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# Standardising measures of functional dependency: a unifying concept for understanding needs and outcomes of older Australians and people with disabilities

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# Standardising measures of functional dependency: a unifying concept for understanding needs and outcomes of older Australians and people with disabilities

## **Abstract**

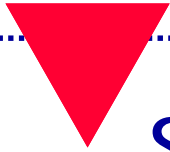
Powerpoint presentation presented at HIC 2011: the transformative power of innovation, Brisbane

## **Keywords**

dependency, unifying, concept, understanding, standardising, needs, measures, outcomes, older, australians, people, disabilities, functional

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**Standardising measures of functional dependency: a unifying concept for understanding needs and outcomes of older Australians and people with disabilities**

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# About AHSRI

- ◆ CHSD established 1993, part of Sydney Business School. AHSRI in 2011
- ◆ Self-funded, multi-disciplinary health services R&D centre – emphasising sub-acute and non-acute care
- ◆ The focus of my part of this work has been on:
  - Public domain tools for service development – mainly assessment and care planning across programs
  - Data-driven so as to be both clinically sensible but also statistically robust
  - Selecting items useful for understanding outcomes
  - Designing to be easily used routinely in community settings

# Understanding needs in community settings

- ◆ Range of various (usually not standardised) assessment tools  
e.g. client registration and eligibility, screening for service needs, client classification
- ◆ Challenge is in efficiently sharing common information for planning care
- ◆ Capable of being used in routine practice

# Functional Dependency tool

- ◆ Original work in understanding needs to plan care for the Illawarra Coordinated Care Trial
- ◆ National HACCC Program wanted a standard set of dependency data items
- ◆ Identifies key areas in which a person requires assistance with daily living
- ◆ Quantifies the extent to which the person has to rely on someone else to help
- ◆ Capable of being used by a trained non-clinical workforce

# Functional hierarchy of ADL

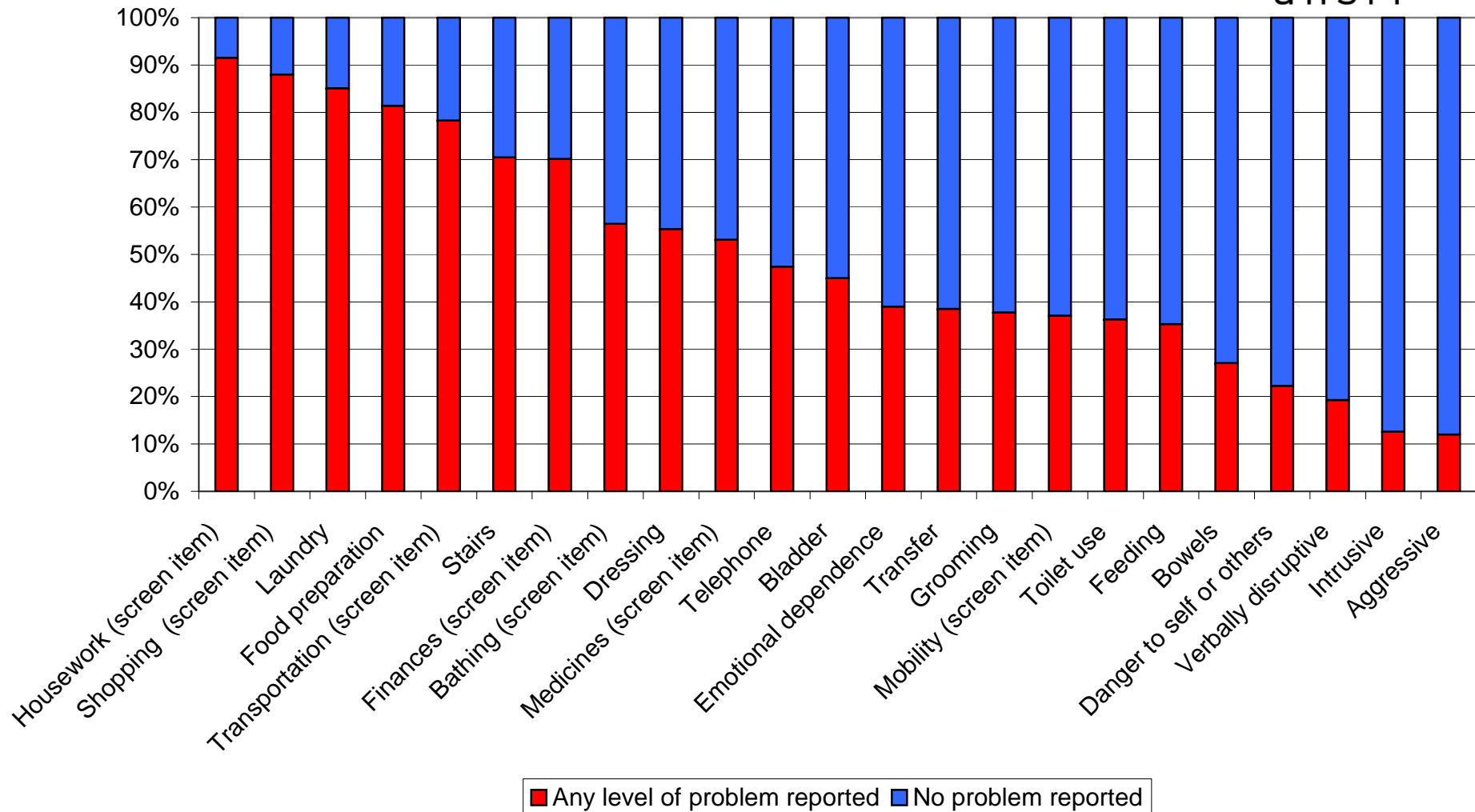
- ◆ Well known since Katz (1963) that older people lose their abilities in the reverse order to which they gained them in childhood
- ◆ A screening instrument based on the hierarchy can be used to identify where a person sits on the functional hierarchy
- ◆ Simplifies the first assessment - only need to collect minimal number of items that prompt subsequent steps

# National HACC Functional Screening Instrument

- ◆ Based on the OARS\*, modified and tested in a national field trial
- ◆ 4 domains measured through 9 questions:
  - ◆ Domestic functioning - 3 questions (housework, travelling to places and shopping) to screen for domestic function & 2 questions (handling money and taking medication) that also act as a screen for cognitive or behavioural problems
  - ◆ Self-care functioning - 2 questions (walking, bathing)
  - ◆ Challenging behaviour - 1 question
  - ◆ Cognitive functioning - 1 question

\* Older Americans etc G Fillenbaum Duke





Shows data from the field trial data where a full assessment also was done.  
 The screen is designed to pick up indicators of need in the areas corresponding to the highest number of service requests inside a basic care program

# Adoption into screening tools

- ◆ Each jurisdiction has its own system but we have worked across a series of projects to build in a common core with consistent modules:
  - Service Co-ordination Tool Templates (Vic)
  - Initial Needs Identification (SA)
  - Ongoing Needs Identification (Qld)
  - HACCC Needs Identification (WA Health project)
  - Home Care Assessment and Priority Rating (NSW)
  - Aids and Equipment trial (PADP in NSW)
  - Post School Programs for young people with disabilities (NSW)

# Key Application -Priority for Service

- ◆ Functional ability – the person – combined with: care situation – and psychosocial problems
- ◆ Uses algorithm to recommend action to take
- ◆ Routinely collected data shows individual's relative need and prompts action – get more assessment information or referral for service

# How priority rating works

| Risk  | Need         |   |  |  |
|---|--------------|---|--|--|
|   | Low Function | Medium Function                                 |  | Good function but health, psychosocial or other problems |
|   |              | With significant psychosocial or other problems | With no significant psychosocial or other problems |  |
| No carer able to provide necessary care                                     | 1            | 1   | 2  | 5  |
| Carer arrangements exist but are unsustainable without additional resources | 3            | 3   | 4  | 7  |
| Carer arrangements suitable and sustainable OR<br>Carer not required        | 6            | 6   | 8  | 9  |

Policy settings determine what the priority rating numbers mean – e.g. priority 1-3 = priority for service, whereas priority 9 = no service (?)

# Other Applications of the Screen

- ◆ Australian Community Care Needs Assessment
- ◆ NSW Access Points Trial
- ◆ NSW Ageing and Disability (ADHC) – Intake Assessment Module
- ◆ NSW ADHC – Post School Programs (YPWD)
  - Shows screen also works to assign resources - in young people who acquire skills in a predictable order

# NSW Access Points Trial

- ◆ Used adaptation of Queensland Ongoing Needs Identification tools, the 'ONI-N'
- ◆ Centralised access point for Hunter region of NSW to assess and refer applicants for HACCC to NGO service providers
- ◆ Used secure messaging system – NSW Human Services Net ReferralLink
- ◆ Collects and shares standardised information in a routine way to assist care planning

# Lessons from 10 years of implementation

- ◆ Functional ability plus the person's care situation and other problems can automate assigning priority for service
- ◆ Tools for information to be understandable when shared across care settings and service types helps integration
- ◆ Standardising is hard, routinising is harder, but *simplifying* at the same time helps take up and makes sense to clinicians

# References

- ◆ *Eagar K, Owen A, Marosszesky N and Poulos, R, Towards a Measure of Function for Home and Community Care Services in Australia: Part 1 – Development of a Standard National Approach. Australian Journal of Primary Health. 12 (1): 73-81*
- ◆ *Green J, Eagar K, Owen A, Gordon R and Quinsey K, Towards a Measure of Function for Home and Community Care Services in Australia: Part 2 - Evaluation of the screening tool and evaluation instruments. Australian Journal of Primary Health. 12 (1): 82-91*
- ◆ *Katz, S., Ford, A.B., Moskowitz, R.W., Jackson, B.A., & Jaffe, M.W. (1963). Studies of illness in the aged. The index of ADL: a standardized measure of biological and psychosocial function. Journal of the American Medical Association, 185, 914-9*
- ◆ *Stevermuer TL, Owen A and Eagar K (2003) A priority rating system for the NSW Home Care Service: Data Driven Solutions. Centre for Health Service Development (CHSD), University of Wollongong.*
- ◆ *Stevermuer TL, Owen A, Williams K and Masso M (2007) Priority rating for community care. Australian Health Review. 31 (4): 592-602.*
- ◆ *Walker J et al The Value of Health Care Information Exchange and Interoperability Health Affairs 19 January 2005*