Cootharinga
North Queensland
Ability First!

TO: Chair, and Members, Senate Select Committee

CC: Rob Grant, Cootharinga Board President and Directors
Executive Leadership Team

FROM: Brendan Walsh, CEO

DATE: 20 August 2014

SUBJECT: Cootharinga Presentation, on behalf of people living with disability

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Who is Cootharinga

Cootharinga is an organisation that is a proud supporter of people living with disability who live in North Queensland. Over sixty years ago, we began supporting children with polio who were stuck living inside the Townsville Hospital. We were then known as the North Queensland Society for Crippled Children. We now support over 600 people of all ages, including children. We assist people with all levels of support needs arising from all types of disabilities, including many with complex and variable health needs.

Our Responses to the Terms of Reference

To assist the Senate Select Committee, we have chosen to place our comments under what we believe is the relevant section of the items within the Terms of Reference:

1. the impact of reduced Commonwealth funding for hospital and other health services provided by state and territory governments, in particular, the impact on elective surgery and emergency department waiting times, hospital bed numbers, other hospital related care and cost shifting;

Cootharinga Response:

We are concerned that reduction of Commonwealth funding to hospital and health services will have negative impact on people with disability requiring these services.

- Many of these people with disability have health issues which may potentially be assessed as a lower priority or lower urgency than other people with more acute problems. With increased pressure on efficient hospital utilisation, we are also concerned that there will be greater pressure to discharge these people with disability at an earlier stage, and before optimal care has been provided to them
- Some community based health services support people with disability and there is clear funding pressure on many of these providers. Without access to this important preventative support, we are concerned that the health of some people with disability may deteriorate. This could lead to higher levels of preventable admissions, and usage of more expensive hospital based services.
- Emergency Departments can be busy, noisy and somewhat intimidating. This can present extra challenges for some people with disability, for example those with serious mental illness, autism or a number of other disabilities. The prospect of extended delays in Emergency Departments is quite problematic for these people. Suitable triage and prompt treatment should be prioritised for these individuals

2. the impact of additional costs on access to affordable healthcare and the sustainability of Medicare;

Cootharinga Response:

- Most people with disability and the vast majority of the people that Cootharinga supports are dependent on the Disability Support Pension. Many of these have additional costs associated with their disability that are not funded now, nor will be funded under the NDIS. Consequently, access to affordable healthcare is imperative for these people. The

introduction of greater fees and co-payments for healthcare will mean that many of these individuals will choose not to access the healthcare they need.

- The sustainability of Medicare is essential for the current and future health needs of all Australians. This is especially the case for people living with disability with vulnerable health who live on limited incomes. It is essential that these people who can least afford to contribute financially are not called upon to make an unfair contribution to keep Medicare sustainable

3. the impact of reduced Commonwealth funding for health promotion, prevention and early intervention;

Cootharinga Response:

There is substantial evidence that supports the efficacy of appropriately targeted services in health promotion, prevention and early intervention.

- people with disability are appropriate candidates for these type of programs. There is promising evidence that the NDIS is placing an appropriate priority on early intervention services and transdiciplinary therapy for young children. Early intervention in healthcare should be accorded a similar priority.
- Suitable investment in health promotion, prevention and early intervention will yield significant savings in the short, medium and longer term. This is particularly relevant for people with disability who also have complex and multiple health conditions. Without this investment, there are significant prospects that the health of people with disability could deteriorate which would lead to inappropriate and expensive admissions to hospital. The Commonwealth and the States should maintain (or even increase) the investments in these types of programs. There is ample evidence to support the efficacy of programs such as Hospitals in the Home, as well as carefully targetted investments in hospital admission risk programs". People with disability are beneficiaries of these programs, thereby freeing up important and expensive hospital bed days.

4. the interaction between elements of the health system, including between aged care and health care;

Cootharinga Response:

Careful coordination and effective communication is imperative between these important essential services in our communities.

Health care and hospitals should also recognise that the disability support sector is an important partner in the longer term support and care for many of the people who use the healthcare system. This will become even more important as the National Disability Insurance Scheme rolls out across the country. By 2019, we expect that twice as many people with disability will be receiving support packages compared to those receiving support now. The amount of funding will more than triple over that same period.

5. improvements in the provision of health services, including Indigenous health and rural health;

Cootharinga Response:

The name for our organisation comes from the Wulgurukaba people. It is the name of the rock formation in Townsville known as Castle Hill. Since our origins in the 1950s, we have provided supports to many people who are indigenous, and happen to have disabilities.

Our recent work has seen us supporting indigenous people in Mount Isa, Cloncurry and soon into more remote communities. In these rural and remote communities, appropriate and locally responsive health services are essential, especially for those with complex or variable health conditions.

As Australians, we find it embarrassing that some of the indigenous people with disability that we support have to travel hundreds of kilometres to connect with our therapists or our specialised Rehabilitation Technology Service. RTS modifies or fabricates highly specialised mobility equipment, including wheelchairs. We would love to have resources to be able to visit and support people in these rural and remote locations Our current funding makes this impossible. The anticipated funding under NDIS is in our view unlikely to address this unacceptable inequity. We have been told that there are some people with disability living in some of these communities who decide it is just too hard to travel to regional centres or even local towns. We are aware of indigenous children (and sadly indigenous adults) with disability who could benefit from us fitting and fabricating appropriate mobility equipment, including wheelchairs. We have been told that

these people with disability are being transported around in old prams, and even shopping trolleys. Even more disturbing is that some of these people are completely and permanently housebound (if there is a house for them).

6. the better integration and coordination of Medicare services, including access to general practice, specialist medical practitioners, pharmaceuticals, optometry, diagnostic, dental and allied health services;

Cootharinga Response:

Cootharinga believes that efficient use of, and better coordination of these valuable healthcare resources is essential. In our regional centres, we struggle to access many of these services in a timely manner for people with disability that we support. In rural and remote locations, most of these services and disciplines are sadly non-existent.

7. health workforce planning;

Cootharinga Response:

Cootharinga strongly believes that workforce planning is an essential responsibility of governments, in partnership with the healthcare and human services sectors.

With the introduction of NDIS, there is an expected requirement for Australia to more than double the disability workforce. At the same time, we are expecting dramatic growth in the workforce that cares for older Australians. At the same time, we have to make suitable provision for the needed growth in the workforce required to service the growth in the healthcare sector.

The needs of these three sectors will combine to place substantial pressure on the available workforce. Cootharinga believes that the Australian Government needs to respond quickly and invest now in workforce planning for all three (inter-related) areas that will require many new staff

8. any related matters.

Cootharinga Response:

Cootharinga has no further matters to raise beyond those detailed, above.

Conclusion

Cootharinga applauds the decision by the Australian Government (with the support of all of the major and minor parties) to implement the National Disability Insurance Scheme. While resources available for disability support will be raised to unprecedented levels, we must not forget that a significant number of people living with disability can also have chronic or intermittent health conditions. These conditions mean that some people with disability have additional expenses related to maintaining health or preventing deterioration.

Most of these additional health costs are not covered by current government funding, nor will they be covered by the NDIS. These people are already experiencing significant financial hardship, in addition to the day to day challenges that life presents to them. With further cost increases in healthcare and hospital support, we believe this will drive these Australians living with disability into further financial hardship, if not absolute poverty.

Brendan Walsh, CEO

Attachment One: Mr KR

Who am I?:

I live with friends in a shared house in Townsville. I love life, and the North Queensland Cowboys. At 47 years old, I am generally strong and healthy most of the time; but this can vary I have support needs arising from cerebral palsy, a mild level of intellectual impairment, epilepsy, and chronic asthma. I receive all food through a feeding tube which goes through my abdominal wall into my stomach.

What are my Healthcare needs?:

- I am prone to aspirating fluids which can end up in my lungs. Often, this will lead to infections and sometimes to pneumonia. It sometimes results in hospital admission.
- Prior to a recent hospital admission, I needed GP checkups several times a week; prior to that I visited to my GP on a weekly basis. In each year, I might visit my GP between 26 to 60 times per year.
- In a typical year, a $7 co-payment for each GP visit would cost me $182 to $420 each year.
- Because of the variability of my health conditions, I have had six reviews of my medications in the last two months alone. In addition to the costs associated with the reviews by the doctor, I have additional costs for new or additional medications.
- I need regular chest x-rays to assess my pulmonary health.
- I can often wait between one and three hours to see a GP, even though I have made a firm appointment. This uses up my limited allocation for support staff. It also means I have challenges with transport as I use a powered wheelchair and require a Maxi Taxi.
- I need a GP that understands my circumstances, including my specific and complex needs. I am currently looking to change my GP.
- I was recently admitted to hospital for over 2 months for pneumonia. Prior to this, I had other recent admissions to hospital. Some of these have arisen from incorrect diagnoses.

Impact on me of changes to the Australian healthcare system?

With my limited financial means, I will need to choose between my spending on maintaining my health, and my numerous other expenses around day to day survival.

Attachment Two: Summary of situation of healthcare user: Ms WT

Who am I?:

At 54 years of age, I share a two bedroom house with a friend in the Northern Beaches area of Townsville. The doctors talk about me having an intellectual disability, schizo affective disorder and renal impairment. I am also susceptible to neuroleptic malignant syndrome.

What are my Healthcare needs?:

- I have had 51 medical appointments since January this year (so far). This could grow to around 100 in a single year.
- The appointments this year have been for:
  - Mental health issues / including Review of my Involuntary Treatment Order
  - Medication reviews
  - Urinary tract infections, and associated investigations
  - Check blood levels
  - Psychiatrist
  - General check up
  - Vaccinations
  - Dietitian
  - OT
  - Podiatrist
- My GP will not bulk bill – I have to pay up front then claim rebate
- Blood tests will be handed over to my GP from Mental Health Service
- I am frequently admitted to the mental health unit at the Townsville Hospital. Last year, I was admitted 3 or 4 times, each time for several weeks
- Discharge planning has been generally good from mental health services and Community Health plan to my support and care in the community
- I currently use the medication Clozapine – every month I require blood tests to monitor medication levels. I then require new 'Webster packs' to be prepared. The Hospital pharmacy has to prepare the scripts as this is an authorised drug. Then they send to my local Pharmacist.
- Psychiatrist reviews every month

Extract of Medical Appointments

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FILE NOTEs
Case Study - WT
20 August, 2014

Date	Location	Reason
06/01/14	Adult Community Mental Health	Psychiatry review
09/01/14	Admitted to Townsville Hospital	Mental Health issues
10/01/14	Mental Health Tribunal hearing	Review ITO
16/01/14	Discharged from Townsville Hospital	Mental Health issues
17/01/14	Home Visit by Mental Health Case Worker	Check General Health
20/01/14	Adult Community Mental Health	General Review
22/01/14	GP	Possible UTI
24/01/14	X-ray and then to GP	Unwell
27/01/14	Admitted to Townsville Hospital	Problems with blood levels
31/01/14	Discharged from Hospital	Blood levels back to normal
03/02/14	GP	CHAP assessment
04/02/14	Adult Community Mental Health	Review

06/02/14	Adult Community Mental Health	Blood tests
07/02/14	Mental Health Case Worker – Home Visit	Check General Health
10/02/14	GP	Review
12/02/14	Adult Community Mental Health	Blood tests
14/02/14	Mater Hospital	CT Scan
17/02/14	GP	Test results
18/02/14	Adult Community Mental Health	Psychiatrist appointment
21/02/14	Mental Health Case Worker – Home Visit	Check General Health
22/02/14	GP	Repeat Scripts
27/02/14	Adult Community Mental Health	Blood tests
03/03/14	Adult Community Mental Health	Psychiatrist appointment
12/03/14	GP	Repeat Scripts
13/03/14	Mental Health Case Worker – Home Visit	Check General Health
17/03/14	Adult Community Mental Health	Review
24/03/14	GP	Review
27/03/14	Adult Community Mental Health	Blood tests
02/04/14	GP	Flu Vaccination
04/04/14	Mental Health Case Worker – Home Visit	Check General Health
07/04/14	Adult Community Health	Dietician
17/04/14	Mental Health Case Worker – Home Visit	Check General Health
22/04/14	University Dental Clinic	Annual Check up
24/04/14	Adult Community Mental Health	Blood tests
28/04/14	Adult Community Mental Health	Review
30/04/14	Adult Community Health	OT – Home visit
01/05/14	Dentist	Review
05/05/14	Adult Community Health	Dietician
12/05/14	Private Podiatrist	Podiatrist appointment
15/05/14	Mental Health Case Worker – Home Visit	Check General Health
19/05/14	Adult Community Mental Health	Review
22/05/14	Adult Community Mental Health	Blood tests
02/06/14	Mental Health Case Worker – Home Visit	Check General Health
17/06/14	Adult Community Mental Health	Review
20/06/14	Adult Community Mental Health	Blood tests
07/07/14	Adult Community Health	Dietician
10/07/14	GP	Review
14/07/14	Mental Health Case Worker – Home Visit	Check General Health
16/07/14	Adult Community Mental Health	Review
01/08/14	Mental Health Case Worker – Home Visit	Check General Health
13/08/14	Adult Community Mental Health	Psychiatrist appointment