

Consumer Directed Care (CDC) what is it why now & how will it shape future services?

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Overview of presentation



- What is CDC?
- Why is CDC getting much press now?
- Uniting Care Community Options
People at Centre Stage (PACS)
- How will CDC shape future services?

What is Consumer Directed Care CDC?

(individual funding; individual budget; flexible funding; direct payments; self-directed care; etc)

- Gives decision making power to consumers /clients /patients through funding
- Numerous models reflect national culture, legislation, policy context



Disability individual funding

– first cab off the rank

- Individual funding defined as ‘portable’ funds
 - ie. not ‘owned’ by service provider
 - person can change service providers
- Differences in
 1. who holds the funds
 2. proportion of funds portable
 3. where funds can be spent
- Fisher, K., R., Gleeson, R., Edwards, R., Purcal, C., Sitek, T., Dinning, B., Laragy, C., et al. (2010). *Effectiveness of Individual Funding Approaches for Disability Support*. Canberra: Department of Families, Housing, Community Services and



Disability individual funding



1 Who holds the funds

- person (or family)
- facilitator (broker or corporate body)
- service provider

2 Proportion of funds portable (no portable funds in aged care)

Individual funding in disability

3 Where funds can be spent

- one specified disability support provider
- several specified disability support providers
- the open market
 - service organisations
 - self-employ support workers
 - general support such as taxis, gym classes.



Individual funding in disability

- **Aim: disability services to continue**
 - new services have emerged
 - will existing services be viability?
- **Aim: new opportunities**
 - better personal outcomes are reported
 - will people be isolated, abused, neglected, insufficient funds?
 - some workers prefer individual employment
 - will workforce be casualised?



Why interest in CDC now?

Disability field

- Rights movement
- Advocates demanding power & choice
- Professionals not omnipotent

Aged care

- Demographics & baby boomer demands



Why interest in CDC now?

- Consumers demanding choice & **POWER**
- Consumers demand accountability
- Economic factors
 - governments expect efficiencies
 - Aged and Disability Productivity Commission Reports 2011

“Can’t turn back the tide”



Uniting Care Community Options (UCCO)

People at Centre Stage (PACS)

Co-researchers with ARC Grant

Goetz Ottmann PhD (Deakin Uni & UCCO)

Jacqui Allen (Deakin University)

- Case managed community aged care
 - CACP, EACH, EACH (Dementia), Respite
- Development Phase – Coproduction
Jan 2009 - March 2010
- Pilot Phase 2010
- Trial Phase 2011 <http://sites.google.com/site/pacsprojectsite/Home/publications>

Project Partners:



- Uniting Care Community Options
- Deakin University
- Brotherhood of St Laurence
- Uniting Aged Care (Strathdon, Trewint, St. Albans)
- Carers Australia Victoria
- Alzheimer's Australia, Victoria
- Council on the Ageing (COTA)

PACS Model – 3 levels of self-direction

Case management support available to everyone

1. Person takes some responsibility for development of care plan
2. Person coordinates some services e.g. rings service agency to change support worker's shifts
3. Person organises supports and accounts (saves case management costs)

PACS model limitations

- Funds go to service provider as required by Commonwealth legislation



- Funds not 'portable' so does not meet definitions of CDC

Phase 1 People at Centre Stage (PACS)

- Literature review
- Focus groups
- Three working groups
 - service users, family members
 - service providers
 - stakeholders: government and peak body representatives
- Restorative health model promoting independence

Phase 1 PACS findings

Older people with complex care needs want:

- Greater flexibility and independence
- Information about options & responsibilities
- Continuum of options
 - full case management to fully planning and managing their own care
- Opportunities to move between options
- Mentoring if choose to self-direct services
- Regular reviews because health changes

Phase 1 PACS findings

Older people with complex care needs
DO NOT WANT:

- Lots of paper work
- Financial and administrative responsibilities
 - to organize support services
 - employ staff
 - purchase services

PACS Methodology

- PACS trialled at 3 agencies:
UCCO, Brotherhood St Laurence,
Uniting Aged Care (Strathdon)
- 115 PACS participants from total of ~ 800
 - ~ 40+ @ level 1
 - ~ 40+ @ level 2
 - ~ 13 @ level 3
- CALD language spoken at home: 16

PACS Findings

- People welcome choice, control & flexibility
- All Level 3 participants' funds were managed by family member with aged care expertise
- Agencies and case managers struggle to adjust to new philosophy and processes
 - e.g. financial accounting systems
 - e.g. control and decision making by older person

Other research findings: case managers; planners, facilitators, social workers etc etc

- Professionals tend to control instead of facilitate
- Professionals accountable to employing agency not service user



Consumer Directed Care (CDC)

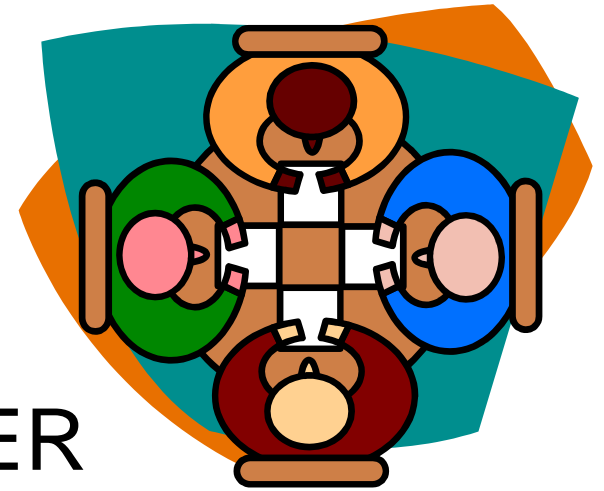
- Is welcomed by service users because it offers greater control and choice
- Is usually introduced incrementally by agencies to allow necessary service system changes to evolve

How will CDC shape future health services?



- ????????????
- Consumer demand for control, flexibility & service & professional accountability
- CDC is a philosophy more than a method – methods & processes follow

How will CDC shape future health services?



- No simple answer
'Devil is in the detail'
- Coproduction – with real **POWER** sharing is a way forward
- Each country's values and cultural context are evident in their program designs
 - Sweden (lots resources and little regulation & accountability)
 - UK (limited resources and lots accountability)

Essential ingredients

- Adequate resources (funding, information and support services)
- Annual reviews needed to ensure service user's wellbeing and safety
- Administrative systems needed to account for public funds, but are inefficient if too 'tight' and require accountability for every cent.
- Support for services to change

Laragy articles & reports relevant to CDC

- Laragy, C., Fisher, K.R., Cedersund, E. & Campbell-McLean, C. 'Support as a complement, intrusion and right – evidence from ageing and disability support service users in Sweden and Australia'. *Scandinavian Journal of Caring Sciences* ISSN: 1471-6712 (in press) [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1471-6712/earlyview](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1471-6712/earlyview)
- Ottmann, G., Laragy, C., Allen, J., & Feldman, P. (2011). Coproduction in Practice: Participatory Action Research to Develop a Model of Community Aged Care *Systemic Practice and Action Research*, 24(5), 413-427.
- Laragy, C., & Ottmann, G. (2011). Towards a Framework for Implementing Individual Funding Based on an Australian Case Study. *Journal of Policy and Practice In Intellectual Disabilities*, 8(1), 18–27.

Laragy articles & reports relevant to CDC

- Wilkins L., Laragy C. and Zadeh, H. (2011) 'Succeeding through Service Innovation: Consumer Directed Care in the Aged Care Sector', Chapter in Spohrer J "The Science of Service Systems" Volume in "Service Science: Research and Innovations (SSRI) in the Service Economy" Book Series, Springer.
- Fisher, K.R., Gleeson, R., Edwards, R., Purcal, C., Sitek, T., Dinning, B., Laragy, C., D'eagher, L., Thompson, D. (2010) 'Effectiveness of Individual Funding Approaches for Disability Support'. Occasional Paper 29. Department of Families, Housing, Community Services and Indigenous Affairs, Commonwealth of Australia, Canberra.

<http://www.fahcsia.gov.au/about/publicationsarticles/research/occasional/Pages/op29.aspx>

Laragy articles & reports relevant to CDC

- Laragy, C. (2010) 'Snapshot of flexible funding outcomes in four countries.' *Health & Social Care in the Community*. Health and Social Care in the Community. 18(2), 129–138.
- Ottmann, G. & Laragy, C. (2010) "Developing consumer-directed care for people with a disability: 10 lessons from consumer involvement in policy making.' *Australian Health Review*. 34(4),390–394.
- Laragy, C. (2010) Productivity Commission,, Independent Panel on Individual Funding, *Individual Funding Models*, July, Sydney. Posted as Submission No. 84.
<http://www.pc.gov.au/projects/inquiry/disability-support/submissions> (accessed November 2010)
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Laragy articles & reports re CDC

- Ottmann, G., Laragy, C. & Haddon, G. (2009) 'Experiences of disability consumer-directed care users in Australia: results from a longitudinal qualitative study.' *Health & Social Care in the Community*. 17(5), 466–475.
- Ottmann, G , Laragy, C. & Damonze, G. (2009) 'Consumer Participation in Designing Community Based Consumer-Directed Disability Care: Lessons from a Participatory Action Research-Inspired Project' *Systemic Practice and Action Research*. Volume 22, Issue 1, Page 31-44
- 2009, Laragy, C. & Naughtin, G., *Increasing consumer choice in the aged care services*. Brotherhood of St. Laurence, Fitzroy, February.
- 2008, Laragy, C. 'Outcomes' evaluation 2007 *Individualised Funding Project, UnitingCare Community Options, Victoria*