AAA puts an important issue under the spotlight, examines the background and considers the implications. The issue: The introduction of a national program of quality indicators in aged care.

Quality indicators: more questions than answers

By Linda Belardi and Darragh O’Keefe

THE DEVELOPMENT of quality indicators in aged care stems from a recommendation of the Productivity Commission’s inquiry in 2011, which argued published indicators would help consumers make informed choices about care and services and improve transparency and accountability about government funding.

In 2012, the Gillard Government responded with a commitment in the Living Longer Living Better (LLLB) reforms to the “staged development” of a national quality indicators (QI) program and a rating system. It said the information obtained through QI data would form the basis for establishing the rating system, to be published on the My Aged Care website.

The language of “a rating system” has not been repeated in subsequent policy statements.

While the LLLB reforms set a start date for the QIs to be in place in residential aged care by 1 July 2014, progress has been slow and a pilot, managed by KPMG, only got underway in May 2015 and concluded in September.

The pilot trialled three clinical indicators – pressure injuries, unplanned weight loss and the use of physical restraint – that were selected by the former Assistant Minister for Social Services Mitch Fifield and drawn from the long-running Victorian public aged care system of QIs.

At the time of writing in mid-December, the government was yet to release the findings of the pilot evaluation, despite a request from AAA.

However, the department has said that industry participation in the pilot program was strong and exceeded expectations, with around 350 residential facilities seeking to be involved.

From 1 January 2016, the program will move from pilot phase to a voluntary national rollout. The department is seeking to recruit additional facilities to take part.

Participating facilities will collect and report their data on a quarterly basis through the My Aged Care provider portal and from April 2016, an icon on the My Aged Care website will indicate that a facility is a participant in the national program.

As a participant, facilities will be able to compare their results with a national data set.

The department said the indication of participation will disappear if no data is submitted for two consecutive quarters.

VOLUNTARY VERSUS MANDATORY
A controversial question the government and stakeholders have grappled with is whether facilities should be compelled to participate as part of a mandatory
program or whether a voluntary system is preferable.

Chair of the NACA Quality Indicators Reference Group Adrian Morgan says there is no consensus within the advisory group on whether participation should become mandatory over time and he believes that proposition would be "very vigorously debated" among stakeholders.

"Given the enthusiasm with which the idea was approached, we could assume that there will be a very high level of take-up," he says.

The Victorian QI system, which involves government-owned residential aged care facilities, provides an example of how a voluntary system can still achieve close to 100 per cent industry participation.

Ian Yates, chief executive of COTA Australia, says it is his peak's view that participation should be mandatory after an initial period of robust testing.

Yates says he is confident there will be a natural momentum built around industry participation and those who do not participate will leave themselves open to consumers and others asking the question why.

"It's also COTA's view that facilities should also not be allowed to pull out once they have joined the program. "We also want to be very clear that we don't end up with a situation where good results go up and bad results don't. If you're in it, you're in it; you have to report your results all the time," says Yates.

PERVERSE INCENTIVES

However, while offering an opportunity to reflect on clinical practice, international evidence shows a QI program can also create perverse incentives for providers, especially when performance measures are publicly reported or have sanctions attached.

Dr Lee-Fay Low, Associate Professor in Ageing and Health at the University of Sydney, says international studies show that programs that move to provide a sufficiently broad set of indicators so as to reduce the incentive to "game the system" and points to the value of consumer experience and quality of life indicators as providing a more holistic picture.

The PC report warned that few indicators could distort care priorities and mean there were unmeasured aspects of care, but this needed to be balanced against the costs and time required to collect data on a wider range of indicators.

Yates says COTA would like to see the QI program include a measurement of chemical restraint, which he says is one of the biggest issues in the industry and a human rights concern.

QUALITY OF LIFE AND CONSUMER EXPERIENCE

While there may be high hopes for the quality of life and consumer experience indicators, the planned pilot of these tools is behind schedule and has presented a challenge for the national pilot.

The department says the tools are currently being assessed for their suitability in residential aged care and if any are found to be "applicable, feasible and user-friendly for consumers and providers" they may be piloted in 2016.

Ibrahim says measuring quality of life and consumer experience is complex because of its subjectivity and the fact it is influenced by a person's life stage, which makes it difficult to standardise and compare.

Clarifying the distinction between consumer experience and quality of life and the different approaches required has also been a challenge for the project, says Yates.

REPORTING AND TRANSPARENCY

The government has repeated its intention for the QI information to be published on My Aged Care following a period of testing to ensure the data is reliable and accurate.

Exactly how that data will be presented, however, is yet to be determined.

Low says while star and traffic light rating systems may make it easier to compare services, they also limit the detail available for consumers if the individual indicators are not reported separately.

Morgan says the department and NACA are currently learning about the data and its validity, and thinking about how to analyse and report it in a way that is easy for clients to understand but also provides sufficient explanation of the measure.

HOME CARE QUALITY INDICATORS

Running parallel to the work on clinical indicators and quality of life and consumer experience in residential aged care is the development of indicators for home care.

The department says it expects that initial home care QIs will be piloted in early 2016 with national voluntary implementation currently targeted for 2017.

A key challenge that is dominating debate in the home setting is the variable contact providers have with clients, the range of care and services provided and the limited control staff have over the consumer's environment.