Arthritis
VICTORIA
inc. OSTEOPOROSIS VICTORIA

Submission to Productivity Commission
Disability Care and Support

Policy & Research Unit
Arthritis Victoria
April 2011

Introduction

Arthritis Victoria is the peak consumer organisation for people with chronic musculoskeletal conditions, their carers, and their supporting communities within Victoria. This submission has been developed in consultation with people living with a musculoskeletal-related disability.

Arthritis Victoria supports the establishment of a system which entitles people with disability to access disability care and support services based on need. We agree with the Productivity Commission's description of a National Disability Insurance Scheme (NDIS) in that it will provide a cohesive system of support to all people with disability, with individualised support packages available for those with severe or profound activity restrictions (who meet the criteria described in Chapter 14).

"Arthritis is a significant contributor to disability in Australia; almost one-third of people with the disease report some core activity restrictions. However, only one out of seven people have severe or profound activity restrictions" (AIHW, October 2010, pIV). In the past, people with severe activity restrictions relating to a musculoskeletal condition have experienced difficulty accessing disability support services due to the episodic and hidden nature of this type of disability. For some people with severe core activity restrictions related to a musculoskeletal condition, the introduction of the NDIS will allow them to use appropriate services for the first time.

Inclusion of musculoskeletal conditions in NDIS tier three

The wording relating to eligibility to Tier 3 supports located within the *Overview and Recommendations* section of the Draft Report is misleading. We strongly recommend the removal of the sentence "People with bad backs and other musculoskeletal conditions would also typically receive assistance from the health system" (p12). It is located in the third paragraph, second dot point under the sub-heading *Tier 3: Access to publicly-funded, individual supports*. The location of this sentence is strongly misleading as the wording suggests that musculoskeletal conditions will not be considered in Tier 3, which is incorrect.

Chapter 14: The cost of the scheme, Table 14.1 clearly indicates that people with musculoskeletal disorders are eligible for assessment and appropriate functional supports. Table 14.1 shows the parameters used to proxy the number of people in Tier 3. Arthritis Victoria agrees that the criterion listed as *People who have significant limitations with a core activity (self-care, mobility, communication)* should include musculoskeletal disorders (including arthritis and back problems) (Productivity Commission, 2011, p14.6). We would, however recommend the use of the term 'musculoskeletal conditions' instead of musculoskeletal disorders.

We also agree that the criterion *Early intervention (not already captured in significant limitations with a core activity)* should exclude "all (health conditions) in 'significant limitations with a core activity'" (Productivity Commission, 2011, p14.7). As musculoskeletal conditions are already included in this previous list on p14.6, we would question why they are listed under the excluded health conditions again. We would recommend that the term *musculoskeletal*

disorders be removed from the list of excluded health conditions on p14.7 as we see this as being superfluous. Arthritis Victoria agrees that people with a moderate or mild core activity restriction will generally receive appropriate support from the NDIS through Tier 1 and Tier 2 services.

Arthritis and core activity restriction

The prevalence of arthritis increases with age, especially after the age of 45 years, and is highest among those aged 75 years and over. Only 13.5% of people with arthritis have a severe or profound core activity restriction. Over 67% of people with arthritis have no activity restriction (AIHW, October 2010, p6). In regard to the roll-out of the NDIS, the majority of people with arthritis will be best suited to using Tier 1 and Tier 2 NDIS services. However, there will be some people with arthritis who would be eligible for Tier 3 NDIS services (it should be noted that the above statistics do not reflect other musculoskeletal conditions that may be associated with severe or profound core activity restriction, such as osteoporosis).

The NDIS criteria must be flexible enough to support people with all forms of severe or profound disability, for example:

"I have been refused access to disability services because my arthritis was considered a medical condition not a disability. This was despite me being unable to dress myself or even walk at times during a flare" (male, aged 33-44 with Rheumatoid Arthritis: Arthritis Victoria Advocacy Survey 2010).

The leading health conditions experienced by people with severe or profound disability aged under 65 years in 2007-08 were: mental and behavioural problems, arthritis, back problems, cardiovascular disease and asthma (AIHW, November 2010, p7). This does not suggest that these conditions account for the most severe or profound disability in the population, but that a health condition is one of many factors in the creation of disability (AIHW, November 2010, p7). More importantly, a person's disability should be considered as a dynamic interaction between health condition, environmental and personal factors (WHO 2001). Arthritis Victoria supports a scheme that considers all these interactions when determining a individuals level of need.

Episodic and 'hidden' disability

Arthritis Victoria's consumer research indicates that the current disability service system within Australia often fails to recognise the needs of people with arthritis and other chronic musculoskeletal conditions. For some people, their disability is episodic, which means that they may have times of relative wellness – and then have other periods where significant amount of support is required. Therefore, Tier 3 of a NDIS needs to be flexible enough to allow people to be able to access care when they need it relative to the level of their impairment at a point in time.

Arthritis Victoria supports the Chronic Illness Alliance and MS Society action on episodic illness. "A national disability insurance scheme would assist people with chronic illnesses in providing a

more flexible funding model which took into account episodic illness and in turn create greater opportunities for people impaired by their illnesses to access aids and equipment so they could continue working or continue to participate in the lives of their communities." (Chronic Illness Alliance, 2010).

In addition to the episodic characterstics of this type of disability, the current disability system in many instances fails to recognise those with restricted functioning due to the 'hidden' nature of chronic musculoskeletal disability. Many people have functional limitations related to pain, musculoskeletal restriction/ease of movement, walking speed, and fatigue, but the hidden nature of these issues often sees them not being recognised within the service system. Within a NDIS, assessment practices at all levels of the system need to be responsive to 'hidden' disability, a phenomenon common among many chronic health conditions.

Economic cost of arthritis

In 2007, Access Economics completed an economic impact of arthritis in Australia. It found that 62% of those with arthritis are in the working age population from 15-64 years (Access Economics, 2007, p18). This group of people are less likely to be employed full time compared with people with a disability in general or people without a disability. Having people aged 15-64 years not fully participating in the workforce has a major negative impact for the individual and government (due to loss of productivity and taxable earnings).

In 2004-2005 arthritis and musculoskeletal conditions were the fourth largest overall contributor to direct health expenditure in Australia at $AU4.0 billion. "Other financial costs resulting from arthritis are estimated to be $7.6 billion in 2007. Over half of this was productivity costs, reflecting the reduced employment rates and increased absenteeism that results from arthritic conditions. The costs of informal care were estimated to be over $1 billion in 2007, indicative of the degenerative nature of arthritis, and the need for individuals with the condition to be assisted and supported. People with arthritis may also require aids and devices to assist them in carrying out their daily activities, or make additions or modifications to their homes to ensure safety and mobility. The cost of these is estimated to be $211 million in 2007" (Access Economics, 2007).

The greatest share of the arthritis costs in Australia is borne by the individuals with arthritis (61%), followed by the Federal Government due to the high cost to the health system and loss of productivity costs (Access Economics, 2007, p56). In 2007, the total cost of arthritis to the Australian economy was estimated to be $23.9 billion, an increase of more than $4.0 billion on the cost calculated in 2004 (Access Economics, 2007, p55). The introduction of a cohesive system of support (NDIS) that is flexible and responsive to people's needs, and supports people to remain employed or return to work in a timely manner following an episode of disability, could be a significant benefit to government and the wider community. It may lead to a decrease in the financial burden of arthritis and other musculoskeletal conditions on other areas, such as reduced health expenditure and increased productivity as the individual will be receiving services appropriate to their need.

Assumption that care costs are met by the health system

An underlying driver compounding the issues outlined above is the assumption that the costs of care for people with chronic health conditions are met through the health system. Often needs related to living in the community are not met by the health system and, as a result, people 'fall through the gaps'. Consequently, they face the prospect of having to self-fund disability-related needs or, alternatively, forgo support. Both of these options result in increasing levels of socio-economic disadvantage, reduced quality of life, and increased reliance on other areas of the health and social systems.

Arthritis Victoria is concerned that the wording relating to eligibility to tier 3 supports located within the *Overview and Recommendations* section of the Draft Report contributes to this erroneous assumption. We strongly recommend the removal of the sentence "People with bad backs and other musculoskeletal conditions would also typically receive assistance from the health system" (p12). It is located in the third paragraph, second dot point under the sub-heading *tier 3: Access to publicly-funded, individual supports*. Again, within a NDIS, assessment practices at all levels of the system need to be robust to ensure that inaccurate assumptions are removed.

Information requested

Chapter 4: The Commission seeks feedback on the arrangements that should apply in relation to higher electricity costs that are unavoidable and arise for some people with disabilities.

Arrangement equivalent to, or better than, the current Victorian Medical Cooling Concession scheme administered through the Department of Human Services should be included in the NDIS. Under the current Victorian scheme those who have a condition that affects the body's ability to regulate temperature and hold an eligible concession card (Health Care Card or Pensioner Concession Card) are eligible for a 17.5% discount on their electricity costs from 1 November to 30 April.

Chapter 4: The Commission seeks feedback about whether Carer Payment, Carer Supplement, Carer Allowance, Mobility Allowance, and the Child Disability Assistance Payment should fall within the scope of the NDIS.

Arthritis Victoria supports the notion that the above income supports should be included as a supplement within the NDIS, but that people not within the NDIS should still be eligible for such supports.

Chapter 5: The Commission seeks feedback on whether these tools, or any other assessment tools, would be appropriate for assessing the care and support needs of individuals having regard for:

- *the role of the assessment process in the context of an NDIS*
- *the desirable traits as outlined in section 5.4.*

Arthritis Victoria supports the assessment process outlined in Figure 5.2. We particularly support the notion of 'warm referral' in that people who are not eligible for the NDIS are actively connected in to services outside of the NDIS system.

Conclusion

Arthritis Victoria supports reform of the current disability support system. The proposed introduction of a NDIS will provide support to all people with disability relevant to their level of need. The majority of people with arthritis and other musculoskeletal conditions will be consumers of services provided in tier 1 and tier 2 of the NDIS. However, there will be some people with severe or profound core activity restrictions due to a musculoskeletal condition who will need the assistance of individualised support provided through tier 3. We support a scheme that includes those with episodic needs and recognises the 'hidden' nature of disability related to many chronic health conditions. We feel that this needs further exploration by the Productivity Commission for inclusion in the scheme, and strongly recommend the removal of misleading information in the Draft Report as outlined above.

References

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