10.12.21

The Hon Linda Reynolds CSC
Minister for the National Disability Insurance Scheme
Minister for Government Services

cc

Martin Hoffman
CEO- National Disability Insurance Scheme

We refer to the now released guideline on disability related health supports (NDIS, November, 2021, available at: https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/disability-related-health-supports) and request further engagement with the scheme regarding the risks it poses for participants and the scheme's rationales for accepting these risks.

Osteopathy Australia is concerned this guideline and the decisions that will be made on its basis leave many participants dangerously exposed to inadequate access to disability related health supports- particularly for the neuromusculoskeletal health interfaces or impacts of a disability syndrome or syndromes. As an example, the guideline infers that where directly related to the impacts of disability, the following supports would be approved on an almost blanket basis, where all others beyond the following would be subject to reasonable and necessary principles: epilepsy, podiatry, wound/pressure care, continence, diabetes management, nutrition, respiratory or dysphasia supports.

There are many conditions or syndromes causing disability that the NDIS accepts as impacting the integrity and health of the neuromusculoskeletal system, including:

- Amputations
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type icthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis
- Diseases of myoneural junction and muscle
- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy

- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia)
- Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A
- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Some of the impacts or interfaces of these conditions or syndromes include local, regional and/or broader referred pain, compensatory movement patterns, physical deconditioning and beyond. Both the range of neuromusculoskeletal disability syndromes accepted by the NDIS and related support needs experienced by participants make the omission of musculoskeletal health supports by allied health professionals, including osteopaths, perplexing. Participants with these syndromes who are self-managed or plan-managed may consult an osteopath or other allied health professional for skilled care incorporating manual therapy, exercise programming, pain management services, movement advice and education to limit flair ups of pain or other issues relating to a disability syndrome.

While pain and compensatory movement issues are experienced by people without a disability, their frequency or intensity in scheme participants typically renders services within the Australian health care system inadequate for matched levels of care and support. Participants should not need to rely on acute or subacute services to assist them as a last resort due to exhausting the limited Medicare services they are entitled to in a calendar year. Beyond gross misuse of intensive hospital resources, this would mean participant needs have become complex to a point they may no longer be appropriate for management at a community level. This has the effect of hemming participants into an intensive ‘service-centred life’, counterintuitive to the stated intent of the NDIS and contemporary driving philosophies of disability care.

Further, we note that some services available through Medicare's Chronic Disease Management Program (CDM) for people with and without a disability are prioritised for duplicate funding as disability related health supports within the released guideline. Why it is that some services available in the health care system are being prioritised for duplicate funding by the NDIS where others are not, and some participant groups are being prioritised for additional care over musculoskeletal participant groups is a subject we wish to discuss with the NDIS.

Osteopathy Australia and many other stakeholders wish to see a society where all people with a disability receive adequate access to appropriately matched disability related health supports and are not forced to fall through the proverbial gaps or be relegated to a life in acute and subacute services.

We request a meeting with scheme representatives at the earliest convenience to discuss these concerns in greater depth.

For further engagement, I can be contacted via email: clinicalpolicy@osteopathy.org.au or phone: 02 9410 0099.

Sincere regards

Peter Lalli

Senior Policy Officer- Clinical Excellence
Osteopathy Australia