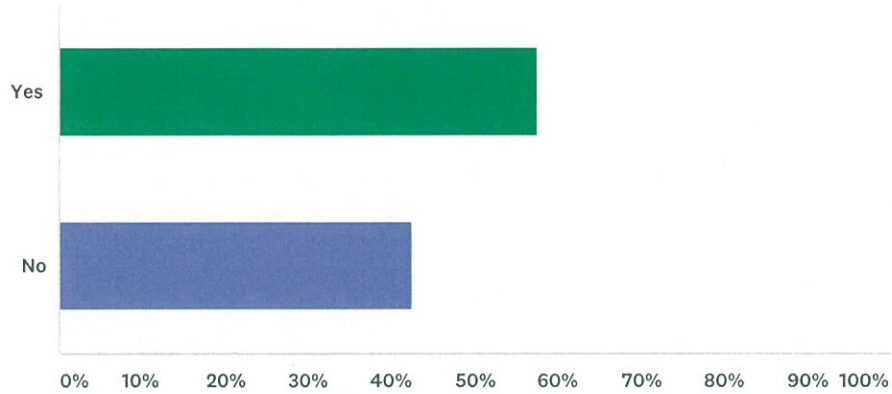


AHP Provider views and experiences of NDIS registration

Q15 The NDIS has created significant additional demand for allied health service provision. Are you considering, or would you consider increasing the size of your business?

Answered: 118 Skipped: 48



| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----|
| Yes | 57.63% | 68 |
| No | 42.37% | 50 |
| TOTAL | | 118 |

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Q16 Based on your answer to Q15.

Answered: 90 Skipped: 76

| ANSWER CHOICES | | RESPONSES |
|--|--|---------------------|
| If yes - Is there anything that would make it more likely to increase the size of your practice? | | 66.67% 60 |
| If no – is there any change/s that would make you consider increasing the size of your business? | | 36.67% 33 |
| # | IF YES - IS THERE ANYTHING THAT WOULD MAKE IT MORE LIKELY TO INCREASE THE SIZE OF YOUR PRACTICE? | DATE |
| 1 | if there was greater hourly rate or if the administration involved in service bookings, accounts etc was made less time consuming | 11/27/2017 8:27 PM |
| 2 | Clearer lines of communication and processes, better knowledge by those making decisions. Ndis was meant to allow for more flexibility in lines with a clients goals however it's doing the opposite. ESP. In relation to AT. | 11/22/2017 9:53 PM |
| 3 | Consistent income from existing clients and a need for more OT | 11/22/2017 8:06 AM |
| 4 | - | 11/21/2017 12:36 PM |
| 5 | Improved processes by ndis | 11/21/2017 11:04 AM |
| 6 | I will increase my hours as I have been made redundant in my other role | 11/21/2017 7:07 AM |
| 7 | More regional qualified Physio's with a neuro interest or experience | 11/20/2017 10:59 PM |
| 8 | Travel allowance for therapy sessions. More efficient systems for AT assessment - including reporting requirements. Timely responses from provider engagement services to answer questions (last email awaiting a response 10 days now). | 11/20/2017 10:53 PM |
| 9 | Wa making a decision about the model for NDIS. | 11/20/2017 10:26 PM |
| 10 | Resolution of current issues | 11/20/2017 10:03 PM |
| 11 | Increase in people wanting services | 11/20/2017 9:57 PM |
| 12 | Being able to find AHPs with experience | 11/20/2017 7:49 PM |
| 13 | Consistent referrals | 11/20/2017 7:12 PM |
| 14 | Consistency in plan allocation of hours / sufficient hours to complete jobs in a timely way. Functional assessments for plan reviews are a waste of time | 11/20/2017 7:11 PM |
| 15 | If communication with ndis became easier | 11/20/2017 6:29 PM |
| 16 | While I am not responsible for recruitment, our organisation states that if therapists are unable to keep up with the demand for the service, more therapists will be employed | 11/20/2017 10:50 AM |
| 17 | Ease of processing of equipment funds. Clarity about groups. Clarity about behaviour and Early Childhood. | 11/19/2017 9:10 PM |
| 18 | Clear, concise and easy to follow processes and systems, ensuring less unpaid work (following up applications and billing). | 11/17/2017 8:46 PM |
| 19 | amount of unfunded hours required for work ie case management. | 11/17/2017 12:57 PM |
| 20 | More certainty about NDIS processes. If i can't provide a service consistent with other OTs (we don't all get the same info) it can harm my reputation and business sustainability | 11/17/2017 9:40 AM |
| 21 | Increased communication, simpler processes, streamlined approach i.e. Some reviewers what template used, others don't, ensure reports are reviewed in the quote timeline to minimize additional follow up and paperwork | 11/16/2017 8:11 PM |
| 22 | Quicker approval or rejection of AT requests | 11/16/2017 7:59 PM |
| 23 | Easier to access ndis funds | 11/16/2017 7:46 PM |
| 24 | Finding staff. And increasing the rate ndis pays for therapy assistance by at least \$20 per hour as it costs us money to provide this service. We are phasing it out. | 11/16/2017 7:15 PM |
| 25 | Increase in approvals and decrease in approval times it's hard to maintain relationships with participants when they can't get equipment. | 11/16/2017 6:55 PM |

AHP Provider views and experiences of NDIS registration

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|----|---|---------------------|
| 26 | Client demand, assist with tpv process and costs | 11/16/2017 2:21 PM |
| 27 | Being able to recruit, the complexity of NDIS paperwork and time required if I increase business, accessing suitable spaces and funding to establish rooms and resources | 11/16/2017 1:21 PM |
| 28 | Systemic issues being resolved would make it feasible to have full time qualified staff wanting to work in the NDIS. | 11/16/2017 10:46 AM |
| 29 | Therapist availability | 11/16/2017 6:27 AM |
| 30 | More flexible ways to charge eg: membership or packaged services; less admin time required for the portal | 11/16/2017 12:19 AM |
| 31 | Clarity around Early Childhood Early Intervention Policy as we transition to full scheme. Increase of travel cap. | 11/15/2017 11:50 PM |
| 32 | If I could get another OT, but none are available for love or money. | 11/15/2017 10:58 PM |
| 33 | Unrelated to ndis . We are focusing now on medlegal and ctp and ltcs | 11/15/2017 10:53 PM |
| 34 | Clearer understanding of NDIS requirements | 11/15/2017 10:52 PM |
| 35 | If systems and processes could be changed to make it tenable to be an OT in this system, where recommendations and expertise are acknowledged. The current system makes it all a big waste of time and money, and unsatisfying for therapists. I wouldn't consider taking on staff until the NDIS becomes more than a race to the bottom in terms of price. | 11/15/2017 9:35 PM |
| 36 | Knowing when services will start in an area so can time putting on more staff. | 11/15/2017 9:26 PM |
| 37 | More long term plans. It is difficult for small businesses to hire OTs on longer term employment when client plans are often only 12 months long. Unlike many large businesses, small businesses do not have a lot of savings to fall back on if there is a sudden loss of clients/income in order to pay out staff contracts | 11/15/2017 9:15 PM |
| 38 | Funding and finding a location | 11/15/2017 9:11 PM |
| 39 | Availability of competent staff to employ | 11/15/2017 9:08 PM |
| 40 | Findign appropriately skilles staff to be able to handle NDIS caseload | 11/15/2017 8:40 PM |
| 41 | No | 11/15/2017 8:10 PM |
| 42 | Increased demands for OT service | 11/15/2017 7:53 PM |
| 43 | Increased referrals | 11/15/2017 7:28 PM |
| 44 | There is enough demand for adding staff, however my HR knowledge is low (so it's time consuming), and I don't want to expand beyond 'small practice' anyway (niche market style) | 11/15/2017 7:27 PM |
| 45 | Communication, respect | 11/15/2017 6:28 PM |
| 46 | Much improved processes with NDIS. I am considering not taking new NDIS referrals currently as there are limited staff available to apply for jobs in rural areas... we have plenty of other work than NDIS... | 11/15/2017 5:43 PM |
| 47 | If the NDIS made it possible to provide effective services and placed value on the clinical recommendations of allied health professionals | 11/15/2017 2:54 PM |
| 48 | Better communication, better online accessibility (less time submitting payment info) less time writing reports and letters that are ignored by planners who practice in such an opaque manner. Clearer guidelines to how the NDIS works and NDIS actually following its own rules. | 11/15/2017 2:44 PM |
| 49 | Reduce the administrative burden, address approval timeframes. | 11/15/2017 1:08 PM |
| 50 | income sustainability eg obtaining contracts/grants/increased travel expenses to assit with travel and billable hours in a market thin rural area | 11/15/2017 12:38 PM |
| 51 | Availability of other therapists. Difficulty recruiting for OTs | 11/15/2017 11:58 AM |
| 52 | Comprehensive operational guidelines for OTs who provide NDIS services. Funding from NDIA to assist with logistics of larger office set up. | 11/15/2017 11:36 AM |
| 53 | Smoother system, greater understanding for LAC and coordinators and faster payments of services provided. | 11/15/2017 9:37 AM |
| 54 | If there was some evidence of the road blocks being cleared in the processing of major and minor mods and AT applications being processed efficiently and with respect to the amount of work the therapist has put in to the application | 11/14/2017 8:16 PM |
| 55 | Ease of process and clear consistent decision making criteria Outcomes for clients. It is moral sapping for staff to have reports questioned, equipment refused or waiting for extensive periods. | 11/14/2017 6:37 PM |

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| 56 | Improvements to the NDIS that will make delivering quality services to clients possible. Without improvements to the system in the coming months we will be ceasing to accept referrals for assistive technology or home modification assessments. | 11/14/2017 5:17 PM |
| 57 | Adequate education around the paediatric population not just growing for the sake of growing. | 11/14/2017 3:16 PM |
| 58 | No, I am thinking of downscaling | 11/14/2017 1:27 PM |
| 59 | Streamlining the paperwork process | 11/14/2017 12:34 PM |
| 60 | Continuing of therapy to be funded | 11/13/2017 7:45 PM |
| # | IF NO – IS THERE ANY CHANGE/S THAT WOULD MAKE YOU CONSIDER INCREASING THE SIZE OF YOUR BUSINESS? | DATE |
| 1 | No | 11/22/2017 2:50 PM |
| 2 | - | 11/21/2017 12:36 PM |
| 3 | No. I am unwilling to expand business to work within a frustrating scheme. Professionally unsatisfying work. | 11/20/2017 7:21 PM |
| 4 | Improved efficiency in reporting process and timeframe responsiveness of review/approval of reports. | 11/20/2017 11:24 AM |
| 5 | A business expansion grant | 11/19/2017 7:13 AM |
| 6 | I am considering no longer providing services to ndis participants due to the excessive time spent on non billed time and travel costs compared to other funded schemes | 11/17/2017 9:19 PM |
| 7 | If the ndis was easier to work with, and delivered to participants on the expectations that are being set up in the plans, I may consider expanding. | 11/17/2017 10:54 AM |
| 8 | No. Choosing to leave sector | 11/16/2017 8:52 PM |
| 9 | More skilled therapists in physical disability | 11/16/2017 7:32 PM |
| 10 | Easier management and processing of AT requests and modification processing. | 11/16/2017 1:25 PM |
| 11 | Unable to manage with current demand and billing, cannot afford more staff on NDIS clients who cannot bill for all clinical requirements | 11/16/2017 11:51 AM |
| 12 | Systemic issues being resolved would make it feasible to have full time qualified staff wanting to work in the NDIS. | 11/16/2017 10:46 AM |
| 13 | If several of the issues highlighted in the section re: why low satisfaction were addressed, the work would be less stressful and I would consider increasing the size of my business. | 11/16/2017 9:06 AM |
| 14 | Able to bill for non therapy time. Easier billing. | 11/16/2017 9:03 AM |
| 15 | not at this stage | 11/16/2017 8:38 AM |
| 16 | more consistency and clarity in the NDIS processes | 11/16/2017 8:30 AM |
| 17 | The system needs to be easy to interpret and implement. If I can't negate it personally, and I have 12 years experience working in disability in health, how can I employ and train staff? | 11/16/2017 7:41 AM |
| 18 | No, it is too hard navigating system for myself, particularly securing payments | 11/16/2017 12:08 AM |
| 19 | No | 11/15/2017 10:48 PM |
| 20 | Considering ceasing any further work for the ndis | 11/15/2017 9:52 PM |
| 21 | No | 11/15/2017 9:30 PM |
| 22 | I have plans to reduce and eventually decline all ndis clients until I see some evidence that the processes have improved and there is some sort of oversight. | 11/15/2017 8:18 PM |
| 23 | No. I prefer to be a sole provider | 11/15/2017 8:06 PM |
| 24 | If NDIS was straight forward. | 11/15/2017 7:47 PM |
| 25 | No TPV requirement. | 11/15/2017 7:41 PM |
| 26 | I will not increase my business in response to NDIS. By choice the NDIS is a very small part of my caseload and I will be decreasing it in favour of working with funding bodies that value the role of OT's and actually approve equipment and services that will benefit participants. | 11/15/2017 4:47 PM |
| 27 | More stability from NDIS/NDIA, consistent messages and "environment" that would give me confidence to take on other staff, better assistance when required e.g. when calling the 1800 number for assistance | 11/15/2017 11:05 AM |
| 28 | No | 11/15/2017 9:59 AM |

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|----|--|---------------------|
| 29 | Improvements to the NDIS that will make delivering quality services to clients possible. Without improvements to the system in the coming months we will be ceasing to accept referrals for assistive technology or home modification assessments. | 11/14/2017 5:17 PM |
| 30 | If the NDIS was more efficient with regard to its processes and communication I would consider increasing my business. We are currently advising participants that we don't have capacity. I have two staff who are requesting to only complete work that is non NDIS funded. They are two highly qualified OT's | 11/14/2017 4:33 PM |
| 31 | A clearer NDIS system. | 11/14/2017 11:45 AM |
| 32 | No. I like to work as a sole practitioner. That way I can control the quality of the work I engage in. Its also hard to guarantee work hours in a rural practice. | 11/14/2017 8:33 AM |
| 33 | The current inconsistencies and frustrations mean that I am not willing to expand to meet demand. I receive referrals every week which I often reject Aaa I want to keep a balance in my practice so hatbo am not financially dependent on this work as it is so frustrating and unpredictable. If processes and expectations were clearer then I would be willingness to expand further to meet the demands | 11/10/2017 5:21 PM |