Medical Care for Older People

2020

This document outlines the AMA position on the provision of high-quality medical care for all older people.

1. Overarching principles

1.1. In the face of an ageing population with an increasing prevalence of complex chronic conditions, improving the medical care of older people should be a national priority.

1.2. Older people should be supported and enabled to maintain their independence for as long as possible.

1.3. While ageing is not a disease itself, it is a process associated with an increased risk of disease, in particular dementia, cardiovascular disease and cancer.

1.4. The level of access to medical care should not change when an older person changes where they live. An older person's access to medical services and care should not be adversely affected by entry to a residential aged care facility (RACF).

1.5. Medical care for older people should always be patient focused with particular attention to respecting their expressed goals, wishes and preferences as well as meeting their needs.

1.6. It is a basic right for all older people to have access to a medical practitioner of their choice.

1.7. Medical services for older people should be expanded within home and community settings, in hospitals and in RACFs. The access and effectiveness of these services must be evaluated regularly to ensure that older people's needs are being met.

1.8. Medical care in aged care settings encompass the medical treatment of older people, including preventative health care, treating illness and injury, and support and preservation of their overall wellbeing.

1.9. Palliative care represents an integral part of medical care for older people. Palliative care that reflects older person's needs and wishes must be available to any person that requires it and in any setting. Palliative care skills and understanding should be a key component of aged care staff knowledge.

1.10. It should be mandatory that all RACF residents have a current Advance Care Directive.

1.11. General practitioners (GPs) and geriatricians should be integral to residential aged care governance teams, to ensure improvement in quality of care and clinical governance in general.

2. General practice care for older people

2.1. GPs are the primary medical specialists for the care of older people.

2.2. GPs are at the forefront of health care, guiding and facilitating older people in accessing health, community, specialist and aged care services.

2.3. Patients benefit the most from a lifelong relationship with their usual GP. Continuity of care by receiving care from a usual doctor should be enabled in aged care.

2.4. GPs should be central in the decision-making process relating to the care of their older patients, including involvement with assessments, geriatric and rehabilitation services, home care packages and in residential aged care.

2.5. GPs have a key role to play in the development of care plans for their patients receiving aged care services. Care plans in aged care often entail more than basic care and outline the medical care needed.

2.6. When patients are referred for aged care assessments and access to services, aged care systems should enable GPs to view the progress of assessments and service applications, enabling them to act if timely care is not being provided to their patients.

2.7. The AMA recognises and supports the positive benefits of GP-led multidisciplinary care teams for the care of older people. This includes working with nurses, pharmacists and other allied health practitioners.

3. Other medical specialists for the care of older people

3.1. Other medical specialists, including but not limited to geriatricians, psycho-geriatricians and psychiatrists work together with GPs to ensure continuity of care for older people. Specialist services should work in close consultation with the GP and RACF staff directly responsible for the older person's care and particularly if significant changes to care are recommended.

3.2. Care provided by medical specialists for older people should be patient focused with consideration of wellness and reablement, enabling older people to maintain their independence, stay healthy for longer, along with treating complex conditions.

3.3. Aged care assessments of people with complex care needs must involve appropriate medical practitioners, including but not limited to GPs and geriatricians, based on the level of assessment carried out. Any new model of aged care assessments will have to continue to provide and enable the same level of access to medical practitioners. Any model that seeks to reduce involvement of medical practitioners will be opposed.

4. Medical training for the care of older people

4.1. Education and training for medical practitioners in caring for older people should be increased and this must begin at medical school.

4.2. Appropriate incentives should be established to attract more young doctors to engage in training in caring for older people.

4.3. The AMA supports the provision of appropriate and accredited medical training places in RACFs to educate the next generation of doctors about caring for older people.

4.4. GP registrars should be exposed to working together with other RACF embedded practitioners such as nurses, pharmacists and other allied health practitioners, to enable an early understanding of the role of GPs in the aged care environment.

4.5. In addition to typical medical training, training for GP registrars should include topics such as clinical governance in aged care, Advance Care Directives, consent and decision-making for older people with limited capacity, guardianship, the role of public trustee, the role of aged care assessors, and elder abuse awareness

5 Hospitals and the care of older people

5.1 In the face of a growing, ageing population, the strain on hospitals will only increase.

5.2 Older people deserve timely access to specialist consultations, outpatient services, and elective surgeries. If we are to ensure older people can experience healthy ageing for as long as possible, it is critical that the hospital system provides affordable, equitable, and timely access. Central to this is maintaining the balance and sustainability of the public and private health systems.

5.3 An older person with decision-making capacity has a right to go to hospital if it is their informed preference.

5.4 An older person's care documentation should state their preference for or against a hospital transfer if their condition deteriorates.

5.5 Unnecessary hospitalisations, unnecessary transfers and extended hospital stays should be avoided by ensuring there are appropriate numbers of aged care places, registered nurses in RACFs, point of care testing at RACFs, protocols of care that are developed at the RACFs in conjunction with GPs, and that timely referrals to the older person's GP are implemented. Enabling GP telehealth after hours services is essential to prevent unnecessary hospitalisations.

5.6 The AMA supports the establishment of aged care hospital outreach teams that can visit older people as required and provide care on the spot, in coordination with registered nurses and GPs, to prevent older people from being admitted to hospitals unnecessarily. It is important that outreach and specialist services upskill and support GPs and RACF staff rather than providing services in isolation.

6 Funding medical care for older people

6.1 The AMA supports appropriate funding for medical care for older people. Appropriate funding will enable better access to required care, including medical care, aged care, allied health, and community-level health and prevention services[1].

6.2 RACFs should be adequately funded to facilitate access to resources that ensure medical practitioners can provide a quality medical service to their patients. Appropriate funding will facilitate better resourcing for staff, infrastructure and allied health services for older people[2].

6.3 Properly funded medical care, along with appropriately funded aged care, will help provide Australians with suitable and quality dementia, palliative and clinical care in the relevant aged care settings[3].

6.4 Appropriately funded medical care in aged care settings will prevent costly hospital transfers and prolonged hospital stays of older people, thus creating overall savings in the health system.

[1] See *Health and care of older people 2018*
[2] See *Resourcing aged care 2018*
[3] See *Resourcing aged care 2018*

7 Clinical governance for the care of older people[4]

7.1 As people live longer, the environment in which they receive their care will continue to evolve over time. Appropriate clinical governance in all settings should ensure that older people receive adequate medical care throughout their entire healthcare journey[5].

7.2 Clinical governance in residential aged care aims to establish systems and processes for appropriate medical care for older people. It entails, but is not limited to: monitoring and acting on any changes in an older person's condition, establishing effective communication channels with health professionals and facilitating access to health services for their residents, monitoring any use of physical or chemical restraints and actively minimising inappropriate use of restraint, effective management of antimicrobials to avoid antimicrobial resistance, and facilitating end-of-life care.

7.3 The AMA supports establishing an overarching clinical framework to avoid different providers of care, primarily providers of aged care and health care, working in silos without proper coordination and exchange of patient information.

7.4 While the coordination and responsibility for medical care of an older person rests with their GP, responsibility for clinical governance in aged care, whether it is provided in residential aged care or a community care setting, rests with the governing bodies of the aged care providers.

7.5 Clinical care provided to residents of RACFs should be monitored by medical practitioners to achieve the best health outcomes for older people.

7.6 Improved government accountability mechanisms for aged care provider governing bodies and their members should be established to ensure appropriate clinical care for older people in their RACFs and their safety.

8 Communication

8.1 Communication between the aged care provider, the older person's GP and hospitals should be efficient and integrated into practice systems. Better communication will likely result in better health outcomes for older people.

8.2 Moving between aged care and health care providers should be facilitated by a chain of communication that covers:

i) patient's details, including contact details of their carers/representatives;
ii) name and contact details of older person's GP;
iii) name and contact details of the designated contact person at the aged care provider;
iv) the reason for patient's transfer from aged care to health care provider and vice versa;
v) the patient's clinical images, including any pre-existing diagnosis and investigations done;
vi) patient's prescribed medication and any allergies to medication;
vii) patient's care plan and advance care directive, if available.

8.3 During transfer of care back from hospital to community or RACF, the patient's GP needs to be provided with clear and appropriate information to support safe and meaningful clinical handover of patient care. This includes:

i) A summary of the patient's primary and secondary diagnosis/es, complications, procedures and management;
ii) A summary of relevant investigations;
iii) Details of any allied health and support services provided to the patient while in hospital;
iv) Changes to medications, including clear documentation of reason for change;

[4] For Federal regulation surrounding aged care, see *Resourcing aged care 2018*
[5] See *Health and care of older people 2018*

v) A list of medications to be administered following discharge, including their timeline and details of the supply given to the patient by the hospital;
vi) Any allergies, reactions or alerts;
vii) Details of arrangements for ongoing care, including details of any follow-up appointments and clarity about the care to be provided by various providers;
viii) Details of the information provided to the patient/family;
ix) Support and care arrangements for family members and carers;
x) Details of follow up appointments, if any; and
xi) An advance care plan or directive (when relevant).

8.4 Telehealth can improve health care access and outcomes for patients, particularly for those living with chronic conditions and for vulnerable groups. There should be MBS items incorporating telehealth (as with referred specialist consultations), secure messaging and other remote forms of communication for GP consultations to significantly enhance access to GPs and improve the efficiency in the delivery of medical care.

See also:

AMA Position Statement on Health and Care of Older People (2018)
AMA Position Statement on Resourcing Aged Care (2018)
AMA Position Statement: General Practice/hospitals transfer of care arrangements (2018)
AMA Position Statement: Innovation in Aged Care (2019)
AMA Position Statement: Restraint in the Care of People in Residential Aged Care Facilities (2015)