

ISOLATED CHILDREN'S PARENTS' ASSOCIATION OF AUSTRALIA



2022 FEDERAL CONFERENCE SPECIFIC EDUCATION NEEDS PORTFOLIO MOTIONS

A49. Bourke Branch (NSW)

CARRIED

“That ICPA (Aust) advocates the Federal Government for a permanent Medicare Benefits Schedule (MBS) item number for telehealth consultations to be assigned to telehealth Allied Health Services, specialists and consultations, including but not limited to Speech Pathology, Paediatricians and Psychologists, where they aren’t already available, to support the specific educational needs and learning difficulties of geographically isolated children.”

Explanation:

Many Allied Health Services are unavailable to rural and remote families.

Barriers are:

- that people have to travel long distances; sometimes to have the appointment cancelled
- people have to join lengthy waiting lists to access practitioners located in the metropolitan areas
- little or no access to allied health services, particularly for children with special needs and developmental delays (often on more than one domain)
- financial hardship caused by travel and accommodation costs while accessing treatment
- low socio-economic families living in rural and remote areas do not have the means to travel for treatment
- rural and remote people are often unable to find their way around or unfamiliar with metropolitan areas in order to access treatment
- most people needing National Disability Insurance Scheme plans are unable to navigate the system and without access to services they are unable to utilise their plans
- we are aware of many families rejecting National Disability Insurance Scheme plans due to lack of access to services.

Utilisation of telehealth services can be of great benefit to families in geographically isolated locations, who would otherwise have to travel considerable distances or encounter lengthy delays to access face to face consultations with relevant health professionals.

Students with developmental difficulties require frequent and timely consultations and these can be enabled via telehealth services for many families otherwise unable to access allied health professionals due to living in rural and remote areas.

Some specialist consultations, such as speech pathology, can be satisfactorily delivered using telehealth services where the technology is available. These services are already providing improved access to health services for some children in geographically isolated areas. The cost to families to access such services should also be equitable.

A50. Northern Territory State Council (NT)**CARRIED**

“That ICPA (Aust) advocates to Private Healthcare Australia (which is Australia’s private health insurance industry’s peak representative body) to ensure the rebates provided by private health insurers extend to allied health services delivered via telehealth, including speech pathology and indeed any allied health service necessary for the normal educational development of geographically isolated children.”

Explanation:

We appreciate that work is in progress for this motion. We thank ICPA Federal Council for your efforts thus far and wish to advise that the issue is still relevant and ongoing.

During the COVID-19 crisis, the Federal Government expedited the inclusion of certain allied health services covered by the Medicare rebate, and since then there has been an expansion of telehealth generally. However, some private health insurers do not cover telehealth appointments, or if they do, they cover at a reduced rate compared to the in-person appointment.

In this motion, we are asking private health insurers to recognise the importance of telehealth appointments for geographically isolated children, and to remove the financial penalties of using a telehealth appointment instead of an in-person appointment.

A51. Northern Territory State Council (NT)**CARRIED**

“That ICPA (Aust) urges the Federal Minister for Health and other relevant Ministers and agencies to ensure that federally funded health clinics across Australia are accessible to all Australians, so all geographically isolated children can receive a diagnosis and ongoing treatment of medical issues that impede their ability to learn and thrive.”

Explanation:

We appreciate that work is in progress for this motion. We thank ICPA Federal Council for your efforts thus far and wish to advise that the issue is still relevant and ongoing.

Northern Territory ICPA members frequently report being turned away from their local public, albeit remote, health clinics because they ‘do not meet the criteria’ (to access the public health clinic).

Remote families have no other ‘local’ health clinic alternative, but if they ‘don’t meet the criteria’ and are refused treatment, they necessarily must travel vast distances to access treatment for what could have otherwise been dealt with closer to where they live, at their closest remote health clinic, serviced by rostered doctors, specialists and allied health providers.

It is not acceptable that publicly funded health facilities discriminate on race, demographic, or on any other basis, let alone in a situation where there are no other local alternatives for rural and remote families to ‘conveniently’ access.

Case Study: Mum of four-year-old enrolled through SOA with a stutter and some speech problems, went to local remote clinic wanting to book an appointment with a speech therapist that travels to the local clinic on occasion, during the year. Mum was told, “I’m sorry, you do not fit the criteria, you will have to make an appointment in Darwin”. Mum gets hold of the same speech therapist that travels to the local clinic, still told “No, I can’t see you in XXXX (971km from Darwin), but I can see you in Darwin anytime”. The speech therapist tells Mum that the first thing she must do is get a hearing test for her child, “Most local clinics are able to do a simple hearing test”. Back to XXXX clinic and told yet again, sorry, you don’t fit the criteria. Mum has had to travel 971km to Darwin for hearing tests and an initial consultation with a therapist; the rest of the appointments were done over Zoom. Mum

reports “Zoom is ok, but certainly made it harder with the delay to be able to fully show the mouth positioning and sounds. It would be helpful to see the therapist at our local clinic once in a while, to make sure we are doing the right thing.”

A52. Alpha Branch (QLD)

CARRIED

“That ICPA (Aust) advocates to the Federal Government to implement financial assistance and incentives to attract qualified health graduates to rural and remote areas to ensure the availability and accessibility of adequate specialist services for rural and remote children with specific learning needs.”

Explanation:

Rural and remote areas are struggling for health workers – Doctors, Nurses, Speech Pathologists, OTs etc. All which are necessary for children who need these services in rural and remote areas. The turnover is huge, often a lot of the consultations are done over telehealth. Health workers are FIFO in a lot of rural communities. They are flown in by agencies and paid wages above the rates by health departments, as well as a huge fee going to the Agency who organises the workers. I have seen a health worker flown from Western Australia to rural Qld for a 10-day contract. If we could somehow get a system where these health workers are employed by the local health services and then, could get – and just guessing, \$1000 deducted from their HECS debt for every 6 months of service, it may help encourage and retain workers. This reduction would need to be dependent on the positive work review from their manager.

We talk about early intervention being the key to child development and positive outcomes. Often in rural areas issues are identified early, and referrals are done to Speech Pathology, OTs and various Specialities. The wait for these services can be months and crucial time is being lost with these young children, which then has a flow on effect, as developmental issues are unresolved by the time they get to start school. They then, in rural areas, have issues accessing the services they need through the education system. This often leads to many families with children with such needs relocating from the rural and remote areas to metro areas where they are able to access the services for their children.

In the last two years the shortage of health workers has increased. I know the HECS for some health degrees has been reduced, and this is a great start. We now need to work on getting these graduates to the rural and remote areas and then keeping them there.