Five.Good.Friends.

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Approved Provider of Home Care Packages
Registered Provider of NDIS

Written Submission to the Royal Commission into Aged Care Quality and Safety on how to create the best possible program, structure and overall aged care system leveraging our experience of remote care intelligence data and technology to enable people to age well at the home of their choice

Question 1. What are your views on the principles for a new system?

As an approved provider driven by the needs of our members and their families, we believe the guiding principles capture the majority of the requirements of a new modern system.

The final point about being capable of being implemented, monitored and evaluated is an essential element for all parties, consumers, families and funders to have confidence in the system.

To achieve this however, the one theme that we believe is missing in the discussion paper is the role of technology in achieving these guiding principles. Technology is vital to help provide real time information to ensure quality and consumer experiences meet society's expectations.

We believe that low cost technology and remote care monitoring can do both and slow down the progression into high care.

Question 2. How could we ensure that any redesign of the aged care system makes it simpler for older people to find and receive the care and supports they need?

Our view that ageing needs a population health approach. It also needs to include the entire family in the messaging at key moments in time.

By providing a population health service that is free to access and provides simple information, in a variety of ways including mail, telephone, web, mobile app and retail, we can encourage anyone with concerns to connect earlier and without fear.

Encouraging families to connect to learn how to care for parents independently and create plans early for future needs and understand when is the appropriate time to reach out for formal services, either funded by government or privately.

We have taken this approach across thousands of people living in the community and retirement villages and have there is a genuine demand for good information on how to take control of their own ageing journey and remain independent.

The benefits of such an approach will improve early participation in self directed health and wellbeing programs, better planning and will have financial benefits to the broader healthcare systems.

For examples of the types of information that older Australians enjoy, please feel free to review our joint publication called The Guide to Living Well here , and we have posted a copy also.

https://www.apia.com.au/content/dam/suncorp/apia/documents/apia-guide-to-living-well-fa-interactive.pdf

Question 3. Information, Assessment and System Navigation

Following on from the Population Health theme, we believe the communication and conversations need to happen much earlier in life than they are today.

Information should be available freely at relevant locations. A national network of retail outlets is ideal, but we believe that collaboration and co location with pharmacists, GPs and other allied health partners would be a great start.

Face to face is important but not the answer on its own. Through encouraging the ageing population plus their families to connect, the role of the web and mobile apps cannot be understated.

A good example of how government is sponsoring this type of approach is in alcohol reduction programs for people to help themselves. See an example of how it is presented here:

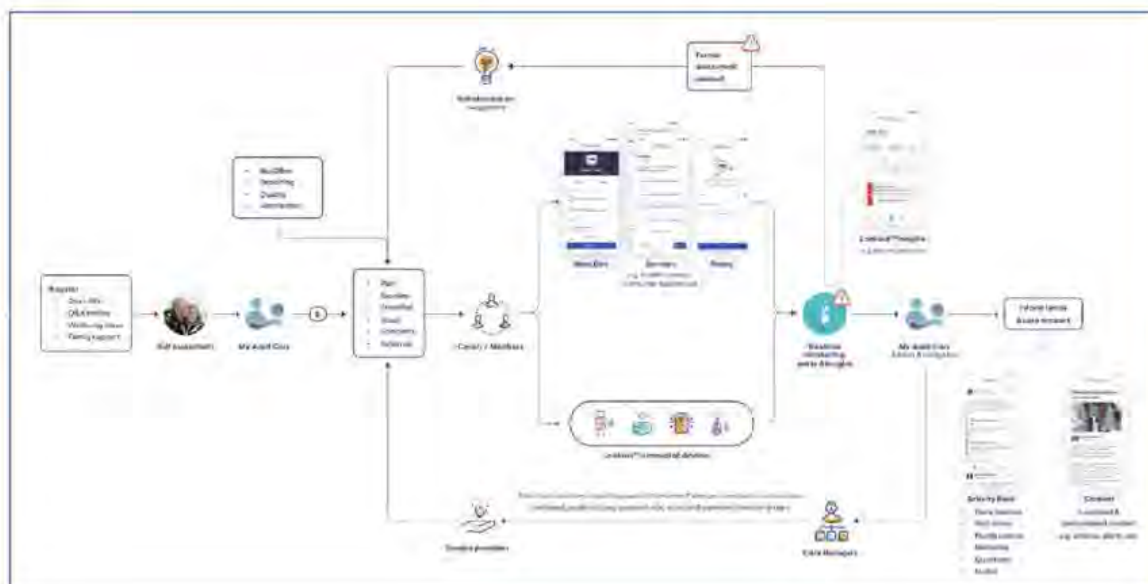
Using techniques to encourage access to free information, some subsidised group health and wellbeing activities and possibly access to a ongoing care advisors, would incentivise registration of those at the beginning of their journey alongside those most in need.

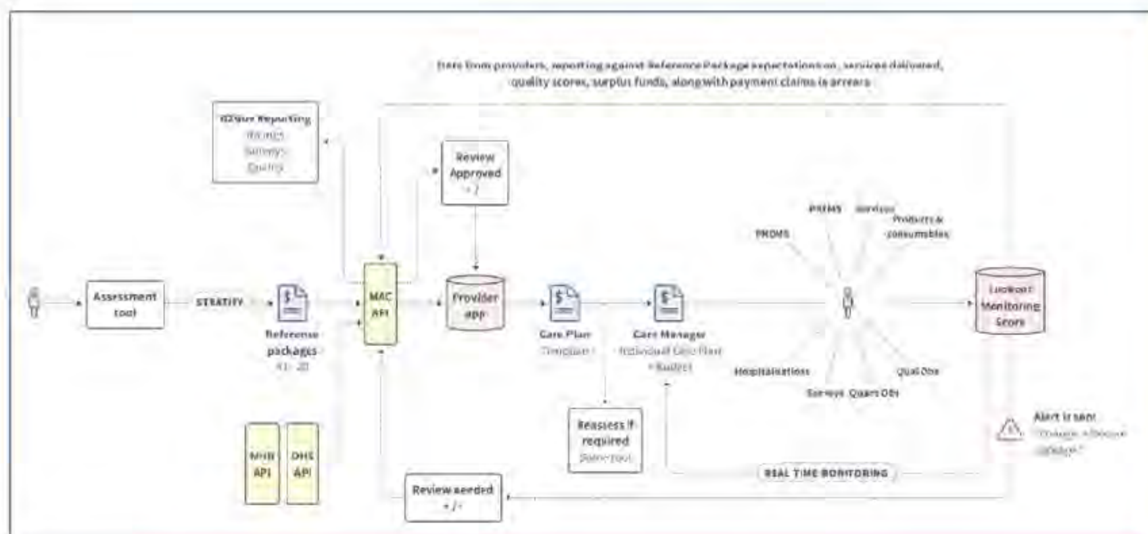
We believe a more robust and systemised method or assessment utilising online screening initially, the progresses to face to face based on the algorithmic analysis of the initial assessment is the ideal approach.

This approach could leverage machine learning to recommend reablement approaches, supports for carers and wellbeing content that guides people towards positive lifestyles, long before formal services are required. Once they have commenced this journey earlier, regular surveys or interactions via either email, telephone or face to face to ensure they are receiving the supports they need.

By systemising the assessment better, that output could be shared between assessor and care managers in a programmatic way enabling real time synchronicty. This would also allow care managers to feed updates back to assessors using the same mutually agreed data sharing formats should individual health changes require an update to formal supports or funding. This would expedite feedback, reduce human intervention for re-assessment and improve consumer outcomes.

Our existing technology does this for our members and we would be excited to share how it could translate into a population health system. We are in discussions with the Asian Development Bank on a similar model. Please see the diagrams below recently shared with the Department of Health.





Questions 4/5/6/7

We agree that there needs to be defined categories and levels of care and funding to improve allocation and transparency.

Our concern with the structured approach of the proposed changes is the risk of inflexibility for consumers to move through these levels seamlessly.

We believe there are others probably best able to comment on the programs required within each of these levels.

Our unique capability is in providing insights in how you can use data and technology to enable the flexibility and seamless provision of services based on individual data in real time.

We believe that a data driven system can both provide the right mix of funding and service options based on an individuals need, and provide government reporting on how that funding is spent and the consumers benefit, in terms of outcomes and experience measures.

Our Algorithm (we call this Lookout) today analyses data from care workers , monitoring devices in the home and notes from family to determine if the consumer needs are being met.

This has already helped us inform the Department of Health of how data could in the future identify in real time when people need there funding or services changed. An example is below in a graph of Home Care Package consumers based on their approved and assigned levels, compared to the number of times our Lookout algorithm has identified risk or changes that warrant clinical investigation. We are happy to present the full findings to you at a later stage.

In summary, rather than the current approach to the National Queue with it providing package upgrades randomly based on their original assessment, we could use data to request an increase to a package in real time at an individual level.

Whilst this example relates to the current system, it is obvious that a future system that has a technology and data at its core is the best way to achieve a truly individualised approach that is both effective and affordable.

More About Lookout ™

We are happy to share our learnings to date and how our unique care delivery model could be applied to a future national model

Five Good Friends empowers the frontline care workforce with its Remote Care Monitoring technology LOOKOUT ™. LOOKOUT ™ leverages observational notes entered into the Five Good Friends app by the care workforce upon checking out from their regular visits to the home. The notes are analysed and classified by our risk algorithm to identify and prioritise customers, in real time, who are showing signs of deterioration in health and wellbeing.

The data and analysis is overlayed with visit frequency, visit ratings Patient Reported Experience Measures, Patient Reported Outcome Measures, in home device data and is rendered to create a visualisation of a Member's health timeline in a Care Manager's dashboard. Care Managers undertake investigations and respond to the changing needs of our Members. LOOKOUT ™ is generating insights into the health and wellbeing of our membership that enables a more efficient, informed and personalised response. For example:

- 20% of Members are generating 80% of observations requiring investigation
- 1 in 7 visits will generate an observation requiring investigation by a nurse

- Risk and related morbidity is now categorised and rated

Also, LOOKOUT ™ has been designed as a platform to consume information from other sources of health data from home health technologies, for example: personal emergency response devices, pattern recognition systems, activity trackers, as well as allied health professionals and informal carer and family observations. The aggregation of additional quantitative and observational data will enrich a Member's health record improving the timeliness and quality of proactive intervention and care we can provide. In October 2019 we delivered almost 21,400 hours of care to people's homes and monitored over 9,500 visits.

The Five Good Friends model will lead to earlier detection of deterioration in the health and wellbeing of our ageing loved ones in their homes, reducing hospitalisations and costs while at the same time delivering improved health outcomes. Five Good Friends empowers the frontline care workforce with its Remote Care Monitoring technology LOOKOUT ™. LOOKOUT ™ leverages observational notes entered into the Five Good Friends app by the care workforce upon checking out from their regular visits to the home. The notes are analysed and classified by our risk algorithm to identify and prioritise customers, in real time, who are showing signs of deterioration in health and wellbeing.

Question 8. Diversity

Our model, leveraging Remote Care Technology, does enable high quality care and oversight to those living in remote and rural areas.

We currently have Nurses base in Brisbane, overseeing consumers in rural Victoria leveraging our monitoring tools. The technology can provide them real time feedback on those people and they can direct local care workers as required. It also provided periodic Consumer experience feedback and Patient Reported Outcome results to ensure remote consumers are safe , happy and healthy.

There is no reason, in a modern aged care system, why people in remote areas should not have the benefit of nursing oversight just because there are no nurses locally.

Question 9. Financing

Our view is that there is much more efficiency to be gained from the existing funding if investment were made to develop a data driven model for the allocation and reporting of the efficacy of the funding.

A much more nuanced and flexible funding model is required to tailor both funding and services to an individuals need, with the ability to reduce both if needs decrease, freeing funds up for those who need it more.

Question 10. Quality

We believe that quality is improved by the implementation or remote care monitoring tools.

One in every seven of our home visits results in an alert being sent to one of our remote care teams for investigation. That visibility and responsiveness is unprecedented in other delivery models.

It results in earlier detection and therefore earlier implementation of care changes that can extend lives and improve quality outcomes.