Submission in response to Assistive Technologies and Home Modifications Scheme for In-Home Aged Care report

To: Support at Home, Australian Department of Health

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A. About Assistive Technology (AT) Suppliers

AT suppliers are the subject matter experts on AT in Australia. They are members of their local community across the country and have strong connections to older Australians and people who have a disability or chronic degenerative condition. In recognition of this great responsibility ATSA members sign up to a Code of Practice that promotes ethical business practice.

Under the existing models for AT provision, AT suppliers:

- Source and provide the AT.
- Many AT suppliers are also the sponsors for the TGA registration of AT, when classified as a medical device within Australia.
- Deliver AT to wherever the end-user is located.
- Install and set-up AT.
- Ensure the AT is safe and correctly fitted for each individual.
- Provide instruction and education to the end-user, their family, carers about their AT and the correct use of their AT.
- Provide education to OTs and other allied health providers, assessors carers and users of AT.
- Employ technicians who become the subject matter experts in the repairs and maintenance and who receive training from the manufacturers along with the tools, spare parts and manuals required to ensure the AT device is safe for use.
- These subject matter experts also ensure devices registered with the TGA are compliant before being issued to the end-user.
- Are distributed Australia wide with access into all communities, metro, regional, rural and remote.

The AT supply industry is a valuable resource of information and experience. We can provide relevant insights for the Department as it investigates solutions that will benefit older Australians.

Assistive Technology Suppliers Australia (ATSA) is a national member organisation representing AT Suppliers. We are also a registered charity under the ACNC due to the work we undertake for the community.

B. Introductory comments

We thank the Department of Health and Aged Care (the Department) for the opportunity to submit feedback on its report on a proposed new Assistive Technology and Home Modifications Program for In-home Care (the report), released on the 21st of December 2022[1].

ATSA members have the following key concerns:

1. The Loan Pool model is a threat to Industry Viability: If the proposed loan pool model follows historic structures and approaches it will have the potential to render uneconomically viable a significant number of small and medium sized suppliers. This will have a profound impact on supply of AT, access to trials and wrap around services in both metro and regional, rural and remote areas. In turn this will likely have a knock-on effect, negatively impacting the provision of AT under other arrangements such as the NDIS and DVA services.

2. The Loan Pool model does not support "Choice & Control": The Recommendations from the Royal Commission into Aged Care were focused on ensuring older Australians are safe and have every opportunity for social inclusion and choice and control in what this looks like for them. The proposed model of a loan pool provided in the report is based on a system that has been designed for hospital discharge, not for older Australians living at home. A loan pool scheme will likely result in the person receiving AT intended to cover a short-term solution until the "correct" AT becomes available. This approach increases the risk of compromising clinical aspects for the older person.

3. In the report under Loan Scheme it is noted "Many consultation stakeholders championed the loan schemes delivered by the New South Wales, Victoria and Queensland state governments,". It is acknowledged that these schemes were mentioned during the consultation sessions in August by some of the participants, but it was certainly not "many" of the participants. This would seem to be an overstatement of what was actually discussed during the consultation sessions.

4. Additionally, it is also noted that some participants reported on the loan scheme operated by MND SA. It must be noted that those participants are highly invested in the operation of those schemes and were not presenting them as the way that it should be done on a larger scale for all recipients of Home Care Packages. This scheme is specifically designed to support a very small number of participants and it is staffed with some highly experienced individuals. It would be cost prohibitive to scale this sort of program up to support the many thousands of participants.

   It does not appear that the Department has consulted with the operators and consumers of these loan schemes to verify how effectively they work. This would seem to be a

[1] Assistive Technologies and Home Modifications Scheme for in-home aged care

necessary step to determine the viability such a scheme on scale that would be required for all participants throughout Australia.

5. The current proposal appears too limited in scope: The new Aged Care model must provide the right incentives for the provision of safe and appropriate AT that promotes social inclusion. This may include multiple solutions rather than a single solution to ensure the end-user's AT needs are addressed.

6. Lack of consultation with ATSA: Despite requests from ATSA during this codesign process for the Department to directly consult with AT suppliers, it is disappointing that there has only been one recent consultation directly with suppliers on the proposed model. AT suppliers are a major stakeholder in this codesign process and a key player to the future success of any solution.

7. Opportunity to explore other models: It is our impression that the codesign process appears to have been restricted to too few stakeholders, which limits the proposed models, rather than creating an innovative solution to provide AT to older Australians. We are also concerned about the lack of transparency in the codesign process.

Despite our reservations to date on the process, ATSA members have a significant amount of experience and knowledge in Assistive Technology (AT) and are willing to work with the Department to develop the best outcome for older Australians.

C. Response to the Assistive Technologies and Home Modifications Scheme for In-Home Aged Care report

1. Risks and issues with the proposed Loan Pool Model

ATSA members do not support the Loan Scheme as there are significant risks to the provision of AT and the wrap around services in this model:

1.1. Loan pools by design do not provide older Australians with choice and control. The end-user of the AT would have to accept what is available in the pool which may not be suitable for them, and the health care professional may be forced to compromise the clinical solution to "fit the person" based on what is available rather than what is necessary. It is to be noted that lack of choice and control are two key themes that arose during the work of the Royal Commission into Aged Care which the Commissioners have tried to address.

1.2. We estimate that up to 300 supplier showrooms across Australia will be negatively impacted by the introduction of centrally located loan pools. If these local community shop fronts were lost, there would be an adverse impact for older Australians and recipients of the NDIS and Department of Veteran Affairs AT schemes.

1.3. As stated in previous ATSA responses and in the discussions with the Department on the 8th of February 2023, suppliers from small and medium organisations have advised that the introduction of a loan pool in Aged Care will significantly shrink their markets and will inevitably result in staff layoffs and business closures.

1.4. ATSA believes this is in contradiction with Section 5 of the Federal Government's Procurement Rules. In particular, sections 5.1 and 5.5

1.4.1. "5.1 Competition is a key element of the Australian Government's procurement framework. Effective competition requires non-discrimination and the use of competitive procurement processes."

1.4.2. "5.5 To ensure that Small and Medium Enterprises (SMEs) can engage in fair competition for Australian Government business, officials should apply procurement practices that do not unfairly discriminate against SMEs and provide appropriate opportunities for SMEs to compete…."

1.4.3. Source: CPRs - 1 July 2022 (finance.gov.au)

1.5. In addition, there is the matter of market competition between the private sector and government agencies. There are "competitive neutrality" issues which need to be considered where government agencies possess an unfair advantage, as they command scale, can offset costs across whole of government, set the rules of engagement, plus they do not pay tax (e.g. payroll and income) . This is the case with existing government loan pools.

There is also the matter of the government effectively granting itself a monopoly position (albeit, to the state governments).

1.6. There are between 300 and 350 AT privately owned showrooms and shopfronts across Australia. By way of useful comparison, there are 320 Centrelink offices in Australia. To argue that the GEAT needs of older Australians can be handled from a handful of state-run apparat risks the AT needs of older Australians not being met. It also significantly reduces their level of choice and control over the supports they use for daily living. Local connections are important, i.e., the Centrelink example.

1.7. The Recommendations from the Royal Commission into Aged Care are geared to promoting equity and social inclusion for older Australians. The role and premise for the existing loan pools is hospital discharge (to transfer a person from hospital to home as quickly as possible). It fulfills a specific purpose, getting people home and clearing hospital beds. It is not designed to provide AT solutions that are tailored to the person's ongoing needs. Some of the existing State government loan pool providers acknowledge they do not have the stock to provide patients with the AT that is prescribed so the patient receives what is available rather than what is clinically appropriate and safe for the ongoing well-being of the patient.

1.8. The report refers to support for Trials and Showrooms and cites the example of Independent Living Centres, it is to be noted that these entities no longer exist in their original form since the advent of the NDIA. They need to find funding through a variety of means including the supply and scripting of AT, therefore cannot be considered as truly "brand" neutral when it comes to the provision or selection of AT. In Australia today there are 300-350 showroom and shopfront locations who's business it is to provide access to AT that is suitable to the local area conditions and provide centres where people can view AT in the local community. Additionally, there already exists 500 plus delivery vans originating from these local centres servicing local communities, furnishing deliveries, installations, providing wrap around services, and repairs, maintenance and servicing.

1.9. We understand concerns have been raised around the lack of independence in regard to the mobile and fixed showrooms and that consumers might feel obliged to buy from the supplier's show room, however, this logic could be applied to any market or product including services such as attendant care. Such a view infantilizes older Australians and presupposes that they do not possess the agency to make their own decisions. Consumers do not have to buy a car from their local car dealer, they have the right to choose the dealer and type of car they are comfortable with – the same applies today in the supply of AT. This works successfully in the NDIS model and the current supply of AT under Home Care and the Commonwealth Home Support Programme (CHSP).

1.10. The adherence to the original design and intent of the AT during repairs and maintenance within loan pools is very important as these devices are medical devices and fall under the regulations of the TGA. It is not widely known that if there is a modification made to an AT device, this change in most cases require registration with the Therapeutic Goods Administration (TGA), if not done so it would render the device non-compliant. It is concerning that the report does not address this risk. ATSA members have processes in place to address such risks with a number of members also being sponsors registering new AT for TGA approval for the AT to be provided in Australia.

1.11. Please be advised we have raised our concerns with the TGA on the risk and compliance of reissued AT if the AT product is not maintained within the original registration specifications as listed in the Australian Register of Therapeutic Goods.

1.12. It is anticipated that the introduction of a central loan pool would increase supply costs due to the additional freight costs as AT is transported to and from the loan pool for trials and supply. The current AT supply processes for Home Care and CHSP model reduce this risk. This statement is based on the simple truth that Australia is a large continent, and the cost of freight is high. It would be likely that the cost of freight would outweigh the value of the AT that is to be transported when returned to a central pool.

1.13. It is to be noted that there have been examples of AT sent from a loan pool to a person's home as a flat pack without no wrap around services booked. This creates a significant risk of the AT being assembled by a family member the AT carer who does not understand the implications of setting the device up incorrectly. This is contrary to the ATSA's Code of Practice as to rely on an unskilled person to assemble a medical device is completely unacceptable.

1.14. It should also be noted that the current geat2GO program requires suppliers to provide AT flat packed – there is a single delivery fee for every item no matter what size the item is, how heavy it is and how far it has to go. Under this program, suppliers are paid the same delivery fee irrespective of whether it delivered is across the street or at the opposite end of the state. Currently there is no payment for any form of wrap around installation or adjustment service that should be provided with such equipment.

1.15. A loan pool model only provides incentive for large suppliers to provide product to the loan pool for sustainability. Small and medium sized operators whose main client group is older Australians would not be able to continue to operate as supply chain and economics would preclude them. This would then also remove access to vital local wrap around services supporting older Australians in the trial, set up, safe use instruction and maintenance of their AT.

1.16. The introduction of a loan pool does not align with the aspirations of Recommendation 72 from the Royal Commission into Aged Care Quality and Safety to provide equitable access to AT-HM for older people with disability not eligible for the NDIS as by design, the loan pool has the strong potential risk to lessen the quality of service provided to older Australians making it less equitable.

1.17. A loan pool cannot cover AT for every disability type – even within the physical area, a people who use a mobility aid have very different AT needs for to those who are speech impaired, deaf, hearing impaired, have low vision etc. AT suppliers are located across every state and between them provide the wide range of AT older Australians need. In terms of the inclusions and exclusions list we would also ask the Department to refer to the Australian Standard ISO 9999 for guidance.

2. Other Existing Models

2.1. The preferred model would combine the best of the existing processes for supply of AT in the Aged Care sector under the Home Care and CHSP areas with other elements from discussions to date. It would be more efficient to resolve any issues rather than introducing a completely new scheme.

2.2. Another option is to emulate the NDIS supply of new product with the inclusion of AT hire that is locally held. This would provide older Australians with access to local showrooms for AT demonstrations. Additionally, trials of AT would be at a lower cost due to reduced freight charges compared to those from a central loan pool model.

2.3. The NDIS has the existing systems and expertise in place and the question arises as to whether the administration for the Aged Care AT-HM could be offered within a quarantined area of the NDIS system and database with a different assessment process relevant and appropriate for older Australians? Oversight would still sit with the Support at Home

department, the Aged Care Quality and Safety Commission and the new Inspector-General role. Funding for the AT-HM would be from the Australian Department of Health.

2.4. In regard to the existing model used by the Department of Veterans Affairs, the terms of supply would need to be equitable so that all suppliers have an equal opportunity to participate to ensure the widest possible coverage. Additionally any model where larger suppliers have the main contract and have agreements with small and medium enterprises would need to ensure the structure of the market place allows the SMEs to be competitive.

2.5. A hybrid of the existing process for AT supply + aspects of the proposed scheme may also be an option on the proviso it does not create a risk of AT suppliers going out of business. This would require codesign workshops with key stakeholders including AT suppliers.

2.6. ATSA suggests the NDIS public facing website be applied to the Aged care sector. This website provides information on AT for the end-user, their family and carers plus others, It has a place for the scheme manual, and guides for the workforce, information on eligibility, list of approved providers and can be updated to include the Aged care booking and purchasing options, and contact details for all repairs, maintenance and advisory support services.

2.7. In regard to the Central purchasing platform, the proposal for users to compare prices and see stock availability does not address the wrap around services included with the AT device. These will vary based on the need of the individual, their experience in using AT, the geography of the local community etc. Also, the delivery costs differ for each client depending on their location. The appropriate management of competitive information also needs to be considered.

The need for stronger data collection for planning purposes by the Department is supported. In these times of cyber-security, it is critical that personal information for both the consumer and workforce and data which is confidential to businesses is secure.

3. Codesign Consultation Process

3.1 Like many other organisations, ATSA is concerned about the lack of transparency surrounding the codesign process. The absence of an opportunity for AT suppliers who currently provide AT services to the NDIS, DVA and Aged Care sectors to meet directly with the Department as part of the codesign process has been a serious concern.

3.2 We are encouraged to read the need for further consultation has been identified in this report. Transparency around whether these consultations will allow for other models to be considered is required. Whilst ATSA has been challenging the efficacy of the loan pool model during the course of this process it continues to reappear in the reports without reference to the concerns that have been raised.

3.3 We would like to reiterate the comments in the NATA response to this report in regard to the very fast paced and intensive (three sessions of 4 hours within a single five-day

working week) series of workshops. This process prevented too many of our members who are both key stakeholders and important subject matter experts from meaningfully participating in the co-design process. We strongly support the NATA assertion "that authentic co-design must be imbedded throughout all aspects of the design and implementation of the new scheme" (Refer to Recommendation 1 in the NATA submission).

4. Comments on "How it could be funded - features of a funding model"

As noted previously in this paper, ATSA's members do not accept the loan pool option and the comments below are based on this position.

4.1. ATSA members disagree with the principle of a loan scheme and therefore the private loan arrangement is not viable.

4.2. The report suggests it may be more appropriate to purchase an item in some instances e.g. hygiene purposes or the item is a consumable. And that when an item is available under a loan or purchase option the assessor or prescribing allied health professional can recommend whether to purchase the AT or go through the loan pool.
It is appropriate to purchase an item in all instances other than where there is a temporary need. In a temporary or in short-term need scenario then the appropriate mechanism is a rental.
The suggestion that assessors and allied health workers determine whether AT comes from a loan pool or is purchased constructs an environment where the assessor is also the controller of the supply of the AT. This is a clear conflict of interest. It also changes the role of the allied health care professional to an administrator of the scheme. This could also impact the allied health workers liability and insurance. The allied health care professional role should remain solely as the provider of the clinical assessment.

4.3. The idea of upfront funding being provided for AT-HM, makes a lot of sense for HM providers as it reflects their cash outflows which are skewed early in a project when they purchase materials. Other models including NDIS and Insurance schemes already apply milestone invoicing for higher cost AT-HM.

4.4. The Low risk items purchased using a voucher system option and the processes behind it would need working-through with AT suppliers. Vouchers increase: 1. Fraud Risk; 2. Payment Risk; 3. Inefficiency; 4. Gap-payment problems. All of which would need to be addressed.

4.5. In regard to subscription services for clients needing on-going access to consumables that are procured in bulk, It should be noted not all AT providers will have an ERP system that can support repeat or subscription invoicing, so further detail is required.

4.6. In regard to wrap around services –charged on either a fee for service basis or built in to the payment to a provider for delivering AT-HM, in the NDIS model, AT suppliers have subsidised the cost of trials out of the margin made from selling products in the NDIS. We assume that this means AT suppliers would be paid for trials in addition to the sale of product.

4.7. In discussions on the option of funding in thin markets requiring mechanisms to facilitate access in thin markets and regional/rural/remote areas our understanding from the consultation is the intent is to provide existing AT suppliers operating in thin markets access to grant money to cover expenses they incur that other AT suppliers do not. Is this correct? We would be very concerned if the suggestion of funding would merely operate to replace existing infrastructure provided by AT suppliers; people, premises, vehicles. We would not want to see a complete false economy argument to replace tax-paying businesses with govt infrastructure and call it a "saving".

5. Central Purchasing Platform

5.1. The logistics of keeping a central purchasing platform that allow older Australians, their family/carer, health professionals and assessors to compare prices and see stock availability current will have logistical challenges requiring further discussion. These include:

- Not all suppliers have the software required to provide updates when they have a sale on certain items.
- The cost of doing this may be too high for smaller and medium sized businesses. Additionally, how would this work in thin markets where grants are being provided to address the additional cost issues faced by AT providers?
- The other area for consideration are the wrap around services. These are currently included in the price offered by suppliers.
- The end-user needs to have clarity on what is included in the price when doing comparisons.

6. Building Knowledge and Skills

6.1. ATSA strongly supports the development of knowledge and skills in AT and has the following activities in place. We would welcome the opportunity to discuss the demand and need to expand access to the training provided at our Expos.

- ATSA currently coordinates free education to be run alongside the ATSA Independent Living Expos held in Sydney, Melbourne, Brisbane, Perth and Canberra. In 2024 we will also be in Adelaide for the first time. These Expos also cover support workers from Tasmania and the Northern Territory.

- Education covers assistive technology product training, innovations, hands on demonstrations – all practical in nature so support workers, carers, allied health workers, end users and families. Examples of some sessions include pressure care, 24-hour positioning, commodes and showering, communication devices and safety alarms to name a few.

6.2 AT suppliers often provide education sessions in and around their local areas in addition to proving training and guidance each and every time a more complex piece of AT is delivered to a client.

6.3 ATSA is currently undertaking a project to assess a number of online education programs relating to AT and Ethics. We are planning to develop an online menu system linking people to this education and information.

We welcome the opportunity to discuss ways to expand access to education on AT.

D. Summary

- The Federal Government relies on the AT suppliers to provide Australians with the Assistive Technology they require.
- The current proposal jeopardizes the access to AT for many Australians across the country - both older Australians and those who have a disability or chronic deteriorating condition.
- Poor design will have ramifications beyond the Aged Care sector as the industry is the source of supply to all Australians.
- In order for any model to be a success, the direct inclusion of AT suppliers one of the most important stakeholders in the provision of AT, needs to occur. This codesign consultation needs to be immediate and meaningful.