

**The comparability of
dependency information
across three aged and
community care programs**

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The comparability of dependency information across three aged and community care programs

March 2004

Australian Institute of Health and Welfare
Canberra

AIHW cat. no. AGE 36

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ISBN 1 74024 373 0

Suggested citation

Australian Institute of Health and Welfare (AIHW) 2004. The comparability of dependency information across three aged and community care programs. AIHW Cat. No. AGE 36. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair
Dr Sandra Hacker

Director
Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Mieke Van Doeland
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Phone: (02) 6244 1083

Published by the Australian Institute of Health and Welfare
Printed by Elect Printing

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Abbreviations

ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ADL	Activities of Daily Living
CACP	Community Aged Care Package
DoHA	Australian Government Department of Health and Ageing
HACC	Home and Community Care
IADL	Instrumental Activities of Daily Living
ICD-10-AM	International Classification of Diseases – tenth revision – Australian Modification
ICF	International Classification of Functioning, Disability and Health
MDS	Minimum Data Set
MOU	Memorandum of Understanding
NCSDC	National Community Services Data Committee
NCSDD	National Community Services Data Dictionary
NCSIM	National Community Services Information Model (Version 1.0)
NCSIMG	National Community Services Information Management Group
NHDD	National Health Data Dictionary
NHIM	National Health Information Model Version 2.0 (draft)
NHIMG	National Health Information Management Group
NRCP	National Respite for Carers Program
RCS	Residential Classification Scale

Acknowledgments

The authors of this report were Mieke Van Doeland and Christine Benham.

This publication has drawn on the expertise and knowledge of several individuals and sections in the Australian Government Department of Health and Ageing and the Australian Institute of Health and Welfare (AIHW).

The authors would like to thank the staff of the Aged and Community Care Division in the Department of Health and Ageing for their advice and comment. Thanks are also extended to the following AIHW staff: Trish Ryan, Diane Gibson, Anne Jenkins, Ros Madden and Catherine Sykes for their valuable input.

The authors would like to acknowledge the financial support of the Australian Government Department of Health and Ageing which requested the Australian Institute of Health and Welfare to undertake this project.

About this report: purpose and summary

Purpose

This report is the outcome of a project undertaken by the Australian Institute of Health and Welfare (AIHW) for the Australian Government Department of Health and Ageing on the consistency and comparability of dependency information across three aged and community care programs.

In this report, 'dependency' is defined as a state in which an individual is reliant on others for assistance in meeting recognised needs (Rickwood 1994). Information about the dependency of program recipients needs to be consistent and comparable across aged and community care programs if it is to accurately inform policy development, program planning and monitoring.

What are the aims of this report?

- This report aims to:
 - assess the comparability of data items related to dependency of clients across three program areas: Home and Community Care (HACC), Aged Care Assessment Program (ACAP) and Community Aged Care Packages (CACP);
 - assess the consistency of these data items with international and national standards; and
 - identify modifications of dependency items that will improve comparability across programs.
- This report does not aim to encompass all possible comparisons of dependency information at every level. The scope in terms of dependency data items was determined by the data collected by the programs at the time of writing, in conjunction with international and national standards. As the importance placed on particular dependency information does not remain the same over time, the approach chosen for the comparability analysis in this report allows for flexibility and possible future changes to particular activity groupings and the prominence given to them.

The role of international and national standards

- This report uses the International Classification of Functioning, Disability and Health (ICF) as a framework and as a classification. As a framework the ICF provides clarity about the interaction between the domains related to health and functioning, while as a classification it provides consistent terminology that can be used across programs and, through coding, it assists in determining the level at which comparison is carried out (See Section 1.5).
- The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers 1998 has also been used as a basis for comparison in this project. Consistency with the ABS

Survey will allow comparability of dependency data on program recipients with this main source of population data.

- Consistency with the *National Community Services Data Dictionary (NCSDD) Version 2* and *National Health Data Dictionary (NHDD) Version 12* has also been addressed in this report in both the consistency-related text and tables (see also Section 1.3).

Where is comparability required?

- Dependency information may be compared at different ‘levels’: the activity level, and the activity group level, i.e. several activities combined (see diagrams 1–5 in Appendix B). As the importance placed on particular activity groupings tends to change over time, the comparability assessment in this report focuses on the activity level, as the activities are the basic ‘building blocks’ that can be used to build a variety of groupings. This enables the reader to make further comparisons of consistency across activity groupings as required. Chapter 4 presents examples of existing groupings, as well as some alternative groupings that have been suggested in the literature (Section 4.4).
- Though generally activity groupings are not assessed for consistency in this report, one grouping that is assessed due to its importance in relation to population data is the concept ‘Core activity restriction’, and the three groups (self-care, mobility and communication) that make up this concept (Section 5.2).
- The report distinguishes between environmental factors, health conditions and the activity/participation domain as described in the ICF. The latter is the main focus of this report, though other domains are briefly discussed (Sections 1.5 and 1.6).

Summary

Main findings and recommendations

It should be recognised that differences in the purpose, the activities and the operational context of the programs affect the appropriateness and relevance of including certain data items in administrative by-product collections. These factors will influence the extent to which differences between data items may need to exist. The findings and recommendations outlined below and in Chapter 6 will need to be considered with these factors in mind, while also recognising the value of adopting a national information and cross-program perspective.

In terms of comparability between the three aged and community care programs, ACAP, HACC and CACP, and consistency with the international and national standards, a number of differences, inconsistencies and issues were identified:

- The HACC Functional Dependency Instruments:
 - The HACC Functional *Assessment* Instrument will provide fairly comprehensive and mostly consistent dependency information about a subset of HACC clients, while the HACC Functional *Screening* Instrument will provide very limited dependency information about all HACC clients. This means that, if national data collection were based on these instruments, comprehensive dependency data would not be available about the full spectrum of HACC clients.

- The HACC Functional *Screening* and *Assessment* Instruments do not collect information on the need for assistance with communication in HACC clients. Communication is one of the three core activities defined by the ABS in its Survey of Disability, Ageing and Carers, and is important where comparison with population data is required.
- Some issues related to mobility were also found to be of concern across all data collections as well as for the national standards, in particular: mobility indoors/outdoors, use of a wheelchair/aids, the in-or exclusion of driving in transport, and inconsistency in the ‘building blocks’ that make up the activity grouping ‘mobility’.

Other possible obstacles to the capacity to compare dependency information:

- Non-inclusion of dependency information related to domestic tasks and looking after one’s health in the CACP data collection.
- No separate identification of individual self-care and mobility activities in the ACAP data collection.
- Differences in the treatment of aids and equipment.
- Non-inclusion of dependency information related to behaviour and cognitive functioning in the ACAP and CACP data collections.
- Inconsistency in the in- or exclusion of driving in the item ‘moving around using transportation’.

Recommendations

- That a question on need for assistance with communication be included in the HACC Dependency Instruments.
- That attention be given, across the data collections and the national standards, to the individual data items that make up the core activity grouping ‘mobility’, with particular consideration of the ICF classification and the ICF codes used in this report.
- That consideration be given to the inclusion of individual self-care items in the ACAP data collection.
- That information on the need for assistance with domestic tasks and looking after one’s health and/or taking medication be included in the CACP data collection.
- That separate codes be added to identify the use of aids/equipment (e.g. walker/wheelchair) as distinct from the assistance of a person in the HACC Functional *Screening* Instrument.
- That a data item on dementia be included in the HACC Minimum Data Set (MDS).
- That mobility outside the person’s residence be included in the HACC Functional *Assessment* Instrument.
- That consideration be given to whether driving should be included in the item ‘transport’.

The main findings and recommendations of this report are discussed in detail in **Chapter 6**. Further detail of the comparability analysis is provided in **Chapter 5**: ‘Mapping dependency data items’ and in **Table 7** in Appendix D.