

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2016 - 2017, 1 March 2017

Ref No: SQ17-000264

OUTCOME: 6 - Ageing and Aged Care

Topic: ACAT and RAS Assessments

Type of Question: Written Question on Notice

Senator: Polley, Helen

Question:

- a) Page 21 of the 2015-16 Report on the Operation of the Aged Care Act 1997 shows the number of ACAT assessments performed annually has reduced from 223,649 in 2013, 219,207 in 2014 and down to 192,087 in 2015. What is the reason for the reduction in assessments?
- b) Can you provide a breakdown, by assessment area and by priority (high, medium, low) of the current wait time for an ACAT and RAS assessment?
- c) Can you provide a breakdown, by ACAT assessment team, of performance against all key performance indicators?
- d) How many RAS assessments have been completed since the program commenced?
- e) What is the average and the mean wait times for ACAT and RAS assessments, by assessment area and by priority?
- f) Does the Government have the capacity to put on additional ACAT resources? If yes, will the Government put on additional assessment teams in order to clear this obvious backlog?

Answer:

- a) There are a number of factors contributing to the reduction in Aged Care Assessment Team (ACAT) assessment numbers. For example, from 1 July 2014 a legislative change removed the distinction between high and low care in residential aged care. This change led to a reduction in the number of assessments an ACAT undertakes, as reassessments for people whose circumstances had changed no longer needed to be conducted to establish if they would have a change to their care level. In addition, the introduction of the Regional Assessment Service (RAS) and the My Aged Care contact centre resulted in referrals that were previously being forwarded to an ACAT now being appropriately referred to a RAS for assessment instead.

The Department of Health is engaging the jurisdictions to understand other factors that may be influencing the reduction in assessment numbers.

- b) The Department has met with every state and territory individually and as a group, in April and May 2017 to discuss performance in terms of quality and timeliness. Each jurisdiction is currently developing a strategy to improve timeliness of assessments.

The My Aged Care data for ACATs has been used for the first time from July 2016. ACATs moved from the legacy IT system in February to April 2016. There is currently a data integrity project being undertaken with states to verify the baseline data set.

Interim data indicates that the median waiting times from the first notification to the local ACAT, to an assessment's completion was 11 days for the first six months of 2016-17.

RAS wait time data is as follows:

Time from Assessment Referral Issued to Assessment Complete: 01/07/2015 to 30/06/2106

STATE	HIGH Median (days)	MEDIUM Median (days)	LOW Median (days)
New South Wales	9	11	13
Victoria	13	16	14
Queensland	11	14	14
South Australia	16	24	14
Tasmania	11	17	13
Northern Territory	6	7	7
Australian Capital Territory	13	16	14
National	11	14	13

Source: Derived from Aged Care Data Warehouse as at 3 May 2017.

Note: The ABS prefers to use the median than the mean (average).¹

- c) ACAT state and territory performance against KPIs is reported to the department on a six monthly basis. The most recent performance data is for period 1 July 2016 to 31 December 2016 and is as follows:

KPI 1 - The ACAT will action 90% of referrals including self-referrals, for Comprehensive Aged Care Assessments (accepted or rejected) within three calendar days of issue.

Accepted/Rejected within 3 Days from Referral Issued: 01/07/2016 to 31/12/2016;

STATE	% met KPI
New South Wales	91.80%
Victoria	94.40%
Queensland]	87.20%
South Australia	97.50%
Western Australia*	73.20%
Tasmania	87.60%
Northern Territory	83.70%
Australian Capital Territory	97.90%
National	90.57%

Source: Aged Care Data Warehouse as at 2 May 2017.

¹ Advantage of the median: The median is less affected by outliers and skewed data than the mean, and is usually the preferred measure of central tendency when the distribution is not symmetrical.

* Western Australia ACATs use the My Aged Care system however they will not be fully integrated into the My Aged Care model until 1 July 2018.

KPI 2 - The ACAT will undertake 90% of First Clinical Interventions of clients within the allocated priority timeframe as listed below:

- High Priority – within 48 hours
- Medium Priority – within 14 days
- Low Priority – within 36 days.

Time from Referral Issued to First Intervention - Percentage Met KPI Target: 01/07/2016 to 31/12/2016;

STATE	High Priority 2 DAYS	Medium Priority 14 DAYS	Low Priority 36 DAYS
New South Wales	59.10%	91.20%	87.20%
Victoria	56.50%	88.20%	70.60%
Queensland	68.90%	90.80%	74.80%
South Australia	50.50%	98.00%	97.20%
Western Australia	95.00%	94.40%	93.70%
Tasmania	84.20%	85.00%	29.90%
Northern Territory	52.00%	91.60%	89.50%
Australian Capital Territory	85.70%	97.10%	98.70%
National	68.80%	91.20%	79.50%

Source: Aged Care Data Warehouse as at 31 March 2017.

KPI 3 - 90% of Client Records recorded outside of My Aged Care are transferred onto the My Aged Care System within three Calendar Days of an assessment being undertaken.

Half yearly reports indicate that this KPI is being met in all State and Territories.

KPI 4 - All members of the ACAT will meet the required National Minimum Training Standards and complete national training resources relevant to their roles and responsibilities, as set out in the My Aged Care Assessment Workforce Training Strategy.

The Aged Care Assessment Program (ACAP) Half Yearly Performance Reports (1 July 2016 to 31 December 2016) indicate that this KPI is being met in all State and Territories.

- d) Since the commencement of the program on 1 July 2015 until 30 June 2016, there were 134,500 assessments completed by RAS. From 1 July 2016 until 31 December 2016 there have been 105,700 assessments completed by RAS.
- e) See part b) above.
- f) The Australian Government has agreements in place with state and territory governments to administer the ACAP. The Department of Health has met with every state and territory individually and as a group in April and May 2017 to discuss performance in terms of quality and timeliness. Each jurisdiction is currently developing a strategy to improve timeliness of assessments.