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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
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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 HACC 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
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
Profile of the HACC population on the functional assessment

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)
  - HACC 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

<table>
<thead>
<tr>
<th>Risk</th>
<th>Low Function</th>
<th>Medium Function</th>
<th>Good function but health, psychosocial or other problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>No carer able to provide necessary care</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Carer arrangements exist but are unsustainable without additional resources</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Carer arrangements suitable and sustainable OR Carer not required</td>
<td>6</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>

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 HACC 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


◆ Walker J et al The Value of Health Care Information Exchange and Interoperability Health Affairs 19 January 2005