

# **Annual pricing review 2021-2022**

**Submission by Osteopathy Australia to the National  
Disability Insurance Scheme (NDIS)**

**November 2021**

## Contact

Contact Peter Lalli, Senior Policy Officer- Clinical Excellence, for questions or comments about this submission via phone: (02) 9410 0099 or email: [clinicalpolicy@osteopathy.org.au](mailto:clinicalpolicy@osteopathy.org.au)

## Executive summary and recommendations

Osteopathy Australia welcomes the opportunity to lodge a submission to the NDIS for its annual support pricing review 2021-2022.

We are regularly involved in discussions concerning the NDIS, legislative and operational issues through our frequent involvement with Allied Health Professions Australia's Disability Working Group, liaisons with participants and service providers themselves, including members of Osteopathy Australia servicing self and/or plan managed participants, and other providers. As such, this opportunity for feedback is valued and we hope the scheme receives our feedback in a spirit of partnership toward improving the service experience for NDIS participants and creating the person-centred flexible scheme that was originally envisaged.

Our recommendations in summary are that:

**Recommendation 1:** the NDIS should release a summary report of key feedback themes captured, what it will consider and will not consider, why or why not following each consultation. These summaries should be forwarded to each stakeholder contributing feedback to an inquiry as a measure of courtesy.

**Recommendation 2:** the NDIS should combine all item pricing information within a single scheme reference document. This recommendation would minimise potential for inconsistencies that may occur in featuring pricing information in multiple parallel documents per current practice. In addition, it would reduce need to update one document whenever another is changed.

**Recommendation 3:** the NDIS should consider merging all support pricing items with broadly similar service objectives to simplify the existing range of support times.

**Recommendation 4:** the NDIS should clearly outline all item codes for use in billing for services against specific support plan goals within each participant's approved plan to avoid confusion. This would enable plan managers, providers and participants to more easily cite the price limits for an item within the single pricing resource suggested at *recommendation 2*.

**Recommendation 5:** to provide for a diversified and cost-efficient future service market, the NDIS should move away from a registration approval model for allied

health professionals based upon titles, and toward one based on professional scopes of practice per the Medicare Benefits Schedule precedent.

**Recommendation 6:** the NDIS should amend all support guides, removing the limited profession specific criteria for registration to provide movement or physical enablement/rehabilitation clinical care, and disability related health support for pain. For domains of musculoskeletal functional care, guides should simply specify ‘AHPRA registered neuromusculoskeletal practitioners’.

## **Osteopaths and people with a significant lifelong disability**

Osteopaths are skilled government regulated allied health professionals applying adaptable and diverse clinical management approaches. Osteopaths complete a dual Bachelor or Bachelor/Masters qualification covering functional anatomy, biomechanics, human movement, the musculoskeletal and neurological systems as well as clinical intervention approaches.

As a defining characteristic, the osteopathic profession emphasises the neuromusculoskeletal system as integral to function and uses client-centred biopsychosocial approaches in managing presenting issues. Evidence informed reasoning is fundamental to case management and clinical intervention. Osteopaths prescribe skilled clinical exercise, including general and specific exercise programming for functional improvement in activities of daily living. ii

Osteopaths are consulted for advice on physical activity, positioning, posture, and movement in managing a diverse range of neuromusculoskeletal functional impairments. Most osteopaths are consulted within primary care practices, being a key source of allied health advice for tens of thousands of people per week. Osteopaths work within hundreds of primary health care practices, both osteopathy specific and multidisciplinary. Osteopaths also work in aged care, disability service or rehabilitation settings/programs, including settings receiving state jurisdictional or Commonwealth government funding.

For people with acute or persistent pain, osteopaths may offer lifestyle and/or movement advice, injury specific exercises, manual therapy, and health promotional strategies to aid symptom recovery. Osteopaths apply contrasting clinical management approaches when managing people with significant physical disabilities and/or other disability syndromes with a physical impact. Osteopaths grow skills for self-coping and community participation as the overarching goal, despite what may be persisting health care symptoms.

Osteopaths, applying person-centred care:

- Review and identify functional capacity and movement barriers to individual goal fulfillment and/or community participation
- Aid and educate participants, their families and carers on mobility, mobility strategies and whole-body movement for participation in the home and community
- Assist participants in developing and applying physical skills needed for activities of daily living, including coordination, strength, flexibility, stability, conditioning, and balance
- Assist participants in establishing whole body movement styles and postural interventions preventing injury in activities of daily living
- Where appropriate, manage pain associated with movement that could compound core activity limitations.

Osteopaths, in meeting these disability care objectives:

- Observe participant movement and function in specific environments to assess barriers to whole-body physical skill use
- Perform assessments of physical function, including but not limited to muscular strength, joint movement, and limb function
- Recommend and prescribe mobility equipment assisting participants to stand, walk and move around more easily or independently within their home, school or local community
- Provide advice and education to participants on positioning and posture in undertaking daily living activities
- Design and prescribe exercises, motor related activities and tasks, whether land or water based (hydrotherapy) that can enhance whole-body movement or specific functional skills.

These skillsets inform tertiary educational content for all osteopaths in the country. Osteopathy regulators, the Australian Health Practitioner Regulation Agency (AHPRA) and Osteopathy Board of Australia (OBA), require each osteopathy registrant to possess attributes and skills aligned with the *Capabilities for Osteopathic Practice (2019)*. Osteopaths must make a measurable contribution to neuromusculoskeletal function, adhere to best available neuromusculoskeletal

evidence, work in an interdisciplinary and coordinated fashion, and encourage individual empowerment in clinical care.<sup>i</sup>

Specifically, on graduating an osteopathy course, registrants must be able to:

- Identify and understand individual goals and concerns
- Evaluate the social determinates of core activity limitations interacting with physiology
- Develop and review management plans based on sound clinical evidence to facilitate optimum participation in activities of daily living
- Development clinical management interventions incorporating manual therapy, exercise and activity-based interventions, educational interventions, and assisted movement strategies
- Apply appropriate standardised outcome measures for milestone mapping, including measures of disability and function.<sup>ii</sup>

These overlapping capabilities are shared by other allied health professionals, including musculoskeletal physiotherapists<sup>iii</sup>; as such, they are interdisciplinary. Many osteopaths are consulted by self and plan managed NDIS participants for support goals associated with growing neuromusculoskeletal functional skills for daily activities- among the most important being independent living skills like mobility, coordination, physical conditioning, gross and/or fine motor skill management and dexterity. Osteopaths also work with carers, families, plan managers and support coordinators to maximise participant capacity for community participation.

## **Osteopathy Australia**

Osteopathy Australia is the national peak body for the osteopathic profession. We promote standards of professional behaviour over and above the requirements of AHPRA registration. A vast majority of registered osteopaths are members of Osteopathy Australia.

Our core work is liaising with state and federal government, and all other statutory agencies, professional bodies, and private industry regarding professional, educational, legislative, and regulatory issues. As such, we have close working relationships with the Osteopathy Board of Australia (the national registration board), AHPRA, the Australasian Osteopathic Accreditation Council (the university accreditor and assessor of overseas osteopaths), schemes in each jurisdiction, and other professional health bodies through our collaborative work with Allied Health

Professions Australia (AHPA). Osteopathy Australia sits on AHPA's Disability Working Group that explores and reviews legislative, reform and operational issues for the allied health sector. We also engage extensively with service delivery networks in the community, including plan management organisations, individual plan managers, support coordinators, NDIS scheme staff and with participants themselves. In our capacity, we offer this submission to the NDIS *support pricing review 2021-2022*.

### **Opening comments**

While Osteopathy Australia greatly appreciates every opportunity to offer comment on the NDIS, we have responded to an inordinate number of scheme consultations throughout 2021. We would hope the scheme is genuinely taking on feedback captured in its review processes and that these are not merely 'tick the box' opportunities. There is not a single summary released on themes captured, what the scheme will take onboard, what it will not, and why or why not following a consultation. To stakeholders outside of the scheme bureaucracy, it can appear that feedback is simply relegated to a black hole.

It is not satisfactory that the scheme receives regular feedback on how to strengthen provider markets, better manage demand, reduce cost pressures, as well as offer greater choice and control, yet does what appears to be little with it.

**Recommendation 1:** the NDIS should release a summary report of key feedback themes captured, what it will consider and will not consider, why or why not following each consultation. These summaries should be forwarded to each stakeholder contributing feedback to an inquiry as a measure of courtesy.

## How can support pricing arrangements be communicated in a simpler way?

The NDIS maintains multiple confusing documents associated with support pricing. The scheme has published the very extensive guideline, *NDIS Pricing Arrangements and Price Limits 2021-2022*. This guideline contains program delivery specifications by program or service cluster, and features pricing information; however, any reader must review the very large document in detail for snippets of pricing information. The scheme also offers the *NDIS Support Catalogue 2021-2022* as a standalone parallel reference spreadsheet. Interestingly, this spreadsheet contains a more concise overview of item prices despite that its name implies a peripheral relationship to pricing alone. This confused arrangement causes administrative burden, excessive follow-up by participants and plan managers, need to cross match between reference documents, delays in invoicing, and additional inquiries to the scheme.

Furthermore, as an organisation, we have been contacted by some plan managers unsure of specific items to apply once a participant has consulted an osteopath, participants themselves with concerns, and our own members during the billing process. We realise participant support plans themselves often provide an overall budget amount for use in achieving specific support plan goals, however, there is no indication of item codes that ought to be applied by providers billing for services provided to assist a participant in achieving plan goals.

**Recommendation 2:** the NDIS should combine all item pricing information within a single scheme reference document. This recommendation would minimise potential for inconsistencies that may occur in featuring pricing information in multiple parallel documents per current practice. In addition, it would reduce need to update one document whenever another is changed.

**Recommendation 3:** the NDIS should consider merging all support pricing items with broadly similar service objectives to simplify the existing catalogue of support items.

**Recommendation 4:** the NDIS should clearly outline all item codes for use in billing for services against specific support plan goals within each participant's approved plan to avoid confusion. This would enable plan managers, providers and participants to more easily cite the price limits for an item within the single pricing resource suggested at *recommendation 2*.

## How can the NDIS diversify markets, generate competition, and make costs more sustainable?

Page 14 of the consultation document for the consultation states that most providers for therapeutic supports are charging at or close to the upper pricing limits for plan managed participants. The scheme itself indicates this could herald market supply issues, competition limitations and/or poor use of existing qualified provider resources in the diverse communities serviced by the NDIS. This mix of factors makes the scheme's decision to preclude certain allied health professions, including osteopathy, from being formally registered to provide specific support items ever more perplexing. It appears the NDIS is content to restrict competition to physiotherapy primary practices only, where it is clear this tried and tested approach has failed--- despite that the clear overlap in professional scopes of practice.

Sadly, the NDIS has tended to create arbitrary distinctions between professions and use these arbitrary distinctions to restrict market supply. It is accurate to say the market problems now observed are largely of the scheme's own making. Far more often than we would hope, the NDIS has designated osteopathy as a profession that exists on the 'health' side of the care continuum and physiotherapy as one which traverses the 'health/disability' divide. Consequently, the NDIS has pigeonholed one of the fastest growing allied health professions in Australia and failed to make use of expanding workforce resources. Not only do the national competencies of the professions relate (both borrow heavily from CanMED), but in other Commonwealth Government portfolios, namely, the aged care funding stream--- facilities and providers are increasingly hiring osteopaths for 'traditional physiotherapy roles'; osteopaths can provide the same Aged Care Funding Agreement (ACFI) 12 complex care services as physiotherapists. For the Medicare Benefits Schedule (MBS) osteopaths and physiotherapists can provide the same complex care services to eligible people referred by a Medical Practitioner. The MBS relies on competency rather than titles in market design, and this is a sound precedent for NDIS reference.

Further, in NSW, osteopaths and physiotherapists can provide identical items featuring the same service specifications (including rehabilitation assessments, movement - based programs and rehabilitative group interventions) for people with impairments eligible for NSW SIRA scheme management. Osteopaths and physiotherapists alike may also be employed to provide functional capacity assessments and reviews of disability permanence in NSW SIRA, Victoria WorkSafe and Transport Accident funded rehabilitation services. Yet, the NDIS ignores all these commonalities. This must change for a sustainable NDIS and service market.

**Recommendation 5:** to provide for a diversified and cost-efficient future service market, the NDIS should move away from a registration approval model for allied health professionals based upon titles and toward one based on professional scopes of practice per the Medicare Benefits Schedule precedent.

**Recommendation 6:** the NDIS should amend all support guides, removing the limited profession specific criteria for registration to provide movement or physical enablement/rehabilitation clinical care, and disability related health support for pain. For domains of musculoskeletal functional care, guides should simply specify 'AHPRA registered neuromusculoskeletal practitioners'.

## References

---

<sup>i</sup> Osteopathy Board of Australia, *Capabilities for Osteopathic Practice (2019)* [online]; <https://www.osteopathyboard.gov.au/Codes-Guidelines/Capabilities-for-osteopathic-practice.aspx> pp. 3-8

<sup>ii</sup> Osteopathy Board of Australia, *Capabilities for Osteopathic Practice (2019)* [online]; <https://www.osteopathyboard.gov.au/Codes-Guidelines/Capabilities-for-osteopathic-practice.aspx> pp. 9-17

<sup>iii</sup> Physiotherapy Board of Australia, *Physiotherapy Practice Thresholds Statement* [online]; <https://www.physiotherapyboard.gov.au/Accreditation.aspx>