

CONSULTATION RESPONSE



**Allied Health
Professions
Australia**

Joint Standing Committee on the National Disability Insurance Scheme Inquiry into NDIS ICT Systems

September 2018

Allied Health Professions Australia (AHPA) welcomes the opportunity to provide feedback to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) inquiry into NDIS ICT systems. We represent 20 national allied health associations and collectively work on behalf of their 100,000 allied health profession members. Many of those allied health professionals are involved in providing services to people experiencing disability, people who may or may not be participants in the National Disability Insurance Scheme (NDIS). AHPA and its member associations are committed to ensuring that all Australians, regardless of disability, can access safe, evidence-based services to support them to realise their potential for physical, social, emotional and intellectual development to participate in life fully.

This submission has been developed in consultation with AHPA's allied health association members.

Allied Health Professions Australia
Level 3, 257 Collins Street
Melbourne VIC 3000
Phone: 03 8375 9652
Email: office@ahpa.com.au
Website: www.ahpa.com.au

Introduction

Allied Health Professions Australia (AHPA) and its member associations represent a significant proportion of the workforce involved in providing support to people with disability in Australia. That workforce has experienced significant change as a result of the introduction of the National Disability Insurance Scheme (NDIS). While the Scheme is seen very positively and is very much supported by the allied health sector, many of the changes accompanying its introduction have placed a significant burden on providers, resulting in significant time and other costs. A key element has been the need for practitioners and practice owners to invest significant time to introduce and learn new systems such as the NDIS MyPlace portal, many of which are still evolving and changing. While many of the changes are improvements, these systems continue to present challenges to practitioners, which may lead to service disruptions for participants and require additional work by the practitioner to address.

AHPA and its member associations work together closely through a dedicated NDIS working group, which provides a mechanism for engagement with the allied health workforce and with the National Disability Insurance Agency (NDIA). Our focus is on supporting our workforce to engage with the Scheme positively and to support the development of a robust and sustainable Scheme. As a result of our ongoing engagement in this space, AHPA is in a strong position to provide expert commentary on some of the issues raised in the discussion paper and on the challenges currently experienced by participants and the allied health providers that support them.

We have kept our response to this round of consultation short but encourage the Committee to engage with AHPA and our member associations further on any of the issues outlined in our submission or those provided individually by our member associations.

Commentary to the terms of reference

The AHPA response provides broad commentary on the following two areas of inquiry:

- a. participant and provider experiences of the MyPlace Portal; and
- d. the impact of ICT infrastructure on the implementation of the NDIS.

AHPA is aware of the enormous challenge faced by the National Disability Insurance Agency (NDIA) in developing a portal that meets the need of a diverse range of participants and providers. We recognise that each are likely to have significantly differing needs, knowledge and experience. We also acknowledge the significant work being done by the Agency to improve the provider and participant experience in utilising the MyPlace portal. We understand this is a significant priority for the Agency and a range of work is underway to continue improving and streamlining the portal.

Given the challenges many users have had with the portal, we understand the Agency's desire to move quickly with changes to the portal. We recognise the intention of what may be sudden introductions of changes is ultimately to correct issues or implement improvements. Our intention is to be constructive in our feedback and our goal is to work collaboratively with the NDIA to improve the experience of allied health providers utilising the portal and the participants they support.

We would like to begin by highlighting the significant impact that portal issues have on participants and providers. There is widespread acknowledgement of the significant issues that have plagued the MyPlace portal, in particular the payment issues that, while largely fixed, still occasionally impact providers. However, it is our contention that there has been little focus on addressing or genuinely engaging with the impact that these have had on service providers. Each time an issue occurs, it adds significant time costs to providers who may spend significant time diagnosing issues, chasing up appropriate Agency contacts to assist in resolving the issue and then fixing the issue within their own systems or engaging with the Agency, participants, and other stakeholders as part of the fixing process. This adds very significant transactional costs for providers in their engagement with the Scheme, costs that are not covered by the NDIS and must be borne by the provider. The high level of cost for providers in engaging with the Scheme is a key reason for the uncertainty many providers have about their long term ability to sustainably run a business delivering NDIS services.

One of our key concerns is that changes to the portal are undertaken without sufficient user testing. It is our contention that systems and processes must be introduced to ensure that the consequences of changes do not impact unduly on participants and providers. While we understand the desire to implement improvements without undue delays, we note that the impact of incorrect implementations such as those outlined below can be extremely significant and as such argue that greater caution and conservatism is appropriate for implementation timeframes. We argue this is particularly important because it is often the providers or participants who are most likely to suffer the consequences and costs related to issues with the system.

The lack of testing and understanding of potential adverse impacts has been evident not only in earlier iterations of the portal but also in recent changes and updates that were made as a result of the implementation of pricing changes on July 1st, 2018.

Some of those issues include:

- The introduction of changes to the way therapy providers invoice participants for travel mean that providers can invoice participants for up to 20 minutes or up to 45 minutes depending on their geographic location. This is currently causing issues because the implementation of the calculation of the rate and its rounding to two decimal places can result in under- or over-payments of 1-2 cents. This is resulting in the need for provider to make individual manual adjustments in their own accounting systems to enable them to reconcile payments.
- When introducing new rates for Therapy supports, the NDIA made the decision to alter existing service bookings by closing all existing service bookings beyond July 1st, 2018 and replacing these with automatically assigned new service bookings at the new rate listed in the updated Pricing Guide. When doing so, the NDIA used a formula to create these new service bookings based around a consistent number of hours of service being provided each month. Unfortunately, while this approach may be appropriate for attendant care and other services a participant might receive consistently, it does not reflect standard therapy practice whereby a provider might provide an intensive number of sessions over a given period of time and then provide few, if any, sessions over a different period. This resulted in providers being left with inadequate funds in many of their service bookings. To correct this, each service booking then had to be checked by the provider to compare with the actual hours that had been planned and the provider then had to work with the NDIA to adjust these. For many providers this represented significant unpaid hours of work to resolve.

Most concerning is that the NDIA did not alert providers that it planned to do implement this change or advise them after they had. While the Agency is aware of this issue, we are not aware that there has been genuine acknowledgement of the significant impact on providers or any consideration of implementing learnings from the issue by ensuring that future changes are accompanied by consultation and/or user testing.

In addition to these issues, AHPA is also aware of issues that continue to plague the 'Provider Finder' tool. The key issue with the tool remains that of the accuracy of the information in entries and particularly the categorisation of supports. AHPA is aware of an example where an occupational therapy practice that is a provider of therapeutic supports is listed as providing 'Builder Surveyor' and 'Orthoptist' supports.

AHPA contends that this tool is an essential support for participants and their families, providing a key enabler for genuine choice and control. Without a robust, accurate source of information about providers, participants will not be able to source, select and engage with providers that meet the individual needs and goals they have identified. AHPA would like to see work undertaken to improve the systems and processes that underpin the listings in the provider finder tool to ensure greater accuracy.

AHPA also notes that recent changes introduced as recently as this month require providers to enter a participant's NDIS number, name and date of birth to make a service booking. We understand that this requirement was introduced in an attempt to limit fraudulent claims. Whilst OTA values the importance of protecting participants' funds and limiting potentially fraudulent activity, we are again receiving feedback that this change is causing significant challenges for providers in viewing and making service bookings. It is reported that a number of service bookings have reverted back to using the participant's old NDIS number. This is a further example of the NDIA implementing changes that have negative consequences for providers due to the Agency's ongoing failure to consult with those who will be affected, or to properly trial an intended change.

AHPA contends that an increased focus on consultation and user testing will eliminate many of the key issues for providers and participants and reduce the transactional cost of doing business with the Agency for providers as well as reducing situations in which a participant may experience delays in accessing services due to ICT issues.