

# **Planning Policy for Personalised Budgets and Plan Flexibility**

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

**February 2021**

## 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 *Planning Policy for Personalised Budgets and Plan Flexibility*.

Personalised budgets support people with a disability, their families, and carers to live lives of their choosing within the community; it is crucial that the NDIS continue to fund them adequately and facilitate broader flexibility in how they may be used in funding plan core supports.

Our recommendations are as follows:

### How can the NDIS ensure positive relationships between participants and planners?

#### Planner approach and planning process

**Recommendation 1:** that the NDIS undertake targeted recruitment for its own agency employed planners and require contracted specialist disability case management/brokerage organisations to recruit personnel based upon their:

- Demonstrated ability to apply person-centred approaches
- Demonstrated ability relate to clients and their families or significant others
- Demonstrated ability to assist clients to exercise self-determination and review available service options
- Demonstrated track record in exploring service options available for client access.

**Recommendation 2:** that the NDIS and contracted specialist disability case management/brokerage organisations offer regular training to existing staff on each of the competency domains under *Recommendation 1*.

**Recommendation 3:** that the NDIS develop and apply planning 'operational guidelines' for facilitating client decision making, to assure a consistent process to enabling optimum choice is adhered to and all clients have an equitable service experience. These guidelines would include minimum processes for client view giving and receiving, documenting evidence of considering options, dispute resolution processes, showing evidence client choice has been considered, and

process for documenting reasons for determinations made. Regular systematic NDIS audits should occur, reviewing compliance with the guidelines.

**What ideas do you have for how people can use their plans more innovatively and how can we make it easier for clients to understand how their funding may be spent?**

**Cease arbitrary decisions regarding 'limited appropriate professions' within core support domains**

**Recommendation 4:** the NDIS should amend its support clusters and pricing support guides, removing the limited profession specific criteria now applied. For domains of musculoskeletal care or support able to be provided in the community by registered allied health professionals in primary practices, guides should simply specify 'AHPRA registered musculoskeletal practitioners'.

**Recommendation 5:** for clients specifically requiring services with intensive disability skills, the NDIS should dedicate specific domains in its support clusters and pricing guides to 'specialist accredited disability services', in distinction from standard domains of musculoskeletal care able to be provided to clients in non-specialist accredited services.

**Recommendation 6:** the NDIS should realise the benefits of market diversification for controlling cost in a downward direction and embrace broader provider competition as a mechanism for limiting scheme costs.

**Cease deciding 'best practice' without best practice decision guides**

**Recommendation 7:** the NDIS should dedicate funding toward evaluating client outcomes in a range of service settings, including osteopathy services comparatively to other registered musculoskeletal health professionals. This can be done by analysing changes against specific outcome measures as reports are lodged with the NDIA; a costly prospective or randomised evaluation design is not required.

**Streamline line items and better link them to support plan domains**

**Recommendation 8:** the NDIS should streamline line items and create clear links between domains of care as they appear within approved support plans and the line item or items that apply to the domains for costing and billing.

## Clarify roles and responsibilities in dispute resolution

**Recommendation 9:** that the NDIS publish clear information on the process for clients to lodge a dispute where they feel their choice has not been considered, and on the roles of the various NDIS specific or linked agencies in resolving client disputes.

## 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

People 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 can be 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.<sup>1</sup>

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. <sup>ii</sup>

These overlapping capabilities are shared by other allied health professionals, including registered musculoskeletal physiotherapists<sup>iii</sup>; 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 *Planning Policy for Personalised Budgets and Plan Flexibility*.

## How can the NDIS ensure positive relationships between participants and planners?

### Planner approach and planning process

For this specific response, the recommendations we outline apply to a broad range of worker types and occupations that could be broadly defined as 'planners' within overall NDIS national operations: NDIS agency employed planners and non-government organisation contracted case managers, and brokers, sourced through NDIS procurement or accreditation processes for client support.

In the range of engagement opportunities we have had with all the above specified planner work groups alone and conjointly with our members and their NDIS clients where consented to, we have identified significant variability in disposition and approach. Planner attitudes to facilitating choice, empowering clients and considering what is possible of the range of services in the community vary markedly, particularly for self- and-plan managed clients.

Ultimately, this wide variability of approach toward approved clients has resulted in a two-tiered scheme, with unequal levels of choice and empowerment for clients. We have for instance, had extensive experience with planners more than willing to consider and inquire about the application of osteopathy and functional rehabilitation, and others who, without reason, have outright dismissed client choice. We have liaised with many clients with consistent physical or mobility support needs and approved funding domains given unacceptably different levels of choice.

**Recommendation 1:** that the NDIS undertake targeted recruitment for its own agency employed planners and require contracted specialist disability case management/brokerage organisations to recruit personnel based upon their:

- Demonstrated ability to apply person-centred approaches
- Demonstrated ability relate to clients and their families or significant others
- Demonstrated ability to assist clients to exercise self-determination and review available service options
- Demonstrated track record in exploring service options available for client access.

**Recommendation 2:** that the NDIS and contracted specialist disability case management/brokerage organisations offer regular training to existing staff on each of the competency domains under *Recommendation 1*.

**Recommendation 3:** that the NDIS develop and apply planning 'operational guidelines' for facilitating client decision making, to assure a consistent process to enabling optimum choice is adhered to and all clients have an equitable service experience. These guidelines would include minimum processes for client view giving and receiving, documenting evidence of considering options, dispute resolution processes, showing evidence client choice has been considered, and

process for documenting reasons for determinations made. Regular systematic NDIS audits should occur, reviewing compliance with the guidelines.

### **What ideas do you have for how people can use their plans more innovatively and how can we make it easier for clients to understand how their funding may be spent?**

#### **Cease arbitrary decisions regarding 'limited appropriate professions' for core support domains**

We have overall encountered inconsistent NDIS definitions of professions falling into the healthcare versus disability care sectors; this has prevented innovative use of funds and increased uncertainty for clients.

For one example, the agency defines professions like musculoskeletal physiotherapy as a disability care profession over comparable professions like osteopathy, which it defines as a health care profession, despite that:

- Physiotherapy services are available in state health systems, including acute, sub-acute and other services- challenging the NDIS' own 'no duplication rule'
- Physiotherapy, like osteopathy, is available through Medicare's Chronic Disease Management Program items- again challenging the NDIS' 'no duplication rule'
- Both professions are trained in functional movement based assessment approaches
- Both professions are trained in symptom assessment and diagnosis, as well as functional impairment assessment, traversing the health/disability continuum
- Both professions apply a mix of manual therapies, exercise rehabilitative approaches and progressions, assistive movement approaches, and movement or postural instruction in managing specific physical disability syndromes.

Osteopathy Australia promotes use of industry endorsed best practice intervention guidelines for specific physical disability syndromes and other disability syndromes with a physical impact. For example, as pertinent to cerebral palsy, scoliosis, spina bifida, global developmental delay and beyond. We do this through our own internal advice, organisational guidelines, releases and continuing professional education.

We understand scheme costs to be an important consideration at present, not only due to high scheme direct costs, but overall Commonwealth expenditure in the present time. Restricted markets are not conducive to minimising cost, given they

limit the number of providers able to be seen; these limited providers must be incentivised with exceedingly high costs to service NDIS clients over others. Market diversification is a key driver for downward pressure in scheme costs, particularly where more than one profession, including osteopathy, could be involved in enhancing market options for clients.

**Recommendation 4:** the NDIS should amend its support clusters guides and pricing support guides, removing the limited profession specific criteria now applied. For domains of musculoskeletal care or support able to be provided in the community by registered allied health professionals in primary practices, guides should simply specify 'AHPRA registered musculoskeletal practitioners'.

**Recommendation 5:** for clients specifically requiring services with intensive disability skills, the NDIS should dedicate specific domains in its support clusters and pricing guides to 'specialist accredited disability services', in distinction from standard domains of musculoskeletal care able to be provided to clients in non-specialist accredited services.

**Recommendation 6:** the NDIS should realise the benefits of market diversification for controlling cost in a downward direction and embrace broader provider competition as a mechanism for capping scheme costs.

### **Cease deciding 'best practice' without best practice decision guides**

The NDIS has consistently appealed to concepts like 'best practice' and 'reasonable and necessary' in limiting client choice. This includes client choice to access osteopathy services, despite that the agency readily admits it possesses no decision guides that would enable clients and their families to understand differing providers, the evidence supporting them, and when they might be accessed.<sup>iv</sup> The current approach to determining best practice arbitrarily must end, and the agency must commit to allocating research funding into studies identifying how community providers enhance function and independence for clients.

**Recommendation 7:** the NDIS should dedicate funding toward evaluating client outcomes in a range of service settings, including osteopathy services comparatively to other registered musculoskeletal health professionals. This can be done by analysing changes against specific outcome measures as reports are lodged with the NDIA; a costly prospective or randomised evaluation design is not required

### **Line item streamlining and better association with support plan goals**

The NDIS maintains the most complex line item arrangements of any social insurance scheme in the country. Hundreds of items exist and many of them involve provision of the same types of support. It is unclear to us how this arrangement is conducive to self-managed clients seeking to live a life of relative independence,

plan-managed clients or their brokers, or practitioners working with clients and brokers.

Complexity has hampered practitioner billing efforts for self-managed and plan-managed clients; we can confirm that practitioners uncertain of billing and items often delay service delivery to learn the NDIS system and ensure they are billing correctly; this is per our advice to wherever possible limit NDIS cost recovery that could impact clients or practitioners themselves. Weeks or months can pass between a client expressing need to commence care and care commencing, resultantly.

While our members have not raised concerns regarding understanding NDIS support plans, they have expressed concerns at the level of disconnection between support plan domains and the line items to be applied. Due to multiple, duplicated line items across support streams and clusters, this confusion is well justified.

**Recommendation 8:** the NDIS should streamline line items and create clear links between domains of care as they appear within approved support plans and the line item or items that apply to the domains.

### **Clarify roles and responsibilities in dispute resolution**

The NDIS is itself is a layered scheme; the roles of the NDIS Agency proper, NDIS Regions, Quality and Safeguard Commission, National Administrative Appeal Tribunal, brokers and case managers in relation to resolving client disputes funding use or flexibility disputes are often not well understood.

When we have been contacted by clients with concerns for how they have been unable to use their plan flexibly, they often do not know where to turn for advice. These clients fall through the gaps and connect with providers of second or last choice without a voice within the scheme or its extended provider network.

**Recommendation 9:** that the NDIS publish clear information on the process for clients to lodge a dispute where they feel their choice has not been considered, and on the roles of the various NDIS specific or linked agencies in resolving client disputes.

## References

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<sup>i</sup> 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

<sup>ii</sup> 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

<sup>iii</sup> Physiotherapy Board of Australia, *Physiotherapy Practice Thresholds Statement* [online]; <https://www.physiotherapyboard.gov.au/Accreditation.aspx>

<sup>iv</sup> National Disability Insurance Scheme, *Planning Policy for Personalised Budgets and Plan Flexibility*, November 2020, page 20