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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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Abstract

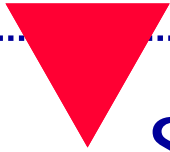
Powerpoint presentation presented at HIC 2011: the transformative power of innovation, Brisbane

Keywords

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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

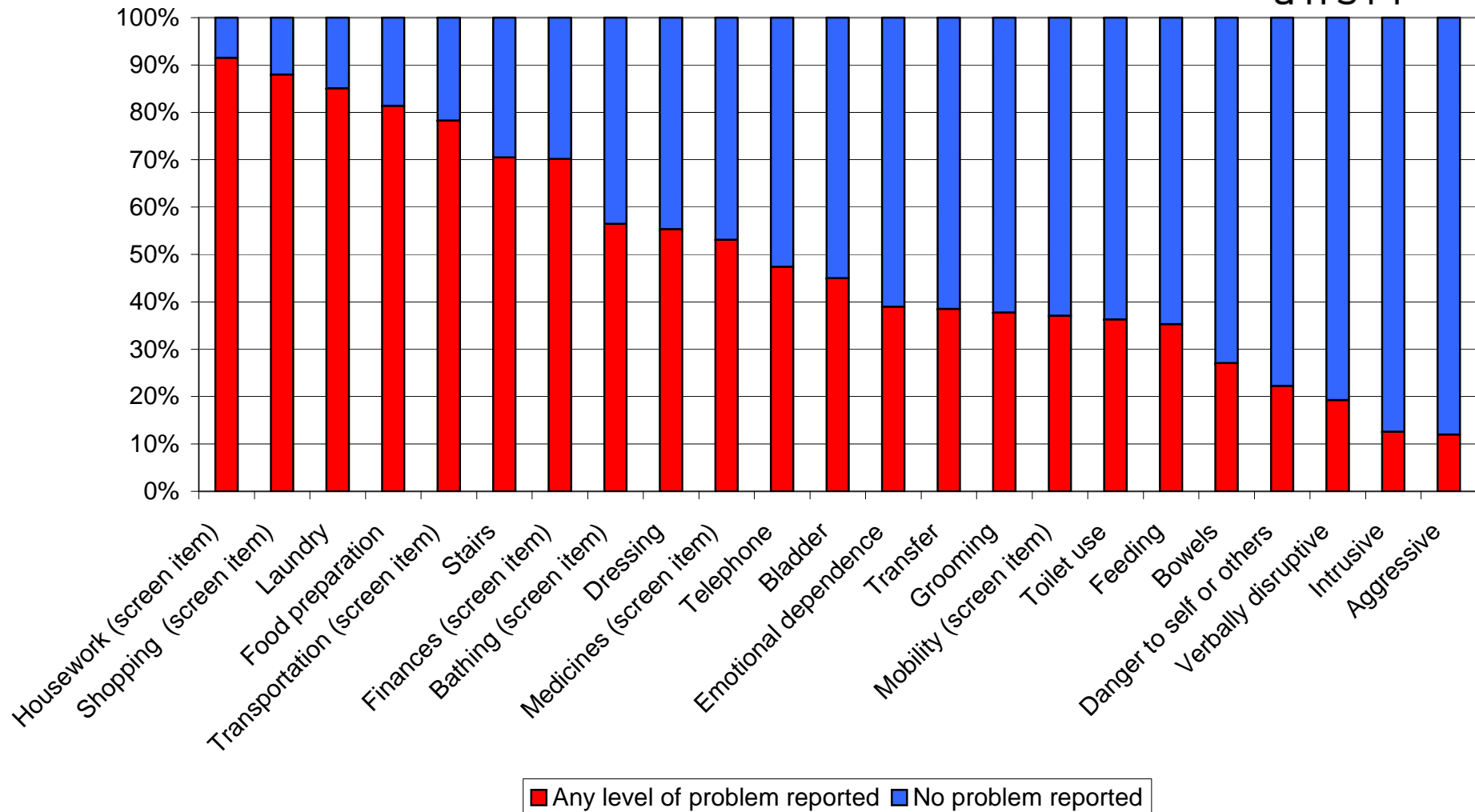
Functional hierarchy of ADL

- ◆ 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 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

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