



AMA Submission: Joint Standing Committee on the NDIS - Independent Assessments

The AMA does not support the introduction of independent assessments in their current form and recommends the NDIA conduct further consultations with care providers and consumers prior to any action in this space. The AMA's main concerns are that independent assessments will ignore the advice of existing care providers for NDIS participants and that there is no avenue for appeal.

The AMA supports the intention of the independent assessments to develop a fairer and more equitable process to receiving an NDIS plan and would welcome a model that includes meaningful input from a participant's longstanding care providers who know and understand the complex needs of the patients.

Many of the participants and applicants to the NDIS have long lasting relationships with their GPs, and in many instances the GPs will have worked with other providers, for example physiotherapists, occupational therapists or psychologists, to ensure that the individual has received the best care tailored for their needs. The AMA is concerned that the advice and expertise of these care providers will be considered secondary to the views of an individual who does not know that participant, has never met the participant, and has only three hours to decide on the package they will receive.

One of the AMA's key aims for healthcare reform in Australia is enshrining continuity of care in the system. There is a tremendous body of evidence that demonstrates an ongoing relationship between healthcare provider and patient, both working towards the same goals, delivers the best outcome for the patient while also being cost effective.

Patient-centred care is also fundamental to the health system in Australia. At the simplest level, patient-centred care is involving the person receiving care in all decisions related to their care.

The proposed model for independent assessments undermines both continuity of care and patient-centred care, alienating existing care providers from decisions relating to their ongoing care and the individuals who will receive it.

The AMA is also concerned about the implementation of independent assessments in the rural and remote context. Any assessment must genuinely seek to understand the participant's context and living circumstances and use culturally appropriate instruments. If this process is to be introduced for all Australians, the NDIA is obliged to make it equitably accessible to all their participants across the country, in all locations.

The AMA has in the past noted that work performed by GPs for NDIS applicants is often inadequately reimbursed, the processes for GPs to support their patients' applications are obscure and that there is no mechanism for a participant's GP to engage with the NDIS-funded care that the participant is receiving. Independent assessments will not solve these issues. GPs want to be involved in the ongoing care of their patients.

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The AMA recommends instead better engagement with general practice through clarifying appropriate MBS items for completing application forms. The NDIS could develop continuing professional development (CPD) training for GPs to accompany this. Mechanisms to ensure GPs have oversight of the care their patients are receiving through the NDIS would also improve the overall level of care received. GPs report that their patients who are participants in the NDIS expect their GPs to know what care they are receiving. The NDIS is unfortunately a silo that excludes GPs. Independent assessments will not fix this and may exacerbate this problem.

There is potential for independent assessments as useful tools for GPs and other health care providers. Some GPs are not well equipped to carry out functional assessments, particularly in areas where access to allied health professionals is limited. Access to an independent assessment body which GPs can refer to assist with assessments would be useful, but this should be as an adjunct to assessment by the primary care provider, not a replacement. Genuine assessment requires a team-based approach.

The AMA is also concerned that NDIS applicants and participants will have no opportunity to appeal decisions on their plans. In particular, the AMA is concerned that these decisions could contrast with those of a participant's doctor, a situation that would mean independent medical input is not overruled but can be simply ignored.

The AMA acknowledges that reform is required and that the intentions of the introduction of independent assessments are sound. We are happy to continue engaging on this issue and help refine future iterations of this model.

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