Policy Document

Disability Care and Support Policy

Background

The Australian Medical Students’ Association (AMSA) is the peak representative body of Australia’s medical students. As the future doctors of Australia, AMSA believes that all sections of the community should have the right to the best attainable health.

In August 2011, the Productivity Commission released its report into Disability Care and Support services. The report was the result of an 18-month inquiry, with the goal of establishing a long-term disability care and support scheme. [1]

The report found that the current schemes providing support and funding for disability care are underfunded, inflexible, and do not protect the welfare of those with long-term disabilities. The current state-based systems are inconsistent, being described by the commission as a “lottery”. The level of support received is determined by the mechanism and circumstances of the injury, with care initiatives and coverage differing between states. Even so, existing schemes fall well short of covering the high costs associated with living with a disability. Further exacerbating the problem are the spiralling costs of disabled care, with the limited funds available being given to those who are in crisis. Early intervention is largely ignored, leading to a greater chance of comorbidities and an increased economic cost to treat these patients into the future. [1]

The National Disability Insurance Scheme (NDIS)

The Commission proposed a National Disability Insurance Scheme (NDIS), covering all who suffer from long-term disability. Under the NDIS, those that qualify for coverage will have personalised funding packages based on their degree of disability and their need of support. This budget can then be spent through registered providers on a range of supports, on a user-decides system. The scheme would cover the costs of ‘reasonable and necessary’ supports for these people, with an estimated 410,000 Australians being able to access some level of cover. The proposed system would look to reduce the cost of disability to the economy in two ways. Firstly, the scheme would provide enough funds for early intervention treatments. Also, by pooling the cost of care into one authority, it can work toward cost-reduction, rather than letting costs spiral out of control. [1] PriceWaterhouse Coopers (PwC) also noted that the benefits of a NDIS will not just be limited to cost reductions. The operation of the NDIS is set to add around $50 billion to Australia’s GDP in 2050 (contributing around 1.4%), due to increasing employee participation and productivity. [2]

There are also significant social gains to be made through the implementation of a NDIS. The 2009 Shut Out report detailed the day-to-day experiences of people with a disability and their families. When analysing the responses to the preceding discussion paper, the report found that approximately 56% of all submissions identified disability services currently act as a barrier in full participation of the economic and social community, rather than a facilitator as intended. Main issues were due to the quality, affordability, availability, and diversity of such services. Consistent themes from the submission included criticism of the “one-size-fits-all” approach currently taken in regards to offering and funding disability services, as well as the lack of funding and uncertainty even around the meager funding that is available. Another issue highlighted by respondents (34%) was a barrier in attaining/maintaining meaningful employment, due to employer attitudes and lack of flexibility in support services. What was consistent throughout the report was the expression in a need for efficient, and centralised life-time support scheme. Respondents also contended that the system required a “paradigm shift” to deliver lasting change. More specifically a move away from a welfare funded model, to a patient centred approach was identified.[3]

The ability for an NDIS to dramatically increase the funding, as well as streamline and personalise the provision disability support services will directly remedy these issues. For example, the review conducted by PwC estimated that an additional 370,000 people will also be participating the workforce in 2050, due directly to the availability of a NDIS. [2] Also, due to investment in early intervention, an NDIS can also address other key issues faced by those with a disability. These include social isolation.
socio-economic disparities, issues with access to education, and mental health of patients and carers. [1, 3, 4]

The NDIS has been heralded by some as “societal shift” in the same vein as the introduction of Medicare. [4] It represents a fundamental, and long-overdue change in the way we approach disability care and support within Australia.

The National Injury Insurance Scheme (NIIS)
Also of relevance to the care of people with a disability is the co-proposed National Injury Insurance Scheme (NIIS). This would be a no-fault insurance agency, covering the lifetime care of those who suffer catastrophic injuries due to an accident. This would serve to replace various state based agencies like the Traffic Accident Commission (TAC) in Victoria, the Lifetime Care and Support Agency (LTCSA) in New South Wales, and the various WorkCover schemes in each state. The implementation of an NIIS will bring an end the “lottery” in regards to disability and injury care. The NDIS and the NIIS together would create truly national, uniform, and integrated insurance schemes; that ensures adequate care and support for those who are affected by injury and disability within our public. [1, 5].

Position Statement

AMSA believes that:
1. Extra support is often needed for those with a disability to maintain their wellbeing;
2. The long-standing system of funding disability care is inequitable, unsustainable, and inadequate for maintaining the health and welfare of those with a disability;
3. A national system of disability insurance is a national priority, supporting the long-term requirements of those with a disability;
4. Any such scheme must be under continual evaluation, in order to ensure it runs to its intended effect;
5. The introduction of a National Injury Insurance Scheme (NIIS) is also imperative, to replace the various state based injury insurance schemes.

Policy

AMSA calls upon:

1. The Federal Government to:
   a. Ensure the availability of an insurance scheme to all Australians with a disability, and that the scheme is suitably funded, so that it can have its intended effect;
   b. Ensure potential clients, carers, service providers, medical professionals, and the general public are well informed about the function and impact of the National Disability Insurance Scheme (NDIS);
   c. Implement a truly no-fault scheme by removing the need to seek compensation in certain situations to qualify for coverage;
   d. Increase the transparency around the functioning of the National Disability Insurance Scheme, enabling greater accountability to clients and the public;
   e. Ensure that those who are ineligible for the NDIS due to age restrictions receive appropriate care and support for their injuries and disabilities;
   f. Ensure that the implementation of National Disability Insurance Scheme does not compromise existing disability/carer payments system, and government funding to service providers;
   g. Ensure that a national scheme, managing and accrediting service providers, is established alongside the NDIS;
   h. To ensure quality providers, covering broad-spectrum of support and treatment options, is available for clients to choose from;
   i. To revisit the proposed National Injury Insurance Scheme (NIIS), and take steps to ensure its full implementation alongside the NDIS;

2. The various state and territory Governments to:
   a. Participate cooperatively with the Commonwealth on the trial, and eventual roll out of National Disability Insurance Scheme;
   b. Ensure the undisrupted care and services provided for patients as they transition between state-based insurance schemes, and National Disability Insurance Scheme;
   c. Continue their commitment to the welfare of disabled people, including the maintenance of funding and existing services, where appropriate;
d. Ensure that continuing state based systems complement the NDIS, and have a distinct role;
e. Co-operate with a potential rollout of a National Injury Insurance Scheme, which would supersedes their individual injury insurance scheme;
f. Maintain their current state based assessment of service providers, until such time that a national scheme is developed;

3. Australian medical schools to:
a. Institute curriculum objectives relating to disability and its effects, and the difficulties faced day-to-day by those affected;
b. Educate medical students on disability funding arrangements, and the reasons for reform;
c. Educate medical students about the role and operation of National Disability Insurance Scheme, and how it will affect their future practice and care for patients;

4. Australian medical professionals and students to:
a. Continue to act as advocates for the health and wellbeing of those with a disability;
b. Educate the public about existing arrangements, and the impact of the National Disability Insurance Scheme;

5. AMSA Executive to:
a. Advocate for the need, of a national insurance scheme for disability & catastrophic injury;
b. Collaborate and involve itself in national campaigns (like the ‘Every Australian Counts’ Campaign) raising awareness of the issues surrounding the wellbeing of those living with a disability.

References


Appendix

Terms and Definitions

No-fault insurance: Insurance that guarantees coverage regardless of liability, and outcome of litigation.

Accident (in reference to the NIIS): Refers to 4 key areas: Motor Vehicle Accidents, Medical Accidents, Workplace Accidents, and general accidents occurring in the home/community settings. [1]

Policy Details
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Category: F – Medicine in Australia

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