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Report into the Impact of ACFI on Resident Care

2014

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Foreword

Prior to March 2008, Residential Aged Care Facilities (RACFs) received no direct funding for physiotherapy interventions. Physiotherapists were traditionally engaged in a limited capacity in terms of frequency, duration and scope. Engagement periods of 4-hours per week for a 60-bed facility were common practice.

The implementation of the ACFI has now led to a situation where if a resident demonstrates the clinical need for pain management, and this is performed by a physiotherapist, in some circumstances the RACF may receive additional funding that covers the cost of this service.

This means that physiotherapists are now being engaged more in terms of both duration and scope of practice. The allocation of a full-time physiotherapist to a RACF is now common practice within the industry.

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Executive Summary

- The number of residents accessing evidence-based, non-pharmacological pain management interventions has increased since the introduction of the Aged Care Funding Instrument (ACFI)

- The current funding model is flexible as it provides resources for residents who are suitable for the prescription of interventions involving, but not limited to, certain modalities. The type and frequency is based on clinical assessment, need, and best practice.

- The ACFI creates financial incentives for facilities to allocate additional resources to provide interventions to those residents who need it. Rorting is prevented by a strict Government validation process. Over-servicing is prevented by the concurrent Aged Care Quality Agency of Australia (ACQAA) accreditation process. In addition to providing funding to manage pain so that residents are as free from pain as possible, it provides opportunities for the delivery of evidence-based, active treatments which develop independence and function and the quality of residents' lives.

- An interdisciplinary team, including nurses, key allied health practitioners (such as physiotherapists and psychologists), a geriatrician, general practitioner, and consumer representatives exists. This ACFI Technical Reference Group has revised the 4a and 4b in response to *some* physiotherapists engaged in unethical behaviour.

- Pain management in Residential Aged Care Facilitates (RACFs) is part of multimodal physiotherapy services. These services are patient-oriented, flexible, outcome-focused and based on evidence-based clinical assessment and need.

- The model supports resident independence and allows for preventative interventions, exercise, falls prevention and an emphasis on mobility and function. The ACFI business rules' encouragement of rehabilitation is especially significant when compared to previous funding models

- Concerns exist about pay, staffing, and professional standing; technology, equipment and facilities; training; treatments and interventions; and the administration of the ACFI. These concerns are limited to a small portion of a small survey sample-size - the proportion of which is unlikely to be statistically significant in comparison to similar concerns about WorkCover, private health funds, DVA, Medicare items, and some private practice and/or hospital employers.

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Increased Access to Pain Management Interventions

The number of residents accessing evidence-based, non-pharmacological pain management interventions has increased since the introduction of the Aged Care Funding Instrument (ACFI)

Prior to 2008

Prior to the implementation of the ACFI, residential aged care facilities were funded through the Residential Classification Scale (RCS).

> "Previously, physiotherapists were limited to prescribing exercise programs and had little or no opportunity to provide hands-on treatment to residents. Consequently, working in this sector was frustrating and ungratifying and the skills that a physiotherapist could offer older people were only accessed where individual residents sought private interventions (at their expense)"
>
> Di Connew, Physiotherapy Manager of over 50 physiotherapists, over 10 years aged care experience

Exercise programs ('Q19 Claims'), for which the facility received funding for, were not implemented by a physiotherapist. This meant that physiotherapists were traditionally engaged in a limited capacity in terms of frequency, duration and scope. Engagement periods of 4-hrs per week for a 60-bed facility were common practice.

Additionally, there was no accountability mechanism in place to monitor whether or not these exercises were actually being completed by the site staff.

Post March 2008

The implementation of the ACFI has led to a situation where if a resident demonstrates the clinical need for pain management, and this is prescribed by a physiotherapist, the facility may receive funding that covers the cost of this service. This pain management program, however, is implemented by the physiotherapist and unlike the previous funding model there are systems in place to ensure that this is actually occurring.

> "The ACFI is by no means the perfect funding model but it is allowing us to spend quality time with residents who have an assessed need to be treated for pain. The number of residents accessing evidence-based non-pharmacological pain management interventions has increased, and the ACFI has also allowed us to introduce occupational therapists into aged care which has opened up a huge number of new intervention options for residents that they previously did not have access to.
> We are seeing some fantastic results and I am proud to see my team getting these outcomes with our clients."
>
> Nick Heywood-Smith, CEO & Co-Founder of W&L Aged Care Services, a physiotherapist with 15 years aged care experience in 5 countries

This means that RACFs are now engaging physiotherapists more – in both duration and scope; the allocation of a full-time physiotherapist to a RACF is now common practice within the industry.

Flexibility in Frequency, Duration & Complexity

The current funding model is flexible as it provides resources for residents who are suitable for the prescription of interventions involving, but not limited to, certain modalities. The type and frequency is based on clinical assessment, need, and best practice.

Frequency & Duration

The ACFI Complex Health Care domain provides different ratings depending on the frequency and duration of pain management interventions that are required by a resident:

- If it is clinically indicated for a resident to receive complex pain management interventions totalling 20-minutes of staff time per week, a Directive-4a claim can be made
- This may be any combination of frequency and duration, and is up to the clinical judgement of the therapist
- If it is clinically indicated for a resident to receive complex pain management interventions more frequently (i.e. 4 or more days per week), a Directive-4b claim can be made
- The industry standard is providing a minimum of 4x 15-minute interventions per week (1-hour)
- If it is clinically indicated that the resident requires further non-pharmacological pain management on the days that the treating therapist is not on site, further points are allocated by prescription of basic massage and/or heat to be performed by direct care workers

"The decision to place someone on a treatment is based on clinical needs. Physiotherapists should use their clinical reasoning and judgement in line with their assessment and review processes to evaluate the effect and outcome of ongoing interventions. When this occurs, the additional funding also helps supplement the provision of additional resources to facilitate rehabilitation pathways outside of the ACFI. This includes a multi-disciplinary approach to reducing falls etc"

Mike Dowling, Physiotherapist, National Services Manager
overseeing physiotherapists across 5 states in Australia

Complexity – Choice in Treatment Modalities

The ACFI User Guide states that complex pain management interventions must involve therapeutic massage and/or technical equipment specifically designed for pain management.

This creates limitations to the number of residents that the facility may make an ACFI claim for, however does not limit the interventions provided to those residents themselves. Consider two resident examples where the facility has made a Directive-4b claim due to the interventions being provided:

	Resident A	Resident B
Requires complex pain management and practice undertaken by an allied health professional	✓	✓
Involves therapeutic massage and/or pain management specifically involving technical equipment	✓	✓
Ongoing treatment as required by the resident, at least 4 days per week	✓	✓
Duration of each session	15mins	15mins
Involves other modalities (exercise, stretches, balance & mobility training, transfer practice)	×	✓
Based on clinical judgement **AND** meeting all funding requirements	✓	✓

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Incentive for Facilities to Improve Resident Outcomes

The ACFI creates financial incentives for facilities to allocate additional resources to provide interventions to those residents who need it. In order for a facility to claim funding for the interventions that are being provided, each claim must verify that the resident does in fact need it. This includes, for each claim, an:

- Assessment and directive specifying the frequency, duration and techniques involved
- Evidence based pain assessment (i.e. one that has been tested for specificity, sensitivity, and reliability)
- A record of ongoing interventions as long as the resident clinically needs it

Rorting is prevented by a strict Government validation process. Over-servicing is prevented by the concurrent Aged Care Quality Agency of Australia (ACQAA) accreditation process.

In addition to providing funding to manage pain so that residents are as free from pain as possible, it provides opportunities for the delivery of evidence-based, active treatments which develop independence and function and the quality of residents' lives.

Prior to 2008

The Residential Classification Scale (RCS) dictated than an annual mandatory appraisal was required

This led to concerns that, if a residents' care needs were to improve, that a facility would lose revenue next year

Post March 2008

The ACFI **does not** dictate an annual mandatory appraisal - this leads to a situation where rehabilitation is actually encouraged; a facility does not lose money the following year if a residents' mobility, function, and quality of life improves

> "This provides an incentive for RACFs to focus on client outcomes and to progress mobility and function. This is in direct contrast to the former system (the RCS) where RACFs were required to resubmit claims, resulting in a loss of funding with positive client outcomes. This acted as a disincentive to utilize the skills and expertise that physiotherapists and other AHPs offer" – Simon, Physiotherapist

Industry Monitoring & Physiotherapy Representation

An interdisciplinary team, including nurses and key allied health practitioners, exists to revise the ACFI. The physiotherapy professional is well represented as this ACFI Technical Reference Group (click lick) includes:

Rik Dawson	Gerontology Physiotherapy Australia - National Committee Chairperson Gerontological Physiotherapist Director of Agewell Physiotherapy
Jane Louis	Gerontological Physiotherapist Physiotherapy Service Manager, Anglican Retirement Villages
David Harrison	Physiotherapist Business Manager, Hall and Prior Residential Health and Aged Care Organisation

In addition to Government representatives from the Department, the group also consists of:

5 registered nurses

A geriatrician

A general practitioner

A registered psychologist (with expertise in pain management)

A consumer representative

The ACFI is continually undergoing changes based on credible information regarding its application and/or misapplication. This ACFI Technical Reference Group has revised the 4a and 4b in response to some physiotherapists engaged in unethical behaviour. Changes made to date include:

- ✓ Ensuring that Directive-4b claims are completed 4 days per week (as opposed to 4 times)
- ✓ Ensuring that interventions remain in place as long as the resident clinically needs it
- ✓ Mandating the use of evidence based pain assessment tools

"The majority of organisations (allied health and residential) prescribe interventions with good intentions: based on clinical and assessed need. The validation process ensures that the required levels of documentation to pass an audit are robust. Needless to say, the documentation requisites have increased since the ACFI's inception (e.g. with the use of validated tools such as PAINAD and Abbey to support complex health care claims."

Simon Drew, Physiotherapist, ACFI Consultant and General Manager

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The Growing Scope of Physiotherapy in Aged Care

Pain management in Residential Aged Care Facilitates (RACFs) is part of multimodal physiotherapy services. These services are patient-oriented, flexible, outcome-focused and based on evidence-based clinical assessment and need.

> "The ACFI model allows a high profile and presence for physiotherapists and other allied health practitioners at RACFs and because we are onsite for a significant number of hours on a weekly basis, we can have direct input into the programs and activities that are offered to residents. This creates an environment where our skills and expertise are integral to the care provided at a facility and there is opportunity for input, even where direct funding benefits are not attached. This is not possible where physiotherapists attend a site on a referral or ad hoc basis and do not have the opportunity to know the residents and their clinical needs"
>
> -
>
> Kirsty Masters, Physiotherapy & Occupational Therapy Training Manager, New Graduate Mentor, a physiotherapist with 10 years aged care experience

Residents within an aged care facility undergo a constant assessment and evaluation process. Changes to the way funding is allocated has meant that RACFs must now utilize contemporaneous, evidence based assessment tools in order to verify their funding claims. In addition to complex health care needs, this requirement extends to identifying each resident's usual care needs associated with:

- Nutrition
- Mobility
- Personal Hygiene
- Toileting
- Cognitive skills, and
- Depression

> "The ACFI has been the catalyst for many organisations (and individuals) to adopt an evidence-based assessment and review process. It's forced some therapists to stop simply documenting assessments in S.O.A.P format with a lack of objective and measurable outcome data for re-evaluation. Not only has a more formalized approach improved some physiotherapists' input into other areas of care, it's meant questioning the validity of some of their prescription practices. It's also brought everyone onto the same page regarding definitions of levels of assistance. This has been a huge leap forward in terms of resident and staff Work Health & Safety"
>
> - Michael Peachey, Physiotherapist, member of Aged Care Expert Reference Group

In addition to increasing access to pain management in residential care, the ACFI model supports approaches that are not directly funded. All RACFs are subject to an evidence based accreditation process. In order to pass each of the 44 accreditation standards the facility must both provide evidence of their processes as well demonstrate evidence of achieving expected outcomes; not only are they required to keep residents as free as possible from pain, but also to achieve optimal levels of mobility, dexterity and rehabilitation.

Encouragement of Rehabilitation

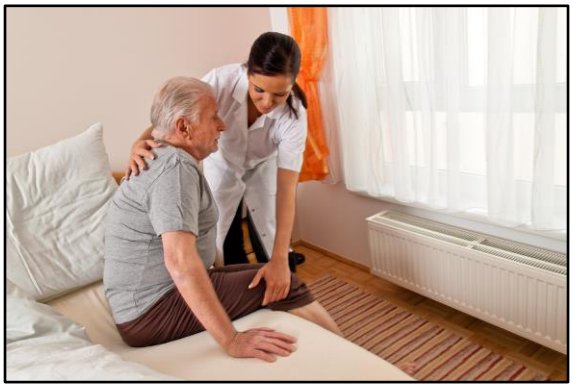
The model supports resident independence and allows for preventative interventions, exercise, falls prevention and an emphasis on mobility and function.

While the ACFI specifies that complex pain management interventions must involve therapeutic massage and/or technical equipment specifically designed for pain management, therapists have an opportunity to include a range of modalities while continuing to meet these ACFI requirements:

- Concurrently performing joint mobilisations, stretches, PNF patterns, etc.
- Exercise (both targeted and generic) during pain management sessions
- Falls prevention and balance improvement
- Mobility rehabilitation – concurrent and incidental

"Not only are the increased pain management sessions greatly decreasing pain through evidence-based clinical treatments, the ability to have regular physiotherapy and occupational therapy input is increasing their baseline physical capabilities. Combining the direct interventions with the increased amount of incidental mobility they're now receiving is improving the quality of people's lives."

John Melino, Occupational Therapist, State Clinical Manager across 5 allied health disciplines



The ACFI business rules' encouragement of rehabilitation is especially significant when compared to previous funding models:

- The Government validation process reviews evidence of the residents' assessed needs from the time of appraisal, not a residents' current functional status
- No annual mandatory appraisal means a facility's funding does not decrease if a residents' mobility and function improves
- This is contrary to the Residential Classification Scale (RCS) where an annual appraisal was mandated

"Although facilities are only being directly funded to better manage and improve certain residents' outcomes, this is allowing the allocation of resources to other non-funded areas of care and other residents. This includes specific healthy ageing programs with the aim of promoting mobility and function. Many RACFs are introducing gyms, training equipment and qualified fitness professionals onsite - AHPs can access these resources and work in conjunction with the fitness trainers on staff to deliver quality and targeted exercise programs."

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Industry Concerns

Concerns exist about pay, staffing, and professional standing; technology, equipment and facilities; training; treatments and interventions; and the administration of the ACFI.

These concerns are limited to a small portion of a small survey sample-size:

- There are currently just under 3000 residential aged care and multi-purpose service facilities in Australia
- A recent survey indicating these concerns was limited to 370 respondents
- Of these 370 respondents, the average response rate of the questions was 45%

In a recent survey indicating the concerns detailed above **the response rate was low – and even within the small sample size the only questions with a response rate above 50%** were questions related to the respondents' demographic details:

- Email address
- Facility they worked in
- State they lived in

Considering the high likelihood of sampling-bias, the proportion of these responses is unlikely to be statistically significant in comparison to similar concerns about:

- Use of interventions in outpatient settings with little evidence to support its effectiveness (e.g. dry needling)
- WorkCover or worker's compensation
- Private health funds
- Department of Veterans' Affairs
- Medicare rebates
- Some private practice and/or hospital employers.

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Conclusion

The Aged Care Funding Instrument (ACFI) creates financial incentives for facilities to allocate additional resources to provide interventions to those residents who need it. As such, the number of residents accessing evidence-based, non-pharmacological pain management interventions has increased since the introduction of the ACFI.

In addition to providing funding so that residents are as free from pain as possible, it provides opportunities for the delivery of evidence-based, active treatments which develop independence and function and the quality of residents' lives.

The model supports resident independence and allows for preventative interventions, exercise, falls prevention and an emphasis on mobility and function. The ACFI business rules' encouragement of rehabilitation is especially significant when compared to previous funding models

Rorting is prevented by a strict Government validation process, which was non-existent for physiotherapy-delegated interventions in the previous funding model.

The physiotherapy profession is represented well within the ACFI Technical Reference Group, an interdisciplinary team which has acted to revise the 4a and 4b in response to *some* physiotherapists previously engaged in unethical behaviour.

Concerns are limited to a small portion of a small survey sample-size - the proportion of which is unlikely to be statistically significant in comparison to similar concerns about other funding models or work settings.

Michael Peachey
Physiotherapist
W&L Director of National Operations

"The W&L service to RACFs provides regular assessment/ review of all residents within a facility and therapists are able to write directives where appropriate to manage complex health issues. Our service has been extended at all sites since the introduction of the ACFI and this has enabled us to be more proactive in our treatment approaches and to deliver better outcomes for residents. The approach and conduct of W&L therapists has been scrutinised at hundreds of validation visits by the Department at hundreds of sites across the country and on no occasion have we failed to meet the approval of the validators. Our clients, the RACFs also depend on us to provide services which allow them to meet accreditation standards, particularly standards 2.8 and 2.14"

Di Connew, Physiotherapy Manager of over 50 physiotherapists,
over 10 years aged care experience