STREAMLINED CONSUMER ASSESSMENT FOR AGED CARE

February 2019

Leading Age Services Australia

Leading Age Services Australia (LASA) is the national peak body representing and supporting providers of age services across residential care, home care and retirement living. Our purpose is to enable a high performing, respected and sustainable age services industry delivering affordable, accessible, quality care and services for older Australians. We represent our Members by advocating their views on issues of importance and we support our Members by providing information, services, training and events that enhance performance and sustainability.

LASA's membership base is made up of organisations providing care, support and services to older Australians. Our Members include private, not-for-profit, faith-based and government operated organisations providing age services across residential aged care, home care and retirement living. 55% of our Members are not-for-profit, 37% are for-profit providers and 8% of our Members are government providers. Our diverse membership base provides LASA with the ability to speak with credibility and authority on issues of importance to older Australians and the age services industry.

Introductory remarks

In this section LASA proposes components to the design of the streamlined consumer assessment model and some planning activities that will support this model's successful implementation.

Modelling the future national aged care assessment workforce[1]
LASA proposes that the government undertake modelling of the national aged care assessment workforce. Modelling would inform for the assessment workforce the ongoing allocation of (1) adequate staffing and (2) funding required for timely, quality assessments, reassessments and reviews. This modelling should take account of projections for population ageing.

Assessment providers' preparation for the implementation of a single assessment pathway could be supported by government analysis of existing data on referrals, initial assessment, review and reassessment to project system needs. This analysis should consider future staff skills mix to inform assessment services' recruitment activities.

A trial merger in one state to reduce operational risks
The introduction of a national, streamlined assessment workforce will combine Aged Care Assessment Teams (ACAT) employed through state health services with Regional Assessment Services (RAS) whose assessors work for a wide range of employers. The formation of this new workforce brings with it new procedures, new ways of operating and industrial issues and thus carries a large number of diverse risks. LASA believes that a trial merger of RAS and ACAT in one state only, would give the government, My Aged Care, consumers, providers of aged care assessments and aged care providers an opportunity to identify and iron out problems.

Clear demarcation between aged care services and assessment services
LASA Members have strongly argued that a clear demarcation between providers of aged care services and providers of assessment services should be put in place. Currently a large number of RAS assessments are conducted by organisations also providing aged care services. Most LASA Members are of the view that the delivery of assessment services by care providers constitutes a conflict of interest. Some Members argue that organisational structural separation of assessment from the provision of services is sufficient to address this concern about conflict of interest. However, many Members are concerned that despite this separation assessors employed by aged care providers may refer people they assess to their employer for service delivery. These Members are concerned that such an activity would distort the operation of a competitive market where price and quality of offering should influence a person's choice of service provider.

LASA acknowledges that in regions with low population numbers it may be difficult to establish assessment services that are independent of aged care providers. However, Primary Health Networks (PHN) provide a primary health care infrastructure covering the entire continent. In specific locations an option exists to commission PHNs to provide assessment services where no other independent provider is available.

Development of an evidence-based assessment algorithm
LASA believes that the Department of Health (the Department) could improve the efficiency and effectiveness of aged care assessment services by funding research to develop an algorithm to guide the intake and triage processes. This algorithm should include key questions at 'red flag' points in

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[1] LASA previously proposed such modelling in its submission to DoH entitled: *Unmet needs and unspent funds. Improving home care package assignment. February 2018.*

the assessment conversation that guide assessors to explore areas of concern regarding the assessed person's function and/or health. Similar algorithms are in used in call centres providing health management advice and by some private insurers to identify people at high risk of admission or re-admission to hospital.

Question 1:
Are the proposed design principles appropriate for a streamlined assessment model? Are there any other principles that you believe should be included?

LASA supports the seven design principles for the proposed, streamlined assessment model but proposes the inclusion of additional descriptors to *Principle 1* and *Principle 7*. These are included below in ***bolded italics***:

- *Principle 1: Outcome Focus* – assessment is focussed on outcomes for older people ***by partnering with consumers to identify and negotiate ways to meet their care and psychosocial needs*** including wellness and re-ablement approaches which support independence and quality of life. ***Outcome identification for people with life-limiting conditions and/or at end-of-life care includes the older person's views on his/her priorities for this life phase.***
- *Principle 7: Efficiency and effectiveness* – the assessment process includes efficient and effective intake and triage, ***with timeliness of assessment a key aspect of both efficiency and effectiveness. The assessment process further includes*** appropriate referral pathways and proportionate assessment that takes account other service systems.

LASA considers that the term 'referral pathways' implies that consumers are referred to care providers when, in fact, consumers should exercise choice of provider. LASA proposes that the term 'service pathway' maybe more appropriate. However, as the Department is using the term 'referral' in its consultation paper, LASA has continued to use this term in this submission for the sake of clarity.

LASA proposes the addition of two more design principles (1) Consumer Directed Care (CDC) and (2) continuous quality improvement through a Learning Organisation approach.

1. LASA believes that CDC should be added as the new design *Principle 1* for the streamlined assessment model. The Federal Government envisages CDC as the central concept underpinning all aged care services. CDC is relevant to assessment services because it includes conversations about consumers' needs and goals as well as providing information about the type and number of supports available as highlighted in the direct quote from My Aged Care below:

   > CDC is an **approach to the planning** and management of care, which allows consumers and carers more power **to influence the design and delivery of the services they receive,** and allows them to exercise **a greater degree of choice in what services are delivered,** where and when they are delivered. This means, providers are required to:

- *have conversations about their consumer's needs and goals*
- *co-produce care plans*
- *provide greater transparency to consumers about what funding is available under their package of care and how those funds are spent[2]*

In the context of aged care assessment CDC would mean that assessors seek consumers' input on their perceived aged care needs and co-produce with consumers their care and support plans.

2. LASA proposes as a design principle the inclusion of the concept of continuous quality improvement through a Learning Organisation approach. Learning Organisations are defined as facilitating:

> *collective learning in order to continually improve the capacity to respond to changing demands in the environment. This permeates all organisational activities, structures, processes, climate and values, leading to an enhanced ability to react quickly to opportunities and threats.[3]*

The economic, policy, demographic and population health environment in which assessment services operate are fluid and changing. Triage, assessment and management staff need to practice the learning stance typical to a quality improving Learning Organisations if they are to deliver optimal assessments in their constantly changing practice environment.

Question 2

What issues need to be considered for assessment providers to manage intake and triage under a streamlined assessment model? (e.g. staff skills required for a triage function; consistency of operational processes; and resource implications)

Intake and triage

LASA assumes that My Aged Care determines consumers' eligibility for government subsidised aged care services providing registration/screening via either direct contact with the My Aged Care Call Centre or My Aged Care processing of health professional inbound referrals.

Assessment providers will triage the referrals received from My Aged Care. The purpose of the triage is to determine (1) the urgency (2) complexity of assessment and (3) level of assessor skill required. Professionals working in triage roles need to be skilled in carrying out their initial assessment via phone/video-call.

Triage personnel and assessors who are health care professionals should have access to the electronic hospital data of older people requiring assessment. To support an efficient and effective assessment health professional assessors should be able to access all, or at least gain a summary view, of the My Health Care medical records of people they assess.

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[2] https://www.myagedcare.gov.au/help-home/home-care.../consumer-directed-care-cdc
[3] https://www.kbmanage.com/concept/learning-organisations

LASA considers the triage team/ positions to be pivotal to the success and accuracy of aged care assessments. For this reason triage positions should be filled by health care professionals with relevant experience. A different staffing profile may be deployed if parallel triage processes are used where an assessor picks up very basic assessments while the other assessments are referred to a health care professional.

Consistency of operational processes

Keen organizational oversight of quality and auditing of performance are essential.

As part of a quality improving organisation, assessors need to have the opportunity to learn, through case reviews, from assessments which did not yield the right outcome for the client. This learning should include an analysis of the factors that contributed to the outcome and identification of remedial actions, including any changes to policy and procedures.

Consistency of triage and assessment

The triage of older persons' assessment needs must be of robust accuracy to avoid referral errors, delayed access to comprehensive assessment and costly re-assessments. Re-assessments may be prevented by initial and ongoing training of triage staff and assessors. This ongoing professional development should include training for their interrater-reliability (i.e. the client's level of need consistently being assessed the same regardless of assessor) and identification of effective referral pathways.

Resource implications

Resourcing to manage triage and comprehensive assessment should include salaries for a sufficient number of health care professionals well qualified to fill each of these roles.

Resourcing should include funding for capacity building activities, in particular the expanding of assessors' referral networks. Assessors should have time built into their work roles for networking with providers and to regularly attend interagency meetings to strengthen their knowledge of local service systems as these change and evolve.

Assessors' understanding of all eligible providers' offerings and how these may best fit consumers' expressed directions for their care is an essential quality component of assessors' work. For example, assessors should be able to advise on the availability of providers able to respond to specific CALD needs, ATSI peoples or different LGBTI consumers.

Question 3

How can a streamlined assessment model enhance referrals and collaboration between health professionals, My Aged Care and a national assessment workforce?

- Health care professionals will find a single set of eligibility criteria for assessment by a single assessment workforce easier to understand and use. For this reason they are likely to be more willing to refer to the aged care assessment service.
- My Aged Care intake and referral procedures will be much simplified as there is no longer a need for My Aged Care to identify whether RAS or ACAT is the most appropriate assessment service.

- Because all health care professionals and aged care providers clearly understand the national assessment workforce's role this workforce can more effectively build referral networks.
- Assessments that are independent of service provision will enhance collaboration between stakeholders. Assessors require (1) a good working knowledge of the diverse service options in the market and (2) support for timely consumer engagement with these services. Frustrations in this process are likely to occur when referral 'work-arounds' emerge because of insufficiently resourced triage and assessment staff. This would compromise the objectives of a streamlined assessment model.

Question 4

How do you think the triage process should operate to expedite access to a single time-limited CHSP service? What are the risks and how could these be managed?

LASA supports the introduction of a triage process that expedites access to a single time-limited CHSP service. However, LASA believes that understanding of the issues listed below would assist in determining whether an introduction of this pathway is appropriate and how it would work:

- What is the percentage of people assessed for aged care who require a single time-limited CHSP service?
- What is the percentage of people assessed for a single time-limited service that would benefit from being seen by an assessor? For example, is there a cohort that would have benefited from re-ablement or preventive services? What is the cost-benefit ratio involved?
- What percentage of older people requiring a single, time-limited services would be willing to undergo a full assessment?
- Do people requiring a single time-limited CHSP service show specific characteristics? Are these characteristics suitable for use as 'red-flags' to alert triage personnel as to their likely, limited service use?
- What will happen when CHSP services and services providing home care packages integrate in 2020?

Question 5

How can support plan reviews be better managed under a streamlined assessment model?

LASA is strongly of the view that the present increase in support plan reviews is a direct consequence of assessed consumers waiting for a long time to access care services. This unmet care need results in older persons' declining function which triggers the need for support plan reviews. Also see LASA's comment to Question 10.

LASA anticipates that assessment providers and their clients will benefit from efficiencies as a streamlined team handles reviews of support plans and their prioritization for all types and levels of care. Improvements in the effectiveness of support-plan reviews should be achieved because

assessors can engage in an informal exchange of information. Thus assessors can approach reviews with a better appreciation of the older person and their support plan, making the process of support-plan review more efficient and effective.

A single assessment team will make easier any negotiations between assessment provider and care provider concerning the re-calibration of reviewed clients' care goals and funding. Care providers have important detail that they can contribute to inform the reassessment/recalibration of the care goals and support plan.

LASA has learnt of assessment services with dedicated review teams. Team members are specifically trained to ask the right questions, enabling assessors to identify any changes that justify additional services or the reduction or cessation of services. Further, team members are skilled to conduct these reviews via the phone.

Question 6
What qualification and competency requirements do you believe are needed for a national assessment workforce? What particular areas of assessment practice require clinical expertise and/or multidisciplinary team-based approaches?

Question 7
What design features will enable assessment providers to operate an integrated workforce which is capable of delivering assessment for people across the full continuum of aged care needs?

Ideally, all assessors who are part of the national assessment workforce should have experience in working with older people. Further, assessors need to have aptitude for the job, be self-aware of the boundaries of their scope of practice, work within their scope of practice and be self-confident. Also required are good English language spoken and written skills (IELTS level 6-7, noting that the Australian Health Practitioner Regulation Agency requires level 7 for registration as a health care professional.)

LASA believes that the national assessment workforce may employ assessors with different levels of education in health, mental health, social care and social work. LASA considers that a workforce with a mix of qualifications ranging from Certificate IV to tertiary degrees in health or social care can be effective if appropriately supported by work systems, policies and procedures. One such work system would be effective triage to ensure an assessor's skills is matched to the complexity of the assessment. Thus, staff in triaging roles need to be highly skilled in identifying the degree of complexity of an older person's assessment and in matching an appropriately skilled assessor to the task.

Assessors should be supported by workplace policies and procedures which enable assessors of different levels of qualification to collaborate. Tertiary trained health care professionals can support with advice assessors who are not tertiary educated. Such staffing practices are used in health care where workforces containing a mix of different levels of qualifications are commonly deployed.

LASA has also learnt of assessment providers that have a multidisciplinary panel of clinical experts in place who support assessors with advice. These clinicians can be consulted before, during or after assessments and provides assessors with professional support and they ensure assessments are optimal.

Personnel in leadership roles should be highly skilled in managing, supporting and developing a diverse group of workers.

At the national level, organisations tendering to be assessment providers need to demonstrate that their staff mix has the expertise required to meet the full range of assessment functions in aged care. Providers' grant agreements should specify key performance indicators that support a consistent quality of assessments nationally.

Question 8

What training and other initiatives should be considered to build the capability of the national assessment workforce?

All assessors should undergo training to acquire the knowledge and skills required for their role. The list below (not meant to be complete) includes examples of topics for training from which assessment providers can choose in order to tailor training so their assessors attain the skills necessary:

- use of the National Screening and Assessment Form, e.g. delineation of levels of care, distinguishing ADL & Instrumental Activities of Daily Living (IADL)
- using My Aged Care
- working with information technology incl. special issues in rural and remote regions
- required quality of information on assessment findings
- quality and extent of written documentation
- communication skills when conducting assessment, e.g. open questioning, incorporating soft communication skills in the assessment process
- wellness and re-ablement approaches
- palliative care and end-of-life approaches
- assessing older people with vision or hearing impairment or other disabilities
- incorporating CDC principles into the assessment
- issues concerning informal carers in the assessment process
- effective use of interpreter services
- special needs groups (CALD, LGBTI, Aboriginal people)
- referral pathways, network building, facilitating and maintaining community-based networks, relationship with Primary Health Networks.
- identifying own scope of practice and practicing within its boundaries
- individual/group/peer supervision
- privacy & confidentiality
- ensuring own safety while assessing people in their private residence

> **Question 9**
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> What assurance mechanisms should be put in place for a national assessment workforce to ensure the achievement of quality assessment outcomes for senior Australians?

LASA proposes that assessment providers may audit each significant 'touch point' of their assessment operation regularly. Results should inform the organisation's continuous quality improvement cycle.

Any government audit should be streamlined to conform to those of other aged care providers funded under the Aged Care Act 1997. Audits should refer to the new Aged Care Quality Standards and the new Single Charter of Aged Care Rights.

> **Question 10**
>
> What should be considered in the design of a streamlined assessment model and a national assessment workforce to achieve efficiency and deliver the best value for money?

LASA considers that the realisation of efficiencies will largely depend on the removal of constraints on the supply of care services. The introduction of a sustainable funding strategy which leverages public and private funding levers would remove these constraints, reducing the rate of re-assessments and thus achieving efficiency.[4]

Regarding the streamlined assessment model, LASA proposes that following considerations may achieve efficiency:

Streamlined assessment model

- An easy-to-implement assessment form
- Assessment form pre-filled with consumer identifying information
- Access to IT systems that are user friendly and user-enabled in areas with poor mobile coverage
- Any national KPIs for assessment providers should be evidence-based, e.g. taking account of factors such as the time required for performance of an accurate assessment, including travel time. Sufficient time for an assessment to be thorough should prevent re-assessments caused by poor quality of the initial assessment, which is a serious efficiency issue.

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[4] LASA wants to make the Department aware that Australian empirical evidence shows that provision of home care is associated with delayed entry to residential care: each hour of home care received per week was associated with a 6% lower risk of entering residential care.
Jorgensen, M, Siette, J, Georgiou, A et al, 2017 *Modelling the association between home care service use and entry into residential aged care: A cohort study using routinely collected data. JAMDA*
doi.org/10.1016/j.jamda.2017.08.004

- Grant agreements should include funding for the development and maintenance of referral networks. A well-developed understanding of referral networks is essential to the effectiveness of the assessment process.
- Impartiality in assessment referrals to ensure consumer choice is respected. Let the market determine quality delivered beyond regulatory minimums and value for money.

National assessment workforce

- Regular performance review of assessors
- Regular professional development for assessors.
- Scheduled internal audits, based on a reflective practice model, which provide assessors with feedback about the efficacy of the assessment.
- Clear protocols for the appropriate use of health professionals and for triggering multidisciplinary team input.

> ### Question 11
> How should aged care assessment work for people in a hospital setting under a streamlined assessment model? What issues need to be considered?

General issues

Assessors should have appropriate access to the person's hospital records to gain a full insight into the health and social events leading up to this assessment. This would ensure that older people being assessed do not have to 'tell their story again'.

Legal and insurance issues may arise if assessors who are not part of the hospital service conduct client assessments on in-patients on hospital premises. These would require clarification.

Specific issues concerning assessments in hospital for home care

Hospital-based assessments for clients prior to discharge home are influenced by hospital-specific factors which affect their accuracy. Members have informed LASA that assessments of older peoples' function in hospital rarely reflect the level of function attained on their return home. The reasons for this are:

- no option of a 'show me' assessment
- even if using 'props' to mirror home conditions this rarely yields a true insight into function at home
- the older person is often not functioning to their full capacity while in hospital

LASA suspects that hospital-based assessments are largely interim assessments for discharge home on a home care package or high intensity transition program. These should be followed by a definitive assessment undertaken once the older person has stabilised at home after a period of 6 to 12 weeks. Downgrades in the level of care required are likely after this period of time.

LASA proposes that the Department commission research to obtain an evidence-base to optimise the assessment and referral protocol following older peoples' discharge from hospital. The research

could identify 'red-flag' markers for optimal health outcomes following assignment to a home care package or high intensity transition program. These 'red-flags' could inform the assessment protocol in hospitals and referral pathways for community-based services as well as identify the types of services yielding best results for consumers.

Question 12

How can a streamlined assessment model support timely, high quality assessments in remote Australia? What flexible approaches would you support, and why?

Regional, rural and remote Australia is a special case and arrangements for the provision of assessment services need to be made on a case-by-case basis.

Indigenous communities should receive assessment services from a trusted provider as these communities may otherwise choose not to access assessment and therefore miss out on aged care services.

Flexibility is required for providers so they can conduct a face-to-face assessment where this is the only means to achieve an assessment and thus access to aged care for vulnerable, older Australians.

Vulnerable people in rural and remote communities

Assessments conducted via information technology is feasible in most cases. However, Members informed LASA that insufficient funding for assessment services in rural and remote areas results in inequitable access for a vulnerable group of older people resident in these regions. Their vulnerability may arise from a lack of financial resources to relocate closer to service centres or from their wish to maintain community ties. Because they are unlikely to have access to information technology, these disadvantaged Australians may 'slip through the cracks', missing out on assessment and consequently on aged care services. Further, people in this population group tend to present with complex health and social issues that are best assessed face-to-face. The streamlined assessment model should include flexible approaches which enable assessment providers to offer responsive means of assessment to older people with these vulnerabilities. LASA re-iterates that PHN infrastructure (or the equivalent) may be utilised to assist with or deliver face-to-face assessments or as principal sub-contracting agents.

Other factors supportive of timely, high quality assessments include:

- Single entry-point to assessment provider to reduce confusion
- Assessment providers should have demonstrated ability to conduct early and responsive triage and to assign to an assessor with the expertise required.
- Ability to activate case management principles with community-based providers using a multidisciplinary approach and engaging in collaborative problem-solving.
- Ability to deliver the same assessment service regardless of location
- Hours of operation should include out-of-business times to accommodate relatives/guardians travelling considerable distances to be available at the assessment
- Assessment providers should demonstrate a proven track record in engaging with community-based service providers who may be able to support the completion of an assessment.

- Adequate remuneration to attract a skilled workforce
- Funding for travel time

> **Question 13**
> How should wellness and reablement be further embedded in assessment practice under a streamlined assessment model? What strategies do you support and how should they be implemented?

Aged care service providers have informed LASA that many consumers feel 'entitled' to care and do not believe that they should engage in re-ablement activities. Members consider assessment services to have an important role to play in informing older people about re-ablement and by seeking their consent for these services.

Specifically assessment services could:

- include the notions of wellness and re-ablement at all touch points of the streamlined assessment model
- seek and note in the information system informed consent for the service the older person is being assessed for. This will provide evidence to all parties involved that they understood service aims and goals at program outset.
- follow-up any discussions about wellness and re-ablement with relevant written material to the older person, prior to the assessment occurring. Urgent/emergency assessments would be exceptions to this.
- provide representatives of the person being assessed with details of the wellness and re-ablement program (with permission of the assessed person)
- request that the representative provide an email address to be kept informed about the program (with permission of the assessed person)

LASA observes that cost to the consumer is an important driver of consumers' behaviour in accessing care services. If consumers, who can afford to pay are encouraged to do so, then wellness and re-ablement approaches may become more attractive as they limit consumer expenditure in the future. Assessors can promote the cost benefits of re-ablement to consumers.

> **Question14**
> How can more effective and consistent linking services to vulnerable older people be delivered under a streamlined assessment model?

Please also refer to LASA's answer to question 12 above.

Fundamental to question 14 is the provision by the Department of a clear definition of vulnerability relevant across the entire spectrum of aged care services.

In this submission LASA considers vulnerability in terms of financial, social, geographical and physical and mental health disadvantage (also see answer to question 12 above).

Members identified three factors as instrumental to the consistent and effective linking of vulnerable people to aged care services:

- Assessors require a thorough understanding of the service environment.
  Good knowledge of the types of community services and their service characteristics is key to creating and maintaining links to services for vulnerable older people.

  Assessors need to be able to supply information material about community resources to older people, including in relevant community languages.

  Grant Agreements with assessment services should include funding for the maintenance and development of service networks. Also see LASA's response to Question 2.

- A stable assessor workforce is essential for it to have a deep understanding of the service environment

  Assessment providers should put human resource strategies in place that support a stable assessor workforce so assessors can accrue essential experience and knowledge over time. For example, the development of a broad knowledge of service options and aged care services' characteristics can only be acquired through on-the-job accumulation. Also see LASA's response to questions 2, 8 & 12.

- Some groups of vulnerable people are difficult to engage with for the generic assessor workforce. An example are people experiencing homelessness because engaging with them is time intensive and requires specific communication skills. Homeless people require targeted in-reach programs which help them engage with aged care services. Evaluations of various in-reach programs would add valuable insights into the range of core requirements and staff capabilities to be built into the streamlined assessment program.

Question 15

What do you believe are the key benefits, risks and mitigation strategies of a streamlined assessment model for aged care?

Streamlined assessment model		
Key benefits	**Risks**	**Mitigation strategies**
A single assessment pathway will reduce confusion amongst health care professionals and other referrers about the right referral pathway for an aged care assessment.	A merging of the two workforces creates significant risks in the implementation phase about (1) operational policy and procedure and (2) industrial issues.	A trial of merging the workforces in one State only would provide problem identification opportunities for the sector and feedback and remediation opportunities for government, providers, referrers and senior Australians
Skilled triage by assessment provider facilitates assignment of assessor with right level of skill.	The triage role may lead to assessor burnout because of the repetitive nature of the task and work pressure because of a constant handling of emergency/urgent referrals.	Recruitment into the role of highly skilled assessors with a mix of community and residential care experience.

| | | To diffuse work pressure, ensure staff manage a mix of red, amber and green referrals.

Put supportive mentoring and clinical supervision practices in place.

Triage staff are involved in networking with community providers and staff development to support their triaging capacity. |
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| Oversight of all assessments by one provider will result in a more consistent assessment experience by the consumer and possibly greater commitment by consumers to re-ablement | Reliance on one assessor service gives consumers and care providers no opportunity to compare performance. | Performance monitoring by external monitoring body should pick up performance issues. |

Question 16

What implementation and transition issues will require consideration in the design of a streamlined consumer assessment model?

LASA has raised implementation and transition issues to be considered in the design of a streamlined consumer assessment model in section *Introductory remarks,* and in our answers to Questions 2, 4-5, 8, 10-11, 13-14 and 15.

Additional issues requiring consideration and resolution are:

- Transfer into one data system of information currently being held in two separate assessment systems.
- Information and education of assessment providers in three phases to respond to a change over time in their information needs:
    - Phase 1: provide information about changes envisaged.
    - Phase 2: training on implementation issues: ensure all providers have access to standard training, manuals and work tools and that that these resources are relevant to the task at hand.
    - Phase 3: learning from how other providers successfully problem-solved and implemented streamlined consumer assessment (e.g. case studies)
- Considerations of implementation and transition issues should include the impact on providers of ongoing policy and regulatory reforms, financial pressures and the Royal Commission into Aged Care Quality and Safety. Activities associated with this Royal Commission tend to be highly resource intensive, absorbing much of the capacity providers would have available to implement changes to the assessment system.