SUBMISSION

Monday, 20 November 2023

Draft Aged Care Data and Digital Strategy
AMA Submission to the Department of Health and Aged Care consultation

DigitalReformStrat@Health.gov.au

The AMA appreciates the opportunity to provide a comment to the draft Aged Care Data and Digital Strategy 2023-2028.

The AMA has consistently called for better linkages of data between the aged care and the healthcare system, arguing that these two systems should be seen as one, geared towards achieving better health and wellbeing outcomes for older people. We therefore appreciate that the Strategy puts the consumer at the centre of its design. The AMA comment will be around the broader aspects of the strategy.

The AMA has some concerns regarding the uptake of the proposed My Aged Care application and Ageing Well application and how much they will be able to deliver for older people, especially considering the findings from the Aged Care Royal Commission that pointed to older people's preference for direct face to face contact and supports. The Government must ensure that the investment in the development of these applications is not wasteful and that enough older people will be interested in engaging with them, to achieve value for money. Therefore, we recommend conducting a baseline analysis of the need/desire for uptake among the cohort that is most likely to engage with the aged care sector over the lifetime of the strategy.

Secondly, digital maturity, as the strategy recognises, is low among the older population. It will be an ambitious project to increase that digital maturity over the 5-year time span of this strategy, particularly as Australians over the age of 75, who should be the primary target, have the lowest digital ability score of all groups in the Australian community – two thirds below the national average.[1]

Finally, the AMA contends that the draft strategy does not put enough emphasis on underrepresented or disadvantaged groups, their digital literacy or health literacy. The

---

[1] https://www.digitalinclusionindex.org.au/dashboard/Digital.aspx

draft strategy should be improved in that domain. This will be important because we know that lower health literacy is associated with psychological distress and low English proficiency.[2] Furthermore, people with lower educational attainment, who speak a language other than English or who have a disability face greater barries to health literacy.[3] If the aim is to achieve what the strategy purports, then it and the associated action plan must have clear actions to address the needs of disadvantaged and vulnerable groups.

The AMA notes that the strategy leaves out care finders/navigators, that were an explicit recommendation made by the Aged Care Royal Commission (recommendation 29), that the Government agreed to. Care finders' role encompasses providing face to face support to older people, assisting them in assessments and reassessments, ascertaining the best options for services and linking older people with those options, as well as following up on referrals among other tasks.[4] Most of these tasks under the strategy are assigned to older people (Jenny). The AMA contends that, unless the Government has abandoned their commitment to the recommendations of the Royal Commission, care navigators must be included in this strategy, along with all other stakeholders.

The AMA welcomes the strategy's forward-looking approach and the plan to integrate remote monitoring data and AI. The AMA calls for the strategy action plan to include impact evaluations of any application of innovation technologies to avoid any potential detrimental effect to users, in particular when new AI technologies are introduced. Therefore, the AMA proposes that the strategy associated action plan must include guidelines around the use of assistive technologies in aged care. This includes who is responsible for:

- Educating and supporting the older person, their family members and carers in technology use

- Maintaining and updating the technology

- Responding to information that the technology conveys, particularly in emergency situations.

---

[2] https://pubmed.ncbi.nlm.nih.gov/37452578/

[3] https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-National-Statement.pdf

[4] https://www.health.gov.au/sites/default/files/documents/2021/05/australian-government-response-to-the-final-report-of-the-royal-commission-into-aged-care-quality-and-safety.pdf

In addition, broad adoption of assistive monitoring technologies will require a holistic approach that considers how care is delivered, specific business models and legal implications of data use. The technology must be safe, regulated and evidence based, and maintain a high standard of data privacy, as has been achieved with initiatives such as My Health Record. Unproven and unregulated AI technology must not be used, and urgency of need must not be used as justification for application of unproven technologies.[5]

While the AMA recognises that technologies have the potential to create an efficient method of data collection and research, there are ethical implications of data collection and use that must be considered. A patient's personal information (either identified or de-identified) must remain confidential, and their information disclosed only with the patient's express up-to-date consent (or as authorised by law). Difficulty of obtaining consent from patient groups such as people with dementia needs to be considered, including the impact on the ability to undertake necessary research.

Finally, one key concern with this strategy from the AMA perspective is around the proposal that the "digital enablement has the potential to reduce the estimated shortfall in the aged care workforce from 36,974 to 20,951 workers by 2030". While the AMA is supportive of achieving efficiencies in the delivery of care, the implementation of technology in aged care cannot and should not replace human delivered care and human engagement. Adequate staffing numbers and appropriate mix of care staff skills is a continuous resourcing requirement in aged care. Furthermore, minimum care minutes in residential aged care have been legislated. This was an explicit recommendation by the Royal Commission, that found that 47 per cent of residents of nursing homes had concerns about staff, including understaffing and unanswered call bells, and 41 per cent had experienced times when they were not satisfied with the amount of time that staff spent with them.[6] The AMA contends that uptake of technology in aged care is a welcomed step, but it must not be an excuse to reduce human care and human engagement.

Contact

president@ama.com.au

---

[5] https://www.ama.com.au/articles/artificial-intelligence-healthcare

[6] https://www.royalcommission.gov.au/system/files/2021-03/final-report-volume-2.pdf