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Dear Professor Pervan

Thank you for the opportunity to provide comment on the draft IHACPA Work Program and Corporate Plan 2023–24. Speech Pathology Australia (the Association) 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. Swallowing difficulties (dysphagia) are common amongst older people, with estimates of 50-60% of people in residential aged care being affected¹. Research also shows that up to 95% of people living in residential aged care have some form of communication difficulty². Speech pathologists are therefore essential members of the multi-disciplinary healthcare team providing services to older people.

Speech Pathology Australia has significant concerns regarding the draft IHACPA workplan as being inadequate to achieve IHACPA's stated role in the provision of advice on aged care costing and pricing matters including:

- reviewing data, conduct studies and undertake consultation for the purpose of providing advice on aged care costing and pricing advice (1.1)
- supporting the implementation and ongoing refinement of the AN-ACC (1.2)
- investigating and making recommendations regarding cost shifting (1.2).

Allied health services such as speech pathology are vital components of aged care, but will not be appropriately accounted for in the current workplan, nor is there any evidence of what actions will be undertaken to address this serious shortcoming.

Speech Pathology Australia submitted a detailed submission to IHACPA on 21 October 2022 providing a comprehensive overview of current issues to be considered within pricing studies to ensure the costing of allied health is included which we note have not been addressed in IHACPA's draft workplan.

¹ Aslam, M., & Vaezi, M.F. (2013). Dysphagia in the elderly. *Gastroenterology and Hepatology*, 9(12), 784-795

² Worrall, L., Hickson, L. & Dodd, B. (1993). Screening for Communication Impairment in Nursing Homes and Hostels. *Australian Journal of Human Communication Disorders*. 21:2, 53-64



The IHACPA draft workplan is not consistent with the following requirements that IHACPA committed to in guiding their costing work in aged care, within the aged care pricing framework³:

- that a nationally consistent method of collecting data and nationally consistent activity data would be used in determining costs
- that the new Quarterly Financial Report (QFR) data would be used to support costing and pricing work
- that the overarching principles of costing would incorporate QUALITY: that “care should meet the Aged Care Quality Standards and aim to deliver outcomes that align with community expectations” and “the normative or best practice approach recognizes that prices should be set at a level that enables required care standards to be met”.

Speech Pathology Australia raises three outstanding issues to be addressed in the IHACPA draft workplan:

1. Allied health data must be collected purposefully to ensure that pricing appropriately reflects the costs of providing essential allied health services. The current methods employed within the current pricing studies will not lead to the ‘nationally consistent activity data’ required to reflect allied health activity.
2. Current costing work does not reflect the full scope of allied health service that is needed within residential aged care to achieve quality care. Simply measuring what is currently being provided will not be adequate to meet the objectives of an aged care system delivering safe and high-quality care, as the required services are frequently not in place.
3. Allied health data must be stratified by discipline to individual resident AN-ACC classification levels. This is needed to capture the differences between levels of service and the scope of required care amongst different allied health providers. Allied health is not uniform, and reporting on one discipline, such as podiatry, will not address the communication and swallowing needs of older people. This information by discipline is already collected by providers at an individual discipline level for their Quarterly Financial Report, and therefore could be incorporated within the data gathering plan.

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. Data for 2021-22 showed that the average service provision of allied health is 4.9 minutes per resident per day⁴ and the Royal Commission into Aged Care Quality and Safety found that inadequate access to allied health services such as speech pathology contributes to the substandard care of older people⁵. While choking on food has been found to be the second highest cause of preventable death in residential aged care⁶, funding constraints are typically reported as the main barrier to providing the care needed to prevent such incidents.

³ Independent Health and Aged Care Pricing Authority. 2022. Towards an Aged Care Pricing Framework Consultation Paper.

⁴ Sutton, N., Ma, N., Yang, J.S., Lewis, R., Brown, D., Woods, M., McEwen, C., Parker, D. 2022. Australia’s Aged Care Sector: Full-Year Report (2021–22). UTS Ageing Research Collaborative, The University of Technology Sydney

⁵ [Final Report | Royal Commission into Aged Care Quality and Safety](#) (2019)

⁶ Ibrahim J., Murphy B.J., Bugeja L., Ranson D. Nature and extent of external-cause deaths of nursing home residents in Victoria, Australia. *J. Am. Geriatr. Soc.* 2015; 63:954–962. doi: 10.1111/jgs.13377.

The Association agrees with IHACPA's proposal of a best practice approach that "prices should be set a level that enables the required care standard to be met"⁷. As such, the Association recommends that IHACPA work with allied health peak bodies including Speech Pathology Australia to develop a funding model to access appropriate data for costing of allied health service provision in residential aged care. This level of specificity cannot be achieved through the current mechanisms of the interim working group. In addition, a specific costing study must be undertaken to identify pricing for individual allied health disciplines including speech pathology. Future pricing frameworks for aged care must consider how access to speech pathology services will be addressed and supported within pricing measures.

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.

Yours sincerely



Gail Mulcair
CEO

⁷ Independent Health and Aged Care Pricing Authority. 2022. Towards an Aged Care Pricing Framework Consultation Paper