

The Future of Community Care

via a

National Research Agenda

Prof Gill Lewin
AAG President



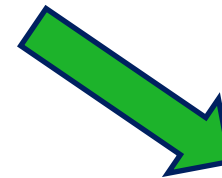
What do you see as the future?



Researching community care with older people
National Community Care Research Agenda

Research needs to be:

- Targeted
- Timely
- Built on known
- Translated
- Collaborative



ARC/NMRC Research Network in Ageing Well



Collaboration



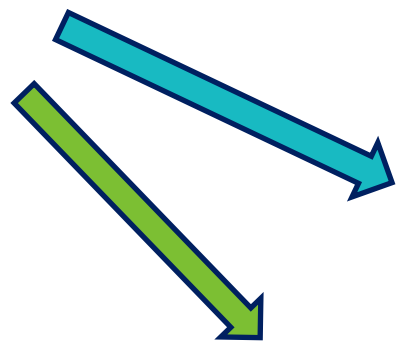
Project stages

1. Identifying the key issues

2. Prioritising them

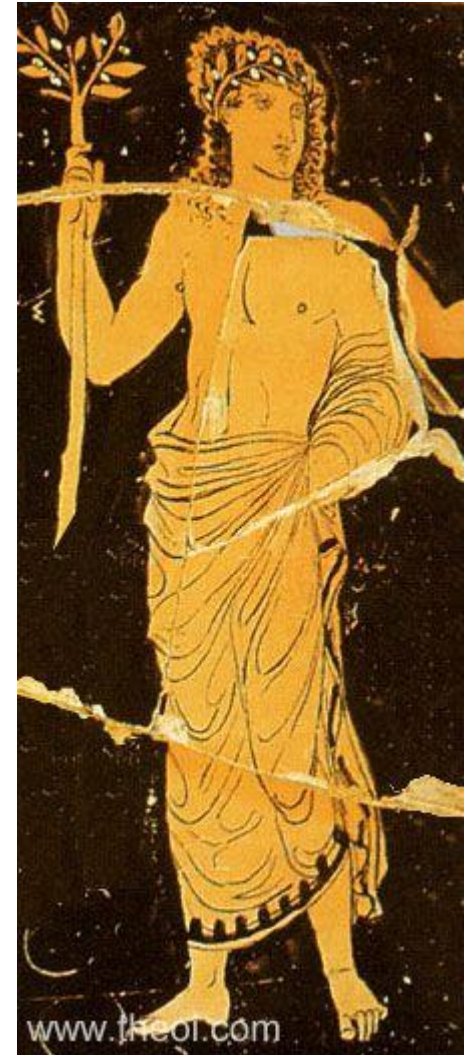


Identifying the key issues/research questions



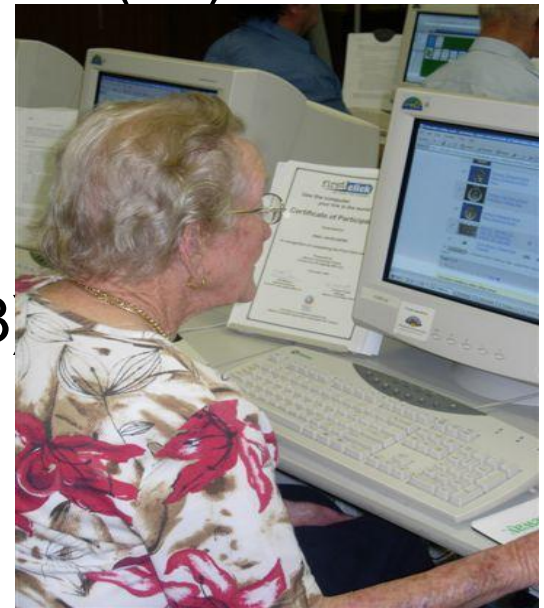
Delphi approach

- Multiple rounds
- Controlled feedback
- Seeking consensus
- Anonymity
- “Expert” panellists
 - Academics/Researchers
 - Consumers
 - Providers
 - Funders/Policy makers
 - Prof orgs/Peak bodies/Unions



Delphi first round

- Program funding, structure, processes, cost (13)
- Measuring outcomes/effectiveness (16)
- Care trajectories (5)
- Approaches to care (13)
- Benchmarking/Levels of care (3)
- Workforce (11)
- Psychogeriatric care issues (7)
- Other issues (14)



Top 30, 4th round

- Approaches to care (9)
- Measuring outcomes/effectiveness (4)
- Program funding, structure, processes, cost (3)
- Workforce (3)
- Care trajectories (2)
- Psychogeriatric care issues (2)
- Other issues (7)



National Community Care Research Agenda

National Community Care Research Agenda

The project was initiated two years ago at ACSA's second National Community Care Conference. Two activities—an interactive workshop and a 'wishing line'—were used to elicit delegates' views as to the key research questions and issues to be researched in community care. The list of questions/topics generated was then circulated to members of the partner organisations for review. They were also asked to add other issues/questions thought to be critical within contemporary community care.

A Delphi process was used to complete the development of the agenda. Six representatives from each of the key stakeholder groups: academics/researchers; consumers; providers; funders/policy makers; and, professional organisations/peak bodies, were recruited as panellists. A four round electronic Delphi process was used in which the panellists initially verified and then rated the importance of each of the 72 questions/issues that had been identified. In the final round each panellist identified and ranked the top 30 questions/issues. The rankings allowed the identification of the top 30 priorities across the sector. These are presented below:

Rank Question/issue

- 1 Which models of care in the community best support older people who have little informal support?
- 2 How can the involvement of older people themselves in decisions about their care be increased?
- 3 How can community and residential care be better integrated and what are the structural barriers preventing this?
- 4 Development of an agreed set of outcome measures, both quantitative and qualitative, for measuring the impact of community care.
- 5 Explore Aboriginal and Torres Strait Islander specific community care and appropriate models for various communities.
- 6 What are the support and service needs of people living with a mental illness/mental health problem? What role can/does community care play in meeting these needs and how can this be improved?
- 7 How can we manage the community care/acute care interface to ensure seamless pathways without creating additional areas of tension between state and federal governments?
- 8 Investigate consumer directed care i.e. conduct studies of the effectiveness of different models in the Australian context.
- 9 How many and what type of clients fall between existing funding programs (HACC, CACPs and EACH)? What would be the most effective way to bridge the gaps?
- 10 How can we better meet the transport needs of older people?
- 11 How can we more effectively attract and retain care staff?
- 12 Is the provision of community care at a comparable level to residential care cost effective?
- 13 Gain a population-based knowledge of those who do (and do not) use services, the individual and carer factors that precipitate entry to and change of services over time, the influence of the local availability of the mix of services on service use, and the overall duration of service use in the community and in residential care over the course of later life to death.
- 14 How can aids and equipment be most effectively accessed, provided, used and funded—to maximise cost effectiveness? (This should cover the spectrum of aids from low to high tech and include home modifications)

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RESEARCHING COMMUNITY CARE WITH OLDER PEOPLE

Rank Question/issue

- 15 In a community-based restorative model:
What are the staff competencies for assessment and direct care?
How does it link with rehabilitation?
How is seamless delivery of care between hospital, rehabilitation and home to occur?
- 16 How viable would the different models of long-term social care insurance be for community care, especially given other countries' experiences?
- 17 What outcome measures are appropriate for services delivered within a wellness model and how can these be incorporated into reporting models?
- 18 Is there any impact on client outcomes of using staff with 'lesser' or no professional qualifications (e.g. ENs rather than RNs, coordinators with no health or human services tertiary qualification rather than those who have a qualification) in community care services?
- 19 What are the jobs and associated skills required for community care now and in the future, are they the same or different?
- 20 How do different housing and neighbourhood features impact on the delivery of, and benefits gained from, community care.
- 21 Case management. Who needs it, who wants it, who gets it? Is it for everybody? What are the benefits?
- 22 Does the quality of community care meet consumer expectations?
How much would it cost to deliver the full range of services that consumers actually want, at industry standard?
- 23 What are we trying to achieve with restorative care/recovery based models of community care and what are appropriate outcome measures?
- 24 What is the impact of low income on community care use and outcomes?
- 25 How can we work better across the different sectors providing support to older people with mental health problems?
- 26 How effective is the wellness approach at improving quality of life as well as health and functional status?
- 27 What factors positively contribute to outcomes associated with ageing well?
- 28 What works when and how to maintain the health and well being of family carers?
- 29 Identify what interventions (particularly early intervention approaches) are effective and under what circumstances.
- 30 Why does care at home fail and what is needed to make it succeed?



RESEARCHING COMMUNITY CARE WITH OLDER PEOPLE

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Acknowledgements

- Panellists
- Research Network in Ageing Well
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- Matthew Carroll
- Elissa Burton

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Researching community care with older people

Rationale

Research plays a critical role in enabling the development and ongoing improvement of effective services as well as informing policy and program direction. The widely recognised value of evidence-based practice was reinforced in the Productivity Commission's report *Trends in Aged Care* (2008) and affirmed by the National Health and Hospital Reform Commission's report (2009). Research requires collaboration between service providers, consumers, researchers and funders. To be most useful, it needs to be targeted and timely, built on what is already known, and be applied to further action. Full public access must also be granted to the findings (Iruen, 2006—see Section 3 of the 'Getting Involved in Research' guide below for more information).

Aged & Community Services Australia (ACSA), the Australian Association of Gerontology (AAG) and the ARC/NHMRC Research Network in Ageing Well (RNAW) united to develop a National Community Care Research Agenda. The purpose was to set high-priority, high-value topics for investigation and to advise stakeholders how to expand their involvement in research. This publication includes two key deliverables: a list of the top priority research topics which form the National Research Agenda, and a 'Getting Involved in Research' guide to assist people from the sector to engage actively in research.

This paper will be released at the ACSA National Community Care conference in June 2010.

Further discussion is recommended on widening the research agenda to include: people with disabilities and carers at all ages; mainstream health and housing services that interface with community care; and wider societal issues such as ageing. We aim to advocate for the establishment of a national funding program for community care research and the development of collaborative research by ACSA and AAG members in all states.

ACSA, AAG, and the network wish to acknowledge the contributions of Pat Sparrow, Gill Lewis, Elissa Burton, Matthew Carroll, Hal Kennedy, Yvonne Wells and Julie Ryan for their oversight of the agenda work.

