

# NEUROLOGICAL ALLIANCE AUSTRALIA



## Continuation of expanded Telehealth for NDIS participants

July 2020

The Neurological Alliance Australia (NAA) is a collective of national not-for-profit peak organisations representing over 850,000 adults and children living with progressive neurological or neuro-muscular conditions in Australia.

NAA applauds the Australian Government in showing flexibility during the COVID-19 pandemic, by allowing the increased use of telehealth options for NDIS participants. As restrictions change across the country, many NDIS participants will require, or prefer, a return to face-to-face services. However, NAA calls on the Government to retain the option of telehealth for a range of services where it is the participant's preferred option and where it is deemed safe and appropriate.

### Background

The availability of telehealth in Canada has demonstrated improvements in timeliness of care, leading to improved outcomes<sup>1</sup>. In Australia, it is evident that those in rural and remote areas have benefited from access to telehealth services. Such benefits have included increased access to services, reduced inconvenience and improved quality of services.<sup>2</sup> Acknowledging the need for improved access, the NDIS has allowed some supports to be delivered by telehealth for participants in rural and remote areas since the rollout of the scheme. NAA commends the Australian Government's decision to allow some services to be delivered through these means.

NAA also acknowledges that the NDIA has shown flexibility during the COVID-19 pandemic. A range of NDIS supports are currently available for all participants via telehealth, where appropriate, to reduce the risk of virus transmission and to overcome travel restrictions.

<sup>1</sup> Canada Health Infoway, Telehealth Benefits and Adoption-Connecting People and Providers Across Canada, May 2011, page 10

<sup>2</sup> Moffatt Jennifer J., Eley Diann S. (2010) The reported benefits of telehealth for rural Australians. Australian Health Review 34, 276-281. <https://doi.org/10.1071/AH09794>

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# NEUROLOGICAL ALLIANCE AUSTRALIA



Accordingly, many NDIS providers have moved some of their services to online, video- or telephone-based options, adapting to the changing needs of the community.

Those with progressive neurological conditions are often at a greater risk of serious illness from COVID-19, and their protection is vital. Telehealth provides an opportunity for the delivery of quality services without the need for unnecessary exposure to the virus.

## **Recommendation: implement telehealth on an ongoing basis**

According to the NDIS website, “The ongoing use of video technology and telehealth, as an option in a suite of approaches to provide disability supports under the NDIS, continues to be explored and will be the subject of formal consultation processes and policy development with all stakeholders at a later date.”<sup>3</sup>

NAA believes the Government should seize the opportunity to permanently embed the changes to the NDIS that were implemented during the COVID-19 period. While the benefits of telehealth to participants in rural and remote communities have already been recognised, benefits to participants anywhere can include:

- reduced need for the extra time and expense of travel;<sup>4</sup>
- reduced need for direct carer assistance in attending appointments;
- increased options to communicate via typing comments during video conferences for those with dysarthria;
- increased flexibility and improved choice and options to include extended family;
- reduced exposure to not only COVID-19 but also a range of other conditions that could have serious consequences for people with progressive neurological conditions;
- increased flexibility, and improved choice and control in choosing service providers;<sup>4</sup>
- reduced fatigue, which can significantly impact on functional independence and community participation;
- increased choice around the number of people entering a participant’s home; and
- allowing family members or other support people to attend appointments virtually.

Importantly, telehealth should only be undertaken where it is the participant’s preferred method of receiving supports, and where it is deemed safe and clinically appropriate. Telehealth should not replace vital face-to-face services when these are required. Where, upon the completion of risk assessment, it is deemed necessary for another person to

<sup>3</sup> NDIS, Connecting with and helping participants, 2020.

<sup>4</sup> Consumers Health Forum of Australia, What Australia’s Health Panel said about Telehealth - March/April 2020. <https://chf.org.au/ahptelehealth>

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# NEUROLOGICAL ALLIANCE AUSTRALIA



attend the telehealth appointment with the participant in order to take action in the event of an incident, telehealth should not take place unless a reliable person is present. It is imperative to note that people with progressive neurological conditions often have complex, rapidly changing needs and difficulties with speech and cognition which require expert face to face planning meetings, particularly when developing the initial plan. It is also important to emphasise that, for many participants, telephone-based appointments do not provide an adequate level of service and if an electronic means of communication is needed, a video conference is preferred.

Where telehealth is safe and appropriate, access to this option should not be limited by technological barriers. Video conferencing is preferable to telephone in most cases and NDIA staff and providers should be supported and trained in the use of this technology. As has occurred during the COVID-19 period, participants should be able to obtain suitable devices through their NDIS plans in order to engage with telehealth services. Additionally, all appropriate measures should be taken to ensure reliable network access for participants.

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