NATIONAL DISABILITY INSURANCE SCHEME

ASSISTIVE TECHNOLOGY DISCUSSION PAPER RESPONSE

OCCUPATIONAL THERAPY AUSTRALIA (OTA) SUBMISSION

FEBRUARY 2015
INTRODUCTION
Occupational Therapy Australia (OTA) welcomes the opportunity to respond to the NDIA Assistive Technology discussion paper.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of September 2014 there were over 16,000 registered Occupational Therapists working in Australia.

Occupational Therapists are health professionals whose role is to enable their clients to participate in meaningful and productive activities. Occupational Therapists work in health care, vocational rehabilitation, physical and mental health therapy as well as variety of services to the disability sector, who seek to enhance the inclusion and participation of Australians in all aspects of our community.

Occupational therapists are the allied health professionals who cover the broadest range of Assistive Technology (AT) device types, providing holistic evaluation of the person, environments, tasks and device within a person-centered frame of reference. The responses below represent views of occupational therapists working in NDIS launch sites across Australia.

SUMMARY
The AT Discussion Paper proposes a range of strategies for delivering (AT) to NDIS participants. Some of these, such as the participant empowerment framework, support the development and recognition of participant choice and control. OTA believes this is a positive direction and step towards realising NDIS goals.

Other proposed strategies, such as the panel procurement proposal, appear to prioritise cost efficiencies over choice for key elements of the AT best practice framework (see Attachment). For example removing choice of device type, AT supplier, or capacity and the right to be a ‘customer’ on the open market.

OTA is concerned that the paper’s extensive focus on AT device and procurement does not demonstrate a sufficient understanding of AT consumer needs. OTA also believes this focus neglects that AT devices are provided as one element of a service solution embedded in a range of soft technologies, that is, expert advice and best practice steps.

OTA was disappointed the Discussion Paper lacked reference to the extensive body of work on AT service delivery and the provision of therapy supports. This evidence demonstrates soft technologies (including assessment of person, environment and tasks; set-up and trial across environments of use) are necessary to minimise abandonment and maximise outcomes.

The Paper’s Participant Empowerment Framework, and the questions around the roles of AT mentors and other ‘expert advisors’ is a positive inclusion, however OTA believes the Paper provides insufficient detail regarding the ‘procurement’ and delivery of soft technologies.

Additional consultation will be required to evaluate the systemic impacts of altering the AT supply chain: this is particularly problematic considering the key role many AT suppliers play in providing soft technologies and delivering on the AT best practice steps.

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1 ISO. (2011). Assistive products for persons with disability — Classification and terminology: ISO.
Overall, while many of the discussion points are interesting and have potential, OTA’s ability to comment is limited by the papers lack of implementation detail. Furthermore, OTA believes a sound reference base would assist in evaluating the AT Discussion Paper, particularly in terms of identifying whether proposed strategies are tested and in which circumstances they are operating, and prospectively evaluating the likelihood of adverse or unexpected outcomes4.

**OT Provider feedback: AT cannot be considered apart from the specific client, their needs, and the environment. The paper discusses AT at a basic level of delivery and although it is encouraging client participation and ownership, OTA believes the risks of clients choosing their own AT are not adequately addressed.**

**What are the impacts of bulk procurement models on choice of AT device, and choice of AT supplier?**

OTA note a range of likely impacts of bulk procurement for AT devices. These include improved costing for products and more streamlined approval processes for commonly prescribed items, but a lack of flexibility for customisation may result if trying to fit the person’s needs to a “bulk item” rather than choosing the best option for the client.

Adverse impacts however have been observed for AT suppliers – for example significantly increased difficulty and timeliness of conducting equipment trials.

**OT Provider Feedback: This is often problematic in rural areas, where the supplier is unable or unwilling to deliver the product to trial, then service following final delivery. It also does nothing to support the local businesses who are often keen to support clients and provide a “good deal”.

**Specific feedback sought by NDIS: Do you think the participant capacity building framework (Attachment 2) will help participants reach their own decisions and give them better control over choices about assistive technology solutions?**

The Discussion Paper proposed changed roles for allied health practitioners in relation to participants (Attachment 2). In many current government funding schemes, the OT has often been placed in the role of ‘gatekeeper’5, and OTA welcomes the shift to more person-centered approaches.

OTA strongly supports moves to recognise and strengthen participant skill and knowledge, and to construct systems which enable participants to direct and control elements of the AT provision process. It is however less clear how occupational therapists or other prescribing allied health will be sourced, and how contact might be initiated between occupational therapists and NDIS participants.

**OT Provider Feedback: I think the decision table is a good start, however there needs to be a link to some more specific processes. The section about choice and access to Peer Mentors and Support Systems needs more work. It is my opinion that it needs to integrate some real life situations. Many clients are likely to need reasonably high levels of support to understand: the options available to them, how these options would work in day-to-day living situations, equipment care and maintenance, safety and use in various environments that are part of the person’s life.**

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4 A good example of this type of knowledge translation, as a facet of evidence-based practice and evidence-based policymaking, can be found at [http://canchild.ca/en/canchildresources/assistive_technology_interventions.asp](http://canchild.ca/en/canchildresources/assistive_technology_interventions.asp).

Currently, extensive wait times exist in many public and community health settings, and large numbers of prescribing occupational therapists are finding their jobs are non-ongoing as bulk funding ceases. The Discussion Paper refers to the need for allied health expertise but does not address the NDIA’s allied health workforce employment strategies.

**Specific feedback sought by NDIS: How useful would it be to have access to peer support people, such as Assistive Technology Mentors?**

Peer supports are an excellent resource and already used in many settings (for example spinal cord outreach, or amputee self-help groups).

The success of AT mentors will depend upon the support and training framework available, to enable mentors to support one another (through shared expertise, experience, and applying a consistent approach to the way mentor support is provided).

Research indicates peer supporter success depends upon having a comprehensive grasp of alternatives, as well as the capacity to triage and refer (to ‘know what you don’t know’).

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**OT Provider Feedback:** It is easy to over-prescribe AT as an attempted solution to a functional limitation rather than changing a behaviour, technique, or system to address a limitation. The framework does not seem to factor in “no assistive technology” as a legitimate option for functional gain. Is the participant expected to identify their area of need, consider that multiple physiological and medical limitations, consider all appropriate AT options, and then decide “perhaps I need to adapt my approach to this task, I should increase my lower limb strength which might prevent my need for an electric lift recliner”?

OTA believes the Discussion Paper lacked sufficient detail regarding the intersect with allied health professionals such as occupational therapists, the use of professionals to train AT mentors in appropriate skills and knowledge. Furthermore, OTA believes it also failed to articulate the extent to which AT mentors may engage in AT recommendations. This level of detail is needed for stakeholders to make further comment upon the AT mentors project.

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**Provider Feedback:** Coaching clients to make their own decision about AT is already what allied health professionals do. It is essential that AHP assist with this clinical reasoning process because despite how “simple” the solution may appear, or how “savvy” the client is, a flow chart cannot replace the complex reasoning of a holistic therapist.

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**Specific feedback sought by NDIS: How important do you think “expert advisers” will be in assisting with assistive technology solutions and decision-making? What are the main skills and attributes you think they should have?**

Occupational therapists already provide expert advice on AT and its fit with lifestyle, environments of use and occupational goals. Independent Living Centres in Australia also represent an avenue for independent expert advice. OTA believes the AT Discussion Paper insufficiently canvasses these existing options.

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**OT Provider Feedback:** The role change (from OT to ‘expert adviser’) appears to be less efficient. In selecting the most appropriate AT, an allied health professional (AHP) should narrow down the field to the most suitable options (based on a complex clinical reasoning process), explain the products and how they differ, recommend the most effective item, provide
education for the equipment and its functional benefits, discuss any concerns, and discuss why other equipment would not be suitable.

An additional factor understanding that complexity is a feature of the interaction between person, environment and task - not solely a measure of the technical complexity of an AT device. The report appears to assume participants simply require information to make AT choices, however AT information should be considered as a service, not just content. As such, simply providing information is not enough for participants to truly be informed of their AT options. There are a number examples where a managed introduction / supported approach to identifying AT is required, for example:

- newly acquired SCI where participants do not have sufficient insight / psychological readiness to make decisions which will benefit their participation in the long term;
- rapid onset Motor Neuron Disease, where participants will not be ready to anticipate future stages;
- deaf-blind individuals who cannot chose without significant support and demonstration being selected ‘for them’, based on outcome evidence.

**OT Provider Feedback:** Would an AT mentor help with “simple equipment” and an expert advisor assist with “complex equipment”. It doesn’t work like that. The difficulty and skill is seen in determining the type of equipment needed, not the complexity of equipment. To make a sound decision regarding AT a thorough assessment needs to be conducted (even if only for a shower stool).

OTA believes Australia’s assistive technology service sector has been under-resourced for many decades. Additionally, there is scope for both the states and federal Government to increase the availability and roles of occupational therapists and our allied health and engineering colleagues, as well as appropriately credentialed NDIS participants and AT users.

OTA proposes this could occur through a collaborative inter-profession project, utilising a competency based approach. Substantial work has already commenced in this sphere, through an NDIS Practical Design Fund Project.

**OT Provider feedback:** Expert advisers could be allied health professionals, IT experts, researchers, scientists, it would depend on the specific assistive technology. Skills I would expect would be more than 5 years experience and attributes I would expect would be highly regarded by peers in the field of practice and contribution to their field of practice.

**Specific feedback sought by NDIS:** Provide suggestions for processes and/or activities to ensure that assistive technology solutions are identified correctly, with minimal error, and are effective in supporting participants to achieve their goals.

OTA suggest that two existing extensive bodies of research: professional clinical reasoning, and studies of equipment abandonment and non-use –provide clear and evidenced models of practice for AT which deliver on these objectives. Such works should be considered in the ongoing development of NDIA AT guidelines.

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OT Provider Feedback: Decisions are made with AT therapist who ask and assess all relevant areas and provide adequate levels of participant engagement, control, and decision making. At times, a multidisciplinary team is required.

OT Provider feedback: The discussion about how allied health professionals would be used and support systems would benefit from more specific information. It is appreciated that the NDIS may not wish to be too specific to enable the most flexibility of options, however, it would be useful to specify how the occupational therapy profession would be integrated into the allied health assessment, evaluation and support systems for the use of assistive technology. Also within this section there could be a better analysis of how equipment will be evaluated, the specific professionals likely to be involved and how this would be accounted for in the funding packages.

OT Provider Feedback: Ongoing technical, personal and functional support of the client with the trial and final devices is critical. The choice of device is important but it is often the provision of good support which makes or breaks a system.

Specific feedback sought by NDIS: What do you think of the acquisition and procurement approach (including having a third party entity manage the pricing sourcing and procurement arrangements and contracted supply agreements)?

OTA believes the acquisition and procurement approach in the report appears to minimalize the role of participant choice. It does not provide for choice of AT supplier, and an additional procedural stage is required to argue for many AT devices.

OTA believes there is an unresolved contradiction between impacts of bulk procurement on supply chain (limiting viability of smaller suppliers) and the desire for innovative and flourishing supply. If not guarded, the outcome of this could lead to a restricted market outcome for participants in their choice of suppliers.

OT Provider feedback: Further consideration should be given to how the proposed acquisition and procurement approach create barriers to entry for entities that can best develop and supply innovative solutions. A suggestion is to have fast, low burden entry to the market (such as registering interest to be informed about requests for assistive technology solutions).

Specific feedback sought by NDIS: What do you think about the use of refurbished items (assuming that all appropriate health and safety procedures and necessary safeguards will be in place)?

While there are sound financial and environmental reasons for recycling, experience in current recycling programs suggests it is essential for occupational therapists and participants to have a good understanding of the AT devices available for reissue (multiple photos, all specifications) to assist decision making.

OT Provider Feedback: it is important to harness the resources of all sectors, including the business sector, in developing innovative assistive technology solutions. There is the potential to stimulate the business sector to invest more into development of these innovative solutions, by improving the operation of the market. This could mean more private sector investment with minimal public expenditure. Key ways to improve business sector innovation include:

1. Consider ways to improve the availability of information about the demand for assistive technologies: recent, current and expected future demand. This would inform the
market/community of innovators in the business sector about the market opportunities, stimulating development and supply of innovative solutions and allowing businesses to be more confident in product volume projections, to reduce prices. For example the NDIA could have a transformative role in the development of the market by providing aggregate information about recent demand and also demand that has been identified

2. Streamlining regulation for innovative assistive technology
3. Ensure that the acquisition and procurement approach does not create barriers to market entry for businesses with innovative solutions

Specific feedback sought by NDIS: In what ways could further innovation be introduced and explored so that NDIA participants can have access to the best and brightest technical solutions?

OTA propose that substantial innovation is currently occurring (see for example Technical Aid to the Disabled). As per Hobbs et al (2009) a structured research and development framework would address current unmet need for innovations, as well as enable short run products to be brought to market in a systematic way. Key to any innovation is adequate funding, and investment in research partnerships.

SUMMARY
The AT Discussion Paper proposes a range of strategies for delivering (AT) to NDIS participants. Some of these, such as the participant empowerment framework, support the development and recognition of participant choice and control, indicate a positive direction and step towards realising NDIS goals. Others proposed strategies, such as the panel procurement proposal, appear to prioritise cost efficiencies over choice for key elements of the AT best practice framework.

OTA believes much more work needs to be done to establish AT guidelines and processes for consumers in the NDIS that both inform and protect participant choice and remain cost effective for the long term sustainability of the NDIS.
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