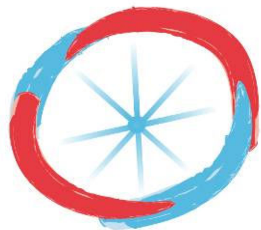


Aids and Equipment
Action Alliance
Making participation and inclusion a reality

VICTORIAN AIDS AND EQUIPMENT PROGRAM REVIEW RECOMMENDATIONS
MEMBER POLL REPORT

SUMMARY:

In summation, the range of opinions and diversity of commentary makes clear that in most cases the ‘devil is in the detail’ of each recommendation. Broad brush recommendations are very difficult to evaluate as it is difficult to forecast the implementation approach and its effect on a diverse population of people with a disability. This evidences a strong need for government to remain in close consultation with stakeholder groups as changes to the VAEP are developed. In short, respondents’ comments speak to the importance of a VAEP that is **affordable**, **timely** and **centred on person-defined needs and aspirations**. To achieve this, members advocate in their comment, the need for **budgetary resources that match demand.**

METHODOLOGY:

Following the public release of the 2006 KPMG VAEP Review report in November 2007, the Aids and Equipment Action Alliance surveyed its members to collect their responses to specific aspects of the Review.

In this Member Poll, Aids and Equipment Action Alliance members were asked to indicate whether they ‘disagree’, ‘agree’ or ‘agree only if modified’ with each of the recommendations listed in the 2006 KPMG VAEP Review report. Members were also asked to provide any comments including suggested modifications to the recommendations made.

At the time of distribution, there were 23 organisation and individual members in the Aids and Equipment Action Alliance. 12 responses were received and collated. A summary of these responses follows.

SECTION 1 - KPMG REVIEW RECOMMENDATIONS AND ACTIONS

Recommendation 1: Reposition the program to identify the target groups for this service and to articulate the policy environment in which aids and equipment are to be provided and the outcomes to be achieved.[i]

DISAGREE: 0%	AGREE: 83%	AGREE ONLY IF MODIFIED^: 8%

- *Everyone should have access to A&EP.*

'If modified' comments^:

- *Agree only if consultations with stakeholders, regarding identification and clarification of target groups are undertaken.*

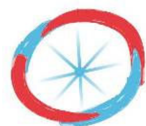
1.1 Refocus the A&EP to provide subsidised aids & equipment to improve outcomes for individuals with an emphasis on early intervention, prevention and maintenance of functional abilities of children and adults with a disability, people who are older and frail and their families and carers.[i]

DISAGREE: 0%	AGREE: 75%	AGREE ONLY IF MODIFIED^: 17%

- *Gap funding can create much stress.*
- *This requires consideration of how very low means/ single parent families can access A&EP without the indignity of having to publicly fundraise for their unsubsidised proportion of the cost!*
- *Everyone should have access to A&EP.*

'If modified' comments^:

- *Agree only if modification is undertaken regarding the term "subsidised". Requesting a clear definition of formula to be employed to determine cost to be covered by A&EP.*
- *Agree with outcomes focus but outcomes need to include more than functional focus, need to include whole ICF and all life domains.*



1.2 Elements that involve ongoing clinical and health support should be integrated within the relevant mainstream programs to ensure better outcomes for clients. The continence assistance element of the A&EP should be incorporated with SACS Continence Clinics and Continence Support Services for children to streamline continence support. [i]

DISAGREE: 25%	AGREE: 33%	AGREE ONLY IF MODIFIED^: 33%

'If modified' comments^:

- *As long as it doesn't adversely affect current clients.*
- *Want to see the detail of this: typically people are moved to 'non-existent' generic services in the guise of 'normalcy' but the net result is less service provision. For example people with intellectual disability being referred to community health or to aged care HACC services when they turn 65 regardless of whether those services can expand skills wise or demographically to service them. As long as the eligibility within these programs is broad enough to cater to clients with varying degrees of disability who still require continence products. Require clarification around whether RDNS will still be able to prescribe with SACS running it? Is there a charge for the clinic as this could preclude clients from attending?*
- *Why should people be more complicated when they have their disability to deal with?*

1.3 Responsibility for the provision of oxygen should be transferred to HARP Chronic Disease Management Services (HARP CDM). [i]

DISAGREE: 17%	AGREE: 58%	AGREE ONLY IF MODIFIED^: 17%

- *What funding contributions will be made by aged care, disability services, children's services, health and housing?*
- *It's a health issue.*

'If modified' comments^:

- *Good idea but do they have the same sorts of opening hours and access to services? How would clients know to access it and where?*
- *It would be better suited to being located in respiratory medicine rather than HARP. Concern re. whether HARP would have the most expertise and resources to run this. And would their eligibility criteria be broad enough to capture all those requiring oxygen?*

1.4 The home modifications element of the A&EP should be integrated with related services provided through the Office of Housing including the Home Renovation Advisory Service and the Home Renovations Loan Scheme.

DISAGREE: 67%	AGREE: 8%	AGREE ONLY IF MODIFIED^: 25%

- *I think a single point is better.*
- *The ArchiCentre plays a positive role in home mods. It would be a shame if this relationship was lost through a shift to Office of Housing management.*
- *Need to ensure the system is really integrated and not moved to Dept of Housing.*

'If modified' comments^:

- *OTs have big concerns with this as Office of Housing is experienced as bureaucratic, with poor policy framework and limited resources. Very slow to deal with in many regions and issues with workmanship and responsiveness. OTs needing to check and recheck modifications etc.*

1.5 Implement a cross-departmental governance structure for the A&EP incorporating representatives from all relevant policy areas including Aged Care, Disability, Children, Health and Housing.[i]

DISAGREE: 17%	AGREE: 58%	AGREE ONLY IF MODIFIED^: 17%

- *How would funding be allocated between agencies?*
- *Would influence/feed information better.*
- *Money for more administration.*
- *Any communication openings will be beneficial.*

'If modified' comments^:

- *Should include major stakeholders/ peak bodies, not just government departments. Could be conflict of interest.*

<u>**Recommendation 2:**</u> The provision of aids and equipment should improve outcomes, with an emphasis on early intervention, prevention and maintenance of functional abilities, for people with a disability, people who are older and frail and their families and carers.

DISAGREE: 0%	AGREE: 83%	AGREE ONLY IF MODIFIED^: 17%

<u>'If modified' comments^:</u>

- *It should also ensure that necessary aids and equipment are available to people with a disability, frail older people and their families who may have independence functional abilities. It is important to maximise the functional independence of people with a disability for as long as possible.*
- *Agree with outcomes focus but outcomes need to include more than functional focus, need to include whole ICF and all life domains.*

2.1 A common, comprehensive assessment framework should be established for each target group to determine an individual's need for specific aids and equipment in light of the individuals' circumstances, lifestyle choices and goals consistent with the policy context for each target group.

DISAGREE: 0%	AGREE: 75%	AGREE ONLY IF MODIFIED^: 25%

<u>'If modified' comments^:</u>

- *Would work for standard equipment/diagnosis. Our assessments in disability are very much more comprehensive and lengthy than hospital/ rehab based assessments generally speaking.*
- *Declaration of exactly what "target groups" defines. Need for specific target groups, thereby needing specific assessments, not "common".*
- *Agree with assessment based on individual circumstances, lifestyle and goals. Do not agree that these must match policy context or that a common framework is necessary.*

2.2 Establish a transparent prioritisation framework to determine an individual's priority for specific aids and equipment that takes into consideration personal outcomes for the client, including the overall improvements to a person's quality of life that will result from access to the equipment, as well as the risks of not receiving the items.

DISAGREE: 0%	AGREE: 75%	AGREE ONLY IF MODIFIED^: 25%

- *Ensure programme is adequately funded so we don't get great prioritisation strategies that end up excluding all but a few as the $$ are not there thus the benchmark of what constitutes a priority is raised higher and higher.*

'If modified' comments^:

- *And which takes into account the health and safety needs of the carer and the risks of carer injury.*
- *Agree however would want to see how the prioritisation process would occur.*

2.3 Individuals should be able to access the program based on their relative and changing circumstances. For example, restrictions such as allowing people to access home modifications more than once per lifetime should be removed.

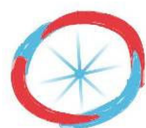
DISAGREE: 0%	AGREE: 92%	AGREE ONLY IF MODIFIED^: 8%

- *Excellent – although some OTs concerned about this being abused and therefore some miss out as the $$ used up for serial renters!!*

2.4 As part of this process, the Victorian and Australian Governments should work together to develop an appropriate service response for people who fall through gaps in the system, including people in receipt of a CACP and those who require disposable continence aids. This is an issue for urgent attention.

DISAGREE: 0%	AGREE: 67%	AGREE ONLY IF MODIFIED^: 33%

- *Would need a significant injection of funds to do this.*



'If modified' comments^:

- *People with Deaf blindness should be included under the electronic communication device scheme for provision of faxes (as for some this is their only means of telecommunication) and adaptive computer technology also to support telecommunication.*
- *Modified to include people who are no longer in community based program, i.e. nursing homes and other alternative placements.*

Recommendation 3: Access to aids and equipment should be based on an individual's circumstance, their lifestyle choices and their capacity to benefit.[i]

DISAGREE: 0%	AGREE: 75%	AGREE ONLY IF MODIFIED^: 17%

- *"Capacity to benefit" needs to be broadly defined beyond function.*

'If modified' comments^:

- *And consider the safety and wellbeing needs of the carer.*
- *Not only lifestyle and environment.*

3.1 Strengthen the interface between the A&EP and prescribing therapists in order to reduce unnecessary administrative burden on therapists, thus enabling more timely access to therapy assessments. Provide professional development in relation to assessment and prescription of aids and equipment to meet client needs.[i]

DISAGREE: 8%	AGREE: 67%	AGREE ONLY IF MODIFIED^: 17%

- *Yes, yes, yes from every OT responding in Vic re. Interface.*
- *Strongly agree, people with disabilities are individuals.*

'If modified' comments^:

- *Standard equipment for disability populations e.g. Modular seating, is more expensive than customised equipment, also on reissue would need modification (add/remove parts).*
- *Agree on reducing admin burden but standardised prescriptions and reissues is not a desired general strategy.*

3.2 Investigate opportunities to improve access for equipment purchase, maintenance and repair to maximise the affordability of private ownership.[ii]

DISAGREE: 0%	AGREE: 75%	AGREE ONLY IF MODIFIED^: 8%

- *This is out of reach of a lot of disability clients. Although for clients in better socio-economic areas e.g., when scooter deemed unsafe by therapist they will purchase themselves.*

‘If modified’ comments^:
- *This may require means testing, as well as the provision of totally subsidised access for very low income families.*

Recommendation 4: Greater equity should be embedded to facilitate affordability.[iii]

DISAGREE: 8%	AGREE: 50%	AGREE ONLY IF MODIFIED^: 8%

‘If modified’ comments^:
- *How would this be achieved?*

4.1 Implement a process for periodic review of subsidy levels to maintain affordability of items for clients. Subsidy levels should be indexed annually.

DISAGREE: 0%	AGREE: 75%	AGREE ONLY IF MODIFIED^: 25%

- *Make it annual.*

‘If modified’ comments^:
- *Subsidy levels should allow for the numbers of PWD and families who are in the lowest 2 income percentiles.*
- *Ceilings should be reset now at a realistic level considering the number of years they have not changed and this will help determine funding required to sustain the program into the future and then the ceilings should be reviewed annually.*
- *Why review because disability doesn't change for most people with disabilities.*

4.2 Review the system of client contributions to address issues of capacity to pay including consideration of an annual cap for families or individuals requiring multiple items, recognition of key transition points in a person's life, and alternative purchasing and contribution mechanisms such as an annual equipment rental fee.[iv]

DISAGREE: 8%	AGREE: 50%	AGREE ONLY IF MODIFIED^: 17%

'If modified' comments^:

- *Ensure that low income families or PWD are not disadvantaged by inability to pay!*
- *Agree that work is needed to make equipment provision more affordable.*

Individual items within this action point were separated and surveyed:

- Means test VAEP

DISAGREE: 33%	AGREE: 42%	AGREE ONLY IF MODIFIED^: 25%

- *But prefer it to be fully subsidised scheme.*
- *Needs more thought and discussion.*

'If modified' comments^:

- *Please ensure people and families of low income can access A&EP as they need it!*
- *What is meant by "means test"? Clients in our area may be asset rich but cash poor because of the value of their homes. I don't believe that clients should have to sell property/assets to access program, but should contribute if they have sufficient funds. Most people pay if possible because of the waiting period required. This seems an unnecessary burden of time, and invasion of client privacy. The items requested are not 'luxury' items, they are essential to daily life. I think funding should be similar to the PBS system – where approved items are available to all. I would prefer to see funding used on people who need items, rather than on complex administration systems to determine who should or shouldn't benefit. This is a wealthy country, surely we can provide essential equipment for those with disabilities, regardless of their financial circumstances. Concerns re. how this would be assessed. It is important that the therapist is not involved in the means testing as it impacts on the therapeutic relationship. There is also an issue around clients who are asset rich but income poor.*
  This (renting) creates increased paperwork and general bureaucracy.
- *Agree in principle but without the use of e.g. Centrelink eligibility which is too restrictive e.g. working families, families with more than one member with a disability.*

- Include an annual cap on the total contribution an individual or family is expected to make. i

DISAGREE: 17%	AGREE: 67%	AGREE ONLY IF MODIFIED^: 8%

- *Can get very expensive but program must be able to meet their needs fully.*
- *It is understood that DHS has rejected this Rec. Even if a means test is too contentious to implement at this point, this part of the recommendation should be accepted.*

- Allow those who do not meet the means test to pay for items at the lower cost VAEP can buy them for, OR rent them via VAEP.[i]

DISAGREE: 8%	AGREE: 75%	AGREE ONLY IF MODIFIED^: 8%

- *Prefer this to present situation but ideally believe program should be about greatest need regardless of income with means testing.*

'If modified' comments^:

- *Only if a means test introduced.*

4.3 Redevelop the prioritisation criteria to ensure that resources are effectively targeted to those most in need including implementation of a process of means testing linked to the criteria used by, for example, Centrelink or other programs such as HACC.[i]

DISAGREE: 25%	AGREE: 42%	AGREE ONLY IF MODIFIED^: 25%

'If modified' comments^:

- *Agree if not additional means testing forms need to be completed.*

Recommendation 5: The supply of aids and equipment should occur in a cost effective manner.[v]

DISAGREE: 0%	AGREE: 58%	AGREE ONLY IF MODIFIED^: 0%

5.1 Establish a single statewide Aids and Equipment Centre to improve client access and timely provision of aids and equipment, facilitate greater operational efficiency and to develop statewide consistency in the provision of aids and equipment.

DISAGREE: 8%	AGREE: 67%	AGREE ONLY IF MODIFIED^: 25%

- *Access by rural clients would need to be considered.*
- *Good idea in theory. Lose potentially the working relationship with coordinator which is very handy when a situation is very urgent/ desperate. Does make it fairer statewide. Need to ensure good emergency procedures are in place.*
- *Statewide only cut a couple of jobs. A statewide centre would cover PWD all the time even country people.*

'If modified' comments^:

- *Concerned that this will mean people in the metro area may have priority over rural. Access to trial equipment and being able to get quotes is already difficult in rural areas. Strongly agree. Systems operating for TAC and DVA use this model, and it works very well. Agree to centralised processing, however would still require local equipment depots in order to arrange equipment trials.*
- *It may be more efficient and effective to separate children's and adult A&E issuing services because of specialist expertise. Also there are currently good links within the RCH network of services and this is a centre much more likely to have direct contact with the user. Further, the user must be safeguarded from increased transport costs, greater difficulties in trial and prescription process.*

5.2 Develop a new IT platform to support service delivery, tracking of stock, data collection and budgeting. This should also facilitate improved reporting and planning, a more equitable distribution of resources and maximum efficiency within the program.

DISAGREE: 8%	AGREE: 83%	AGREE ONLY IF MODIFIED^: 8%

- *I think there is a lot of unused equipment that could be reissued and save money. However, people shouldn't be pressured to return it and also requested to return - older people usually return equipment if they think they're being a problem when they would use it if nobody said anything and they would be safer.*
- *PADMIN is embarrassingly old – no mouse, DOS based, can't download stats from it – about time*
- *Waiting list should be connected with specific target groups.*

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5.3 Implement alternative purchasing arrangements to enhance the purchasing power of individuals and the program and to achieve improved service delivery in relation to reissue, maintenance and repair. Consideration of new approaches, including establishing a pool of pre-qualified or approved suppliers of aids and equipment via a competitive tendering process, the development of a loan/rental capacity for high demand or high cost items, direct payments to clients and processes for reissue of items. [ii]

DISAGREE: 0%	AGREE: 67%	AGREE ONLY IF MODIFIED^: 17%

- *This would also reduce wait times through obviating the need for seeking quotes.*
- *Needs more discussion.*

'If modified' comments^:
- *As long as the pool is large enough to allow good access in rural areas. Concern around obtaining customised equipment options for clients with high needs depending on which equipment companies win the tender. Also, will the prequalified suppliers be chosen based on cost alone or customer service and post sale service? (loan rental) Useful for palliative clients or clients with degenerative conditions, although does not take into account the need for customised or bariatric equipment. NOTE report does not explicitly say what to do with currently excluded groups such as palliative and rapidly deteriorating conditions.*

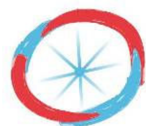
Individual items within this action point were separated and surveyed:

- Pool of preferred or prequalified suppliers which would mean no need to supply quotes for each application [i]

DISAGREE: 25%	AGREE: 42%	AGREE ONLY IF MODIFIED^: 25%

- *With pool, you're cutting out competition.*

'If modified' comments^:
- *OK for standard items but may need a different approach for modified/special equipment.*
- *This will only work for low end standard equipment.*
- *Great for standard items but not customised. With disability we have specific suppliers who customise very well and we would need to be able to continue to use these suppliers for our client group.*



- Development of a loan / rental program for high demand or high cost items.[i]

DISAGREE: 17%	AGREE: 58%	AGREE ONLY IF MODIFIED^: 17%

- *Our client group would not be able to afford a loan and most equipment they need is high cost due to their high physical support needs.*
- *Adds cost to PWD and the majority are low income.*

<u>'If modified' comments^:</u>
- *High cost equipment often is customised, hence not easy to set and therefore loan and few companies hire the high cost equipment.*
- *Not to be used in lieu of funding for purchase.*

- Direct payments of cash to clients to purchase their own equipment (without quotes)

DISAGREE: 42%	AGREE: 17%	AGREE ONLY IF MODIFIED^: 42%

<u>'If modified' comments^:</u>
- *If there is support from therapists or people with the expertise required as supply of AT is complex and if training is required who then does this?*
- *We need to ensure that money is used for equipment purchase and needs to be available for urgent situations. Could potentially make clients choose between a number of essential equipment items which are all equally as essential to wellbeing, participation and function.*
- *Modified to remove "without quotes".*
- *Needs debating in another context, e.g. May shift the administrative burden to the family.*

SECTION 2 - Government Comment on the KPMG Review (quote from statement made by Executive Director, Disability Services)

The Department, does not accept recommendations to review client contributions including the suggested further investigation of the suitability of introducing 'capacity to pay' models and the consideration of means testing. [ii]

DISAGREE: 58%	AGREE: 17%	AGREE ONLY IF MODIFIED^: 8%

- *Think there are people who are capable of paying for their equipment but do not want therapists to have to ascertain who can and cannot pay.*
- *This would be a good way to prioritise applications.*

'If modified' comments^:
- *At least look at annual caps.*

SECTION 3 - Further recommendations made by AEAA members on VAEP Review Advisory Group:

1. Need a stronger statement of need for large scale increased investment –whole reform strategy needs a budget

DISAGREE: 8%	AGREE: 83%	AGREE ONLY IF MODIFIED^: 8%

- *Needs to be transparent.*

2. Need a greater recognition of the urgency of the problem

DISAGREE: 8%	AGREE: 83%	AGREE ONLY IF MODIFIED^: 8%

3. Introduction of maximum waiting times for priority items after which a designated resource pool could be utilised to ensure supply to recipients. These wait times could be differential relating to the nature of the equipment and the degree of risk of inaction, including accounting for the developmental age of the recipient.

DISAGREE: 17%	AGREE: 75%	AGREE ONLY IF MODIFIED^: 8%

- *Take into account needs of carers.*
- *That would be great. There is a risk that quality of life for assisted individuals would be lost in the system due to decreased functional change as a result of prescription. These are equally as valuable.*

<u>‘If modified’ comments^:</u>
- *Also include where there is a risk of injury to the carer.*

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[i] 8% did not respond
[ii] 17% did not respond
[iii] 33% did not respond
[iv] 25% did not respond
[v] 42% did not respond