

# KEY MESSAGES

## Functional decline in community-dwelling older people and the Medicare 75+ Health Assessment (75+ HA)

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### Minimising residential care, maximising community living

Functional decline (FD) describes the (often insidious) loss of physical, social and/or thinking/ planning capacity, generally found in older people. FD impacts on their capacity to live safely and independently in their community. FD need not be an inevitable consequence of ageing, as it can be prevented, or managed, with early detection, shared planning and decision-making between primary care providers and older people, and their families, and appropriate community supports.

### Key messages

- > There is a lack of awareness and knowledge about early FD in all health care sectors. FD can commence insidiously, and thus can be undetected in people seemingly living successfully in the community. It is often not detected until a health crisis occurs and older people are hospitalised. Hospital-based functional assessments are made when older people are unwell, and in unfamiliar environments, leading to potential mis-diagnosis and/or mis-management of perceived problems. At this point, it is often too late to reverse the consequences of unmanaged FD.
- > Primary care is the ideal setting to detect FD early enough for effective intervention that reverses, or manages FD manifestations. Older people are in familiar surroundings, and are generally known to their GPs. The 75+ HA is one Medicare item which could be used to detect FD earlier, but it needs to be brought up to date with the current evidence-base for early FD.
- > Currently, benefits of 75+ HA are variably perceived by GPs, practice nurses and consumers. There are no standards for 'marketing', undertaking, or following-up, the 75+HA. Managing early FD does not require expensive health services. It needs consumers to partner with primary care providers to identify and access timely, relevant supports. Early detection of FD in primary care will assist older people to remain living for longer in the community home of their choice. It will significantly reduce consumer and community costs, improve consumer independence and choice, and alleviate unnecessary burdens on secondary and tertiary care.