



ICT Contracts and Systems Inquiry

September 2018

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6500 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier communities. DAA appreciates the opportunity to provide feedback on the ICT Contracts and Systems Inquiry by the Joint Standing Committee on the National Disability Insurance Scheme.

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DAA interest in this consultation

DAA supports the implementation of the NDIS and acknowledges its potential to improve the wellbeing of people with disability. DAA considers that the nutrition needs of people with a disability have not been well recognised in the past. Improved access to dietitian services and nutrition support products through the implementation of the NDIS will enable people to reach their goals, increase their social and economic participation, and develop their capacity to actively take part in the community.

The Accredited Practising Dietitian (APD) program, administered by DAA, is the platform for self-regulation of the profession and provides an assurance of quality and safety to the public. APDs are food and nutrition experts who translate the science of nutrition into practical solutions for healthy living. APDs assist people with disability to make positive lifestyle changes tailored to their unique needs.

DAA recognises the importance of well-functioning information communication technology (ICT) systems to support the implementation and ongoing performance of the NDIS. Suitable systems to meet both the NDIS participant and provider needs is essential and DAA welcomes the current review into this infrastructure as a number of issues have been identified that have had impact on efficiency of service provision.

Response to Terms of Reference

DAA responses to the inquiry into ICT Contracts and Systems for the NDIS are provided below according to the Terms of Reference.

a. Participant and provider experiences of the MyPlace Portal

DAA acknowledge that there have been steady improvements in the NDIS MyPlace Portal functionality over the previous years, particularly since the serious operating issues in July 2016. Despite this, there are a number of issues still experienced by APD Registered NDIS Providers who are accessing the Portal.

APD Registered NDIS Providers regularly experience issues with being able to access the Portal, due to partial and/or full system shut down.

There are inconsistencies between the time periods one can select for billing and booking. Providers must make bookings in whole hour intervals and cannot book part hours. The result of this is that part hours are left unspent, when they could in fact be utilised. Providers can bill for part hours and DAA recommend that bookings can be made for part hours as well.

DAA are concerned about the new requirement to separate invoices for standard dietitian consult, travel, cancellation and report writing. This will lead to increased administrative burden for APD Registered NDIS Providers. If a provider travels for

a consultation it may mean up to three separate invoices for the one occasion of service. The time required to input data into the system is already quite lengthy and inefficient. The Portal functionality and useability results in ineffective use of APD Registered NDIS Providers time.

There is currently no efficient and effective system for Practitioners to import or export invoice numbers from their own clinical practice software to that within the MyPlace Portal. This, together with frequent “block” payments from the NDIS into business transaction accounts can make it difficult to identify and track which payment claims have been deposited. DAA recommends a payment system which encompasses identification of participant and/or payment claim for increased efficiency in accounting and compliance with NDIA regulatory processes.

DAA recommends that the search engine functionality be increased to allow compatibility with other common search engines such as Google Chrome when navigating between Government linked sites. This is particularly crucial for enabling ease of access to key sites such as the National Quality and Safeguards Commission.

APD Registered NDIS Providers have ongoing difficulties with editing their provider information, especially amending business addresses. For example, APD Registered NDIS Providers have raised concerns about their home address being openly listed which raises significant privacy concerns. There have been multiple attempts to have this amended with no success to date. Additionally, the postal address function does not allow a PO Box, making it challenging for many practitioners. The overall experience of APD Registered NDIS Providers with updating their provider information in the Portal has been challenging and needs to be improved.

b. The impact of the role of other Government agencies on the ICT infrastructure

DAA have no comment to provide on this term of reference.

c. The appropriateness of the MyPlace Portal and agency facing IT systems

DAA have no comment to provide on this term of reference.

d. The impact of ICT infrastructure on the implementation of the NDIS

The considerable administrative burden and time required from APD Registered NDIS Providers to access and utilise the Portal, leads to dissatisfaction with the implementation of the NDIS. Providers experiencing difficulties with processes within the NDIS infrastructure are required to contact the NDIS via the 1800 number. APD Registered NDIS Providers are frequently met with extended delays in reaching a support staff member only to then have suboptimal support services from inexperienced NDIA staff.

Lengthy delays in this service have been associated with interruptions in the provision of care to participants, delays in financial payments to providers and underutilisation of NDIS participant plan funds. DAA recommends the

implementation of a direct ICT contact number where suitably trained staff can be accessed. Consideration of an online live-chat function within the site may also reduce the frequency of calls to the 1800 number and improve interactive problem solving.

e. any other related matters.

DAA are concerned about the user friendliness of the current provider listings on the NDIS website. These are lengthy documents and require the participant to know how to and what to search for. A more user-friendly search function should be developed to list NDIS providers nationwide. This will enable the participants to source appropriate providers for their care and increase their capacity to make a choice between providers.

DAA recommends improvements in the current search function that allows participants to search for APD Registered NDIS Providers via the MyPlace Portal. Given dietetics is a thin market in the NDIS, DAA are concerned about the impact of the restrictions of the existing kilometre range applied to searches. Furthermore, the accuracy of information in the search results needs to be improved, or be able to be easily edited by the provider.

Consideration of sub-categories of clinician services such as autism, tube-feeding etc. may also be of benefit for search functionality. A system that includes sub-categories is recommended to be developed in consultation with the national organisation for each discipline or suitably qualified practitioners. DAA would be happy to provide support to determine appropriate sub-categories for dietitian services.

DAA are concerned about the historical management of the change in registration for dietitians from the NDIS registration category of 'physical wellbeing activities' to 'therapeutic supports'. For some APD Registered NDIS Providers, the upgrade in registration category did not occur automatically in the existing ICT infrastructure. It is recommended that ICT functionality be able to automatically upgrade APD Registered NDIS Providers between NDIS registration categories e.g. therapeutic support and early childhood intervention.