Vic OT Conference – Mitch Browne – Public to Private OT

Thank you for the opportunity to present today. This a personal reflection of a therapist transitioning from a public health role into a private practice role providing occupational therapy services to participants of the NDIS.

The objective of today is to provide one therapists experience of transitioning from public health to a private practice NDIS role.
By no means am I an expert in the area however it is an area of practice where there is hesitancy for experienced therapists to pursue employment in this sector. In addition, there is limited platforms for therapists to provide considered reflection on their participation in the NDIS as service providers.

Just a very brief background on my career to date to give some context to this presentation- I am a graduate from the Bachelor of Health Science- Occupational Therapy course at Charles Sturt University in Albury Wodonga. I commenced work on a part time basis in a private practice in Ballarat providing Occupational Therapy services to a variety of individuals accessing service through compensable systems.
I then gained a position at Ballarat Health Services where I worked for approximately 5 years in a variety of clinical areas including both acute, subacute and community roles.
It was at this time that I decided to pursue a position with an NDIS registered provider in the trial site of Barwon. WHR Allied Health is an Allied Health private practice with two locations Torquay in the NDIS Barwon region and the border centre of Albury Wodonga which provides services in Albury NSW, the Murrumbidgee region and Wodonga Victoria the Vic North region.

Why do this talk

Occupational therapy as a profession is well placed to assist participants of the NDIS as the profession is always striving for our clients and patients to have the appropriate resources, skills and environments to participate in all activities of life.

An element of the documented service commitment of the NDIS is to provide people with support to become more independent and included in the community. This has always been occupational therapy's priority of interventions for all of clients for many years and it demonstrates the importance of OTs involvement in the provision of support for NDIS participants.

This documented service commitment as well as other current health objectives including the Active Service Model are congruent with the long history of Occupational Therapy frames of reference and theoretical models. It isn't a new way of thinking for OTs it is what we have been aiming to achieve for many years.

There have been some challenges with the NDIS rollout that has been well covered by multiple media outlets including as recently as last week's episode of Q&A on the ABC. The challenge for me as a therapist has been trying to illustrate to other providers some of the incredible success stories that have been achieved with clients accessing supports via NDIS funding.

Upon reflection as a therapist in a public health setting in a subacute and community field there were a myriad of restrictions on the delivery of optimal service.

A major frustration for myself and colleagues that provided interventions in regard to seating and pressure care was the challenge of finding the financial resources to provide the optimal seating system for clients.

I worked on a rehabilitation ward providing occupational therapy support to clients who had recently had lower limb amputations. These amputations were often from a history of vascular condition. These clients were at high risk of further surgical intervention without the most appropriate post-operative care and this included provision of an appropriate seating system for their home and community environment. Unfortunately, these clients were often from a low socioeconomic background and were unable to provide funding for the equipment required for appropriate participation in activity.

As a therapist, I was often bound by the subsidy levels provided by the State-Wide Equipment Program and spent time attempting to access philanthropic institutions and local charity groups to assist with financial contributions for optimal equipment, which was taking vital clinical time away from the client. It would be likely that this reduced clinical time

would result in reduced functional outcomes for the client however this is purely just a personal view with no research to support.
In addition, there was always the feeling that as a therapist I only had the opportunity to complete the basics to get them to a level of safety and participation in the community. Additional services for the wants of the clients not the needs were not completed in therapy and where these clients fell in a list of priority for service was unfortunately low.

Moving to the NDIS space one of my first participants was a young guy with cerebral palsy who I assisted in identifying and trialling a replacement of his well-worn and well-travelled manual chair. It was with great relief that I was not bound by a subsidy level or spending time searching for charitable donations. The equipment I was recommending was able to meet the client's functional requirements and did not feel I was making compromises as a therapist.
As a therapist working in the NDIS the goal posts were now set by Section 34 of the NDIS Act being in regard to reasonable and necessary. As a self-proclaimed ethical therapist, it is a boundary that I feel is a positive for all stakeholders in the NDIS that being participants, therapists, planners and the wider community. As therapists, we need to justify what we are doing and why we are doing it and Section 34 provides the legal framework to prompt us to continue to question why we are providing an intervention, a piece of equipment or seeking additional therapy sessions. Section 34 provides a prompt to both pose a question to ourselves as to what we are doing as therapists but also challenge us in our clinical justification. I am not denying it can be frustrating the level of detail required to justify a piece of equipment or a request for additional funding for therapy support however it provides therapist with opportunity to reflect upon the planned service being provided and why we are doing it.

I have identified 4 main themes for consideration

Efficiency

Well planned, considered and researched decisions are pivotal in effective and efficient service provision. As a therapist, I feel that I have always attempted to provide effective and efficient evidenced based practice in previous positions. In my move to the NDIS I feel an

added layer of responsibility for providing effective and efficient service provision. Participants of the NDIS are provided with a documented amount of funding related to Allied Health input. In general, the funding for Physiotherapy, occupational therapy and speech pathology is shared between the same funding line item. This illustrates the importance of being efficient with use of time and ensuring that every session is purposeful and effective.

A challenging element of provision of services under the NDIS is the need to quickly foster a therapeutic relationship with the client. It is not an efficient use of the participants funds to sit for the extra 15 minutes and have a cup of coffee to get to know the client. As therapists, we need to be creative in order to provide efficient service without negating the pivotal development of a sound therapeutic relationship. The therapeutic relationship is as key in the NDIS as it is with any other service as the therapists may be working with the participant for a number of years.

The advent of telehealth and other technologies are also important in the efficient use of time. As therapists we need to be creative and this can include use of skype, vimeo, facetime and telehealth platforms. These technologies are common place for working in remote locations why can't we use these in metro and regional locations to increase productivity.

Manage expectations

We are aiming to be efficient and assist clients to achieve goals however we need to be realistic with the level of support that can be provided with the allocated funding.

As a therapist, it is important to be clear on what is achievable from a working perspective with the allocated funds in participants plans and to develop clear expectations on the number of sessions, reports or applications that can be achieved. The dollar figures are clearly stated next to each line item and it is important to be clear from the start to identify how many hours of support these dollar amounts equate to and how these hours could potentially be used over a 12-month period.

It is in the therapist's interest to have open and frank discussions about the level of support that can be provided with the allocated funds. This will limit the difficult conversations 6 months into the plan if funds are exhausted and expectations between therapist and

participant are vastly different. Therapists need to play their role in providing realistic expectations of the potential supports that can be provided.

It's ok to be unsure

If you have been asked a question by a participant that you are unsure of the answer it does not end favourably for participants or therapist if you provide inaccurate information. Too many rumours and myths surrounding the NDIS spread like wildfire amongst disability networks for both participants and therapist. As the NDIS continues to roll out around Australia it will be new to all and it is ok to not know the answer to every question. Incorrect information and incorrect guidance by therapist can have detrimental effects on client outcomes. There are avenues for therapists to seek correct and up to date information whether that be with NDIS engagement staff or local area coordinators or senior staff within your organisation.

Lastly Evidenced based practice

As therapists, we are constantly seeking the most effective treatment for our patients and clients. In my experience in the NDIS I have felt the consistent need to ensure skills are continuing to be developed and ensuring that I am working from an evidenced based framework. This is no different to my work in primary health however, reflecting on whether that fifth upper limb session for the week is actually providing a measurable functional gain or whether the fourth and fifth travel training session is clinically indicated? I feel that I am forever conscious of the use of time and reflecting on the evidence base as to what is best practice.

We have often completed tried and true interventions that may not have been questioned for some time as we have been working in an area for an extended period of time. I have found myself reviewing and reflecting on service delivery more intensely when working with NDIS participants. The insurance structure of the scheme means that therapists do need to provide clear justification for their intervention and this creates the significant need to be an evidenced based practitioner.

So where to from here…

As stated in the Productivity commission report it has been identified that there will be a likely shortfall in access to therapists for NDIS participants. This will be particular relevant in regional and remote locations. As a profession, I feel we are such a valuable member of a participants NDIS journey that we must find ways of encouraging therapists with appropriate skills to enter this field of work to ensure positive and effective outcomes for participants.

At present in the media and talking with some participants there continues to be reservations about the NDIS which appears to be impacting upon the recruitment of therapists to the area. As therapists engage in the NDIS field it is important to provide feedback on positive elements of the NDIS. And to illustrate that it is a space where you can effect substantial change in people lives which I'm sure is why most of us sitting here today have pursued this career in the first place.

I appreciate your time and enjoy the rest of the conference.