SARRAH 2018 CHANGING LANDSCAPES Changing Lives

A descriptive case study of the generalist-consultant allied health model with the NDIS in rural NSW

BACKGROUND (THE PROBLEM)

Many clinicians in rural and remote areas are generalists. Disability practice requires clinical skills that those generalists do not always have. One way to support those clinicians could be through accessing specialist skills of clinicians who have experience working with people with disabilities.

Western NSW PHN: Generalist clinicians were based in Dubbo. The consultant clinician was based in Blayney. Clients are based in the localities of Parkes, Nyngan, Trangie, and Bourke.

METHODS (THE SOLUTION)

1. **Verbal briefing** between generalist and consultant regarding client and clinician's skills/goals.
2. **Initial consultation** face-to-face, led by consultant and observed by clinician. Brief client and support network regarding proposed model of support.
3. **Verbal debriefing** between clinicians regarding clinical impressions and skills required for ongoing client support.
4. **Subsequent consultations** led by generalist, with faded support from consultant (in-person support → videoconference → phone → verbal brief/debrief → skill-specific competency).
5. **Administrative work** – reports and strategy development e.g. compilation of a communication profile shared amongst consultant and generalist according to caseload. Phone and email support provided by consultant as necessary.
6. **Remote support for ongoing management** or complex clinical scenarios – email, phone, videoconference.
7. **Debrief with client** and/or support person regarding satisfaction and clinical outcomes.

RESULTS

- **Client goals were achieved.**
- **Clients and support persons were satisfied** with the support they received.
- **New relationships** were built between generalist clinicians and new client groups and community providers.
- Generalists **expanded areas of clinical competency**, enabling **further geographical reach** of clinical services.
- **Clients accessed specialist service** in rural and remote areas where a specialist clinician was not available otherwise.

DISCUSSION

In the NDIS, there is no practical provision for the allied health clinician with advanced practice skills to charge for clinical consultations with a generalist clinician who provides supports in a rural or remote area.

NDIS participants don't have an incentive to ask for a duplicated service, and clinicians are not legally limited in their scope of practice in the same way that medical professionals are.

However, with minimal cost (absorbed in this case by the consulting provider), the rural generalist-consultant model increased the frequency and quality of services in a number of rural and remote communities, achieved client goals, and built competencies in clinicians that could attract a significant amount of business in the future.

Broader areas of clinical competency in NDIS providers allows clients more choice and control, and begins to create a more competitive market for clinical supports through a model that can be applied in other rural and remote areas.

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