



## **National Disability Insurance Scheme (NDIS) Costs**

Productivity Commission Issues Paper

Submission by the *Australasian Podiatry Council* (APodC): March 2017

The *Australasian Podiatry Council* (APodC) welcomes the opportunity to make this submission regarding National Disability Insurance Scheme (NDIS) Costs. The APodC is the national peak body for podiatrists in Australia. The individual state podiatry associations belong to the APodC as our members.

Podiatry is the area Allied Health dedicated to the diagnosis, treatment, prevention, and management of medical conditions and injuries of the foot, ankle and lower limb. The conditions podiatrists treat include those resulting from bone and joint disorders such as arthritis and soft-tissue and muscular pathologies as well as neurological and circulatory diseases. Podiatrists are also able to diagnose and treat any complications of conditions, which affect the lower limb, including skin and nail disorders, corns, calluses and ingrown toenails.

A large number of Australians with sensory and physical impairments will, at some stage, require treatment of the foot and lower limb. Disability is a significant factor in the provision of podiatry services as are chronic diseases such as diabetes. Foot care is frequently overlooked in people with intellectual and developmental disabilities, who may be unable to look after their own feet. Basic foot problems such as ingrown nails can present increased clinical challenges, as can the use and fit of footwear for many people with intellectual and developmental disabilities.

As the Australian population grows and ages, the need for podiatry services will only grow.<sup>1</sup> The Australian Bureau of Statistics estimates that by 2061 the population will have grown to reach between 36.8 million to 48.3 million people with the ageing population (65 years and over) growing to between 9 and 11.1 million people.<sup>2</sup>

Although aged care-related podiatry claims may not form a significant proportion of overall NDIS participant claims due to the age requirements limiting eligible participants to those under 65 years of age, an ageing population will increase the need for podiatry services.

Podiatry is a rapidly growing industry – according to the ABS Labour Force Survey, it is anticipated that there will be 5100 podiatrists by 2020<sup>3</sup> – for comparison, there were about 4700 podiatrists registered with the Podiatry Board of Australia in 2016. Podiatrists across Australia would provide services to participants that include things like specialised assessment of skills, abilities and needs, early intervention support in children and therapeutic supports.

Issues with the speed of the rollout revolve around the readiness of some providers. Transition to the full rollout of the NDIS depends partly on the ability of disability providers to supply the goods and services demanded by scheme participants.

The Australasian Podiatry Council has received a number of enquiries from member podiatrists around the readiness of providers to provide their services to NDIS participants. A few podiatrists have experienced confusion with the process of putting through payments and other operational matters.

We require definitive information as to what is required in the service agreement with providers and clients, what compliance records are needed and other operational matters like how to access the NDIS provider portal.

There are some barriers to entry for new providers. Being that the program is still in the roll out stage, there is still confusion amongst podiatrist in regards to registering and gaining access to referrals.

For podiatrists in Queensland attempting to access information there is no Queensland Support Cluster Definitions and pricing document available on the NDIS website. This document specifically details the item codes and rebates available for therapeutics that podiatrists would be able to supply such as custom footwear and orthoses.

This directly influences the confusion as to whether podiatrists in Queensland can access the scheme, if it is worth them registering and if NDIA case managers have access to information supporting the use of podiatrists within the scheme. Currently the Queensland approved provider list does not seem to include any podiatrists.

Some of the major issues podiatrists are having centre around how to access the NDIS. There appears to be a lack of education within the NDIS staff themselves regarding how allied health registers and then access rebates. Australian Podiatry Associations in some states have received queries from member podiatrists who have been told different things depending on who they have spoken to within the NDIS call centres.

Robust planning processes and assessment tools, and sufficiently skilled and impartial planners, are important for the ongoing financial sustainability of the scheme. Each plan is prepared through conversations between the participant (or their nominee) and an NDIA representative. It is a concern that NDIA case managers may not be from a health background or have the education or resource support to appropriately recommend allied health professionals to address issues involving the lower limb.

Some podiatrists will be relying on patients, family or case managers to have an understanding of the role podiatrists play in order to have the patient referred/ choose to utilise their NDIA spend on podiatry services.

For podiatry, any low utilisation rates would be linked to the lack of education for the patient, family and NDIA case managers about the scope of practice of podiatrist and their role in addressing and improving health outcomes and overall quality of life. Currently, if a patient is managed by an NDIS planner/manager, and that planner has little to no understanding of what a podiatrist does then it is unlikely that they will refer the patient.

Podiatrists are capable of meeting the needs or rural and remote as well as diverse needs such as culture and indigenous Australians, however GP's and NDIA case managers in these areas may need to be educated on how to access podiatry services and be willing to refer to podiatrists under the scheme.

Overall, there is a general feeling of frustration regarding the lack of information to support allied health providers participate in the system and a lack of confidence that NDIS case managers are suitable educated about the roles of allied health in patient care.

Concerning the readiness of providers to shift from block-funding to fee-for-service, there will need to be education and resources developed to transition from the block-funding to fee for service model, and how this will be managed and what transparency will be provided around the fee-for-service model.

With regards to the question as to whether prices set by the NDIA are at an efficient level, some prices set in the block-funding appear to be in line with market rates, for example, \$380 for foot orthosis. However, some are grossly under-priced for example custom made footwear \$350 – currently the cheapest custom made foot wear for special needs is closer to \$1000 and considering how important appropriate footwear can be to those with special needs, situations like these need to be reviewed.

#### *References:*

1. Hugo, G. and SA, A., 2014. The demographic facts of ageing in Australia. *available at the website to the DSS website: [www.dss.gov.au](http://www.dss.gov.au).*
2. Australian Bureau of Statistics (ABS), 2013. Australian Demographic Statistics, 2012, Catalogue No. 3222.0, ABS, Canberra, various issues.
3. ABS Labour Force Survey, Department of Employment trend data to November 2015 and Department of Employment projections to 2020. (<http://joboutlook.gov.au/occupation.aspx?search=alpha&tab=stats&cluster=&code=2526>)

#### **About the Australasian Podiatry Council:**

The Australasian Podiatry Council (APodC) is the peak national body for podiatrists and their clients in Australia. The APodC represents over two thousand podiatrists in all related Commonwealth Government consultations and committees and has been the national voice of podiatry for the media, government and the Australian public for over fifty years.