

Access and Eligibility Policy with Independent Assessments

**Submission by Osteopathy Australia to the National Disability
Insurance Scheme**

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Contact

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Summary and recommendations

Osteopathy Australia welcomes the opportunity to lodge a submission to the National Disability Insurance Scheme (NDIS) on the proposed 2021 *Access and Eligibility Policy with Independent Assessments*.

While we recognise independent assessments may have an important role in select circumstances, we outline a range of issues associated with these assessors and the assessment process, both based upon what is specified and unspecified in the *Access and Eligibility Policy with Independent Assessments*.

Our recommendations are as follows:

Recommendation 1: the NDIS should release detailed cost modelling before independent assessment implementation. Cost modelling should detail the approximate unit price of an assessment by assessing profession, occurring on one day, over two days, and, over three days when needed for complex disability presentations at least every five years; or more frequently when client circumstances change.

Recommendation 2: before independent assessment implementation, the NDIS should disclose how scheme savings will be generated to fund independent assessments and any expected impacts on personalised budget allocation levels.

Recommendation 3: the NDIS should reserve independent assessments for clients with unclear eligibility as based on the information provided by other health and allied health professionals.

Recommendation 4: as an alternative to independent assessments for all clients, the NDIS should develop clearer assessment tools, templates and resources for health professional use featuring mandatory fields, minimum length guidelines and other assessment support resources. This would conserve Commonwealth funding and reserve independent assessments for appropriate select cases, per *recommendation 3*.

Recommendation 5: the NDIS should classify osteopaths as an approved profession for engagement as independent assessors where such assessors are required for clients with unclear eligibility.

Recommendation 6: the NDIS should disclose how 'true independence' will be assured in the independent assessment process, given these assessors must

conform with the NDIS Code of Conduct, there is an absence of information regarding how assessing organisations will be contracted, and the specifications or performance indicators to be applied to them.

Recommendation 7: the NDIS should encourage a balanced global view in the independent assessment process, rather than a one sided positive view of 'ability' that could lead to an inappropriate underestimation of need and responsibility deferred to informal support networks, including families.

Recommendation 8: the NDIS should encourage client advocates and representatives to be present at independent assessments wherever possible and consented to. This would assure a balanced view of functional abilities and difficulties is derived.

Recommendation 9: that the NDIS acknowledge the following unanswered questions and offer timely confirmation in advance of introducing independent assessments:

- Will there be a transitional client capacity building budget put in place for clients no longer eligible for the NDIS following an independent assessment?
- For what minimum time period would transitional support be provided in general?
- What follow up or 'triage processes' post the transition period would be applied to assure a timely 'doorway' back into the NDIS if ever required?

Recommendation 10: that the Commonwealth and NDIS develop a more comprehensive version two *Access and Eligibility Policy with Independent Assessments* by June, allow three months for consultation with all relevant stakeholders and look to introduce systemic changes in 2022.

Osteopaths and people with a significant lifelong disability

Osteopaths are skilled government regulated allied health professionals applying adaptable and diverse clinical management approaches. Osteopaths complete a dual Bachelor or Bachelor/Masters qualification covering functional anatomy, biomechanics, human movement, the musculoskeletal and neurological systems as well as clinical intervention approaches.

As a defining characteristic, the osteopathic profession emphasises the neuromusculoskeletal system as integral to client function and uses client-centred biopsychosocial approaches in managing presenting issues. Evidence informed reasoning is fundamental to case management and clinical intervention. Osteopaths prescribe skilled clinical exercise, including general and specific exercise programming for functional improvement. ii

Patients consult osteopaths for advice on physical activity, positioning, posture, and movement in managing a diverse range of neuromusculoskeletal functional impairments and needs. Most osteopaths are consulted within primary healthcare practices, being a key source of allied health advice for tens of thousands of people per week. Osteopaths work within hundreds of primary health care practices, both osteopathy specific and multidisciplinary.

For people with acute or persistent pain, osteopaths may offer lifestyle and/or movement advice, injury specific exercises, manual therapy, and health promotional strategies to aid symptom recovery. When people with a significant and lifelong disability require 'health care management', in alignment with NDIS guidelines, Osteopathy Australia's position is that related interventions are most appropriately addressed through Medicare items (Chronic Disease Management (CDM)), state or territory health services and not via the NDIS- except where there is a gap in existing health services.

Osteopaths apply contrasting clinical management approaches when managing clients with significant physical disabilities and/or other disability syndromes with a physical impact. Osteopaths acknowledge that growing skills for self-coping and community participation is the overarching goal, despite what persisting health care symptoms or health deterioration.

Osteopaths, applying person-centred care:

- Review and identify functional capacity and movement barriers to individual goal fulfillment and/or community participation
- Aid and educate clients, their families and carers on mobility, mobility strategies and whole-body movement for participation in the home and community
- Assist clients in developing and applying physical skills needed for activities of daily living, including coordination, strength, flexibility, stability, conditioning, and balance

- Assist clients in establishing whole body movement styles and postural interventions preventing injury in activities of daily living
- Where appropriate, manage pain associated with movement that could compound core activity limitations.

Osteopaths, in meeting these disability care objectives:

- Observe client movement and function in specific environments to assess barriers to whole-body physical skill use
- Perform assessments of physical function, including but not limited to muscular strength, joint movement, and limb function
- Recommend and prescribe mobility equipment assisting clients to stand, walk and move around more easily or independently within their home, school or local community
- Provide advice and education to clients on positioning and posture in undertaking daily living activities
- Design and prescribe exercises, motor related activities and tasks, whether land or water based (hydrotherapy) that can enhance whole-body movement or specific functional skills.

The above skillsets and capabilities guide and inform the tertiary educational content imparted to all osteopaths in the country. Osteopathy regulators, the Australian Health Practitioner Regulation Agency (AHPRA) and Osteopathy Board of Australia (OBA), require each osteopathy registrant to possess attributes and skills aligned with the *Capabilities for Osteopathic Practice (2019)*. Osteopaths must make a measurable contribution to neuromusculoskeletal function, adhere to best available neuromusculoskeletal evidence, work in an interdisciplinary and coordinated fashion, and encourage individual empowerment in clinical care.¹

Specifically, on graduating an osteopathy course, registrants must be able to:

- Identify and understand client goals and concerns
- Evaluate the social determinates of core activity limitations interacting with client physiology
- Develop and review management plans based on sound clinical evidence to facilitate optimum client participation in activities of daily living

- Development clinical management interventions incorporating manual therapy, exercise and activity-based interventions, educational interventions, and assisted movement strategies
- Apply appropriate standardised outcome measures for client milestone mapping, including measures of disability and function. ⁱⁱ

These overlapping capabilities are shared by other allied health professionals, including registered musculoskeletal physiotherapistsⁱⁱⁱ; as such, they are interdisciplinary in nature and are not the preserve of any one profession.

Many osteopaths are consulted by self-managed and plan-managed NDIS clients with a personalised budget for certain core supports associated with mobility and growing skills for performing daily activities. Osteopaths also liaise with carers, families, and case managers to maximise client capacity for community participation.

Osteopathy Australia

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumers' rights to access osteopathic services. We promote standards of professional behaviour over and above the requirements of AHPRA registration. A vast majority of registered osteopaths are members of Osteopathy Australia.

Our core work is liaising with state and federal government, and all other statutory agencies, professional bodies, and private industry regarding professional, educational, legislative, and regulatory issues. As such, we have close working relationships with the Osteopathy Board of Australia (the national registration board), the Australian Health Practitioner Regulation Agency (AHPRA), the Australasian Osteopathic Accreditation Council (the university accreditor and assessor of overseas osteopaths), schemes in each jurisdiction, and other professional health bodies through our collaborative work with Allied Health Professions Australia (AHPA). We also liaise regularly with brokers, case managers for NDIS clients and clients themselves; we have broad experience of the scheme through these various stakeholders. In our capacity, we offer this submission on the proposed *Access and Eligibility Policy with Independent Assessments*.

Independent assessments, cost modelling and displaced costs

The proposal to introduce independent assessments for all clients aims to address two problems: high assessment and reassessment costs for clients and assessment information inconsistencies. We address the cost component in this specific section and the consistency of information issue in the section directly below.

First, we question how independent assessments will be overall less costly than the current approach of deferring to existing client health professional networks. We are concerned that this is an unsubstantiated assumption given an absence of cost modelling information on the approximate unit price of an independent assessment by profession involved per client for roughly 400,000 people to occur at least every five years or whenever their circumstances change. Given that these assessments may occur over one or several days consecutively, any cost modelling must assume high costs. Should significant funds need to be redirected from personalised budgets as savings to fund independent assessments, this would be regrettable for clients, their families, and carers.

In addition, independent assessments will not eliminate need for other health and allied health professional reports, records, and assessments of functional capacity—an issue expanded upon further in the section below.^{iv} In fact, independent assessments will require these records and reports to occur. We resultantly fail to see how independent assessments will be less costly for clients and the overall mechanism of government when Medicare, private health insurance funds, client private expenses or the time and/or state based health service resources will still be exhausted. It would be unreasonable for the NDIS to assume that highly qualified health professionals and services would draft and collate the reports needed for no cost. Hence, there will continue to be follow on costs for clients and other third- party funding streams, just as there have been since NDIS commencement.

Independent assessments simply overlay a complex tier of additional infrastructure within the access process, multiplying the overall costs of a single eligibility review when taking client, other government program and NDIS costs together as the whole.

Recommendation 1: the NDIS should release detailed cost modelling before independent assessment implementation. Cost modelling should detail the approximate unit price of an assessment by assessing profession, occurring on one day, over two days, and, over three days when needed for complex disability presentations at least every five years; or more frequently when client circumstances change.

Recommendation 2: before independent assessment implementation, the NDIS should disclose how scheme savings will be generated to fund independent assessments and any expected impacts on personalised budget allocation levels.

Independent assessors versus clearer tools, templates, and forms for the existing health workforce

We understand the importance of ensuring clients with the same levels of need receive the same levels of entitlement; while the NDIS is to be acknowledged for considering how eligibility assessments and funding allocation may be made more equitable, we firmly believe there are strategies capable of achieving this beyond independent assessments for all clients.

For one, there is no guarantee independent assessments would lead to absolute consistency; interpersonal communication skills vary broadly between practitioners in as much as they do for clients, and this inevitably produces variance in the quality and completeness of information collection. There is no reason to presume independent assessors would somehow possess heightened communication skills by comparison to the other health professionals in a client's life.

For two, we suspect untimely delays will become an issue due to the duplicated nature of assessments and checks undertaken by independent assessors and those completed by existing client health professional networks. For example, irrespective of independent assessors, health professional networks will still be required to confirm diagnosis, offer evidence of disability, its permanence or likely permanence, functional impairments, and a determination of whether disability is attributable to one or more intellectual, psychiatric, cognitive, neurological or physical impairments. Health professionals may also be asked to comment on early intervention supports applied, management options considered and all reasonable services that have been identified as needed or administered.^v It is therefore prudent for the NDIS to consider how client health professional networks can be better supported in consistency of evidence gathering from the outset, rather than how independent assessors can go about interpreting what could be inconsistent information gathered from such providers.

We note that the *Access and Eligibility Policy with Independent Assessments* consultation document gives a high level of validity to outcome measures including WHODAS and PEDI-CAT.^{vi} Given the NDIS' awareness of appropriate tools, achieving greater consistency may only be a matter of improving information provision to client health professional networks.

Recommendation 3: as an alternative to independent assessments for all clients, the NDIS should develop clearer assessment tools, templates and resources for health professional use featuring mandatory fields, minimum length guidelines and other assessment support resources. This would conserve Commonwealth funding and reserve independent assessments for appropriate select cases, per *recommendation 4*, below.

Independent assessments for unclear eligibility

We recognise independent assessments have a role, but we do not believe these should extend to all or even most clients - especially where clear and practical tools exist for health professionals in the community.

Independent assessments should be used in specific eligibility scenarios not involving clients with severe or profound disabilities unlikely to change over the life course. The NDIS exists precisely for these people; they should not be viewed cynically or with scepticism by the scheme designed to support them.

The NDIS may derive learning on the select and specific roles independent assessors could play from other schemes and programs operating across the country, including jurisdictional work injury and motor accident schemes. In many of

these, independent assessors exist for occasions where clear flags are raised. We put significant question marks over the need for independent assessments where a disability syndrome is severe or profound and supports can be reasonably expected over the lifespan.

Where independent assessments are required in select eligibility scenarios, osteopaths should be included as part of the endorsed workforce within agencies contracted by the NDIS. Osteopaths conduct formal functional assessments in all state and territory motor vehicle and workplace injury schemes, as well as for NDIS self- and plan-managed clients. This experience lends itself to including the profession.

Recommendation 4: the NDIS should reserve independent assessments for clients with unclear eligibility as based on the information provided by other health and allied health professionals.

Recommendation 5: the NDIS should classify osteopaths as an approved profession for engagement as independent assessors where such assessors are required for clients with unclear eligibility.

Independent assessors and Conflicts of Interest

While the NDIS maintains that independent assessments will be 'truly independent', information gaps raise questions about how realistic this independence will be.

Based on the consultation paper, we are unaware of:

- Organisations and agencies expected to facilitate assessments, and their general mission and objectives both within and outside of disability services
- Tender or selection processes to be applied, if at all
- Retendering intervals
- Contractual obligations for organisations facilitating assessments
- Key Performance Indicators organisations and assessors will be expected to conform with, for instance, whether they will have a certain minimum quota of clients they must transition out.

Each of these information gaps mean we cannot be entirely assured of assessor independence or sound conflict of interest mitigation processes.

In addition, given independent assessors will be bound to the NDIS Code of Conduct, it is incumbent on the NDIS to explain how they will interface with the NDIS access delegate and whether they will have any freedom to dispute the budget levels allocated by the access delegate without consequence.

Recommendation 6: the NDIS should disclose how ‘true independence’ will be assured in the independent assessment process, given these assessors must conform with the NDIS Code of Conduct, there is an absence of information regarding how assessing organisations will be contracted, and the specifications or performance indicators to be applied to them.

Clinical philosophy of independent assessments

The NDIS must consider the possibility of perverse consequences emerging from independent assessments; namely, inappropriately displacing efforts belonging to the disability service system onto the individual and families to manage.

Some of the language used in the consultation paper around the philosophy and approach to be taken by independent assessors flags that there is a high likelihood of such a displacement process. For example, that assessors will ‘focus on ability rather than disability’ and look to leverage the ‘natural supports of the person’ (informal unpaid supports) wherever possible.^{vii} (page 12/16).

The key risks we see are that:

- A person’s legitimate and eligible impairments will be glossed over, or portrayed as less of an impact on function than they actually are because of an overemphasis on ‘ability’; this would result in diminished personalised budget allocations
- Natural supports, including families and carers will be overburdened in contravention of Commonwealth Government guidelines committing to address the stresses faced by families and informal carers of people with a disability ^{viii}
- Vulnerable clients with low self-efficacy and no independent advocacy will simply agree with an assessor taking a particularly ‘optimistic’ point of view. It is worth noting that assessors will in practice hold a position of power over a client irrespective of how much the language of partnership and collaboration is used in policy documents. Assessors will make decisions impacting the life outcomes of clients, not the other way around. It is difficult to gloss over this power imbalance.

Each of the above risks where unaddressed could cause severe rationing of services, leading to ineligibility for some clients and inadequate or less than appropriate funded supports for others. This would unfortunately mean the NDIS fails to address the very inadequacies in support that it was originally implemented to address.

Our above concerns are compounded given the current absence of information on how independent assessors will maintain freedom from conflicts of interest with the NDIS, discussed earlier in this submission.

Recommendation 7: the NDIS should encourage a balanced global view in the independent assessment process, rather than a one sided positive view of ‘ability’ that could lead to an inappropriate underestimation of need and responsibility deferred to informal support networks, including families

Recommendation 8: the NDIS should encourage client advocates and representatives to be present at independent assessments wherever possible and consented to. This would assure a balanced view of functional abilities and difficulties is derived.

Client ineligibility - flags of concern

In any continuous assessment, eligibility and ineligibility or having an unresolved status are the outcomes. We recognise that the NDIS has as in-principle commitment to ‘transitional’ support through Local Area Coordinators and Independent Living Coordinators when ineligibility is the outcome.^{ix} However, what such transitional support would look like, and, what funding amounts would be given at minimum to each client are now unknown.

Recommendation 9: that the NDIS acknowledge the following unanswered questions and offer timely confirmation in advance of introducing independent assessments:

- Will there be a transitional client capacity building budget put in place for clients no longer eligible for the NDIS following an independent assessment?
- For what minimum time period would transitional support be provided in general?
- What follow up or ‘triage processes’ post the transition period would be applied to assure a timely ‘doorway’ back into the NDIS if ever required?

Policy implementation and reform timeframes

The range of issues highlighted in this submission would suggest significantly more strategic planning and policy troubleshooting is required before independent assessments can be introduced; a three month window to June, in which to resolve many of these issues, is unlikely to be adequate.

Recommendation 10: that the Commonwealth and NDIS develop a more comprehensive version two *Access and Eligibility Policy with Independent Assessments* by June, allow three months for consultation with all relevant stakeholders and look to introduce systemic changes in 2022.

References

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- ⁱ Osteopathy Board of Australia, *Capabilities for Osteopathic Practice (2019)* [online]; <https://www.osteopathyboard.gov.au/Codes-Guidelines/Capabilities-for-osteopathic-practice.aspx> pp. 3-8
- ⁱⁱ Osteopathy Board of Australia, *Capabilities for Osteopathic Practice (2019)* [online]; <https://www.osteopathyboard.gov.au/Codes-Guidelines/Capabilities-for-osteopathic-practice.aspx> pp. 9-17
- ⁱⁱⁱ Physiotherapy Board of Australia, *Physiotherapy Practice Thresholds Statement* [online]; <https://www.physiotherapyboard.gov.au/Accreditation.aspx>
- ^{iv} National Disability Insurance Scheme, *Access and Eligibility Policy with Independent Assessments*, November 2020, page 13
- ^v *Ibid*, page 13
- ^{vi} *Ibid*, page 16
- ^{vii} *Ibid*, pages 12, 16
- ^{viii} Commonwealth Government (2016) 'Shut Out: the experience of People with Disabilities and their Families in Australia', pages 1-10
- ^{ix} National Disability Insurance Scheme, *Access and Eligibility Policy with Independent Assessments*, November 2020, page 22