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CDC in residential care model tested

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A three-year research project has developed a viable model for implementing consumer directed care in aged care facilities, writes Mark Sheldon-Stemm.

The introduction of Consumer Directed Care (CDC) into the Commonwealth Home Care Program followed by the shift to give the package to consumer rather than provider in February 2017 has put the control of care in consumer's hands.

These changes in home care pave the way for the introduction of CDC into residential care, which is a natural progression in line with the Aged Care Roadmap.

In 2015, we developed a model of CDC in residential care and presented it at a series of workshops with aged care organisations.

One of the participating organisations funded a series of trials in two of the residential aged care facilities in 2016, followed by another in 2017 at one of the facilities to refine the model to then rollout throughout the facility.

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The trials found the major components necessary for introducing CDC and to ensure its ongoing application include:

Mark Sheldon-Stemm

- consulting with residents, or their families or representatives, about their goals and the services required to meet goals and to provide choice on what, how and when services are delivered;
- organising the workforce to be able to provide the goal-based services set by the residents, or their families and representatives; and
- setting the cost of the services and providing a system to charge residents for these services and track provider's accountability for funding.

The engagement and services models is similar to the home care system where individualised services meet the goals of consumers.

However, the financial model was new and required extensive testing to develop a system that could account for funds on an individual basis.

As the financial model was being applied it became evident there has to be a separation of accommodation and care costs.

Therefore, the financial model accounts for care services only and omits accommodation.

The 2017 trial produced a series of parameters required to successfully introduce CDC:

- an engagement process that promotes transparency about costs and services based on available funds
- specific staff to work closely with each resident to ensure the goals and needs of the residents are being met
- a personalised approach to place residents in control of the services they require

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- clinical and essential living services to residents based on their need for these services with residents charged accordingly
- residents being able to spend their funding on other services, such as lifestyle activities
- a software and financial system that tracks services as required to provide funding accountability
- monthly statements showing funds available and service charges.

The trials also pointed to the importance of effective and educated leadership.

Individual managers need to be the champions of change and make CDC real.

Leadership was a key element in determining the success or failure in the trials. Effective leadership cannot be overemphasized in a bid to successfully implement CDC into residential care.

Two further trials in residential aged care using the final model are underway with the providers using these trials as a lead up to the rollout the model to the remainder of their facilities.

The final report will be released for discussion at the Financial Sustainability in Aged Care conference in Sydney in November.

Mark Sheldon-Stemm is principal at aged care sector consultancy Research Analytics.

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