



Response to the Aged Care Taskforce
Draft Aged Care Funding Principles

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Who is the Assistive Technology Suppliers Australia?

ATSA is a national organisation representing assistive technology suppliers, including manufacturers, importers, distributors, retailers, tradespeople and technicians.

Our 170 members comprise businesses and not-for-profit organisations and range from small family-owned concerns to multinational organisations throughout Australia. It is estimated that, excluding AT for communication and sensory disabilities, approximately 80% of the AT in Australia passes through the hands of ATSA members.

ATSA is a registered not-for-profit charity with the ACNC and requires its members to adhere to a comprehensive Code of Practice on the provision, sales and servicing of AT. We are also a member of the Australian Ethical Health Alliance.

The objects of ATSA are

- (a) funding and promoting:
 - (i) research into Assistive Technology;
 - (ii) the education of the public as to the availability of Assistive Technology to meet the needs of persons with a disability;
 - (iii) “Best practice” in the way Assistive Technology is supplied; and
 - (iv) community accessible Assistive Technology events;

- (b) giving the Assistive Technology users and suppliers a voice that:
 - (i) provides positive influence on Government policy;
 - (ii) educates Governments and other stake holders about Assistive Technology;
 - (iii) promotes a robust competitive and commercially viable marketplace with the aim that Assistive Technology is available to users at a reasonable cost;
 - (ii) advocates to achieve excellence, quality, value and positive outcomes for suppliers, Assistive Technology users, stakeholders and the broader community;
 - (iii) works with governments at all levels to ensure the viability of the Assistive Technology industry for the sake of those who use Assistive Technology; and
 - (iv) delivers quality and value in Assistive Technology solutions for people with a disability and their carers;

- (c) improving the quality of Assistive Technology provision by:
 - (i) supporting the ongoing training and education of health care professionals;
 - (ii) promoting ethical business practices that safeguard the interests of users of Assistive Technology;
 - (iii) participating in the development of appropriate and cost-effective product standards; and
 - (iv) maintaining and enhancing services standards, quality and reputation of the Members for the collective mutual benefit and interests of the Members and the public;

- (d) developing alliances with all industry stakeholders to:
 - (i) drive continued improvement in outcomes for Assistive Technology users;
 - (ii) minimise the total lifetime costs of Assistive Technology on society and Assistive Technology users;
 - (iii) ensure an open, fair and competitive market; and
 - (iv) promote the services, activities and events of the Company; and

- (v) undertaking such other actions or activities that are necessary, incidental or conducive to advance this Object.

About Assistive Technology (AT)

The World Health Organisation defines Assistive Technology as an “umbrella term covering the systems and services related to the delivery of assistive products and services.”¹

Executive Summary and Recommendations

In the Department of Health's *Review of Assistive Technology Programs in Australia for the Australian Government Department of Health Australian Healthcare Associates 9 June 2020*² the return on investment across Assistive Technology (AT) program options ranged from "\$5.15 (Option 8) to \$33.83 (Option 3) for every \$1 spent on AT" (Table 1-1).

This analysis was conducted within the current supply model for AT and provides evidence of value for money. ATSA believe any proposed changes to AT provision through the reform must provide similar or improved returns on investment.

We would also like to offer the following Recommendations to the Taskforce:

Recommendation 1

Change the wording of Principle 3 to include a statement regarding participant contributions: "Government is and will continue to be the major funder of aged care. Government funding should be focused on care costs. Personal contributions should be focused on accommodation and everyday living costs with a sufficient safety net. Participants may be required to pay a fee to contribute to care costs."

Recommendation 2

ATSA recommends wording Principle 4 such as the following: "Principle 4 – Government contributions should be sufficient to provide quality and appropriate care delivered by a skilled workforce, allowing and encouraging innovation by the health, hospital and aged care systems. The level of client contribution will be based on their income and assets and provides for the sustainability of funding for aged care services."

Recommendation 3

Online education on fairness in the new aged care model be provided for participants and all registered service providers.

Recommendation 4

ATSA recommends the Task Force review the state government loan pool model and the history of closures of this model in some states. We request the Task Force permits a control trial of the existing service model be undertaken in conjunction with the proposed loan pool trial in NSW.

Recommendation 5

ATSA request the Task Force investigates how the proposed loan pool aligns with the spirit of the Government's Procurement Rules regarding SMEs (Small and Medium Enterprise Suppliers).

Recommendation 6

The Task Force develops a Code of Conduct for use across all aged care services as a way to ensure participants are aware of their rights and service provision expectations.

Introduction

ATSA appreciate the opportunity to respond to the consultation on the draft aged care funding principles.

We note that all our responses are provided with an Assistive Technology lens. In addition, we have only answered the questions relating to Assistive Technology or our areas of expertise.

ATSA believes the current free market approach to the provision of AT supports sustainability and that any attempts to deviate from this approach) will erode sustainability.

Feedback on Principles

Principle 1

The aged care system should enable and encourage participants to remain in their home for as long as they wish to do so.

ATSA strongly supports this principle, and we believe the suppliers of Assistive Technology can play a positive part in supporting older Australians to extend the time they remain in their home.

Principle 2

Aged care funding arrangements and their outcomes should be fair, simple, transparent and sustainable.

ATSA supports this principle. We note that for complex AT it is necessary for suppliers to provide quotes for AT adjusted to meet the individual's needs (e.g., posture correction, improved breathing, suitable to local environment – farm v's urban landscape and so on).

Principle 3

Government is and will continue to be the major funder of aged care. Government funding should be focused on care costs. Personal contributions should be focused on accommodation and everyday living costs with a sufficient safety net.

ATSA support this principle where care costs include products, goods and services. We suggest this principle also incorporate mention of client contributions or fees rather than in Principle 4 by adding a sentence such as: "Participants may be required to pay a fee to contribute to care costs."

This would be a continuation of the existing home care package fee arrangements and is a more transparent way of stating the government's intention – if this is indeed the intent indicated in Principle 4.

Recommendation 1: Change the wording of Principle 3 to read:

Government is and will continue to be the major funder of aged care. Government funding should be focused on care costs. Personal contributions should be focused on accommodation and everyday living costs with a sufficient safety net. Participants may be required to pay a fee to contribute to care costs.

Principle 4

Government and participant contributions should be sufficient to provide quality and appropriate care delivered by a skilled workforce, allowing and encouraging innovation by the health, hospital and aged care systems.

Principle 4 needs to make it clear that if a participant cannot afford to contribute to their Support at Home/Residential package, they will still receive the services they require.

Recommendation 2

ATSA recommends wording such as the following:

“Principle 4 – Government contributions should be sufficient to provide quality and appropriate care delivered by a skilled workforce, allowing and encouraging innovation by the health, hospital and aged care systems. The level of client contribution will be based on their income and assets and provides for the sustainability of funding for aged care services.”

Principle 5

There should be accountability for funding received from government and participants, how it is spent, and the quality of the services provided.

ATSA agrees with this principle. Regarding AT, there also needs to be transparency for the participant, those involved in the provision process and Department in regard to who is responsible/liable for each stage of the product delivery and systems and services.

E.g.,

- Step 1: Initial AT assessment for mid to high-risk AT – Allied Health professional. For low-risk AT it would be the AT mentor.
- Step 2: Obtaining quotes for AT – participant if they choose to be active in the implementation of their plan or the allied health professional (mandatory if a script is required for the AT), provider, support person or the AT mentor.
- Step 3: Trial of AT – AT supplier (this will be in line with scripting if required).
- Step 4: Supply of AT – AT supplier
- Step 5: Fitting of AT – AT supplier and allied health provider (not required for low-risk AT)
- Step 6: Educating participant and carers/family in the safe use of the AT is done by AT suppliers.
- Step 7: Follow up to ensure AT is working correctly – AT supplier. Follow up to ensure client is achieving their goals – to be agreed with the participant, could be the provider, allied health professional or the AT mentor.
- Step 8: Maintenance of mid to high-risk AT to extend the life of the AT and repairs if required – AT supplier.

Feedback on consultation questions

Question 1:

Is Australia's aged care system and how you pay for aged care easy to understand? If not, why not?

The Royal Commission into Aged Care Quality and Safety has identified the Aged Care system is not easy to understand. Our members' clients have advised the inability to self-manage their funding is frustrating, inefficient, costly and demeaning (the suggestion that all people over age 65 are no longer able to manage their own lives and finances is inherently wrong) and that there should be the ability to self manage their aged care funds, unless assessed as being cognitively unable to do so.

Question 2:

What does "fairness" in aged care funding and care services look like?

- Equity of access to aged care funding and services. This should be in line with the World Health Organisation's Guidelines to support healthy ageing.ⁱ
- Having safe complaint and whistleblower processes.
- All participants are treated equally, with dignity and respect in a safe environment.
- An ability/choice to self manage all funding where able to do so.

Recommendation 3:

Online education on fairness in the new aged care model be provided for participants and all registered service providers.

Question 3:

Is funding for Australia's aged care system sustainable? If not, what is needed to make it sustainable?

Regarding the AT component of the aged care system, ATSA argue that funding for AT is sustainable under the existing supply model. This is evidenced in the *Review of Assistive Technology Programs in Australia for the Australian Government Department of Health, Australian Healthcare Associates, 9 June 2020.*ⁱⁱ Section 1.6 of this review states the following.

"Both the RER [Rapid Evidence Review] and the Delphi technique found that the benefits of AT outweighed its costs, supporting the increasing use of AT as an intervention for older Australians. Four distinct beneficiaries of AT were identified in the literature and in our consultations with stakeholders: consumers, carers, service providers and governments."

Additionally, we know from the NDIS (National Disability Insurance Scheme) reporting that expenditure on AT only makes up around 3% of the total cost of the NDIS. We suggest it will be important for the Department to record the spend on, and outcomes of various service types within the Aged Care system to understand the contribution of each service type to the overall cost and sustainability of the system, and improved health and social outcomes for individuals within the program.

ATSA has proactively worked with the Department of Social Services and the office of the Minister for Disability in alerting them to practices of price gouging. In the reform process, it is important to develop a culture and opportunity for the Department and registered providers (includes allied health workers, the existing providers controlling the Home Care packages for their clients, AT suppliers and all other registered providers) to work collaboratively to identify issues, inefficiencies and risks and to resolve them.

ATSA is currently conducting a supplier survey through a third party to determine the impact of a government run loan pool on businesses providing AT across Australia. We would be willing to share these results with the Taskforce so that it is informed of any potential risks to the supply of AT in Australia. Our members believe the current free market approach to the provision of AT supports sustainability and that any attempts to deviate from this approach (e.g., the proposed establishment of a central state government loan pool model) will erode sustainability resulting in reduced quality, choice and availability of services for participants.

Recommendation 4:

The Department of Health and Aged Care's research shows the existing model of AT supply in Australia is sustainable. ATSA requests the Task Force review the state government loan pool model and the history of closures of this model in some states. We request the Task Force permits a control trial with the existing service model to be undertaken in conjunction with the proposed loan pool trial in NSW. This will provide an informed analysis of AT supply across the country.

Recommendation 5:

ATSA also request the Task Force investigates how the proposed loan pool aligns with the spirit of the Government's Procurement Rules regarding SMEs (Small and Medium Enterprise Suppliers).

Question 4:

What costs do you think consumers in aged care should contribute to and to what extent? How is this different for care, compared with everyday living expenses or accommodation?

With regard to AT, the government must cover the costs for any AT that has been deemed as essential for the participant to achieve their goals/maintain independence through the assessment process. This is particularly important for those who cannot afford to either pay or co-contribute to the costs associated with the supply of AT.

If, however, participants want to add an enhanced feature to their AT, above what was deemed 'essential' then they would contribute the cost of the "desirable" but not essential features.

Question 5:

What does quality and appropriate care mean to you?

Regarding the provision of AT, it means:

- The participant is always treated with dignity and respect and kept fully informed about the AT provision process and status.
- The participant is the final decision maker regarding the AT they choose and is made aware of any risks if they purchase/hire AT not scripted by an allied health professional when it is a high-risk device.
- The client is kept safe from harm.
- If a supplier has concerns for a participant, they have a safe process to alert the Department of their concerns.
- The participant receives the AT they need in as short a time as possible.
- The AT is safe and of a high standard.
- Participants, their carers or family are trained in the safe use of the AT.
- Any temporary AT provided should a participant's existing AT require repair or maintenance, is as appropriate and close to that specified in their plan as possible, to reduce the risk of harm.
- AT which has been reissued has been checked and serviced to ensure it is fully operational and there is no risk of infection to the participant or employees. For a Class 1 AT medical device, it must meet the manufacturer's specification as registered with the Therapeutic Goods Administration (TGA) or if it varies from that specification, it has been re-registered with the TGA.

- The participant is fully informed of the terms and conditions around the supply of the AT, including pricing, what to do if the AT breaks down and who their local contact person is to assist them out of hours.

In addition, ATSA's expectation is that all our members adhere to the ATSA Code of Conduct which includes a Code of Practice, Statement of Ethics, Gift Policy, Privacy Policy and Commissions and Rebates Guidelines. All suppliers are legally required to adhere to the Australian consumer legislation.

Recommendation 6:

The Task Force develops a Code of Conduct for use across all aged care services, as a way to ensure participants are aware of their rights and service provision expectations.

Question 6:

What does innovation in aged care mean to you? How can funding support it?

Innovation in aged care means providing new AT products to improve peoples' functionality, independence and safety. It also covers systems and services which better meet participants needs. Innovation creates cost efficiencies, provides faster delivery times and most importantly, improves outcomes.

Innovation covers the processes and output from the manufacturing process through to the face-to-face service provision with the participant. As an example, the introduction of 3D printing in the manufacture of AT products is reducing the wait and delivery times for products. In regional, rural and remote areas local AT suppliers changed the way they interact with their clients and developed mobile showrooms, improving the service provision and contact with older Australians living in these areas.

Innovation also covers improvements in 'wrap-around' services such as education about AT for participants. For example, ATSA holds regular expos in major capital cities where new products are on display for participants, those that script AT and other service providers, with education sessions on these new products.

The expanded use of universal design also creates opportunities for innovation and efficiencies across aged care and other sectors.

Some areas of innovations in AT products include – Robotics – both China and Japan are looking to expand the use of robots as part of their service delivery in aged care,⁴

References

¹ [Assistive technology \(who.int\)](#)

² [Ageing and Health unit \(who.int\)](#)

³ [review-of-assistive-technology-programs-in-australia-final-report.docx \(live.com\)](#)

⁴ [Inside Japan's long experiment in automating eldercare | MIT Technology Review](#) and [The Next Niche Market – Elderly Care Robotics in China — Swissnex in China News](#)
