Technology Sydney analysis of StewartBrown data for the 6 months ending 31 December 2021 produced a figure of 5.3 minutes of allied health care.[xx]

Furthermore, recent data released by StewartBrown indicates that 2 out of 3 residential aged facilities are operating at a loss.[xxi] In a sector where financial constraints are evident, and there is no identification of allied health needs such as speech pathology along with no mandated performance levels, it is perhaps not surprising to see this trend. Speech Pathology Australia is concerned that this trend will only continue, if not be exacerbated by the introduction of the AN-ACC funding model.

Taking these four major issues into account, there are therefore a wide range of underlying factors contributing to why data is currently not available for speech pathology, but also why present data will not accurately reflect the needs of older people if simply measuring the current situation.

Consultation Sections

Speech Pathology Australia notes the consultation paper's focus on the provision of 'care' in aged care services and on the AN-ACC tool. In relation to speech pathology, our primary feedback is noted above, with brief comments on specific sections within the consultation paper that have some applicability to speech pathology service.

Section 4- A new funding approach for residential aged care

Speech Pathology Australia notes that the AN-ACC in its current form is not sufficient to support appropriate activity-based funding of speech pathology services in residential aged care.

The AN-ACC was developed to determine classification levels for level of care provided by nursing and personal care workers, however it does not take into account the multifactorial needs of the resident in relation to the scope of allied health practice. For example, needs associated with physical mobility rated highly on the AN-ACC classification system in relation to care needs. However, this does not adequately address the holistic residents' needs when living with swallowing and communication needs.

It has been touted that the AN-ACC classification system will encourage providers to engage reablement services, as they will continue to receive the higher classification funding if the person's care needs are decreased. This is not an appropriate model to ensure quality care that supports the health and wellbeing of residents, many of whom are living with progressive conditions or require preventative healthcare. This requires providers to pay for allied health services from current budgets in the hope that ultimately care needs will decrease– and this may not necessarily be the case.

For example, a resident living with swallowing difficulties that requires ongoing consultation from a speech pathologist and dietitian to manage risks associated with dysphagia and promote healthy and safe eating, may be recommended to have closer mealtime supervision from care staff. Therefore, following allied health engagement, the need for increased care time may be identified to ensure safety. Furthermore, speech pathologists often play an important role in capacity building within residential aged care. Assessment may identify the need for further staff training by the allied health provider (e.g. speech pathology training of kitchen staff regarding the importance of correct food textures for those with swallowing difficulties) and this is not incorporated within the current AN-ACC weightings. Current and projected regulatory mechanisms are not detailed enough to capture these issues at an individual resident level.

The introduction of the AN-ACC in its current form alone will not improve the safety and quality of care provided to residents in relation to necessary allied health care. The initial Resources Utilisation and Classification Study and the AN-ACC team led by Professor Kathy Eagar made clear recommendations in relation to allied health, specifically that there would need to be separate mechanisms aside from AN-ACC including a Care Planning Assessment and dedicated Care Minutes for Allied Health. They noted "building allied health into the AN-ACC, including a best practice needs identification and care planning assessment tool, would take several years"[xxii]. Neither of these measures have been implemented in the current system proposal.

Speech Pathology Australia recommends that the AN-ACC funding model include

1. A best practice needs identification tool and Care Planning assessment inclusive of allied health
2. A dedicated funding component for allied health services, using a blended funding model.

As per the Royal Commission's Recommendation 38, this should include a fixed funding component to enable the direct employment of allied health professionals within a multidisciplinary team, and activity-based funding based on individual discipline pricing. Both the Royal Commission, and subsequent Department of Health projects[xxiii] have identified and reinforced the need for multidisciplinary allied health teams to be able to be funded to work together to meet the complex and changing needs of residents in aged care.

3. A mandated Care Minutes benchmark for allied health

As per our comments above, further work will need to be undertaken to determine appropriate costings for each allied health discipline and ensure an understanding that all required allied health intervention time must be accounted for under an ABF model. It should be noted that allied health intervention includes aspects such as capacity building with personal care workers on how to implement

recommendations into care, provision of written guidance to residents and care teams regarding strategies, travel where this is required, and the development of customised therapeutic resources amongst other activities. It will be essential to work with allied health peak bodies to inform the work needed to develop such a model.

Additionally, the Association recommends that the AN-ACC assessment process should include a requirement for a nationally consistent Care Planning tool that is used to assess and identify resident's care planning needs and is undertaken with allied health professionals as part of the assessment team. The Department of Health Scoping Study on Multidisciplinary Models of Care[xxiv] also recommended that an initial assessment be conducted in conjunction with relevant allied health professionals to develop a Care Plan. This would enable the individualised needs of residents to be identified; provide a more appropriate mechanism for regulatory oversight of whether appropriate health and wellbeing care is being delivered; and in time provide IHACPA with more appropriate data on allied health usage to inform the ongoing development of the aged care pricing model.

Section 5- Principles for activity based funding (ABF) in aged care

Speech Pathology Australia recommends that the proposed principles guiding the development and operation of the Pricing Framework should be informed by those underpinning the new Aged Care Act – i.e. a human rights based approach to aged care as informed by the recommendations of the Royal Commission. We note the proposed overarching principles for the design of activity-based funding as being access to care, quality care, fairness, efficiency and maintaining agreed roles and responsibilities.

Speech Pathology Australia has strong concerns, echoed by the Royal Commission, regarding access to care and quality care as it relates to speech pathology services in the current aged care system. A pricing framework for aged care will need to consider how it supports access to speech pathology services to support residents living with communication and swallowing difficulties.

In relation to fairness and the stipulated intent for fair and equitable payments across aged care services, the impact upon allied health workforce availability for aged care will also need to be considered. Many speech pathologists provide services to older people across sectors, e.g. within hospital settings, home care, community care and residential aged care, therefore a fair and equitable pricing structure for this multi-faceted work should be considered.

Section 6- Developing aged care pricing advice

Speech Pathology Australia has significant concerns that the current residential aged care price for an AN-ACC national weighted activity unit (NWAU) has not been informed by sufficient data regarding pricing of allied health services such as speech pathology. As a result, this is unlikely to be able to adequately cover the costs of this aspect of care for residents. There is not sufficient data available in the Australian residential aged care context regarding episodes of care for speech pathology. This is especially an issue in relation to appropriate levels of care, which are not being achieved due to current funding arrangements and a lack of mandatory measures for allied health such as an assessment tool or Care Minutes.

Furthermore, the proposal to initially concentrate on enabling meeting of mandatory requirements for providers such as Care Minutes, minimum care standards and others, continues to leave residents at significant risk of substandard care when allied health services are not appropriately reflected.

Allied health services such as speech pathology are critical to the aged care sector's ability to provide quality care to their residents, many of whom present with increasingly complex needs. Residents are at risk of death, as well as a range of ill effects due to lack of access to appropriate allied health services, particularly speech pathology with regard to swallowing needs.

Allied health is not a 'luxury extra' - it is a critical component of aged care services and immediate steps must be taken to address this, rather than continue to perpetuate the adverse events identified by the Royal Commission. The Commissioners called for 'a change in culture in the aged care sector, to view allied health services as valuable rather than a burden on funding'[xxv] and for allied health to become 'an intrinsic part of residential care'.[xxvi] The Royal Commission further recommended that the aged care system should focus on wellness, prevention, reablement and rehabilitation, and extend beyond physical health to a multidimensional view of wellbeing.[xxvii] Recommendation 38 supported this more holistic approach through requiring the provision of a level of allied health care appropriate to each person's needs.

Speech Pathology Australia is concerned that a pricing framework based on a single residential aged care price across care services and professional health services is unworkable, and a single residential aged care price may not appropriately capture the scope of allied health needs. The Association again calls for consideration of adjustment of the AN-ACC funding model to include a dedicated funding level for allied health services such as speech pathology.

Section 7- Adjustments to the recommended price

Speech Pathology Australia supports the concept that adjustment payments should be largely based on the characteristics of the person receiving care. We also concur with the premise that not all cost drivers are completely captured within the existing AN-ACC categories and classes[xxviii], specifically as this applies to the identification of additional care needs uncovered by in depth allied health assessment.

People living in residential care frequently have complex, emerging or progressive needs which need to be able to be responded to in real time. For example, a speech pathologist may identify the need to provide additional supports to someone with speech/communication difficulties to proactively avoid behaviours of concern arising from frustration, and coach the personal care workers to implement appropriate strategies. This may be an emerging situation in response to a new setting and new carers, and not revealed in an initial AN-ACC assessment. Flexibility to respond to and address changing needs will be paramount in the new pricing structure.

Additionally, resident-related factors are important to consider, but should be expanded from the current list within the consultation paper. Speech Pathology Australia contends the following factors are not currently adequately identified within the AN-ACC assessment / structure but do contribute to driving higher care costs that should be noted for funding supplements.

Resident-related characteristics that should be included in the list for adjustment payments include:

1. **Specified higher care supervision for safe swallowing**

Residents living with swallowing difficulties requiring specific levels of supervision to implement safe swallowing strategies need higher levels of care. Currently, Speech Pathology Australia members note that there are generally insufficient staff numbers to support the mealtime assistance needs of these individuals. Speech pathologists often report that one carer may be left needing to provide direct mealtime assistance to 8 or even 10 residents simultaneously, and this leads to the adverse outcomes including risk and inadequate food intake that were found by the Royal Commission. Some people living with swallowing difficulties will require close 1:1 supervision throughout (and after) any oral intake as recommended by the treating speech pathologist, known as 'specified higher level care' in Safer Care Victoria's Guidelines[xxix]. This need should trigger an acknowledgement additional staffing capacity will be required at mealtimes to ensure the delivery of safe and effective care.

2. **Behaviours of concern requiring a multidisciplinary care team approach**

Following the substandard care highlighted by the Royal Commission, behaviour support plans are now a requirement in residential aged care for certain residents needing behaviour support as the sector seeks

to minimise the use of restraints. However, the aged care sector remains relatively new to the concept of behaviour support plans, and particularly the value of the multidisciplinary team contributing to a proactive management plan approach to avoiding behaviours of concern. An example of such a case is noted below:

> *Eddie is living with Parkinson's Disease and as a result his speech has become difficult to understand and he has trouble handling and manipulating things with his hands. Eddie is frustrated by his carers' inability to understand when he tells them what he wants, and has become withdrawn and isolated due to his speech difficulties. He sits in his chair most days, frustrated he is unable to do basic self-care tasks for himself. When a new carer arrives, they assume Eddie also has some difficulties understanding and has dementia and treat him as such – Eddie is furious and lashes out at the carer, knocking her over. Staff feel he has become increasingly agitated and discuss putting into place a behaviour support plan.*

A behaviour support plan is now needed when any restraint, including chemical restraint, is considered. It has previously been relatively common for this scenario to result in the use of a chemical restraint, rather than seeking to identify and manage underlying issues through a multidisciplinary approach. Eddie could be better supported though an approach which includes a speech pathologist providing Eddie with some picture communication aids that he uses to make his choices known to staff and an occupational therapist working with Eddie to identify ways he can still perform some aspects of self-care. These small changes could provide Eddie with a feeling of agency. Educating staff regarding Eddie's capabilities with additional aids and supports, may also make a real difference in preventing behaviours of concern arising in the first instance, and managing the unintended sequelae of chemical restraints if they are used.

A pricing framework that sets an expectation for the use of a multidisciplinary approach where there are complex needs has the potential to significantly impact both quality of care and outcomes, but also reduce care costs in other areas in the longer term. Adjustments should be able to be available to support this more intense multidisciplinary teamwork needed in these cases.

3. Complex Communication Needs with a specified Communication Support Plan

Residents living with complex communication needs may have little or no speech, or speech that others find difficult to understand. People with complex communication needs frequently have these communication difficulties as a result of neurological conditions such as brain injury, stroke, Motor Neuron Disease, Parkinson's Disease, dementia, or structural issues e.g. head and neck cancer. It must be noted that these conditions are relatively common in residential aged care settings.

People with complex communication needs have increased care needs due to carers needing longer to establish needs and wants, understand messages, and use aids and strategies to undertake a person-centred care approach. Where a person has complex communication needs with a specific communication support plan incorporating recommendations from a treating speech pathologist (e.g. use of a picture communication board during care tasks such as dressing and showering), this is an additional driver of care costs and should be recognised in resident-related characteristic adjustments. People with communication difficulties may also need additional time to report concerns or complaints and are more vulnerable to elder abuse.

Older people with complex communication needs may in fact have intact physical mobility, and as a result their needs are not accommodated for within the AN-ACC classification system, based on current care patterns in an overstretched system.

4. Goods, Equipment and Assistive Technology

Speech Pathology Australia notes the current inequity of access to goods and assistive technology for those living in residential aged care, and the uncertainty around the future funding model for this program. Whilst there is a national Goods, Equipment and Assistive Technology (GEAT) program being developed

for in-home care, this needs to be extended to those living in residential aged care to have access to the goods, aids and equipment and services to meet daily living needs.

In addition to more well-known items such as customised wheelchairs and pressure care management aids, people living with communication difficulties need appropriate access to electronic and non-electronic communication aids. This need for access to specified GEAT may be one resident related characteristic that only becomes known following specific allied health assessment, and therefore would need to be treated as an adjustment funding mechanism and allow access into the proposed in-home care GEAT scheme.

Section 8- Priorities for future developments

Speech Pathology Australia notes that the current AN-ACC process includes an initial adjustment payment associated with the assessment and development of a Care Plan for that resident. This is a very important component of the costs of transitioning a new resident into residential aged care. However, given the past history, it is unlikely that speech pathology and other allied health providers will be appropriately engaged in this process to the level that is required. There are a range of needs that would need to be reflected in that cost in addition to direct face to face assessment with the resident, such as:

- Providing specific education to staff about that individual's needs and how best to support these during care and interaction,
- Customising existing communication aids for the new environment with specific related vocabulary,
- Developing team based plans e.g. around complex behaviours,
- Providing education and support to the resident and their family regarding the impacts of the new environment.

Workforce is a known challenge for the aged care sector, and this is also the case for speech pathologists working in aged care. Given that funding and pricing challenges are also known to exist in attracting and retaining speech pathologists in this sector compared to say the NDIS, it is likely there will be ongoing difficulties in sourcing speech pathologists. This may impact upon the implementation and refinement of new processes, particularly when real world data regarding service use is being reviewed.

Implementation of a successful aged care costing and pricing model in the aged care sector has the potential to alleviate a number of significant issues currently impacting high quality care. Markers of success are numerous, but in essence should always consider the person first and foremost. Outcomes for older people should be an important component of any success measure of reform to the aged care sector.

Recommendations

In summary, Speech Pathology Australia recommends the following:

- That IHACPA work with allied health peak bodies including Speech Pathology Australia to develop a model to access appropriate data for costing of allied health service provision in residential aged care.
- That IHACPA undertake a specific costing study to identify pricing for individual allied health disciplines including speech pathology.
- That the AN-ACC funding model be adjusted to include a dedicated funding component for allied health services, using a blended funding model
- That the AN-ACC assessment process include a consistent Care Planning Tool developed with and implemented in collaboration with allied health professionals to identify health and wellbeing needs of residents.
- That a Human Rights based approach should also underpin the principles guiding a new aged care pricing framework as per the new Aged Care Act.
- The development of a pricing framework for aged care to consider how access to speech pathology services, including workforce factors, will be addressed and supported within pricing measures.
- Additional resident-related characteristics should be included in the list for adjustment payments such as:
    - Specified higher care supervision for safe swallowing,
    - Behaviours of concern requiring a multidisciplinary care team approach,
    - Complex Communication Needs with a specified Communication Support Plan,
    - Goods, Equipment and Assistive Technology needs.
- The two framework principles of Access to Care and Quality Care to have specific consideration in relation to speech pathology services in aged care.
- That adjustment payments also include access to The Goods, Equipment and Assistive Technology (GEAT) program for people in residential aged care.

We hope you find our feedback useful. If Speech Pathology Australia can assist in any other way or provide additional information please contact Ms Kym Torresi, Senior Advisor Aged Care, on 03 9642 4899 or by emailing agedcare@speechpathologyaustralia.org.au.

References

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