The Royal Australasian College of Physicians

National Disability Insurance Scheme Session

Chairs:

- *Dr Jacqueline Small*
- *Dr Steve de Graaff*

Speakers:

- Mary Hawkins
- Associate Professor Robyn Wallace
- Dr Nigel Stewart
- Dr Michael Bennett

The NDIS and ordinary life

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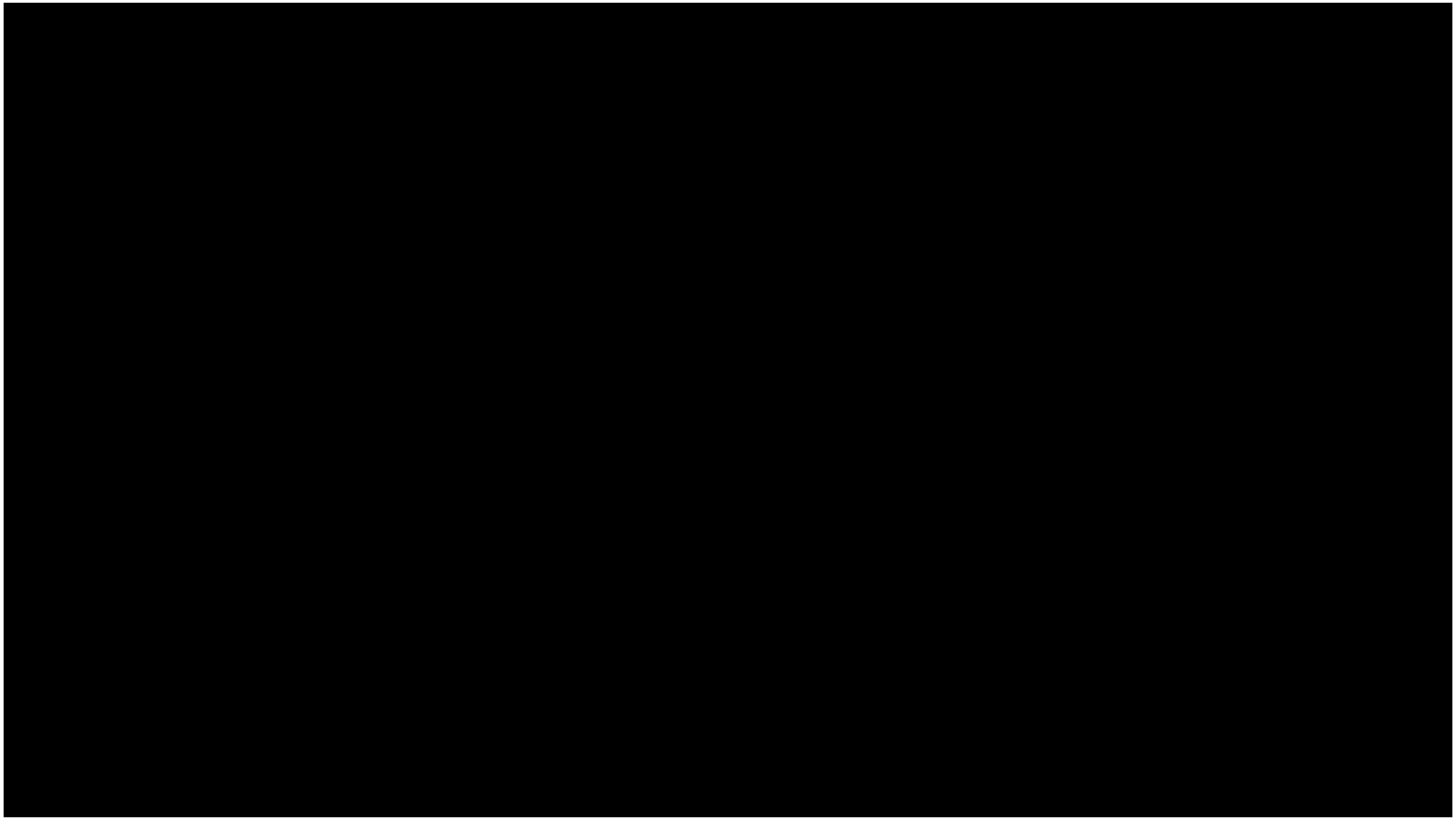


NDIS Rollout to Full Scheme

MARY HAWKINS

NDIA

May 2016

ndis.gov.au

What is the NDIS?

- The National Disability Insurance Scheme is often referred to as the NDIS.
- It’s a new way of providing care and support to people with disability.
- The NDIS supports people with disability to participate in and contribute to their community.
- It provides certainty that people with disability will receive the care and support they need over their lifetime.

NDIS principles

- People with disability have the same right as other members of the community to realise their potential
- People with disability, their families and carers should have certainty they will receive the care and support they need
- People with disability should be supported to exercise choice in the pursuit of their goals and the planning and delivery of their supports
- The role of families and carers in the lives of people with disability is to be acknowledged and respected

How things are changing

Feature	Former system	NDIS
Access criteria	Varies from state to state	Nationally consistent as set out in legislation
Choice and control	Varies from state to state - most people have little say over the supports they receive	Individual has control over the type and mix of supports, delivery and how their funding is managed
Level of assistance	Capped – people may be eligible but may spend years on waiting lists	Demand driven – people with disability get the support they need, when they need it, to make progress towards their goals
Funding	Multiple programs within and across governments	Single pool of government funding administered by NDIA

The roll out of the NDIS in Australia

- The NDIS will be made available progressively across Australia over the next three years.

- Different arrangements apply in each State e.g. the first groups transitioning to NDIS in NSW are those from the current NSW Government programs - people living in large residential centres, group homes, hostels and those receiving high level in-home support.

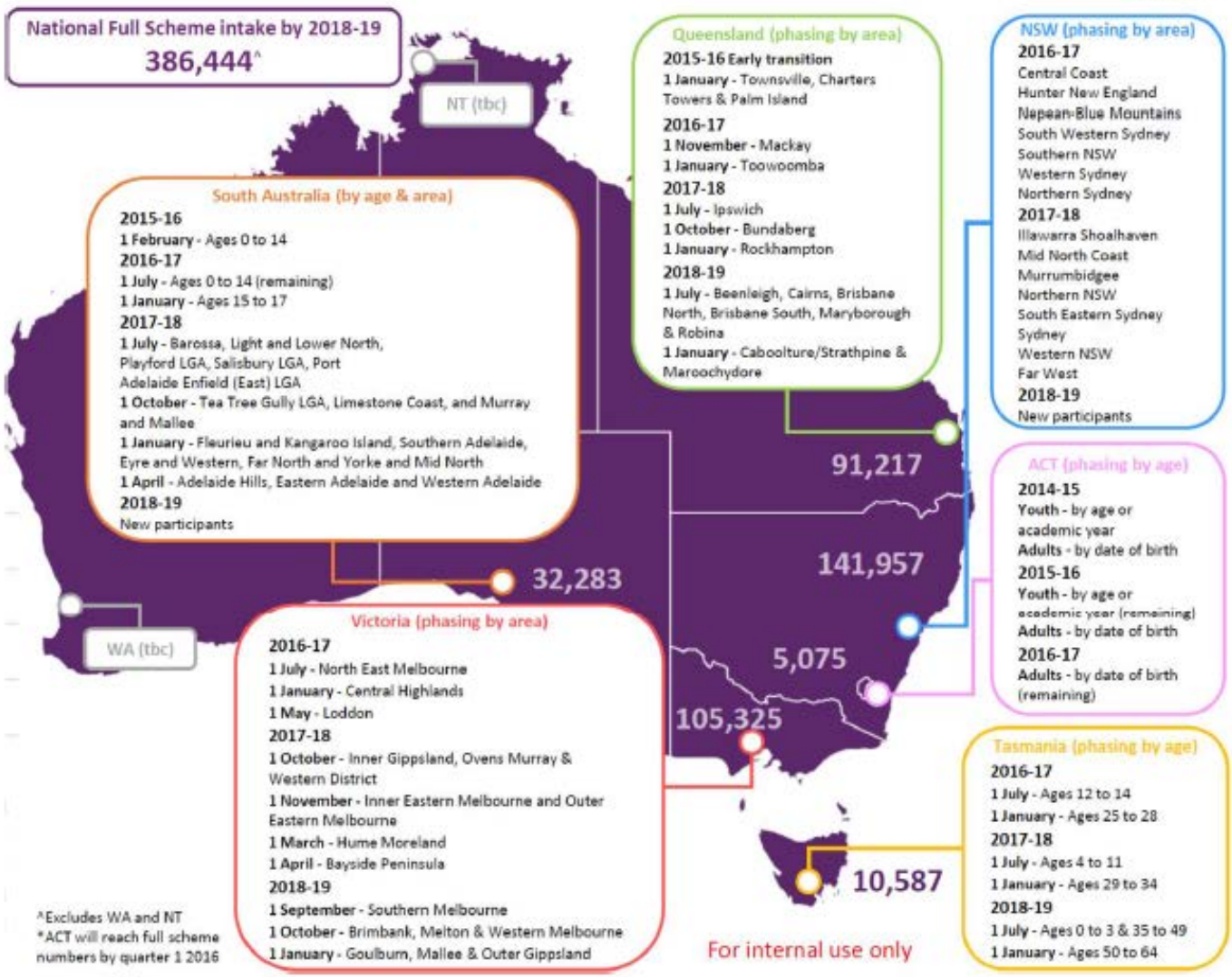
- By July 2019, it is estimated that 460000 people will transition to the NDIS.

- In SA the roll out is first by age group up to 17 years (June 2017) followed by regional transitions to June 2018

- Importantly State/Territory Government funded clients transition ahead of new participants

NDIS Full Scheme roll out

March 2016



Accessing the NDIS

- People with disability who meet the access requirements will become participants
- People with disability enter the NDIS through multiple channels
- There will be a gradual intake of participants around Australia

Disability requirements

To access assistance from the NDIS a person must have permanent disability which has a significant impact on everyday life and on their ability to participate in the community, and will mean they will need ongoing supports.

Early intervention requirements

Early intervention is for both children and adults.

To meet the early intervention requirements a person must have an impairment that is, *or is likely to be*, permanent.

AND

There is evidence that receiving supports now (early interventions) will help:

- Reduce the level of support needed, now and in the future **OR**
- Assist their family and carer to keep providing support

Early Childhood
Early Intervention Approach

- Will help children with developmental delay or disability and their families achieve better long-term outcomes through support services in their local community, regardless of diagnosis.

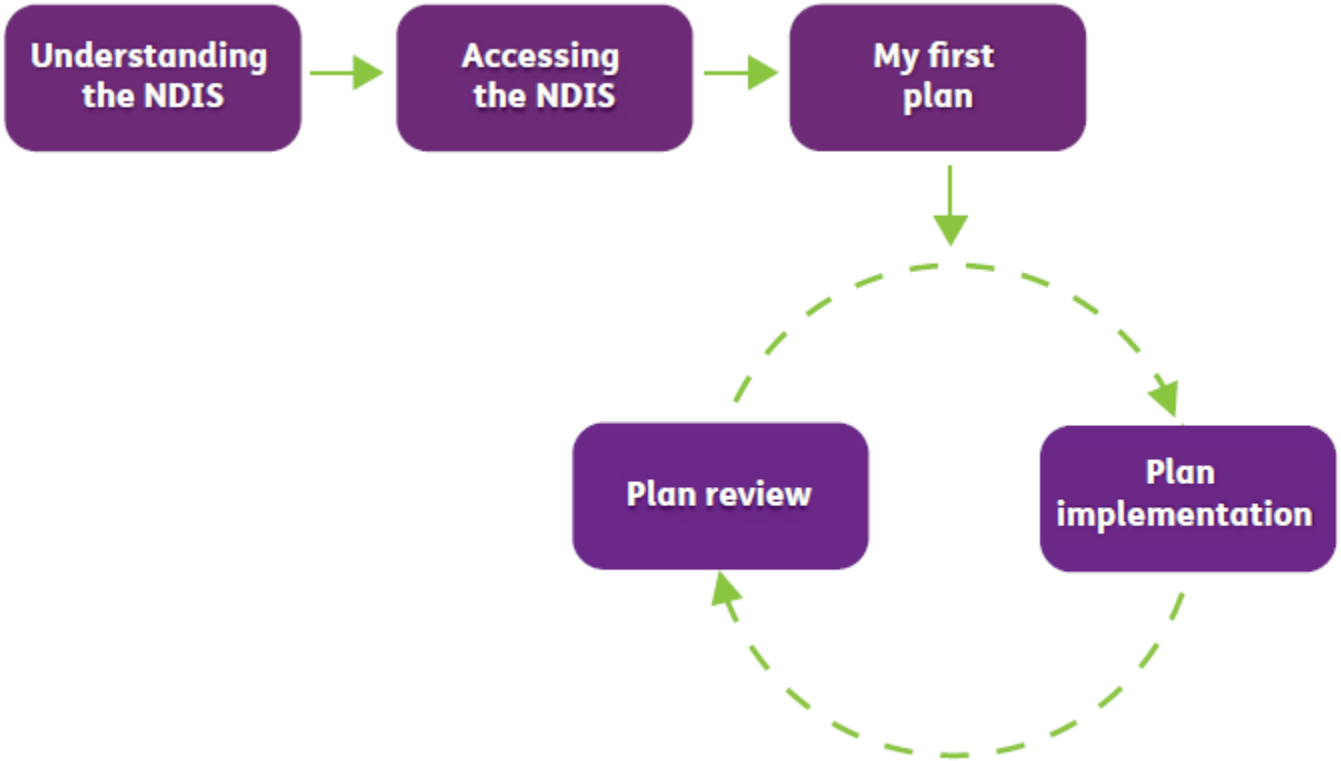
- Provide timely, comprehensive and well-integrated early intervention support for children and their families.

- Families will work with existing early childhood intervention service providers, who will act as an NDIS access partner.

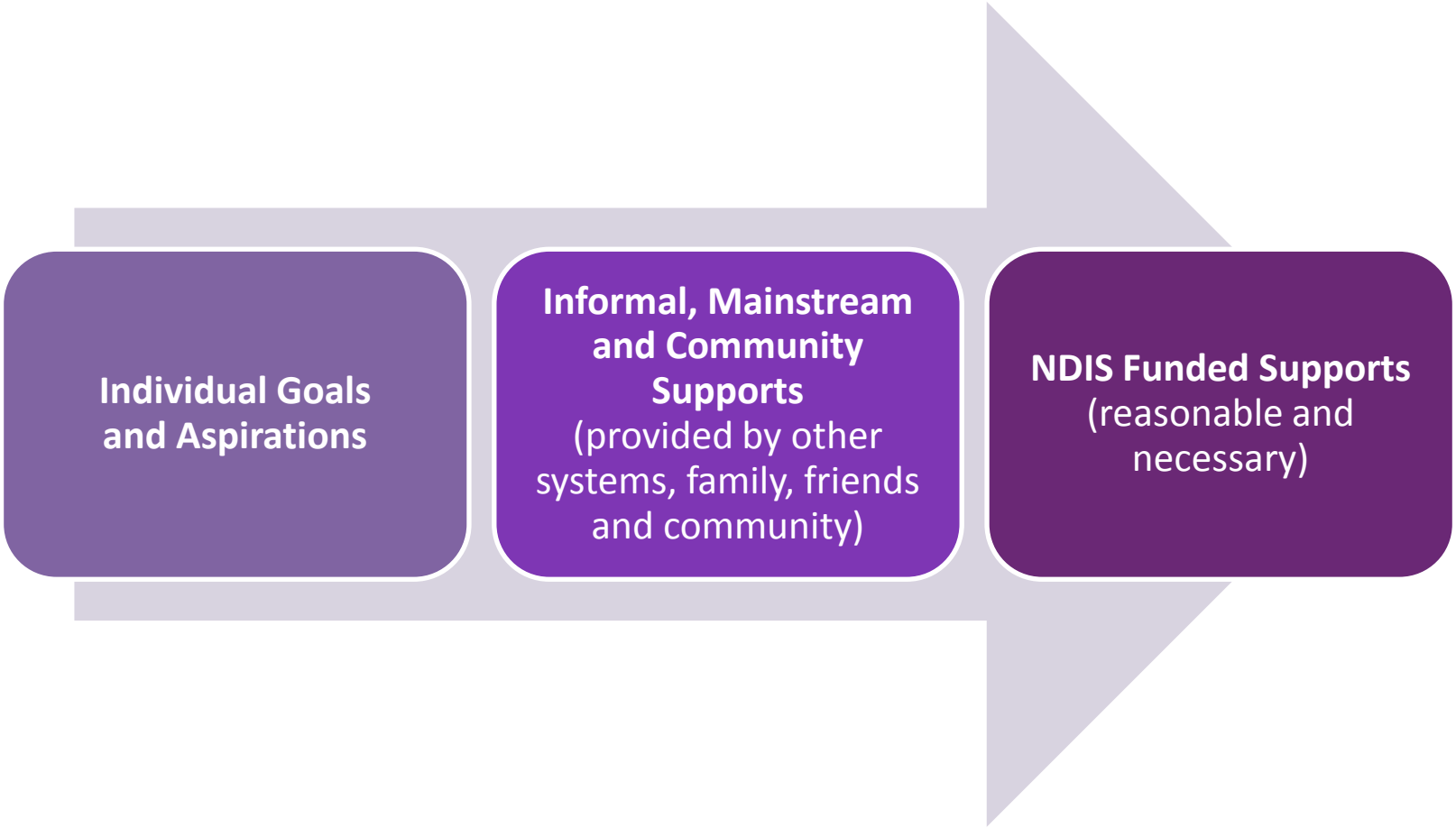
- Currently being implemented in Nepean Blue Mountains for children under six.

- The approach will be rolled out nationally in line with Bilateral Agreements.

Participant Pathway



NDIS plans are individual



Funded supports

Funded supports must:

- Assist the participant to **pursue the goals objectives and aspirations**
- Assist the participant's **social and economic participation**
- Represent **value for money**
- Be, or likely to be, **effective and beneficial** for the participant
- Takes into account of what is **reasonable to expect families, carers, informal networks** and the community to provide
- Be **appropriate for the NDIS to fund** or provide

What NDIS will not fund supports:

- Not related to the participant's disability
- Related to day to day living costs
- Likely to cause harm to the participant or others

NDIS and the Health System

The NDIS will fund supports that help a participant to manage ongoing functional impairment that results from their disability, which includes:

- Supports that enable participants to undertake activities of daily living
- Non-clinical supports
- Aids and equipment
- Some exceptions – nursing care that is integrally linked to care and support

The Health System is responsible for assisting participants with clinical and medical treatment:

- Diagnosis and clinical treatment of health conditions (including ongoing or chronic)
- All supports directly related to maintaining or improving health status
- Rehabilitation and support after a medical or surgical event
- Medications and pharmaceuticals

Local Area Coordination

- Local Area Coordinators (LACs) will support participants and their families to join in and contribute to the life of their community and assist with the planning process, plan implementation and community participation.
- The NDIA has partnered with different organisations in different States to deliver NSW LAC services during transition from January 2016 – 30 June 2018.
- LACs will support participants through all steps on the pathway, except access.
- LACs will assist most participants transition to the NDIS, except where NDIA staff deliver this service directly for clients with complex needs.
- Most participants will also have an LAC assist with plan implementation, others may need more frequent and funded support coordination.

What happens next?

- This is the start of an important journey.
- The Commonwealth and State and Territory governments and the NDIA are working together to roll out the NDIS.
- People currently receiving government services will continue to receive them until they start their NDIS plan.
- The Commonwealth and State governments and the other organisations helping to deliver the NDIS will contact people transitioning to the NDIS with more information specific to them.

Questions?

Visit: www.ndis.gov.au/NSW
Phone: 1800 800 110
Email: enquiries@ndis.gov.au

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National Disability Insurance Scheme, adult participants with intellectual disability, adult physicians, hospital and health

Clinical Associate Professor Robyn A Wallace
BSc (Hons),DipEd,MSc,MBBS,FRACP,PhD,FAFRM
SHAID* Clinic, Calvary Hospital, Hobart, Tasmania
**Specialised Healthcare for Adults with Intellectual Disability*

The Problem- Death by Indifference

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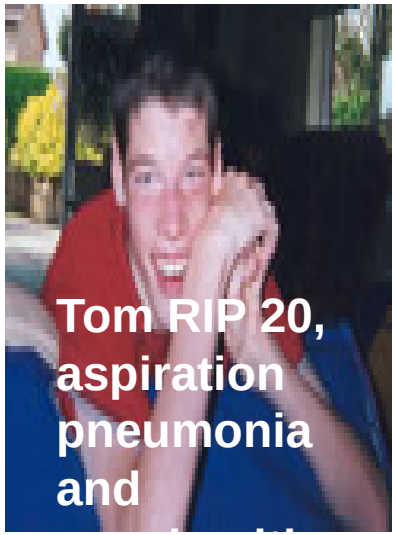

from Mencap Report

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NDIS operational guidelines on health

Core NDIS for adult participants with intellectual disability: Goals and aspirations of the individual re accommodation, respite, home mods, life skills, further education, day service, open or supported employment, community access, activities of daily living

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Operational guidelines - planning and assessment - supports in the plan-interface with health

Yes, fundable in NDIS plan

- Maintenance support from support workers while accessing health services (including hospitals) when that support relates to the participant's general and usual functional impairment
- Help with transport, making appts
- Support from allied health professionals for specialised tasks not able to be undertaken by support worker and related to usual functional impairment
- Training of NDIS funded support staff by nurses or allied health professional on a participant's individual needs

No, not fundable in NDIS plan

- Payment to health professionals for provision of acute, sub acute, post acute and chronic healthcare, including rehabilitation, preventive care
- Health funds, medications, temporary aids, dental care

First proposal

What adult patients with intellectual disability, in particular NDIS participants, and their carers, families, support services can reasonably expect from their adult health systems and adult RACP clinicians

Disability expectations of health

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- the presence of a specialised health service for adults with intellectual disability by physicians
  - knowledgeable about biopsychosocial setting
  - outpatients and consultation to colleagues' patients
  - willingness to make reasonable adjustments to usual
  - education, point of communication with disability, within generic services
- robust and embedded disability awareness
- knowledge about the NDIS, how to engage, sort out health logistics
- a commitment with work with NDIS participant's/patient's family and funded support workers on health
- hospital policies, procedures, physical, attitudinal barriers, quality assurance, complaints, consent, accreditation wrt disability values, be fiscally responsible for the health services not funded by NDIS/optimise current resources, act on the urgency of the requirement

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Second proposal

What the RACP adult clinicians and hospital systems can reasonably expect from the disability sector, the person's NDIS funded support services, in order to provide optimal healthcare for NDIS participants

Health expectations of disability

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- accept the relevance of health to facilitation of NDIS participant to participate in mainstream services and activities
- understand the algorithm of health assessment -history about the person, skills, communication behaviour, home, work, what went on leading to the event, the back ground medical history, medications, allergies, social history, presenting complaint, examination, tests, making diagnoses and management plans and reviews
- accept that the presence of even mild intellectual disability can very much impair the ability to provide optimal medical care by doctors
- acknowledge fundamental importance of the role of usual disability support in successful healthcare provision and access, and fund this
- organised, motivated and willing with respect to at home healthcare, emergency health plan, quality assurance, accreditation,
- be prepared to show graded assertiveness
- work with health to sort out NDIS-health engagement and planning

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Third proposal

A mechanism for NDIA and RACP engagement
big picture, small picture

NDIA-RACP Big picture

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- start relationship between NDIA and a body of RACP clinicians: national, state level, regional, local level involving National Disability Services and consumer bodies..ongoing...
- conceptual agreement comprising acknowledgement and support the role for each body plays in contributing the best outcome in life for the NDIS participant
- health seeking advice on disability values and how to teach, and incorporate them in hospital policies and protocols
- NDIA-RACP standards on health accreditations for service providers, and disability accreditation for hospitals, RACP training programs, policies
- refine draft proposals of expectations from each other
- common commitment for integrity on funding allocation and accepting fair share of responsibility

NDIA-RACP Small picture

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- NDIS guide for physicians
- working out a process of how we talk and work- NDIS participant, their planner and physician
    - how does the adult clinician communicate with their patient's NDIS planner on anticipated relevant health issues for their patients who require health support because of their communication or behavioural problems
    - consideration of an automatic section on "health supports" in every individual NDIS participant planning process
    - a individual hospital resources to assist with disability supports requirement, and checklist for what disability supports should be able to expect
    - ensure resources not duplicated

Thank you

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NDIS in a land area three times the size of Britain

Dr Nigel Stewart

Approximate distance & drive times from Adelaide	kms	hrs/mins
Baird Bay	720	8:30
Cape Jervis	107	1:30
Ceduna	773	8:45
Clare	135	1:50
Coober Pedy	842	10:00
Hahndorf	26	0:30
McLaren Vale	40	0:40
Mannum	85	1:25
Mount Gambier via Hwy One	405	5:06
Murray Bridge	76	1:00
Naracoorte	340	4:00
Penola/Coonawarra	385	4:30
Port Augusta	304	3:28
Port Lincoln	645	7:38
Renmark	254	3:06
Robe	335	3:40
Tanunda	70	1:00
Victor Harbor	80	1:20
Wallaroo	159	2:00
Whyalla	378	4:30
Wilpena Pound	453	5:08

My Community

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- SA. 900,000 sq mms. My region 85-90%
- ~ 100,000 people
- ~28% less than 15
- Strong Aboriginal peoples
- Industrial
- Agriculture
- Pastoral

My Support

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- Family
- Great nurses and secretarial teams
- 3 other paeds
- 2 registrars
- Support from local and regional admin
- University support
- Community

Developmental/Behavioural

- ☺☐Recognition of CP, speech, sensory, and intellectual
- 👍 Foetal alcohol syndrome
- 👍 ? ADHD
- 👍 ?autism

Services

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- 5 YEARS AGO
- Physio/ speech/OT/dietician/social work
- Childhood health teams
- Early intervention
- 1x private Ed psychologist
- Minimal private
- CDU/NOVITA/ad hoc specialist services
- Co- ordinated care, standardized at a minimum level.

EDUCATIONAL

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- Disability co-ordinator
- Guidance officers
- Behavioural advisors
- Consultative speech
- CAMHS
- Local workers/ child psychiatry

- Families SA

Currently

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- Limited child health-initial assessments, await NDIA
- Private speech x7, 1 psyche, others growing
- Limited CDU
- 👍 specialist services, NOVITA weekly
- EDUCATION
- 😂Re- organized and reduced- again!
- CAMHS
- 😢New model of care, again! Narrower focus of service, more short term

NDIA

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- 0-13 trial
- Early intervention/ functional assessment.....diagnosis
- Adelaide based- as my state is
- Planning/ co-ordination/ services
- Client centered/ parent centered
- 6+ months planning,3-6 months services □
- 💰price, bands,high floor price
- Relentless review, be autocratic, sorry beaurocratic
- Inexperienced
- ☹ No professional partnership/ input
- 🐱destroyed co-ordination
- 😢blaming professionals

NDIA Issues

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- 👍Improving throughput
- 👍Improving professional/ parental communication and coordination
- 👍address cost issues
- 👍State abdicating responsibility
- 👍increase professional expertise and access within NDIA
- 👍incorporate multi-D, use case conferencing
- ☺☺ professional reference group
- ☹improve access and options for disadvantaged

The future

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- Make NDIA work- expertise, money

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Dr Michael Bennett
Rehabilitation Physician
Barwon Health Geelong

Building the plane whilst flying it: Barwon Health/McKellar Centre's test flight of the NDIS

Outline

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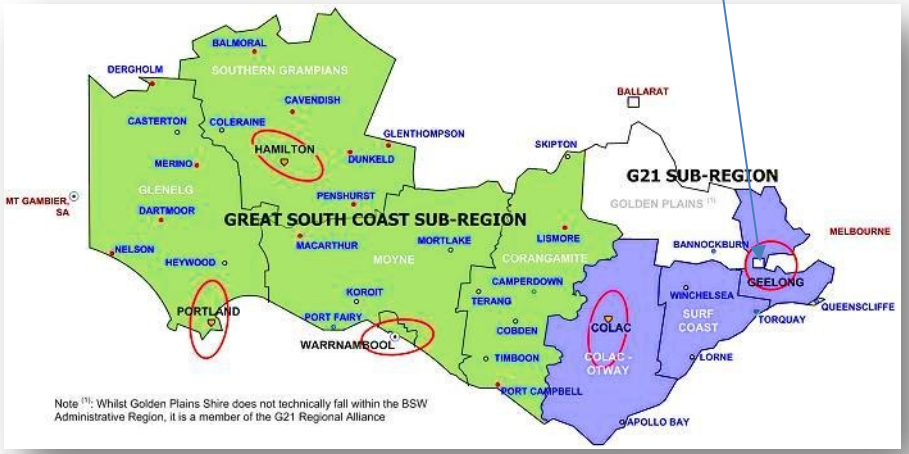
- Key issues arising during our trial period
  - For the service
  - For the client
- Inpatient pathway and advice


MILDURA
NEW SOUTH WALES
MURRAY-SUNSET NP
OUYEN
SWAN HILL
0 50km
WAGGA WAGGA
CANBERRA
ACT
WYPERFELD NP
KERANG
MURRAY RIVER
ALBURY
BIG DESERT WILDERNESS
Victoria
ECHUCA
WANGARATTA
WODONGA
CORRYONG
SOUTH AUSTRALIA
NHILL
SHEPPARTON
BENALLA
BRIGHT
MT BOGONG (1986 M)
LITTLE DESERT NP
HORSHAM
BENDIGO
ALPINE NP
ERRINUNDRA NP
GRAMPIANS NP
CASTLEMAINE
SEYMOUR
ALPINE NP
OMEO
DAYLESFORD
LEILDON
RANGE
BALLARAT
GREAT
DIVIDING
MALLACOOTA
MT GAMBIER
HAMILTON
MELBOURNE
BAIRNSDALE
ORBOST
LOWER GLENELG NP
GEELONG
WALHALLA
SALE
MOE
TRARALGON
CROAJINGOLONG NP
WARRNAMBOOL
GIPPSLAND
PORTLAND
LORNE
PHILLIP IS
FOSTER
TASMAN SEA
PORT CAMPBELL NP
APOLLO BAY
BASS STRAIT
TIDAL RIVER
WILSONS PROMONTORY NP
Victoria


BALMORAL
DERGHOLM
SOUTHERN GRAMPIANS
CAVENDISH
BALLARAT
CASTERTON
COLERAINE
GLENTHOMPSON
SKIPTON
HAMILTON
DUNKELD
MERINO
G21 SUB-REGION
GLENELG
PENSHURST
MT GAMBIER, SA
GOLDEN PLAINS [1]
DARTMOOR
GREAT SOUTH COAST SUB-REGION
MELBOURNE
NELSON
MACARTHUR
MORTLAKE
LISMORE
BANNOCKBURN
HEYWOOD
MOYNE
CORANGAMITE
KOROIT
CAMPERDOWN
GEELONG
TERANG
WINCHELSEA
QUEENSCLIFFE
PORTLAND
SURF COAST
TORQUAY
PORT FAIRY
COBDEN
COLAC
WARRNAMBOOL
TIMBOON
COLAC - OTWAY
LORNE
PORT CAMPBELL
APOLLO BAY
Note [1]: Whilst Golden Plains Shire does not technically fall within the BSW Administrative Region, it is a member of the G21 Regional Alliance


OFFICIAL AFL
GEELONG
CATS

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100 Subacute beds

Neuro, trauma, orthopaedic, GEM, amputee, palliative care

Majority/3rd world case study (?)
-sabbatical 3 years ago

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- 32yo man with moderately severe ABI
- 3 weeks acute care/rehab
- Discharged after 3 weeks to family - PEG tube, IDC, 2 person heavy transfer, living in small unit up 3 flights of stairs
- Minimal assist from local nurses
- Family expected to hire cheap unskilled labor to provide care


1468
The Mount Sinai Medical Center
The Mount Sinai Medical Center
1468
© Splash News

NDIS client Geelong

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- Quadriparetic MS, 40yo, home alone
- 2 Carers 5x/day +prn for toiletting
- Respite
- Holiday
- Hydrotherapy
- Taxi transport
- Ceiling tracking hoist etc etc

Universal access to assistance for people with disability is to be valued, lauded and supported !

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NDIS/NDIA

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- Launched July 2013
  - Launch period to June 30 2016
- 4 initial sites
  - **Barwon – under 65yo**
  - Hunter area NSW- under 65yo
  - Tasmania – 15-24yo
  - SA – under 6yo

Key issues from our experience

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- Trust
- Time
- Talking (Communication)

Trust

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Trust

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- Prognosticating
- Planning
- Providing/Paying

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Prognosticating

When is it '***permanent***'

When is it '***significant***'

- *'How do we know what residual deficit, if any, someone with stroke will have – get back to us in about 12 months when we know it's 'permanent'*
- Ditto for MS, Guillain Barre
  - I'm assured this has been rectified, but prognostication by the caring team can still be a contested issue

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Planning

- Skilled and experienced allied health will be planning not only for now but the future - which may ultimately save costs and certainly help adaptation
    - NDIS currently planning '*for current needs*'

Trust

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Providing/Paying

- Wisdom of Solomon to decide what is ‘reasonable’ and ‘necessary’ uninfluenced by cost
- Long term provision may ultimately save costs
- Expertise of providers
  - Support coordinators - variable knowledge of disability?
  - Private allied health ? not neuro trained
- Appeals process - same person!

Time

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Time

- 28 days from application to acceptance decision (average LOS stroke rehab = 30 days)
- Writing up of care plan
- Approval of care plan
- Possibly contesting costs of care plan
    - *'Please quote for cheaper taps/tiles'*
- Costing decisions bounce b/w SWEP and NDIS
- Hiring and training carers
- For outpatients, rehab staff have the skill for planning but is it their 'job' or NDIA's?

Talking

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Talking (communication)

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- Client likely to have private allied health, public allied health, support coordinator, many other health care professionals
- Need named contact in NDIA asap
- NDIA prefers to liaise directly with client

Talking (communication)

- Advocacy
  - Need good IT skills for online information
  - Client and carers/family need good health literacy and a knowledge of all options, not just those offered
  - NDIA not paying for advocates

Inpatient pathway

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Guide to typical pathway for ***inpatient***

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- Minimum of 28 days from ***application*** to decision if accepted or not
  - **Advice – start early!**
- If ***accepted***, support co-ordinator should be appointed for that patient
  - **Advice – ensure you have a named contact!**
    - **Consider named contact for health service**
  - **Support co-ordinator will meet with pt/family to set *goals***
  - **Advice – suggest that staff assist with goal setting**

Guide to typical pathway for ***inpatient***

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- NDIS will then ask for a ***care plan*** from treating team/allied health eg care hours, equipment needs, home mods
  - **Advice – develop a proforma for this for your service asap – it is very time consuming**
    - Early home/site visit to flag necessary home mods

Guide to typical pathway for ***inpatient***

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- NDIS may then question aspects of care plan, particularly equipment needs and mods costing
  - Our OT's have been increasingly asked to not only review costings, but to quote for 'cheaper tiles', 'cheaper taps' etc – meaning OT's spend hours doing building costings and quotes

Guide to typical pathway for ***inpatient***

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- If/when care plan/equipment needs/home mods are agreed to, mods need to be implemented, carers hired, carers trained, equipment sourced
  - Experience –
    - Recruiting and training carers can be difficult and time consuming
    - Extensive home mods can be very time consuming
    - The ‘rehab’ may well come to an end before carers or mods are in place
    - Where does the client go while they wait for carers/housing?

Issues affecting inpatient/neuro rehab clientele

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- Where does the young person go, if anywhere, in the interim?
  - NDIS won't pay for interim accommodation
  - Transitional care programmes are wary of accepting without a defined discharge destination, particularly if new eg wheelchair accessible accommodation is being sought in the community
  - If interim residential care is found, usually in a NH type environment, can the NDIS be relied upon to continue to work to get that person out of residential care?

Issues affecting inpatient/neuro rehab clientele

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- Experience of Hunter service NSW
  - Young person admitted to resi care with assurance of move to community later – ultimately that commitment was withdrawn.
  - So Hunter keep all their NDIS pt's in rehab until the plan is seen to fruition, including equipment provision, meaning their LOS for NDIS stroke was 160 days (cf. benchmark 30)

The Perils of Building a Plane While Flying It

And they are all too often accustomed to being first on board, last off and……

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Having no choice but to take a leap of faith in the ‘system’

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Thank you

Panel Discussion – Questions Welcome