'Holding up a mirror to public policy'

The role economic modelling and equity benchmarking can play in influencing systemic change in Australian assistive technology policy and implications for Canada

Authors Dr Natasha Layton & A/Prof Natasha Brusco

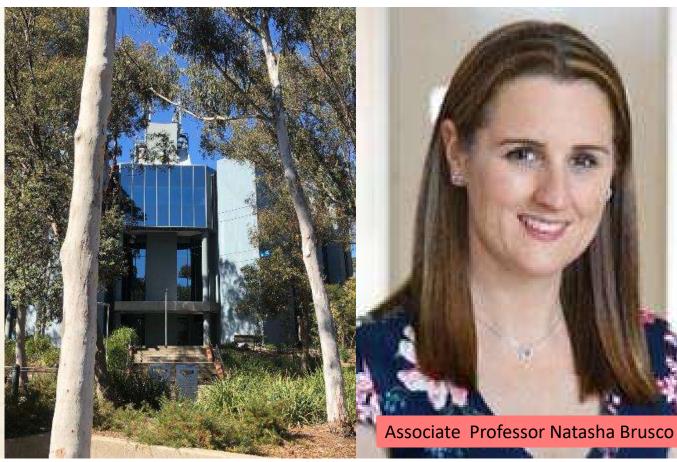
Rehabilitation, Ageing and Independent Living (RAIL) Research Centre School of Primary & Allied Healthcare, Monash University, Australia natasha.layton@monash.edu



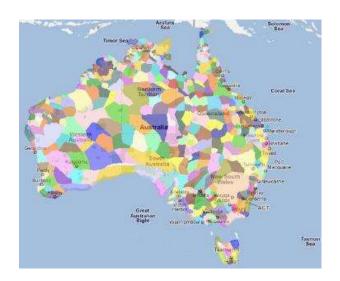
Rehabilitation, Ageing and Independent Living: Monash RAIL Research Centre, Peninsula campus Victoria, Australia https://www.monash.edu/medicine/spahc/rail/research











We acknowledge Aboriginal and Torres Strait Islander peoples as the First Peoples and Traditional Owners of Australia.

We work on the lands of the Bunurong people and the Ngunnawal people.

We pay respects to their Elders past and present. We extend that respect to all indigenous peoples joining us today from different lands.





Why is an occupational therapist thinking about economic concepts?



- Senior Research Fellow @RAIL Research Centre Monash University in Victoria, Australia
- International Lead ARATA (Australian Rehabilitation & AT Association) www.arata.org
- Secretary to GAATO (Global Alliance of Assistive Technology Organisations) www.gaato.org
- Member ISO TC173 SC2 WG 12 Assistive Products
- Member WHO FIC Functioning and Disability Reference Group and Australian ICF Interest Group





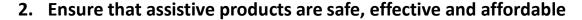


Global Unmet Need:

WHO/ UNICEF Global Report on Assistive Technology (2022) https://apps.who.int/iris/handle/10665/354357!







3. Enlarge, diversify and improve workforce capacity

4. Actively involve users of assistive technology and their families

5. Increase public awareness and combat stigma

6. Invest in data and evidence-based policy

7. Invest in research, innovation and an enabling ecosystem

8. Develop and invest in enabling environments









Assistive technology?

ISO 9999 **Assistive products** for persons with disability — Classification and terminology (2022)



04
supporting body
functions & training in
skills

06 orthoses & prostheses

self-care products

12
personal mobility & transportation

15 domestic products

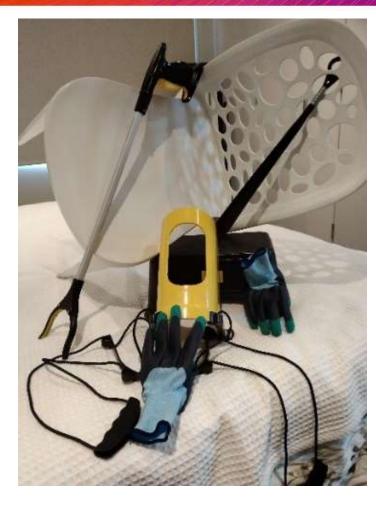
furnishings, fixtures: indoor & outdoor environments

communication and information management

products for handling objects

products for controlling/ adapting physical environments

28 products for work 30 recreation and leisure



Assistive products + assistive services = assistive

technology





Layton, Spann, Khan,
Contepomi, Hoogerwerf, Bell
& de Witte. (2024)
Guidelines for assistive
technology service provision
— A scoping review
Disability and Rehabilitation:
Assistive Technology
1-12, doi:10.1080/17483107.2024.2327515



Research in Canada:

- consumer led
- policy focused

Rosalie Wang & Michael Wilson



Dialogue Summary

Implementing a Policy Vision for Enhancing Equitable Access to Assistive Technologies in Canada

26 February 2020



Disability and Rehabilitation: Assistive Technology

ISSN: (Print) (Online) Journal homepage: https://www.tandfooline.com/loi/iidt20

Policymaker and stakeholder perspectives on access to assistive technologies in Canada: challenges and proposed solutions for enhancing equitable access

Rosalie H. Wang, Natalia Zdaniuk, Evelyne Durocher & Michael G. Wilson

To cite this article: Rosalie H. Wang, Natalia Zdaniuk, Evelyne Durocher & Michael G. Wilson (2022) Policymaker and stakeholder perspectives on access to assistive technologies in Canada: challenges and proposed solutions for enhancing equitable access, Disability and Rehabilitation: Assistive Technology, 17:1, 61-73, DOI: 10.1080/17483107.2020.1765033

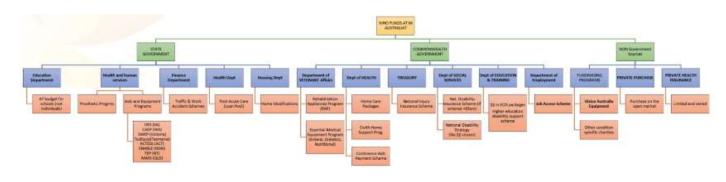
To link to this article: https://doi.org/10.1080/17483107.2020.1765033



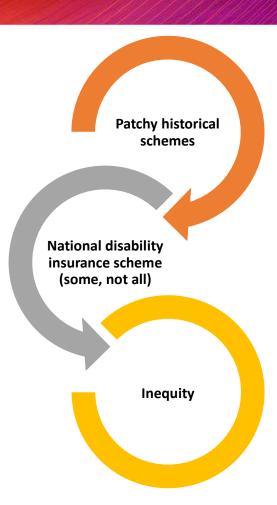


Research in Australia...











Almost **50%** of people over the age of 65

have a disability or long-term health condition





Only 10%
of people with disability
are eligible for the National
Disability Insurance
Scheme (NDIS)

PWD in Australia (all ages) = 4,370,300 24

- PWD (all ages) with access to NDIS = 466,619 25
- PWD (all ages) with access to Aged Care (however services not fit for purpose for all of their AT/HM needs) = 1,300,627 ¹⁸
- PWD (all ages) currently not accessing Aged Care or NDIS = 2,603,054

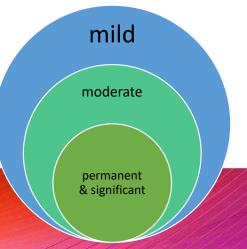
PWD under 65 years in Australia = 2,427,600 24

- PWD under 65 years, with access to NDIS = 450,038 25
- PWD under 65 years, currently not accessing NDIS = 1,977,562

PWD 65 years plus in Australia = 1,942,700 24

- PWD 65 years plus, ageing within the NDIS = 16,581 25
- PWD 65 years plus, with access to Aged Care (however services not fit for purpose for all of their AT/HM needs) = 1,300,627
- PWD 65 years plus, currently not accessing Aged Care or NDIS = 625,492





Australia's population: 25 million







Contract research which framed the problem space...

Australian Healthcare Associates.

Review of Assistive Technology Programs in Australia: Final Report and Supplementary Technical Report for the Australian Government Department of Health; Department of Health: Canberra, June, 2020.

https://www.health.gov.au/resources/public ations/review-of-assistive-technologyprograms-in-australia-supplementarytechnical-report

Informing the new national aged care 'Support at Home' scheme



Partnerships with civil society















2022

Seed Grant The Australian Assistive Technology Equity Studies: Improving access to assistive technology for people with disability who are not eligible for the NDIS.

2024

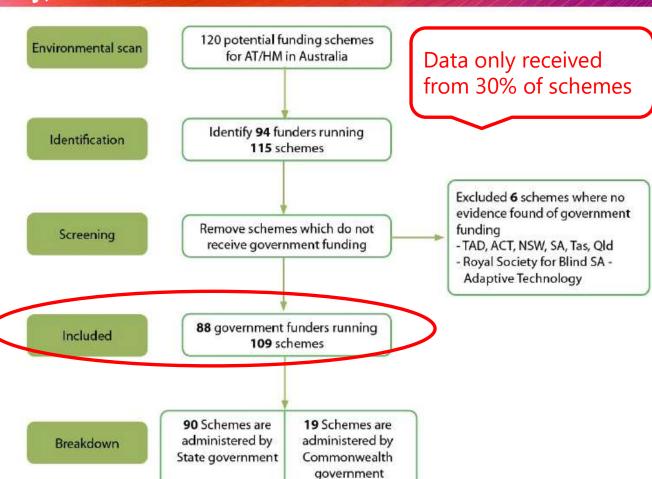
Contract research for Government on policy redesign of assistive technology and home modifications for older Australians living at home

Layton & Brusco (2022) The Australian Assistive Technology Equity Studies: Improving access to assistive technology for people with disability who are not eligible for the NDIS. Monash University; COTA Victoria



 Part 1 What is the government spend on AT / HM and which Australians benefit?

 Part 2 The cost of a single national assistive technology program for non-NDIS participants



People who are **eligible** for the NDIS only need to enter one door to access funding

NDIS



Part 1: Historical array of funding schemes

- Eligible by 'cause' such as injury insurers; traffic accidents
- Eligible by AT need such as artificial limb schemes, stoma scheme
- Eligible by identity such as veterans, location
- Eligible by impairment such as sensory / neurological
- Hybrid schemes such as AT within education; housing



Average annual spend on assistive technology for NDIS participants

\$2500

Average annual spend on assistive technology for Aged Care participants'

Part 2: Annual spend on AT or

Aged Care Services

100,755 (8%) of the 1.3 milion participants access AT/HM

\$66 million (total spend)

Whole population \$51 per person, per year

65,409 (19%) of the 338,463 participants access AT/HM

\$153 million (total spend)

Whole population \$453 per person, per year

Unknown how many Australian people living with a disability have access to AT/HM via the 106 additional Schemes funded by Government

Annual spend on assistive technology and home modifications

Benchmark against NDIS

\$1.2 billion (total spend) 467,000 Australian people living with a disability participating in the NDIS

Of those with AT/HM in their NDIS plan: 141,000 (30% of total participants) access \$4,000 of high level AT per year;

401,000 (86% of total participants) access \$900 of low level AT per year; and

51,000 (11% of total participants access \$5,000 of HM per year

Whole population average \$2,500 AT/HM per person, per year





Inequitable AT/HM provision and spends





For every \$1.00 spent on assistive technology an additional \$0.33 to \$1.00 is spent on wrap around





For every \$1.00 spent on assistive technology and/or home modifications an additional \$0.10 to \$1.98 is spent on organisational costs



Forecasting the cost of equitable AT/HM funding for all Australians



High Level Assistive Technology Wrap Around Services \$5 Billion Low Level
Assistive
Technology
(no Wrap Around
Services)

\$3 Billion

Home Modifications **\$2 Billion**

High Level Assistive Technology \$5 Billion

\$16 Billion

Organisational costs (additional 20% of direct High Level AT & HM costs)

\$1 Billion

An annual spend of \$16 billion dollars can save \$32 billion dollars. For every dollar spent on assistive technology and home modifications, there is a conservative two-fold return on investment relating to savings on the cost of paid carers, support services and medical services. (page 35)

Knowledge translation:

With co-design from AT user groups, provide evidence into policy-relevant language and multiple formats

- https://assistivetechforall.org.au/
- https://www.youtube.com/watch?v=o92pz CPavZ0



Briefing paper:

Improving access to assistive technology for people with disability who are excluded from the NDIS

What is assistive technology?

- The term 'assistive technology' (AT) refers to any aid, piece of equipment or home modification that helps someone overcome the impact of disability.
- Wheelchairs, ramps, electronic communication devices, prosthetic limbs and screen reading software are all examples of assistive technology.
- These solutions play a critical role in the lives of many people with disability, their family and Carers by:
 - Increasing independence and participation in everyday activities;
 - Reducing reliance on families and Carers, thereby improving personal relationships and minimising carer stress;
 - Minimising the onset of secondary health conditions;
 - Reducing the risk of accidents and falls;
 - Helping people to remain living in their own homes for as long as possible.

What is the problem?

- While the NDIS has the ability to fully fund the assistive technology that is needed by participants, this scheme was only ever intended to provide support to around 10% of people with disability across Australia.
- People with disability who are excluded from the NDIS still do not have
 equitable access to the assistive technology they need. They are commonly
 required to wait more than 12 months to access funding, self-fund some or all
 of the assistive technology they need or simply go without.

Knowledge translation: internal and external communication strategies strategies

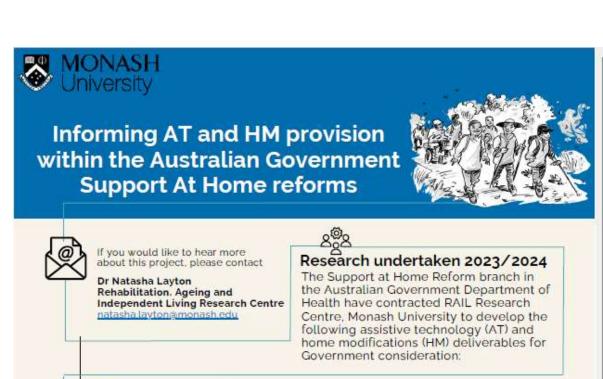


				4 1972A7 847
2020/21		NDIS participants with a disability	Non-NDIS participants with a disability	Total population with a disability
		Number of peop	ple with a disability	
Aged 0-64	Number	450,038	1,977,562	2,427,600
Aged 65+	Number	16,581	1,926,119	1,942,700
All ages	Number	466,619	3,903,681	4,370,300
HIGH LEV			e who need access to HIGH I for NDIS and non-NDIS parti	to be a control of the formation of the control of
Aged 0-64	Number	135,784	596,662	732,446
Aged 65+	Number	5,003	581,141	586,144
All ages	Number	140,786	1,177,803	1,318,589
HIGH LE	VEL assistive	ALTERNATION OF THE PARTY OF THE	HIGH LEVEL assistive technol	
Aged 0-64	Cost	\$543,134,515	\$2,386,647,745	\$2,929,782,260
Aged 65+	Cost	\$20,011,007	\$2,324,563,057	\$2,344,574,063
All ages	Cost	\$563,145,522	\$4,711,210,801	\$5,274,356,323
LOW LEV			e who need access to LOW L for NDIS and non-NDIS parti	
Aged 0-64	Number	386,640	1,698,979	2,085,619
Aged 65+	Number	14,245	1,654,782	1,669,028
All ages	Number	400,885	3,353,761	3,754,646
LOW LE	VEL assistive		OW LEVEL assistive technologon-NDIS participants @\$900	
Aged 0-64	Cost	\$347,976,161	\$1,529,080,729	\$1,877,056,890
Aged 65+	Cost			,905
All ages	Cost			,795
Home modifica		Green	Ambor	Red 2% of
Aged 0-64	Num			
Aged 65+	Num	LOW RISK AT	INDERADVICEAT	PRESCRIBED AT
All ages	Number	50,964	420,350	477,519
Home mod			tions (based on 10.92% of po cluding people in residential	•
Aged 0-64	Cost	\$245,763,298	\$1,079,935,826	\$1,325,699,124
	57m2 - 19	Open de la composition della c	41 221 222 221	Water to control of the control of
Aged 65+	Cost	\$9,054,794	\$1,051,843,084	\$1,060,897,878

2024

Contract research for Government on policy redesign of assistive technology and home modifications for older Australians living at home

Monash RAIL team



Inclusion List of
Assistive Technology
and Home
Modifications

Exclusion List of
Assistive Technology
and Home Modifications

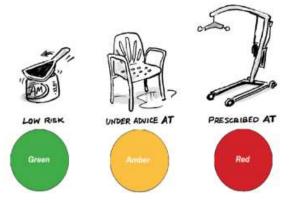
List of Assistive Technology and Home Modifications for people with complex and progressive disability, with associated guidance

Product Complexity Index (PCI) to balance risk, qualifications, and product complexity



Product Risk	Low-risk	Under-	Prescribed
Qualification for		advice	
assessment and safe recommendation			
Available for all Support at Home	\Box		
Program participants via IAT			
Basic skills / trained Scheme			
Assessors			
Professional: multiple professions		A	
Professional: specific qualification required			

The level of risk factor is multiplied by the complexity factor to determine the Product Complexity Index ie calculate the number of hours and type of wrap-around supports required



Wraparound support costing model



Wraparound service Professional workforce Basic skill workforce	Amount	per hour base rate		Indigenous Peoples	Please select response: Yes		Remote location Very remote location Indigenous Peoples	Multiplication factor
	Item level: "level of risk" and "complexity" classifications			Item level: "	Workforce" support			el: Equity Weights nous Status)
Select which item you want costing data for:	Level of risk	Level of complexity (the workforce 'role')	Product Complexity Index	Cost allocation for wrap- around services in <u>Year 1</u>	Cost allocation for wrap- around services in subsequent years (presented as a % and re-assessed every 2 years)	Cost allocation for wrap-around services in subsequent years	Year 1: Wraparound service cost	Subsequent years: Wraparound service cost

Conclusion

- ✓ Economic modelling and equity benchmarking have a role to play in influencing systemic change
- ✓ This has been demonstrated Australian assistive technology policy
- ✓ Colleagues in Canada are also leading the way (Professor Rosalie Wang & Professor Michael Wilson)



Abstract

The time has come to develop and implement a Canadian strategy on equitable access to Assistive Technology (AT). AT use has significant health, social, and economic benefits for people with disabilities and older people, and benefits society by assisting to mitigate the most prominent health and social challenges of our time. Our research with critizens (with/without experiences of disabilities or AT use) and system leaders across Canada determined that access is variable and inequitable, with unmet needs, restricted funding, and inefficiencies. Collaboratovely, we devised a blueprint, comprising a policy vision, three priority issues to address, principles to underprin policy actions, and short- and long-cern priorities, from which to build strategy. We hope the blueprint sparks action among citizens and health leaders, especially those working across governments, sectors, and communities to promote leadership and create a cross-jurisdictional coalidion to elaborate on a national strategy and action plans for moving forward.





Thank you

Authors Dr Natasha Layton & A/Prof Natasha Brusco

Rehabilitation, Ageing and Independent Living (RAIL) Research Centre School of Primary & Allied Healthcare, Monash University, Australia natasha.layton@monash.edu

Natasha.Brusco@monash.edu



