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

Helen Malcolm
Project Officer- Allied Health Directorate,
Hunter New England Local Health District
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.
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 HNELHD’s ability to provide health services
Introduction of the NDIS

National Disability Insurance Scheme

Health Needs

Disability Needs

Health Services

NDIS participants

Disability Services
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

Is the consultation to be conducted by a medical specialist
OR
by a nurse or allied health clinician as part of an interdisciplinary care event that includes a medical specialist?

- Yes
- No

Has the patient been referred for an assessment (including but not limited to assessment of a disability) for the purpose of making a diagnosis?

- Yes
- No

Note: Assessment for the primary purpose of establishing NDIS eligibility is only within scope of service if the patient is currently engaged with that specific health service.

Has the patient been referred for an assessment (including but not limited to assessment of a disability) for the purpose of developing a therapeutic treatment plan (as opposed to a disability support plan)?

- No
- Yes

The intervention may be more appropriately assessed on Decision Support Tool B or C.

Is it reasonable that the resulting therapeutic treatment plan will involve that HNEH service?

- Yes
- No

(the alternative possibility of the therapeutic intervention being delivered by an already engaged disability provider should be explored)

From: Outside HNEH scope of service

- Refer to Disability or Aged Care Sectors as appropriate

From: Within HNEH scope of service

- Any intervention prescribed by the assessment must be run through Decision Support Tool B or C to ascertain whether it is also within HNEH scope of service.
Decision Support Tool B: Request for Provision of Supports

Is the prescription required due to an illness, medical condition, non-permanent injury or surgery (as opposed to being due to a primary symptom of a permanent disability)?

Yes

Is the patient currently receiving related care from your service?

Yes

Once the prescribed equipment/assistive device, home modifications or personal support is in place, will the client be receiving related intervention from your service?

Within HNEH scope of service

Yes

Provision of the equipment/assistive device, home modification or personal support may be the responsibility of the Disability Sector and should be assessed against Decision Support Tool C

Outside HNEH scope of service

No

No

Refer to Disability or Aged Care Sectors as appropriate
Decision Support Tool C: Request for other Interventions

1. Is the intervention required due to an acquired, medical condition; non-permanent injury or surgery (as opposed to being due to a primary symptom of a permanent disability)?
   - Yes
   - No

2. Is the patient under 6 and requiring intervention due to developmental delay that meets NDIS Early Childhood Early Intervention (ECEI) access requirements?
   - Yes
   - No

3. Is the intervention required due to the effect of physical growth (or a symptom(s) of the person’s disability) on the need for learn age-appropriate skills?
   - Yes
   - No

4. Is the expected outcome of the intervention a significant and sustainable improvement in functional ability?
   - Yes
   - No

5. Can the expected functional improvement be achieved with a time-limited episode of care?
   - Yes
   - No

6. Is the intervention related to a disability support (including structural environmental modification, equipment aids, assistive technology and personal support assistance)?
   - Yes
   - No

7. Was that support prescribed as part of the person’s current episode of care with HNEH?
   - Yes
   - No

8. Is the person with a medical condition, non-permanent state of affairs, disability, illness, to a permanent disability?
   - Yes
   - No

9. Can the intervention required be provided by an already engaged disability service provider without significant change to intervention type or use of NDIS package funds?
   - Yes
   - No

Outside HNEH scope of service

Refer to Disability or Aged Care Sections as appropriate

Within HNEH scope of service
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

Discuss
Agree
Develop

Adjustment

Review and Feedback
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
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