

How data & analytics are enhancing aged care

Webinar | 30 November 2023







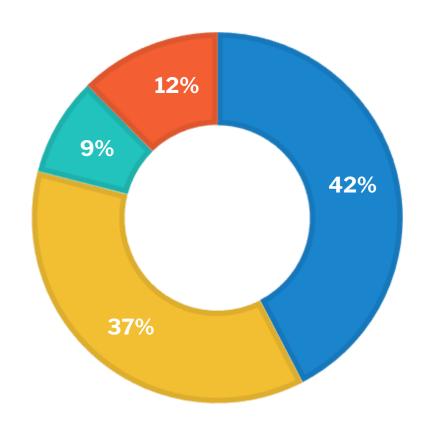
Agenda

- Welcome
- Survey findings
- What can we learn from Moneyball?
- Data insights
- Client stories
- Questions from the chat
- Close





What is the AN-ACC strategy you have adopted?

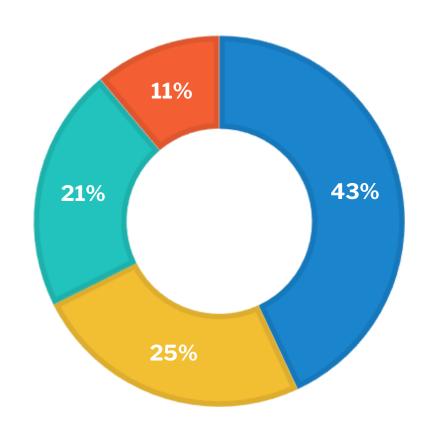


- Maximise funding and fill rosters to meet care minutes
- Balance your classifications with your rostered care minutes
- Let admissions, funding and rostering teams continue to work independently
- Don't have a AN-ACC strategy in place yet

Represents 244 responses



What is your resourcing approach to the AN-ACC process?

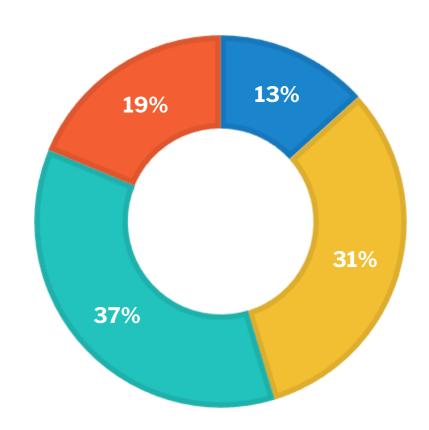


- We have kept all of our ACFI resources who are now assigned to AN-ACC
- We have reduced the amount resource and/or deployed them to other quality/care roles
- We have centralised the function with efficiencies gained
- We have outsourced the process to an external provider

Represents 216 responses

What is your confidence level with the approach to managing AN-ACC/ Care minute data?





- Not confident at all because we have not yet fully implemented an approach to the data.
- Somewhat confident because we have implemented a BI approach but are not sure that it is working
- We are confident our approach is working
- We are not sure

Represents 203 responses



What can we learn from Moneyball?



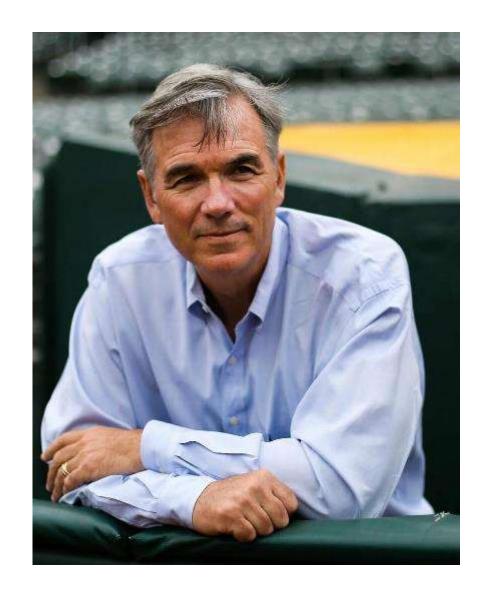
"We need to change the way we think about the game."

Billy Beane Moneyball

- Oakland Athletics -







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The Moneyball Approach

The team's analytical, evidence-based, <u>sabermetric</u> approach (empirical analysis of player performance) to assembling a competitive <u>baseball</u> team despite Oakland's small budget.

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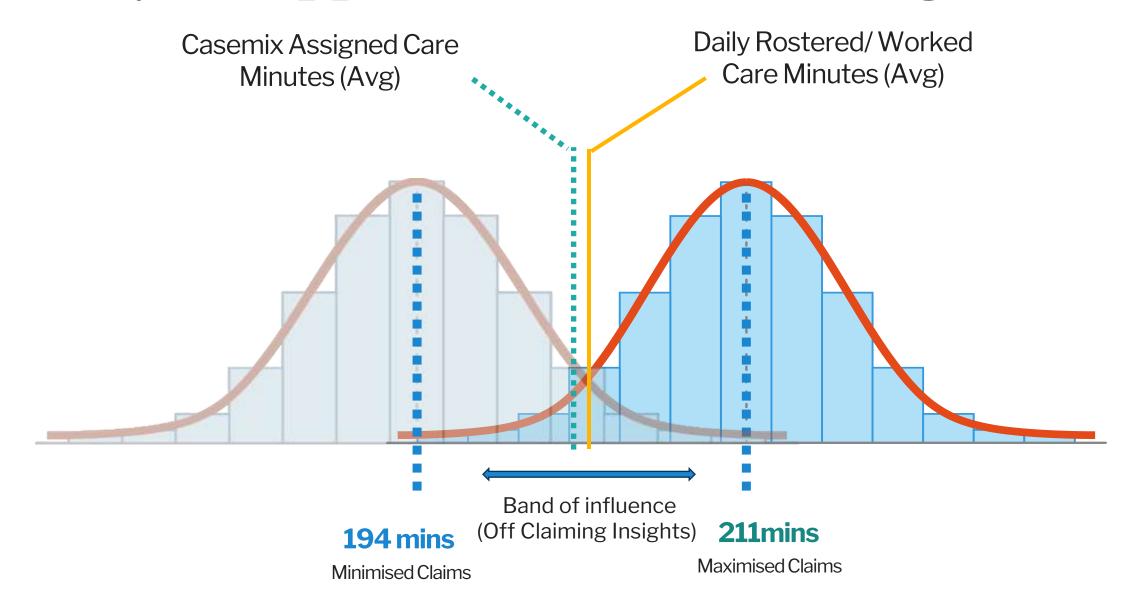
How do we change our game?

- 1. Establish your care time reporting policy & data reporting measurements.
- 2. Be in control of your data, not just report on it.
- 3. Align your roster to your target star rating and occupancy.
- 4. Balance your business with actionable insights & scenarios.

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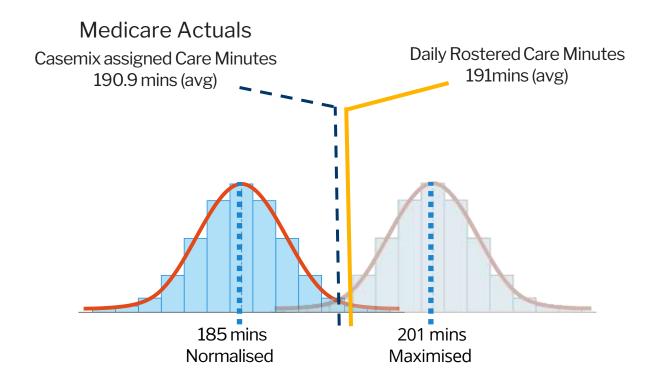
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Moneyball approach: AN-ACC management



Moneyball approach: AN-ACC management





Off Claim Insights

	Care Minutes	
Normalised	Nil Change Residents	Maximised
-74	6209	372
-1.2%		6.0%
5175	Band of Influence	5621

Re-abled	Care Minutes	Income
Consumers	(Negative)	(Negative/day)
4	(74)	(\$84.56)

Deteriorated	Additional Care	Income
Consumers	Minutes	(uplifted/day)
13	372	\$400.07

Minutes	Hours (60Mins)	Daily Shifts (7.5)
446	7.4	1

Moneyball approach: AN-ACC Management M



Scenario Options

Current Medicare Position

Current Claims & Roster			
Care Min. Target	RN Min. Target		
196.76	39.70		
Care Min. Delivered	RN Min. Delivered		
187.30	35.52		
Total % Met	RN % Met		
95.2%	88.8%		
Below (90- <100%)	Below (75 - <100%)		
2 S	tar		
Daily Roster Cost	\$15,818.40		
Daily Subsidy	\$24,891.56		
Annualised Margin 3.31 Million			

Scenario 1				
Reduce Casemix to Limit Roster Need				
Care Min. Target	RN Min. Target			
189.32	38.29			
Care Min. Delivered	RN Min. Delivered			
190.35	38.58			
Total % Met	RN % Met			
100.5%	100.8%			
Meets (100- <105%)	Meets (100 - <115%)			
3 S	tar			
Daily Roster Cost	\$16,216.46			
Daily Subsidy	\$23,923.95			
Annualised Margin	2.81 Million			
-\$498.46				

Scenario 2				
Optimise Claims & Roster				
Care Min. Target RN Min. Target				
204.20	40.54			
Care Min. Delivered	RN Min. Delivered			
192.73	40.95			
Total % Met	RN % Met			
94.4%	101.0%			
Below (90- <100%)	Meets (100 - <115%)			
3 S	tar			
Daily Roster Cost	\$16,526.06			
Daily Subsidy	\$25,871.26			
Annualised Margin	3.41 Million			
	\$99,296 -			

Scer	Scenario 3			
Leave Claims and add PCW				
Care Min. Target RN Min. Target				
196.76	40.00			
Care Min. Delivered	RN Min. Delivered			
206.99	35.52			
Total % Met	RN % Met			
105.2%	88.8%			
Above (105- Below (75 - <115%) <100%)				
3 \$	tar			
Daily Roster Cost	\$17,270.06			
Daily Subsidy	\$24,891.56			
Annualised Margin	2.78 Million			
-\$529,855				



The Moneyball Approach



- AN-ACC Forecasted Assignments: % of consumers with forecasted AN-ACC classifications at a service
- Predicted vs. Achieved Rate: % Success rate of a service's AN-ACC prediction to assigned AMO outcome
- Entitlement Efficiency Rate: % of achieved margin on a services care entitlements

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Our process of unlearning

- AN-ACC is about the known and unknown data points, the empirical analysis of off claim & active claim data.
- The role of an AN-ACC coordinator is about gathering highly accurate data points for the business, not about funding.
- We need to drive collaboration and see our data amongst the typically siloed business divisions across Admissions, Workforce & Funding.

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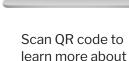


As a sector, we now need to change the way we think about our game.

Let's change the game for your organisation

Mirus Metrics

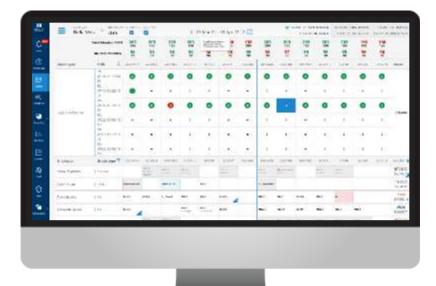




Mirus Metrics



Care Minute Manager



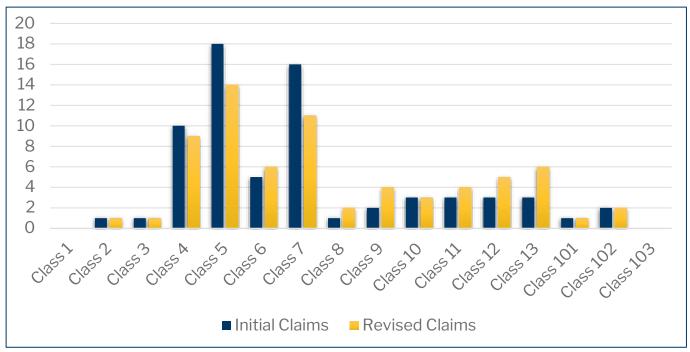
Scan QR code to learn more about Care Minute Manager



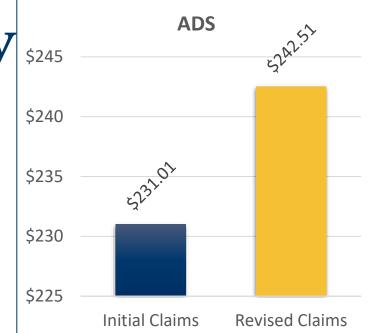


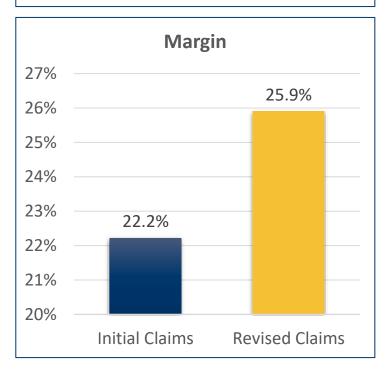
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The balance for sustainability \$245



		Total			
RN	Well below (<90%)	Below (90- <100%)	Meets (100- <105%)	Above (105- <115%)	Well above (>115%)
Well below (below 75%)	*	*	**	**	***
Below (75 - <100%)	**	**	**	***	***
Meets (100 - <115%)	**	***	***	***	****
Above (115 - <125%)	***	***	****	****	****
Well above (>125%)	***	****	****	****	****

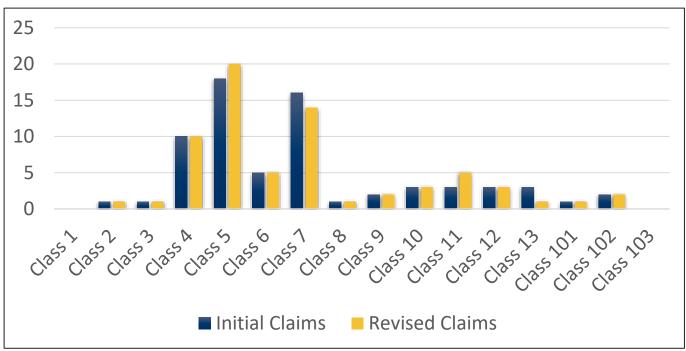




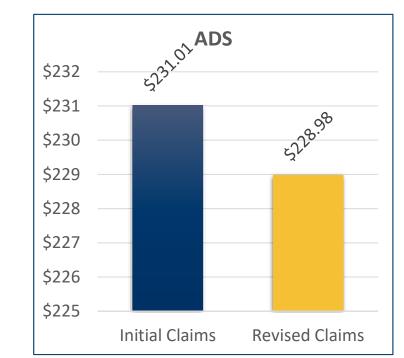


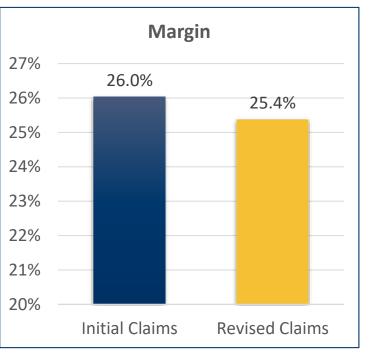


The balance for compliance



		Total			
RN	Well below (<90%)	Below (90- <100%)	Meets (100- <105%)	Above (105- <115%)	Well above (>115%)
Well below (below 75%)	*	*	**	**	***
Below (75 - <100%)	**	**	**	***	***
Meets (100 - <115%)	**	***	黄黄黄	***	***
Above (115 - <125%)	***	***	***	***	***
Well above (>125%)	***	****	***	****	****







[★] Ratings of 3+ will be limited to services that meet their mandatory targets from April 2024

Care						
Reve	enue	Cost				
Subsidy	\$254.00		Care De	elivery	Staff	
	\$254.00		Care Min. Req.	Hours	Hourly Cost	Total
			203	3.38		
		AIN/EN	163.0	2.72	\$55.00	\$149.42
		RN	40	0.67	\$135.00	\$90.00
					\$280,800	\$239.42
			Other C	Clinical	Staff	
		Allied Health	6	0.10	\$45.00	\$4.50
		Lifestyle	5	0.08	\$28.00	\$2.33
		Management	3	0.05	\$55.00	\$2.75
						\$9.58
			Care Related	d Consu	ımables &	
			A	Admin		
		Consumables	umables Misc.		\$2.00	
		Admin	CMS, Roste	ring, Cla	aim mgmt	\$2.50
						\$4.50
Total	\$254.00				Total	\$253.50
				F	Profit margin	\$0.50

RN Cost		
Annual Salary \$200,00		
Super	11%	
Leave	19%	
Insurance	10%	
Total	\$280,000	
Cost per hour	\$135	

AIN/EN Cost			
Annual Salary	\$82,000		
Super	11%		
Leave	19%		
Insurance	10%		
Total	\$114,800		
Cost per hour	\$55		



Accommodation			
Revenue Cost			
Basic Daily Fee	\$60.86	Depreciation & Maintenance	\$48.98
		Catering	\$36.69
Hotelling supplement	\$11.04	Administration	\$15.17
		Cleaning	\$10.21
RAD return + DAP	\$74.52	Utilities	\$7.76
60%	\$44.71	Laundry	\$4.52
		Workcover & education	\$0.91
Supplement + DAC	\$53.00	Other hotel services expense	\$0.10
40%	\$21.20		\$124.34
Total	\$137.81	Total	\$124.34
Profit margin			\$13.47

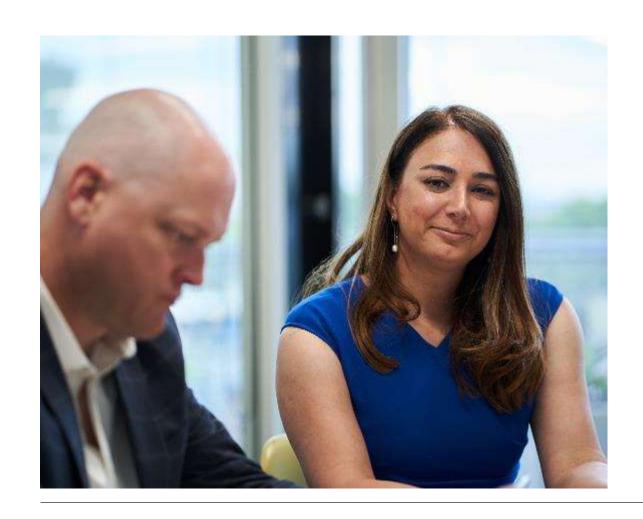




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Client stories



What can you learn from other providers in the sector and what to watch out for.

You need the systems and to be collecting that data. But how do you obtain that data?

Here are some things to watch out for:

- Over or under investing in AN-ACC resourcing
- Developing overly complicated BI platforms
- Not considering data integrity / ISO accreditation
- Having internal resources too focused on lower-level tasks

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Client Stories

Provider has been using a system and focusing on the right data but not enough

- •AN-ACC is a lower risk process due to external assessment and no validation risk
- •Getting the balance right is difficult but AN-ACC lends itself to remote activities
- ·Consider outsourcing some parts of the process to have your team focus on higher order

Provider has been building a system but has got to the point where the data is not reliable

- · Cyber security and data accuracy is a big issue. ISO27001 is a minimum requirement
- Building systems is not cheap or easy and BI platforms are not transactional
- · Vendor systems are built from feedback from many providers insights, not just yours

Provider is only one site and has a manual process that is manageable until things go wrong

- Smaller scale processes (single site) can often hide problems because they can be fixed locally
- Manual process often rely on one key person, data is not secure or cant be analysed

Provider has transitioned all their ACFI staff on site to ANACC and has a multi million dollar salary cost

- There are still many different models being employed for AN-ACC and they are evolving
- Most providers have reduced ACFI resources for multi site have some centralisation
- Technology (data) can create efficiencies and allow central/outsourced solutions

Provider has a team that is managing AN-ACC well but finding they spend most of their time on lower level tasks

- Ensuring you get all of subsidy requires significant diligence and data collection
- Consider automating and even outsourcing lower level tasks to allow your team to focus on higher value tasks.

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Stay tuned for our next webinar



- 29th February 2024
- Topic to be announced

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