



Health

Hunter New England
Local Health District

Ours or Yours?

Health or Disability- developing guidelines to assist at the interface of Health and NDIS

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Acknowledgement of Country

I would like to acknowledge the Traditional Custodians and community members of the land we are meeting on today, and pay my respects to Elders, past, present and future.



Hunter New England Local Health District



Introduction of NDIS

HNE LHD decided not to become a registered NDIS Provider

HNE LHD not funded for the provision of disability services

Provision of disability services would compromise
HNE LHD's ability to provide health services

Introduction of the NDIS



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Health Services

Health Needs



Australian Government
Department of Health

National Disability Insurance Scheme

NDIS participants

Disability Services

Disability Needs



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How did we address this problem?

- **2016-** Guideline developed: “Scope of Service at the Interface between Health and Disability Needs: Distinguishing Health Interventions from Disability Supports”
 - Based on Applied Principles and Tables of Support (APTOS)
 - Included 3 decision support tools
 - Differentiated between “health” interventions and “disability” supports

Health and Disability Sector Responsibilities

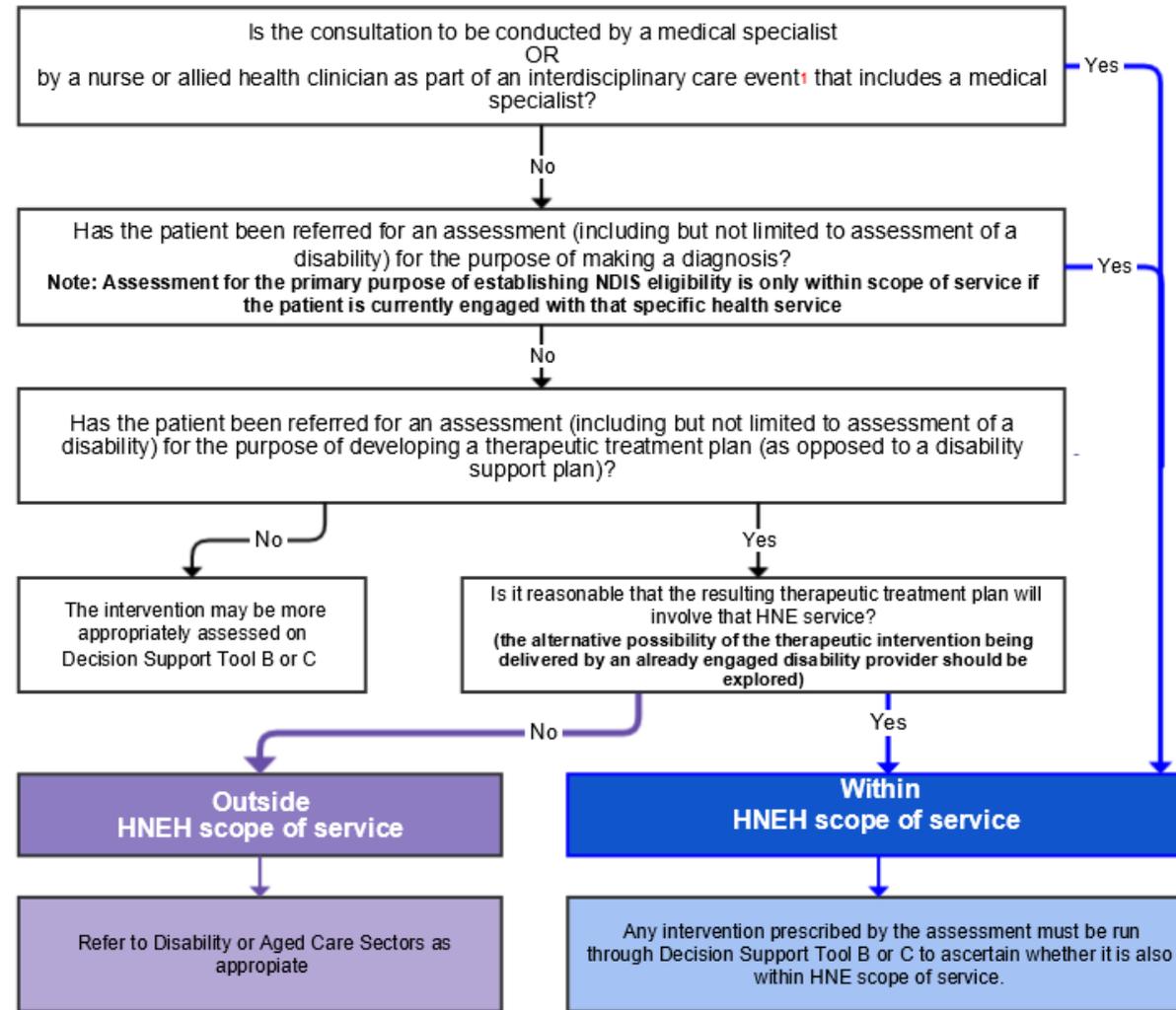
Health Sector Responsibilities

- Diagnosis, early intervention of health conditions, including ongoing / chronic conditions
- Improving a person's functional ability through the provision of time-limited interventions.

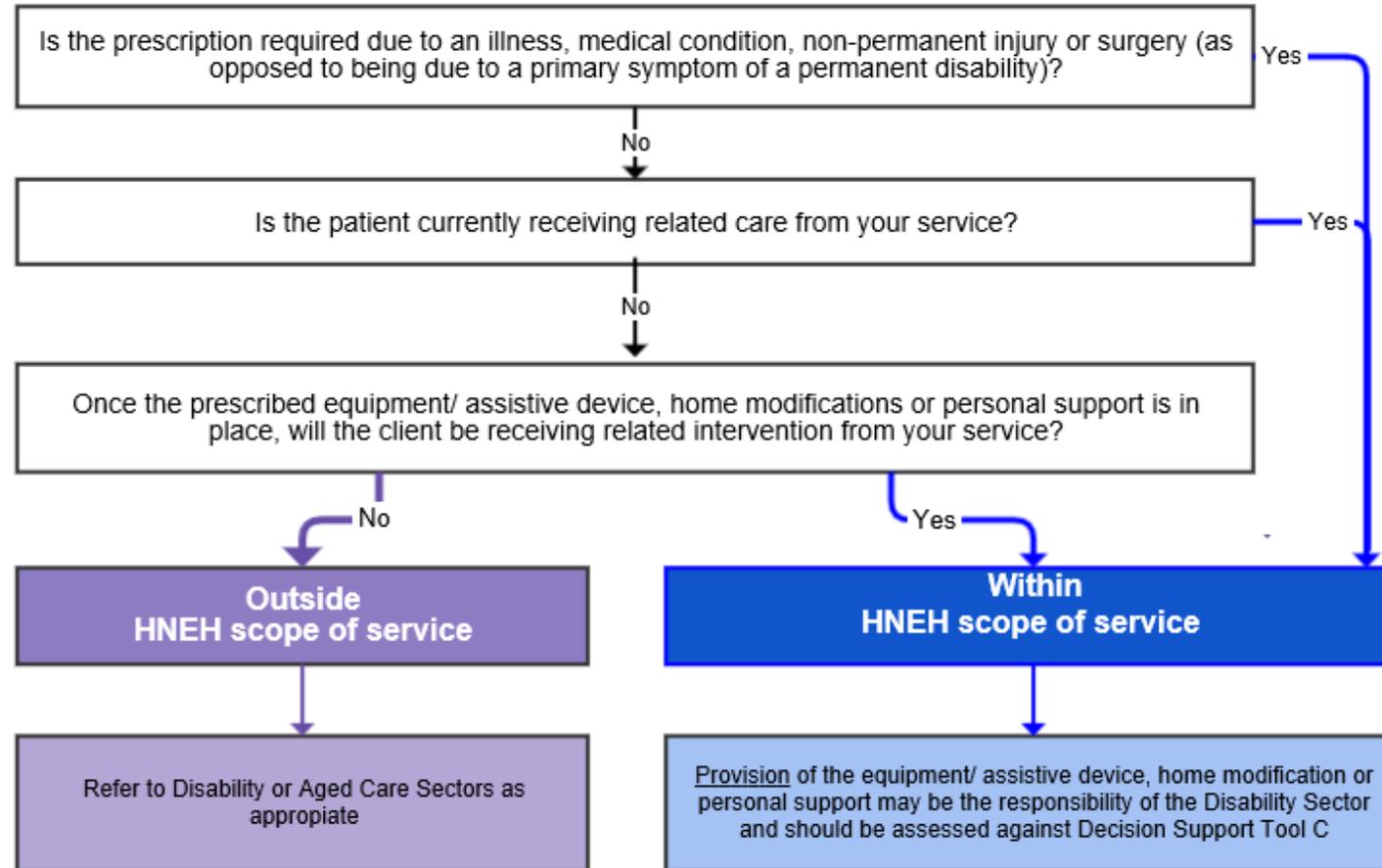
Disability Sector Responsibilities

- Improving a person's functional ability through the provision of supports (including structural environmental modification, equipment, assistive technology or personal support/assistance),
- Maintaining a person's functional ability.

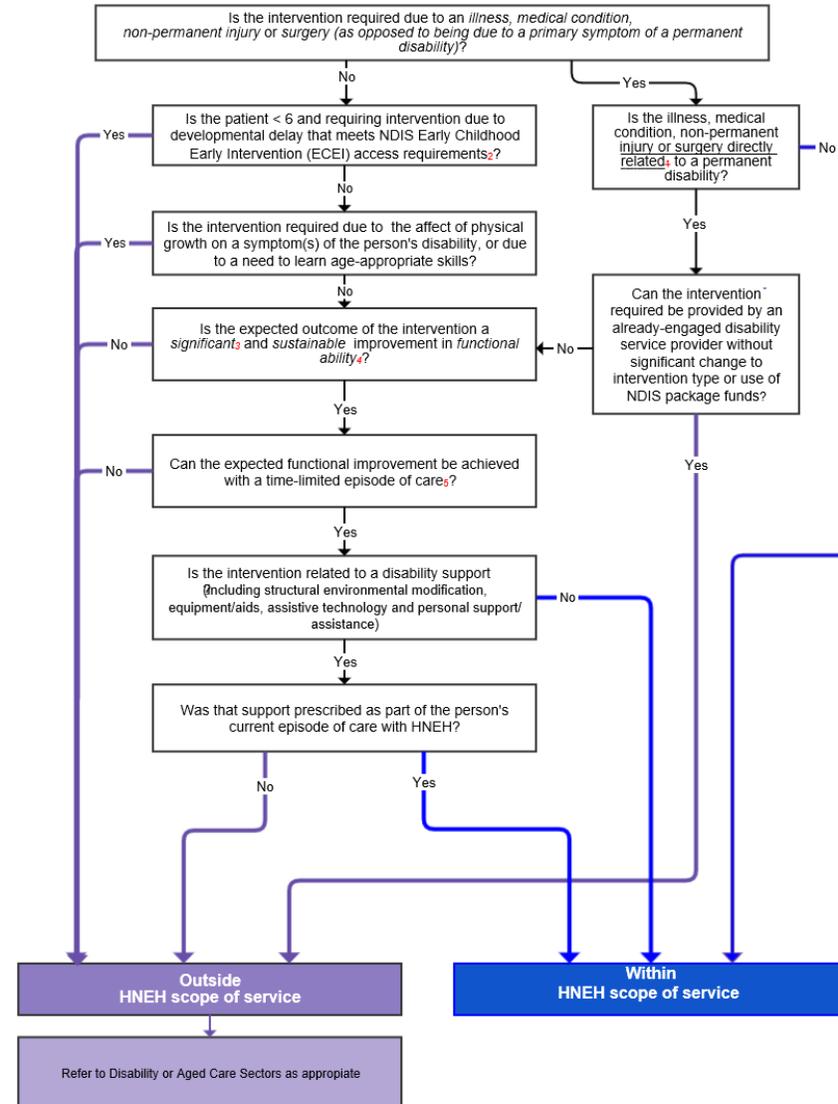
Decision Support Tool A: Request for Assessment or Monitoring



Decision Support Tool B: Request for Provision of Supports



Decision Support Tool C: Request for other Interventions



Clinician concerns

- Confusion/ questions coming from Allied Health clinicians
- Long-standing therapeutic relationships existed in some cases
- Ongoing contact between patients and clients occurs e.g. frequent inpatient admissions; clinician seeing siblings of child with disability; smaller communities.
- Saying “no” for many clinicians was hard

Health or Disability? Some typical referrals:

- 13 month old child, recently entered Out of Home Care, suspected history of severe neglect.
- Developmental delays across multiple domains observed by Child and Family Health Nurse last month.
- Ages and Stages Questionnaire completed by the child's natural father (prior to removal from his care) indicated delays across all 5 developmental areas.
- New carers (2 weeks) feel child is making gains but not yet meeting developmental milestones, particularly in terms of speech development.
- A multi-disciplinary assessment was requested.

Health or Disability?

- Baby initially seen by palliative care health team: initial diagnosis of a potentially life-limiting neurological condition.
- Initial diagnosis incorrect , baby is now 6 months old.
- Confirmed diagnosis is a genetic neurological condition with a life-limiting prognosis.
- Assessment and therapy is now required.
- Referral has been made to Early Childhood Early Intervention(ECEI) partner but NDIS status not yet confirmed.

Health or Disability?

- An 8 year old child, with moderate intellectual disability
- Previously accessed Speech Pathology services for language development (prior to NDIS roll-out)
- Referred and accepted to NDIS.
- While waiting for disability support plan, referred to the Speech Pathology service at Health for language therapy.

Using the Guideline

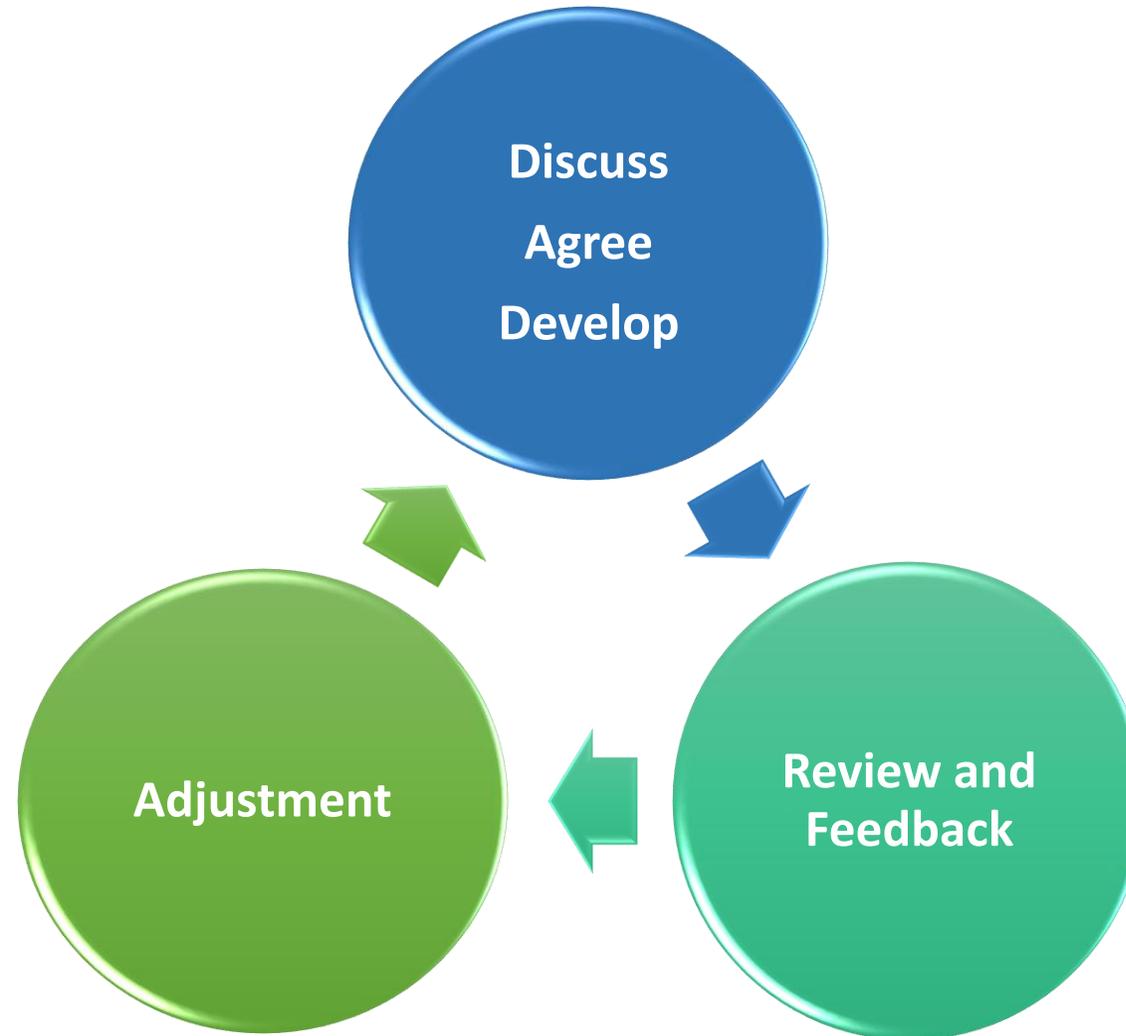
- Some clinical situations were clear-cut
- Others were less-clear
- Lack of consistency within disciplines
- Lack of consistency across disciplines
- Variation in practice across the health district

Use of the Guideline

- Need for practical interpretation of decision- support tools to assist paediatric Allied Health (OT, PT, SP) therapists
- Identified need for clinicians to be involved in creation of tool from the start
- Managers wanted a user-friendly , quick guide to assist decision-making

Peer agreement process

- Three key steps



Development of tools

- Started with Occupational Therapy (OT) in late 2016
- Initial working group included range of Allied Health managers and paediatric OT's from across sites
- Included both metropolitan, regional and rural clinicians
- Met via teleconference and discussed typical referral scenarios
- Aim: to determine if a request was within or outside scope of service of HNE LHD paediatric OT service

Process

- Initial meetings often involved considerable debate until agreed decision was reached
- Template produced
- Worked through scenarios using relevant decision support tools
- Developed set of key learnings as result of discussions and agreements
- Process repeated with paediatric speech pathologists and then paediatric physiotherapists.

June 2019:

- All Paediatric Scope of Service tools are finalised and being used within HNELHD
- Under-pins decision-making for paediatric referrals
- May need to be updated if there are changes to ECEI/ NDIS processes and outcomes of Disability Reform Council decisions in June 2019
- Links several guidelines into a practical tool
- Feedback that tool is very useful for less-experienced clinicians

Thank you

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- Belinda Jones, formerly Project Officer, HNELHD
- HNELHD NDIS Steering Committee members



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