

Aged Care Reform: What Clinicians Need to Know About Chronic Oedema Management

Notes from the presentation by Kerryn Tutt | *November 2026*

Australia's aged care reforms are changing how older people access services, how clinical interventions are funded and what providers must demonstrate about the care they deliver.

For clinicians managing chronic oedema and lymphoedema, these changes have direct implications for assessment, treatment, compression therapy and continuity of care.

In this November LES clinical learning feature, Kerryn Tutt, physiotherapist, lymphoedema practitioner and experienced aged care executive, examines the reforms and what they mean for everyday clinical practice.

Her central message is that effective oedema management depends not only on sound clinical reasoning, but also on understanding the aged care system, documenting clinical needs and working collaboratively to ensure recommendations are implemented.

1. Home-based aged care: Understanding access, funding and support

Different programmes, different pathways

Older people living at home may receive services through the Commonwealth Home Support Programme (CHSP) or the newer Support at Home programme.

CHSP provides entry-level assistance, including some allied health services, to help older people maintain their independence. Support at Home provides more coordinated services for people with greater or more complex support needs.

Under Support at Home, access to services is determined through assessment, with funding linked to identified needs and service categories.

However, delays in assessment, funding allocation and service availability can prevent older people from receiving timely intervention.

For people living with chronic oedema, these delays may contribute to worsening swelling, skin changes, reduced mobility and increased risk of complications.

Funding for treatment and compression products

One of the most important distinctions under Support at Home is between clinical services and the equipment required to support treatment.

Eligible clinical supports, including physiotherapy and other approved allied health services, do not attract participant contributions.

Compression garments and other eligible equipment are considered through the separate Assistive Technology and Home Modifications (AT-HM) pathway, where participant contributions may apply.

This means an older person may be able to access funded clinical treatment but still face costs or delays in obtaining recommended compression products.

When care needs change

Older people's health and functional needs can change rapidly. A fall, infection, new wound, worsening mobility or increasing oedema may mean their existing support arrangements are no longer adequate.

Clinicians have an important role in recognising deterioration, documenting the clinical risks and providing evidence to support requests for review or reassessment.

Clinical implications for home-based care

- Identify whether the person is receiving CHSP or Support at Home services.
- Establish which clinical services and compression products are eligible for funding.
- Document how recommended interventions support independence, function and safety.
- Recognise changes in clinical need early and communicate the need for review.
- Work with the person's care partner or provider to ensure recommendations are incorporated into their support plan.

2. Residential aged care: Understanding provider responsibilities

Allied health is an expected component of care

The Residential Care Service List explicitly includes allied health, rehabilitation and therapeutic exercise programmes where required.

These services encompass interventions designed to maintain function and prevent deterioration, as well as time-limited restorative care to improve function.

For clinicians working in residential aged care, this provides an important foundation for demonstrating the contribution of chronic oedema management to residents' health, independence and quality of life.

Oedema management should be considered within the broader context of the resident's function, mobility, skin integrity, comfort and participation in daily activities.

Who pays for compression?

Funding responsibility for compression products in residential aged care requires careful consideration.

Clinical treatment included in a resident's care plan forms part of the provider's care responsibilities. However, some individual-use equipment may involve additional costs for residents.

It is therefore important to clarify responsibility for compression garments, bandaging supplies and other equipment rather than assuming that all compression-related products are automatically funded by the aged care home.

Clinical implications for residential aged care

- Ensure oedema management is incorporated into the resident's care plan.
- Link interventions to maintaining function, preventing deterioration and supporting quality of life.
- Clarify provider responsibilities for treatment, supplies and compression equipment
- Communicate treatment recommendations to nursing staff and other care team members
- Establish arrangements for ongoing monitoring and review.

3. Clinical practice: Responsibilities across both settings

Although funding arrangements and service delivery differ between home-based and residential aged care, the reforms reinforce several common clinical responsibilities.

Compression therapy requires clinical oversight

Kerryn highlights an important concern about the classification of compression garments within assistive technology arrangements.

Although some compression products are classified as low-risk equipment for funding purposes, this should not be confused with their clinical risk.

Older people may have fragile skin, reduced mobility, cognitive impairment, multiple health conditions or difficulty applying and removing garments.

Poorly fitted or incorrectly applied compression can contribute to:

- Skin tears and pressure injuries
- Pain or discomfort
- Ineffective oedema management
- Reduced ankle movement or unstable footwear

- Increased falls risk
- Complications associated with inappropriate compression

Compression management should include appropriate clinical assessment, selection, fitting, education, monitoring and review by suitably qualified practitioners.

Documentation must demonstrate function, risk and outcomes

The strengthened Aged Care Quality Standards place greater emphasis on clinical governance, accountability and evidence that care is meeting the person's needs.

For oedema management, documenting changes in limb volume alone is not sufficient to demonstrate the broader value of intervention.

Clinical records should also describe the impact on:

- Mobility, transfers and falls risk
- Skin integrity and infection risk
- Pain, comfort and footwear
- Participation in daily activities
- Independence and quality of life
- Caregiver assistance and manual handling requirements
- The person's own goals and priorities

These findings support care planning, demonstrate treatment outcomes and provide evidence when additional services or reassessment are required.

Collaboration and early escalation can prevent avoidable deterioration

Effective oedema management depends on communication and collaboration between clinicians, aged care providers, care partners, general practitioners, residents and families.

A clinical assessment has limited value if recommendations are not translated into practical actions.

Care teams need to understand what intervention is required, who is responsible for delivering it, what equipment is needed and when the person's condition should be reviewed.

When needs change, clinicians have an important role in communicating emerging risks and supporting timely action.

Putting the learning into practice

When assessing an older person with chronic oedema or lymphoedema, consider these six questions:

- Care setting: Is the person receiving home-based or residential aged care, and which funding and service arrangements apply?
- Clinical need: Have I documented the impact of oedema on function, independence, skin health and quality of life?
- Compression: Is the recommended compression clinically appropriate, correctly fitted and supported by a monitoring plan?
- Funding: Have I established who is responsible for funding clinical treatment and compression products?
- Care coordination: Does the care team understand the recommendations, responsibilities and review requirements?
- Escalation: If the person's needs are not being met, have I clearly documented the risks and communicated the need for review?

The key message

Aged care reform is changing the framework within which clinicians deliver services, but the fundamental goal remains the same: supporting older people to maintain their health, function, independence and quality of life.

Whether care is delivered at home or in a residential aged care facility, effective chronic oedema management requires clinicians to combine clinical expertise with an understanding of funding arrangements, effective documentation and coordinated care.

Further reading and resources

Australian Government Department of Health, Disability and Ageing

- Support at Home programme
  Information about care pathways, funded services, participant contributions and programme requirements. https://www.health.gov.au/our-work/support-at-home
- Assistive Technology and Home Modifications (AT-HM) List
  Eligible equipment and products, including items relevant to compression therapy. https://www.health.gov.au/resources/publications/assistive-technology-and-home-modifications-list-at-hm-list
- Aged Care Service List
  Services funded under the new framework, including allied health and rehabilitation in residential care. https://www.health.gov.au/resources/publications/guide-to-aged-care-law/chapter-1-introduction/aged-care-service-list
- Aged Care Support Plan Reviews and Reassessments
  Guidance on reviewing support arrangements when clinical needs change. https://www.health.gov.au/our-work/single-assessment-system/needs/reviews-reassessments
- Strengthened Aged Care Quality Standards
  Requirements for safe, person-centred care, clinical governance and service quality. https://www.health.gov.au/resources/publications/strengthened-aged-care-quality-standards

Research and reports

- StewartBrown Aged Care Financial Performance Reports
  Industry benchmarking reports examining financial performance, service utilisation and sustainability across home and residential aged care. https://www.stewartbrown.com.au/aged-care-articles

Additional funding pathways

- Department of Veterans' Affairs: Medical Compression Garments
  Eligibility and prescribing requirements under the Rehabilitation Appliances Program. https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule/medical-compression-garments

Senate Inquiry: Support at Home Programme and the Integrated Assessment Tool

- Professor Kathy Eagar AM presents evidence to the Senate Community Affairs References Committee examining the design of the Support at Home assessment algorithm, its relationship to funding classifications and concerns about how clinical needs are recognised.
  Senate Community Affairs References Committee, Adelaide, 24 August 2026 (Part 2). Watch the Senate hearing on YouTube https://www.youtube.com/watch?v=GYDasiF6rbg&t=36s

Watch the presentation

These notes accompany Kerryn Tutt's two-part presentation exploring the implications of Australia's aged care reforms for clinicians managing chronic oedema and lymphoedema.

Part 1: Home-Based Aged Care

Part 2: Residential Aged Care and Clinical Practice

Watch both presentations on the LES website: *https://lymphoedemaeducation.com.au/2026/11/aged-care-reforms/*

Listen to the accompanying podcast episodes

Maree O'Connor and Kerryn Tutt explore the practical challenges of managing chronic oedema and lymphoedema under Australia's aged care reforms, using two clinical scenarios.
https://lymphoedemaeducation.com.au/2026/11/aged-care-part-1/