



ON THE ROAD TO IMPROVEMENT

Next year, the National Disability Insurance Scheme will be rolled out across the country. To ready the APA membership, the incoming system will be the focus of this month's APA Free Member Webinar. Here, **Michael Tarquinio** speaks to two APA members involved with the scheme, as well as sourcing the perspective from the National Disability Insurance Agency.

APA Neurological Physiotherapist Debbie Douglas' experiences with the National Disability Insurance Scheme (NDIS) are unique to say the least.

A physiotherapist of 24 years, her interaction with the incoming scheme is not solely limited to that of a care provider. Instead, she has experienced the system's implications from a consumer perspective after her son, who has Asperger's syndrome and anxiety, was granted funding for treatment.

'The NDIA [National Disability Insurance Agency] case manager could see straight away that I was a very busy, single mum, so I was allocated funds to hire a life coach to work with my son to facilitate his independence and allow him to lead a more age-appropriate lifestyle,' she says.

When one considers that there were no health provisions for people with Asperger's syndrome before the introduction of the NDIS, it is little wonder that Debbie endorses the scheme as a 'tremendous opportunity to allow people with a disability to access the clinical therapies and support structures that they need'.

In a professional sense, the NDIS has also had a significant impact on the trajectory of Debbie's career. Despite her practice, Active Recovery, not having any previous relationship with Disability ACT, and only having experience in the disability space through the treatment of paying clients, they were eager to get involved with the scheme at the first opportunity.

'It was a no brainer ... we were already treating a number of people with disability, so it just opened the door to give more professional help to people in the system who are already receiving quasi-therapy,' she says. 'For example, we had patients going to hydrotherapy with their carers without a program ... so the NDIS has really allowed us to give more in-depth

assessments, conduct quality screenings, and ensure that the programs and therapy that people with disabilities are undertaking are specific, individualised and effective.'

One of the NDIS's core ambitions was to broaden the cross-section of people eligible to receive various forms of necessary care—an aspiration that Debbie asserts has been a success from her perspective.

'We had quite a number of people in our community that, until this time, for one reason or another, hadn't been eligible for therapy at all. So far, I've probably had approximately 10 clients who've come in through the NDIS,' she says.

'Specifically, I've noticed a number of people with multiple sclerosis come in for treatment, as they are now eligible. From a neurology point of view, these types of referrals are exciting. They have tremendous potential ... any services that they've had previously have been poorly coordinated and, often, they have just been neglected and they don't even know.'

While Debbie champions the philosophy underpinning the scheme, specifically highlighting its ambition to have each client's body of care encapsulated in a single plan, she does comment that it needs to be 'more responsive' and 'user-friendly'.

'Right now, from a physiotherapy point of view, we need to know what reporting requirements the NDIA has,' she says. 'At the moment, it appears they have nothing.

'Somewhere on their website it says that they require feedback on the patient outcomes, but we have no idea what format that needs to take.

'As health professionals, we need to know how to streamline a request that's fairly urgent, and there is no process for that. So if someone is at high risk due to recurrent falls and a physio needs to get a splint



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approved quickly, there is currently no way of fast-tracking it apart from putting a big red-flag on your email.'

Despite this timeliness issue, Debbie says that when she has dealt personally with the NDIA, they have been 'extremely positive' and supportive of the direction of her treatment approach.

'Thus far I have not had one single treatment request that I thought was reasonable or necessary knocked back by the agency,' she says. 'They have been really responsive to my treatment as well as my eagerness to get in touch with other service providers to deliver a coordinated approach to patients.'

Considering the NDIS more broadly, Debbie ponders whether the physiotherapy profession has been a bit slow in responding to its introduction. Consequently, she highlights the need for physiotherapists involved in disability care to seek each other out and draw on each other's experiences.

'We are all a little isolated in this process,' she says. 'Part of the problem is we don't

really know too much about how other physios are getting on with the scheme. 'It's one of those things ... we're all so busy, it's hard to organise that extra bit of time to liaise and share information.'

One APA member who has been extremely generous in sharing her experiences is Kelly Reynolds, who will elaborate on her involvement with the scheme during this month's webinar.

Kelly has been involved in the NDIS for two years, and echoes many of Debbie's experiences. With her Geelong-based paediatric private practice being one of the first sites to transition to the scheme, particularly due to its existing interest in childhood disability and its multidisciplinary structure, Kelly is well-acquainted with the system's positives and negatives.

'The biggest challenge for us has been the continual change,' she says. 'In some ways it's a positive thing because the NDIA are responding to feedback and there is this philosophy of continuous improvement, but, at the moment, it means that you need to be constantly aware of the changes and how they impact on your business.

'So you are continually attending forums and meetings; it takes a lot of time understanding the NDIA and their processes and administration.'

Kelly nominates communication between the NDIA and health professionals as a key area requiring improvement, referring to the current process as a 'closed door approach from the agency'. She says that, possibly as a result of this relationship, there appears to be a degree of apprehension among the physiotherapy profession in regards to the national roll-out and what it will entail.

'Sentiments vary a bit depending on the organisation,' she says. 'We are a fairly small, autonomous practice, and I think that has facilitated an easier transition.

'Whereas, people who work for some of the large disability agencies have found it much harder because they get directives from their managers, and it's harder to navigate through the system when they don't have that level of control or sense of understanding of what they are doing.'

Kelly says that despite health professionals' trepidations and frustrations with the NDIA's processes, the scheme is an 'incredible step forward' and great outcomes have already been achieved.

'There is currently a lot of negativity, apprehension and uncertainty towards the administration of the NDIS but I think it's an overwhelmingly positive scheme and once they iron some things out, the benefits for the people with disabilities, as well as their families, will be incredible.

'With our practice's area of care being childhood intervention, most of our patients are probably receiving double the amount of services they would have received under the state-funded system. For example, in terms of equipment and other environment supports, there is a greater range available and they are much quicker to obtain.'

'Physios should start thinking now about setting up their practice to be able to transition and integrate into the scheme. This involves looking at your business structures, upskilling, and diversifying your services in the sector.'

With the system's advanced roll-out next year, Kelly's key message to physiotherapists is to begin preparing for its introduction now, in order to take advantage of the forthcoming opportunities.

'Be ready to go when the NDIS hits your area because there is a huge opportunity and any service that can establish themselves now will be at a huge advantage,' she says.

'Physios should start thinking now about setting up their practice to be able to transition and integrate into the scheme. This involves looking at your business structures, upskilling, and diversifying your services in the sector.'

Kelly reveals that, since transitioning to the NDIS, her practice has doubled its staff and 'could hire more therapists if they were available'.

'The scheme has created a huge demand for service,' she says. 'There'll be an even bigger need going forward, which creates opportunities for physiotherapy to move into that space.'

Joining Kelly as part of this month's Free Member Value Webinar, is Lynne Adamson, the NDIA's Director of Research.

Lynne's work revolves around the translation of existing research information and knowledge into the decision-making processes of the agency. With an important component of this responsibility being continuous liaison with the various health professions, she understands the importance of feedback, participant support, and the application of evidence-based practice to the area of disability care.

'Part of my role has been establishing links with researchers in a whole range of fields to get a sense of what the research tells us about best practice and evidence-based approaches,' she says. 'This allows the NDIA to go about supporting health professionals

to make the right clinical decisions in regards to interventions and support.'

Preluding her involvement in the webinar, she says it will be an important opportunity to discuss the key details of the scheme, as well as its significance, for those physiotherapists that may be new to this area of care.

'Many people who are new to the scheme are not yet in a trial site area, so the NDIA really wants to get those main messages across ... what the scheme represents, its background, the new components of the scheme, and why it represents such a major change in the provision of disability support for Australians,' she says.

To elaborate on the significance of the scheme, which she describes as 'the biggest social policy reform since the introduction of Medicare', Lynne reflects on its predecessor—a system of care that she details as being 'unfair and underfunded'.

'Prior to the new scheme, there were differences in the provision of care in each state, so people with disabilities faced a very confusing array of choices and sources of funding,' she says. 'Importantly, the NDIS brings all of those factors together as one, and gives the choice and control to the participants about the supports that they want to receive.'

Lynne purports that the scheme also represents a great opportunity for health professionals as well, changing their role from being purely 'prescriptive' to instead encompass more flexibility, control and support.

'There is definitely a great opportunity for innovation ... that's the important part. The scheme allows health professionals to use their strong practice background to look at what they deliver and how they can do that within a business model,' Lynne explains. 'For example, the scheme

allows health professionals to look at adopting new models of care and ways of delivering services within a community. In early childhood intervention, for instance, this could include a more multidisciplinary, collaborative team approach.'

Moving away from the professional opportunities offered by the NDIS, Lynne admits there have been a number of challenges experienced by health professionals during the scheme's initial trial period. However, she is adamant that these just represent natural teething problems and that the NDIA is confident the endeavour is on the right track.

'The very reason why trial sites were used, rather than a full roll-out across Australia, was to learn the way to implement this scheme as effectively as possible,' she says. 'In general, we think that the scheme is tracking extremely well.

'At the moment, the scheme is on time, on budget and it's achieving a high satisfaction rating among participants. Our most recent report told us that the scheme has got 19 817 participants, and, of those, 17 303 have approved plans.'

From July 2016, the NDIA will embark upon a gradual roll-out of the scheme across the country. Touching on the areas of focus that need to be considered by the agency before then, Lynne refers to the NDIA as a 'learning organisation'.

'The challenge now is translating this early learning and our experiences of the first three years and applying it to next year's roll-outs,' she says. 'This is a significant challenge; we want to capture all the lessons learnt from the trial sites and consolidate them so that we can build a sustainable national scheme.'

This month's free member value webinar will take place on Wednesday 14 October. For more information, go to physiotherapy.asn.au/mvws.

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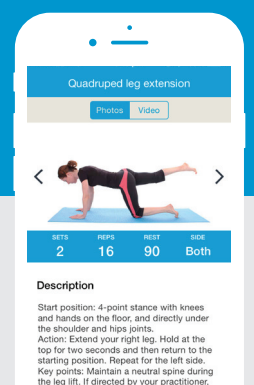
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