Disability Support Services

Resource Allocation for Equipment and Modification Services:

➡️ Just?
➡️ Fair?
➡️ Ethical?
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➡️ What now:
♦ Current situation
♦ Prioritisation tool:
  - development
  - trial

➡️ What next:
♦ Evaluation
♦ National implementation?
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What now?

♦ Budget increased every year from 2005
♦ Increase in number of applications and costs of services
♦ Pressures on budget remain
♦ Current priority system
  ➢ not transparent
  ➢ unfair
  ➢ conflicts with other access criteria
♦ 95% of all applications are P1
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Current demand management options

- Financial targeting - income and asset testing
- Access criteria - work, age
- Financial thresholds – upper and lower
- Waiting list for P2 applications
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<table>
<thead>
<tr>
<th>Year</th>
<th>2005/6</th>
<th>2006/7</th>
<th>2007/8</th>
<th>2008/9</th>
<th>2009/10</th>
<th>2010/11</th>
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<tbody>
<tr>
<td>Amount</td>
<td>$10m</td>
<td>$40m</td>
<td>$80m</td>
<td>$80m</td>
<td>$80m</td>
<td>$80m</td>
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</tbody>
</table>

[Bar chart showing expenditure for each year from 2005/6 to 2010/11, with amounts increasing progressively.]
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EMS Waitlist July 2009 – August 2011
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I’m sick of waiting
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Eeny, meeny, miny, moe;
Catch a patient by the toe;
To whom should the treatment go?

Who and in what order?
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“Prioritisation is concerned with how we make decisions about what health and disability services or interventions to fund, for the benefit of New Zealanders, within the resources available.”

Health Funding Authority 2000.
“Priority setting matters.
It is difficult.”

4. Occupational therapists shall **prioritise the allocation of available resources to achieve the best possible outcome for consumers**. Occupational therapists shall:

4.1 use a coherent, robust, and transparent rationale to prioritise the allocation of service and resources.

4.2 advise key personnel (e.g., managers, other service providers, consumers, and their family/whanau) when resources are insufficient to allow for safe and adequate service provision.

4.3 document unmet needs, and actions taken to address these.

**Code of Ethics**

*Kaihaumanu Turoro o Aotearoa*

Occupational Therapy Board of NZ
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Designing a Prioritisation Tool

How can the system change?

♦ Date order
♦ Age based
♦ Solution based
♦ Income and cash asset test
♦ More money!!??

Who should get access to available funding?
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Designing a Prioritisation Tool

♦ What factors would make the process ‘fair’?
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Designing a Prioritisation Tool

32 individuals requesting funding with a total cost of $350,000

$200,000 is available

Who should get access to that funding?

......and who doesn’t?
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Designing a Prioritisation Tool

Existing priority guidelines

- ineffective
- lack of information
- factors important considered low priority unless associated with risk
- mistrust of consistency and reliability of assessors to represent needs adequately
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Prioritisation Tool Workshops

Workshops on ranking client need inc:

♦ Disabled people
♦ Therapists
♦ Sector representatives
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Structure of the new Prioritisation Tool

Assessors

Disabled person
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Prioritisation Tool Workshops

Identify key factors for prioritisation
- Safety
- Risk
- Able to pay
- Age
- Cost of solution
- Communication
- Lives alone
- Diagnosis
- Independence
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Designing a Prioritisation Tool

♦ Agreed key factors/domains
♦ Score out of 100
♦ Weighting of key factors
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Total Scores

92
86
77
70
65
55
45
26
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The Trial

- A ‘real world’ pilot was established late 2010 and ran for 6 months
- 13 sites across New Zealand who agreed to participate
- Tool was run in parallel to existing assessment and EMS application process
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The Tool

4 Components
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Structure of the Tool

1. NEED

‘Impact on Life’ (IOL) Questionnaire

Independence with personal and domestic activities of daily living

Physical Safety

External Roles/Responsibilities (work/study/volunteer)

Primary Relationships

Participation in Social/Leisure
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2. RISK

person’s physical/psychosocial wellbeing

caregiver resilience / stability of care situation and support networks
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3. BENEFIT

How much?

How likely?

How long?
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4. CURRENT STATUS

$
Some Comments about the Trial

- Unmet need also considered
- The person’s involvement
- Re-focus on Therapist and Assessor role
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Q1 – Appropriateness

1:1

Ethical responsibility
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Q2 – Access

1:1: to many

Society’s criteria
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Q3 – Timing

1:1: to many

Need relative to others
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Need

- Needs able to be met within current resource
- Unmet need

High Need

Low Need

Total Need

Access Threshold
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What next:

- Evaluation

Formal evaluation by Synergia to:

- Analyse data to test the tool’s acceptability and usability
- Review its impact (financial and policy)
- Assess its reliability and validity
- Inform national implementation
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Evaluation

The evaluation process:

» Review of the 366 valid cases
» Review of application cost data
» Case level review and assessor feedback
» EMS Assessor focus groups and on-line assessor survey
» In-depth consumer interviews
» Stakeholder interviews
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Key Questions

♦ Is prioritisation needed? Is the case established?

♦ Answer – “the case for prioritisation is clear cut”
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Key Question

♦ Should prioritisation of EMS take into account the needs and priorities of other parts of the health system?

♦ Answer – Yes
  » One recommendation
    -> no prioritisation for MOH List Equipment
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Key Question

- If prioritisation is to be based on need, how should eligibility rules be changed?

- Answer – “only two simple rules”
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Key Question

♦ Is the tool heading in the right direction of an effective and sustainable solution?

♦ Answer – “a qualified Yes”
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Key Question

- Will implementation of the tool achieve a fair and equitable means of allocating resources?

- Answer – “it can technically work to allocate a capped budget”
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Key Question

Will the tool be able to generate and maintain confidence and integrity?

Answer – “Yes, but ...”
Key Question

- What will be critical for future implementation?

- Answer – tool must become part of a system that is simple, streamlined and straightforward.
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What next?

National implementation?