Productivity Commission: Caring for Older Australians

Response to the Draft Report from

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Introduction

The National Ageing Research Institute welcomes the Productivity Commission Draft Report and commends the Commissioners for their comprehensive and creative response to the problems in the current aged care system and the challenges that face us in the future. As our focus is ageing research, we will confine our response to issues related to research, quality improvement and workforce development. However, we applaud the Inquiry's recognition of the role played by family carers, simplification of access to the system through the proposed Seniors' Gateway and the idea of a "clearinghouse" to facilitate access to aged care data.

There is recognition throughout the Draft Report of the need for a solid evidence base upon which to build policy and best practice in aged care. The Report also notes the difficulty the sector has in accessing and being informed by data already collected by a number of government agencies. The lack of capacity for research into aged care is noted, as is the need for research into the effectiveness of existing programs, preventive approaches (especially in dementia), and greater consumer involvement in research programs.

However, the recommendations that flow from this analysis focus mainly on the proposed Australian Aged Care Regulatory Commission's (AACRC) role as a national 'clearinghouse' for aged care data and the recommendation that research findings, including those commissioned by DoHA, should be made public in a timely manner. These recommendations are welcomed by NARI but we would like to see further recommendations about funding for ageing and aged care research, further development of initiatives such as teaching nursing homes and the Encouraging Best Practice initiatives to enable translation of research into practice, incentives for early career researchers and a coordinated government approach to aged care and ageing research. We will focus on each of these areas in more detail in this response.

Funding for aged care research

The main sources of research initiated funding for aged care research are currently the National Medical Research Council (NHMRC) for medical and health related research and the Australian Research Council (ARC). The NHMRC's main focus is on biomedical research and on specific disease entities, such as cancer or cardiac disease. Research into ageing and aged care does not fit well within this disease or body-systems based model. Ageing affects all bodily systems but is also a psychological and social phenomenon. Research into ageing and aged care requires collaboration between a range of disciplines, cooperation with older people themselves and strong links with the service system that can translate research into practice to ensure broad adoption of findings. The current funding system does not support this.

The current NHMRC funding model for research support also involves the distribution of funds based on scientific merit alone. There is limited ability to consider and fund strategic priority areas and no consideration of the proportion of health care expenditure spend on a particular disease/health condition. There is little ability to advance currently under-developed areas of research even if the area is a strategically important or rapidly growing health issue. As a result, several recent

health priority areas have been funded outside of the NHMRC model (i.e. dementia, cancer).

In the USA, the National Institute on Aging (NIA) leads a broad scientific effort to understand the nature of aging and disease/conditions associated with aging, and to extend the healthy, active years of life. Started in 1974, it provides leadership in aging research, training, health information dissemination, and other programs relevant to aging and older people. It has both intramural and extramural research funding streams designed to foster the development of research and clinical scientists in aging. Most developed countries have a similar agency responsible for the coordination and funding of ageing research efforts, yet Australia is still without a national authority with the dedicated purpose of promoting ageing research and translation of research knowledge into practice. The allocated budget to the NIA was $1,142,337,000 in 2011 representing approx. 3.8% of the total budget for all research activity in the USA. The NHMRC scoping study on ageing research (2002) identified that funding of Geriatrics and Gerontology comprised only 0.6% of the total NHMRC research support budget and in 2009/10 this had increased to just 0.9%. There is a clear need to address the issue of research support that is proportional to aged health care expenditure, to help build capacity in the ageing research workforce and to provide a funding model which better coordinates and integrates research into our rapidly ageing population.

We suggest that a range of research and funding mechanisms are needed to address the challenges to the health and care systems posed by our ageing population.

Original research is required to further investigate and understand ageing and how to maintain health and wellbeing into in older age. This could be achieved through prioritisation of ageing research through NHMRC or an alternative funding source devoted to research into ageing such as the NIA model outlines above. We also recommend that the NHMRC reconvene a panel for reviewing aged care research applications and this be broadly representative of the sector, including experts from medical, nursing, allied health, consumer representatives and service providers (as applicable).

Guidelines for clinical practice are still needed in some areas. For example, a recent scoping study by NARI (conducted for *beyondblue*) found that there were no Australian (and limited international) guidelines for the management of depression and anxiety in older age. GPs, residential care service providers and aged care assessors reported that they had limited knowledge in this area and there were few opportunities for education and on-the-job training (Dow et al, 2010).

Translation of research into practice

Mechanisms are also required to support **translation of research** findings into policy and practice. There have been some important government initiatives in recent years that support implementation of best practice guidelines, such as the Encouraging Best Practice in Residential Aged Care (EBPRAC). NARI was involved in two of these, one for falls prevention and one for better management of pain in residential care settings. We believe this is a useful approach and should be extended to community care. However, a more holistic approach should be adopted and consideration should

be given to how all the best practice guidelines (falls, pain, behaviour management, dental, nutrition etc) can be integrated and applied in practice.

While the teaching hospital model is well established and the teaching nursing home model has been in existence for decades, the **links between aged care providers and the academic research sector** have not grown fast. The Australian Government should facilitate and be proactive in developing better links between aged care service providers, both government and non-government, and researchers. There are a number of advantages on both sides. The links can provide the latest research findings to service providers, and participation in research can improve morale of staff, provide opportunities for consumer involvement in research projects and improve the quality of the services as well as improve the quality of research. Researchers can be more closely aligned with priorities of service providers and have a better understanding of the barriers and facilitators to providing aged care. At present researchers do not have any government support or encouragement in approaching service providers to participate in research, and service providers have little incentive to be involved in research as involvement is not linked to quality improvement or regulation. The government could play a bigger role in encouraging research participation. Involvement in research has the potential to produce cost savings for aged care providers through quality improvement. The teaching nursing home model can be extended to other sectors of the aged care service system such as community care but services need adequate compensation for involvement in teaching and research. The government needs to encourage service providers to understand the valuable role that teaching and research can have in quality improvement in the short term, as well as longer term benefits of contributing to the health of the population as a whole.

It is also essential to **evaluate programs and services** to see if they are effective, meeting their objectives and result in improved outcomes for older people. This is currently done for some programs and services and not others. For example, the Dementia Initiative has been subject to comprehensive evaluation but other mainstream community services, such as Community Aged Care Packages (CACPS) and Extended Aged Care in the Home (EACH) have not been evaluated to see if they are cost effective compared to residential care and whether they result in improved outcomes for older people and their carers compared to those who do not receive these services. Carer respite is another example of a broad based program that could benefit from rigorous evaluation. We would welcome an evaluation strategy for the changes recommended by the Productivity Commission.

Finally, a formal mechanism for **informing policy makers** about the latest research should be developed. From time to time, researchers and practitioners discover better ways of providing care. Examples include the Hospital in the Nursing Home initiatives where a triage nurse can come into the nursing home and assess the older person and in conjunction with the GP, manage their condition without an Emergency Department admission (Kurrle, 2006). These initiatives not only save bed days but they also protect older residents from some of the adverse consequences of hospital admission such as disorientation, falls, pressure sores and under nutrition. Why is this not common practice?

All publicly funded research should be required to make the findings publicly available in a timely manner (as recommended in the Draft Report). But in addition, there should be a ministerial advisory group on ageing that informs the relevant government ministers (ageing, health, housing, family and community, disability, income security etc) of the latest research findings that are pertinent to government policy. A data clearinghouse or ageing research network to integrate and promote the latest research finding from the sector would also be a worthwhile initiative.

Capacity building in ageing research
Teaching and research about ageing continues to have a low profile in Australian universities, an attitude that flows on to the health professionals being educated. The government needs to consider ways to encourage all the tertiary sector (universities and TAFEs) to forcefully promote working in aged care as a valuable career path in order to grow the aged care workforce. The success of the Dementia Initiative in encouraging work and research in dementia care indicates that a push from government to researchers and workers to move into aged care and ageing would yield benefits into the future. The Dementia Collaborative Research Centres and Dementia Training Study Centres were funded outside NHMRC. The majority of Australians age without developing dementia, and great improvements in health and welfare can be gained from communicating the latest evidence about healthy ageing. An Ageing Initiative from the government would encourage more activity and help to raise awareness in the community about ageing issues. Ageing Collaborative Research Centres and Ageing Training Study Centres could facilitate the growth of ageing in the tertiary sector. An associated communication strategy to inform the population as a whole about healthy ageing would improve awareness and reduce stigma associated with ageing issues.

Health Promotion
Another area that is of concern to us is the need for further promotion of lifestyle strategies to improve older people's health and assist in the prevention of chronic disease. There is considerable epidemiological evidence and some evidence from intervention trials that suggests adherence to a healthy diet, regular physical activity and social engagement may prevent or delay the onset of chronic diseases, such as diabetes and dementia, and therefore the need for aged care services. Services and programs that assist older people and their carers to make these lifestyle changes should therefore be promoted as part of the health and aged care sector.

How we can help
NARI has developed as a centre of excellence in aged care research since the 1970's. We have a strong track record in original research, especially in dementia, older age depression, falls prevention and pain management. Our three research divisions focus on biomedical research, health promotion and service development and evaluation. We also have a fast growing education and professional development program. We have strong consumer involvement in our research with over 500 older volunteers, a multi disciplinary team of researchers, strong links with the aged care sector, other research institutes in Australia and internationally and State and Commonwealth Government policy makers.

There are a number of ways we can contribute to a better service system for older Australians. We can identify key research directions to contribute to an overall ageing

research strategy. We can conduct original research. We can contribute to the translation of research into policy and practice, through development of a national framework for collaboration between research institutes and service providers, development and implementation of practice guidelines, and participation on a ministerial ageing advisory group. We can provide education, mentoring and supervision to students and professionals from a range of disciplines to increase knowledge about best practice in aged care and to contribute to the future aged care practice and research workforce. We can conduct evaluations of policy, programs and services and we can assist with the implementation of the AACCR national aged care data clearinghouse.

NARI can provide the data clearinghouse with research contexts for any feedback being provided to the sector from summarising data collections. The quality of the feedback provided to the aged care sector will greatly influence how useful the information is viewed. By linking the feedback to current research and to the evidence base the statistics will be more immediately relevant. The data clearinghouse should also have an ongoing role in verifying the validity and reliability of data being housed and NARI can provide ongoing advice about the best way to achieve this.

Conclusion

Given the ageing population and the expected investment in health and aged care services that this population will require in the future, it is essential that policy and practice is informed by a sound evidence base. If only a small fraction of the health and aged care expenditure were devoted to research, evaluation and translation of the knowledge gained through these activities, we could ensure that our aged care system was of the highest quality, most cost effective, and as best suited to the needs and preferences of older Australians as possible.