

Feedback on the National Disability Insurance Scheme Draft Rules

Presented to Department of Families and
Housing, Community Service and Indigenous
Affairs

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About the APA

The Australian Physiotherapy Association (APA) is the peak body representing the interests of over 13,000 physiotherapists and their patients. APA members are registered with the Physiotherapy Board of Australia, have undertaken to meet the APA Code of Conduct, are expected to use the latest research in practice and often have further and/or specialist qualifications.

The APA sets a high standard for professional competence and behaviour and advocates best practice care for clients. It is our belief that all Australians should have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

Vision

To be a focus of excellence for the global physiotherapy community.

Belief

All Australians should have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

Mission

To evolve into a more member-centric organisation that gives value to members and to support our belief.

Feedback on the National Disability Insurance Scheme Draft Rules

Feedback on the Draft Rules: Rules for Becoming a Participant

General comment

The APA recommends that it should be explicit within the rules that, for children and young people, the International Classification of Functioning, Health and Disability - Children and Youth (ICF-CY) version of the ICF framework should be used to account for changing needs related to the growth and development of a child or young person with disability.

Part 5, Division 2: When is an impairment permanent or likely to be permanent?

Rule 5.6 states that:

An impairment may require medical treatment and assessment before a determination can be made about whether the impairment is irreversible or likely to be irreversible. The impairment is, or is likely to be, permanent only if the impairment does not require further medical assessment or treatment in order for its irreversibility or likely irreversibility to be demonstrated (even though the impairment may continue to be treated and assessed after this has been demonstrated).

The rule is unclear whether assessments of impairments can be performed by allied health professionals such as physiotherapists. It can be inferred from this rule that impairments must be assessed and treated by a medical practitioner, yet it is appropriate for many types of impairment to be assessed and treated by health practitioners other than medical practitioners. For example, physiotherapists are well-qualified to assess and provide treatment and advice for physical impairments such as that resulting from problems with sensorimotor function as well as persistent pain.

Where it is unnecessary, specifically requiring assessment by a medical practitioner can be an additional barrier to access for some people with disability.

The APA strongly recommends that the first sentence in rule 5.6 should be amended to, "An impairment may require medical treatment and assessment *by an appropriate registered health practitioner...*"

Feedback on the Draft Rules: Supports for Participants

General comment

The APA supports the draft rules in several parts where it refers to the principle of funding supports that represent cost-effectiveness, and reduce the cost of funding future and alternative supports in the long term.

Schedule 1: Considerations relating to whether supports are most appropriately funded through the NDIS

Rule 7.5 states that the NDIS will not fund:

- a) the diagnosis and clinical treatment of health conditions, including ongoing or chronic health conditions, or
- b) other activities that aim to improve the health status of Australians, including general practitioner services, medical specialist services, dental care, community nursing, allied health services (including acute and post-acute services), preventive health, care in public and private hospitals and pharmaceuticals; or
- c) funding time-limited, goal-oriented services and therapies:
 - i. where the predominant purpose is treatment directly related to the person's health status; or
 - ii. provided after a recent event, with the aim of improving the person's functional status, including rehabilitation or post-acute care; or
- d) palliative care.

Rule 7.6c states that “*allied health and other therapy directly related to increasing, maintaining or managing a person's functional capacity including occupational therapy, speech therapy and physiotherapy, and specialist behavior interventions (excluding therapies provided for the purposes of rehabilitation)*”.

The APA is highly concerned that the rules are unclear in definitively stating whether or not allied health treatment such as physiotherapy is funded for treating or managing health conditions that are directly related to the disability.

The APA believes that the NDIS should not fund treatment or management of health conditions unrelated to a person's disability.

However, blanket statements such as that stated in rule 7.5a, b, and c create uncertainty as to whether the needs of people with disability can be met. Despite rule 7.6c, as rules 7.5a, b, and c are currently worded, it is unclear whether or not NDIS will fund access to allied health services like physiotherapy that are necessary to treat or manage health conditions related to their disability. For example, the rules are unclear whether the NDIS will fund ongoing monitoring and intervention required for people with disability who are at risk of acquiring spinal scoliosis or are at greater risk of fractures due to osteoporosis.

Furthermore, it is unclear whether the NDIS will fund maintenance programs such as gentle exercises and strengthening programs, which is important to maintain and improve health outcomes for a person with disability who is in a wheelchair.

It is grossly inappropriate for the NDIS to shift responsibility for the funding of allied health services to the Medicare system, through the Chronic Disease Management program, if health conditions are related to a person's disability.

The APA contends that the Chronic Disease Management program does not at present adequately support people with chronic health conditions who require access to multiple allied health professionals, or who require more than five treatments. For example:

- The current funding mechanisms that support multidisciplinary team care limit the ability of people with or at risk of developing chronic diseases to pay for access to adequate levels of health services such as physiotherapy, particularly where co-morbidities exist. Supervised group programs are a cost effective way of preventing and managing many chronic diseases, yet funding restricts the affordability of group sessions for people who would benefit most from these services.
- Current Medicare funding mechanisms do not support health professionals to use their clinical judgement to assess the number and type of interventions required to provide

person-centred team based care. Instead, they are rigid and prescriptive. This severely limits access and thus the opportunity for the provision of health services such as physiotherapy to improve wellness and quality of life for people with disabilities.

- Funding is currently not flexible enough to ensure that people with chronic disease are not denied access to innovative and cost effective treatments, including class-based treatment and self-management education sessions run by skilled health professionals such as physiotherapists.

The APA strongly believes that these issues of access are more pronounced for people with disability who are in dire need of adequate funding to assist them to manage health conditions that are directly related to their disability.

The NDIS is incongruous with its purpose if fails to meet the needs of people with disability requiring access to health services such as physiotherapy by allowing them to fall through the cracks created by shifting responsibility to the Medicare system.

To ensure that a health service is reasonable and necessary to meet the needs of a person with disability, it is strongly suggested that the rules can reflect statements that identify that an assessment or recommendation by an appropriate health professional is necessary to satisfy the Agency that the service is reasonable and necessary.

Feedback on the Draft Rules: Rules for Registered Providers of Supports

General comment

The APA believes that the Agency should be required to build links and work with other government agencies, rather than rely solely on Registered Providers of Supports to notify the Agency if they have been subject to complaints and recording of adverse outcomes.

To reduce bureaucratic duplication and inefficiencies, the Agency should as far as possible use existing information from other government agencies when assessing the suitability of an entity to be a Registered Provider of Supports.