

GTK REHAB

Submission to:

National Disability Insurance Agency.
Towards Solutions for Assistive
Technology – Discussion Paper

Dear Sir/Madam,

GTK Rehab is a supplier of Assistive Technology in NSW. Established in 1991, we offer complex rehabilitation equipment solutions to people with disabilities. Our Assistive Technology range includes: powered and manual wheelchairs, seating and positioning systems, beds, commodes, leisure products and walking and standing frames. GTK employs 25 staff including 4 Occupational Therapists and a Physiotherapist employed as Rehabilitation Equipment Consultants.

GTK Rehab's head office is located in Sydney with 2 regional offices in Ballina and Newcastle. We are active in both the Hunter NSW and ACT NDIS trial sites.

GTK Rehab is a foundation member of the Assistive Technology Suppliers Australasia (ATSA), previously known as the Independent Rehabilitation Suppliers Association (IRSA).

Based on our experiences within the Assistive Technology (AT) industry, there are several comments we would like to submit for consideration as part of the NDIA's review of how AT will be shaped under the NDIS. These issues will be outlined under the 3 key objectives outlined in the discussion paper:

- Maximise participant choice and control
- Support innovation
- Ensure sustainability

Maximise participant choice and control

Maximizing participant choice and control is a fundamental principal of the NDIS which is wholeheartedly supported by the AT industry. It is the principal in which our mission statement was developed. “To be leaders in providing rehabilitation solutions to enhance peoples lifestyle, by focusing on quality, value, education and an ongoing commitment to customer service”

The planning process encourages participants to consider their needs and goals. Within the AT industry, this process sets the direction of the equipment that is selected, trialed and implemented. Without the participant taking ownership of the goals formulated a successful AT outcome is not possible.

GTK Rehab has been involved in thousands of successful AT solutions over the years. It has also been proven that the participants whose goals were predetermined by a party other than themselves (including prescribing therapist, teacher, care giver or specialist) are more likely to have a compromised AT Solution. Some of these goals are dictated by the funding schemes within NSW. Participants identify they have an AT need, but will compromise on choice and control in order to gain funding for that AT need.

For example, our experience with the DVA market over the years has been limited as therapists supporting the DVA client will only consider supplying product off the DVA register, when in fact there is a more applicable product. Although there are parameters to allow the therapist to select an alternative product, they are choosing an option that is immediate and not necessarily most appropriate. As a result, participant choice is diluted.

In the above mentioned example, the participant is:

- Limited to the brands preferred by the DVA tender process
- Limited to the suppliers registered to supply DVA clients
- Unable to own his/her product

The discussion paper outlines plans to introduce a “panel of suppliers” and also “bulk purchasing” of AT products. GTK Rehab believes this will dilute choice and control for participants as the more regulated a system becomes, the less choice and control one has. We do not believe a participant will have complete choice and control when they are limited to a selection as determined by a panel of experts. Should such a path be taken,

GTK Rehab recommends the panel is well represented by ATSA and participants of the NDIS.

Supporting Innovation

GTK Rehab's product range has evolved over the years due to the innovative practice of manufacturers through product design, materials and manufacturing techniques.

Consumer choice for AT product in Australia is comparable with most other countries in the world.

With this being said, there is potential for innovative practice within

- Regional and rural NSW
- Web based assessments in AT assessment and prescription
- Encouraging AT suppliers through funding/grants to engage in efficient service delivery models that greater enhance participant choice and control
- Education of all stakeholders through accredited courses and qualifications using the AT suppliers association as the facilitator

The current model of service delivery for AT prescription is costly. Discussions between GTK Rehab and key members of the AT community confirm that the prescription process can equate to 25-40 hours of time amongst stakeholders for each prescription. A dynamic approach to AT prescription under the NDIS may see this halved and not compromise the prescription process. For example, a quadriplegic who is bed bound for a significant portion of the day, may be required to attend a seating clinic for their initial needs assessment and goal determination. In many instances, the logistics of travelling, nursing care, time and anxiety surrounding the process is at a huge cost to the participant, nursing agency and health services. An innovative practice allowing web based assessments for part or all of the goal determination process would reduce time and costs surrounding the process.

Organizations such as health, NGO's and AT Suppliers need to be encouraged to look at service delivery models that do not limit participant choice and control. The above example would be vitally important to rural participants who often are limited due to their distance from regional towns and metropolitan cities.

GTK Rehab, like many AT Suppliers have been the gatekeepers of information and often deliver the necessary training and education programs to prescribers and participant. We have sent delegates and presented at various seating symposiums, trade shows and national conferences for 15 years. This knowledge is then passed onto the wider AT community, often at no cost.

Ensure Sustainability

Bev Feeling, Carer representative, Assistive Technology Sector Reference Group is referenced in the discussion paper – “the scheme should fit the person – not the person fit the scheme” GTK Rehab’s belief is that the AT product should fit the person – not the person fit the product. It is also our belief the participant should engage an AT supplier that it is well suited to their level of disability and needs. This should be determined during the initial phase of assessment. For example, a participant with Motor Neurons Disease would be most suited to a supplier with experience in complex AT prescription and not an outlet offering low level AT equipment. The greater the complexity of the AT solution, the greater the dependence on the knowledge and services of GTK Rehab.

As detailed in the discussion paper, the NDIA believes participants AT needs will be largely met by a “panel of suppliers that successfully tender to the NDIA or a third party provider. Under the scheme, bulk supply of equipment will also be considered on a large scale contract supply arrangement.

Procurement is about driving the cost to the participant and NDIA down. AT suppliers who are unable to compete due to their size will simply go out of business. There is a perception that AT pricing is high in Australia. However, according to the Queensland Competition Authority’s 2014 report into AT pricing, the Australian AT market is highly evolved and very competitive with prices on average 24% lower than those in other countries. The following are examples of how natural market competition has kept AT pricing affordable and in turn AT suppliers honest.

Example 1: A client of GTK Rehab with a primary diagnosis of Cerebral Palsy, purchased a tilt in space manual wheelchair in 2010 from another supplier for approx. \$15000. In 2014, GTK supplied the same wheelchair for approx. \$8000.

Example 2: Powered wheelchairs are considered a high cost item. In 2008 an ADHC client was assessed, quoted and approved through the NSW PADP scheme for a powered wheelchair worth \$19120. In 2014 following a similar process (approval through Enable NSW) the client was approved for a powered wheelchair to the value of \$21019. This is an approximate price increase of 10%. GTK Rehab's operating costs since 2008 have increased by over 10% however the market dictates the price.

GTK Rehab, as an organization continues to look at how we can offer product and services in the most efficient way. We see the AT Industry as a service based industry and not one that is product based. The value add services we offer are largely absorbed by the organization and not passed onto the consumer. It is the value add services that sees GTK Rehab given the ongoing opportunities for new AT equipment with existing participants.

By limiting access to AT suppliers who are not successful in becoming a preferred supplier, the participant will lose the ability to choose that AT supplier. GTK Rehab recommends the NDIA engages with ATSA to determine suitable criteria to become an AT supplier and work with the industry to further develop the code of governance. This would allow participants to have choice and control in relation to nominating their AT suppliers.

For participants considered to have basic AT needs as per Table 3 on page 29 of the discussion paper, GTK supports the consideration of procurement. For all other levels, especially the custom made and complex solutions levels, an AT supplier must be involved and considered as a team member for the participant.

In recent weeks, a client with paraplegia approached GTK Rehab to self-fund a new wheelchair. To our knowledge this is his 4th wheelchair purchase and has decided to not involve a therapist. The client completed his own script form obtained through the internet. We have spent approx. 2 hours consulting with the client via phone and email ensuring the product will be designed to meet his needs. Although this client would be considered an expert participant under the NDIS, the specifications of the wheelchair are different to the initial design. It's not always about the suitability of the product. Products

may be suitable but they need to be designed to meet the clients need. The incorrect angle of the seat (known as seat dump) can result in a client being unbalanced in the wheelchair and therefore significantly reduces his ability to be independent.

In summary AT suppliers are product specialists. The participant may have the choice and control with product and AT supplier selection but they will continue to need the input from specialists and their support network in order to make informed decisions. GTK Rehab's experience is AT prescription needs to be effective and not efficient. The efficiencies need to come in administration and system implementation amongst all stakeholders within the disability field. There is opportunity to encourage this through technology and empowering participants to become experts in their own AT needs. By introducing a panel supply arrangement, we are at risk of losing the fundamental driver of the NDIS – participant's choice and control.

The discussion paper highlights the need for professional support for participants and opportunities to upskill their knowledge with AT. AT Suppliers offer that support not only to the participants, but the professionals supporting the participants and the funding bodies. AT suppliers need to be represented and provide input into the participant capacity building frameworks being considered.

If more information is required please do not hesitate to contact me.

Yours Faithfully

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