

## Letter to the Editor: The National Disability Insurance Scheme: Positive Implications for Current and Future Orthoptic Practice

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The National Disability Insurance Scheme (NDIS) is expected to provide about 460,000 Australians under the age of 65 years, who have a permanent and significant disability, reasonable and necessary supports to meet client-determined ordinary life goals, as the scheme rolls out nationally over the next few years.<sup>1</sup> The NDIS was launched in July 2013 in some parts of Australia, namely the Barwon Region and Hunter Valley, NSW. The projected annual cost to the government is reported to be an estimated \$22 billion, as clients utilise funds for equipment and services supporting their set goals.<sup>1</sup>

NDIS planners and health professionals are responsible in educating the client in accessing mainstream services and supports, plus gaining services available in the health, rehabilitative and education systems. The goals set by each client aim to allow all participants access to 'reasonable and necessary' funded supports. It is noteworthy that assistance from the NDIS is not means tested, so accessed funding, whilst limited, will have no impact on income support such as the Disability Support Pension and Carers Allowance.<sup>1</sup>

According to the World Health Organization, 'health' is defined as '... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'<sup>2</sup> Considering the use of the term 'health' or rehabilitative, versus 'medical' services, orthoptists are well positioned as the key eye care practitioners under the NDIS, as optometrists and ophthalmologists currently fall into the medical (unfunded) category.

Silveira, (2015) discussed the current criteria by which vision impaired clients are generally classified under the NDIS.<sup>3</sup> Visual acuity and field loss are the main two factors assessed when planners evaluate the reported needs of the client, as documented in a functional orthoptic vision report. This

report aims to explain vision findings in 'everyday' language and traditionally has proven useful in environments such as the workplace or schools. Whilst the NDIS does not cover funding for school-based equipment, the functional vision report is the platform by which a client's planner gains insight into their visual status, so consequently decides whether or not the included equipment recommendations should be honoured.

Orthoptists working within low vision agencies will be happy to hear there is an array of support in place to guide you through the process of report-writing. Orthoptists acting as sole providers can obtain assistance over the phone from the NDIS support staff. Setting up is as simple as first obtaining an Australian Business Number, then registering with the NDIS online. An orthoptist must be registered with the Australian Orthoptic Board, have a Certificate of Currency and be a member of Orthoptics Australia to be eligible to receive a Medicare number, which makes registering for NDIS and other agencies a relatively smoother process.

As reported by Silveira, clients with needs relating to eye movement disorders, lack of contrast sensitivity or extreme visual fatigue, may also qualify for services, so NDIS planners will hopefully become more educated over time, about the array of potential functional vision problems a client may have, as orthoptists verify this in each functional vision report.<sup>3</sup>

Support 'clusters' may include 'improving daily living skills', 'communication' and 'adaptive technology', to name just a few. Registering oneself as a provider involves selecting the support clusters which match these types of services, so future clients searching for a service, may find the relevant provider with relative ease.<sup>1</sup>

I, amongst others, have been fortunate to have experienced utilising the NDIS, as Geelong and the Barwon Region functioned as the 'launch site' and location of head office for the NDIS in 2013. Decisions regarding funding of equipment

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or orthoptic hours, occur on a 'case-by-case' basis, so just as each patient is unique, so too, will be the equipment needs and number of hours required with the orthoptist. We currently are listed amongst 'allied health' and are paid a little above \$172 per hour. This may be per hour spent with the client or per hour spent on report writing.

The following case study illustrates my involvement, whereby this deserving client managed to engage in several hours of eccentric viewing training as well as later receive funded equipment. The client now enjoys learning English and, as a refugee, looks forward to obtaining long-term employment and bringing his family from overseas.

A 37-year-old refugee from Pakistan was diagnosed by a local ophthalmologist, with posterior uveitis, glaucoma and central scarring from a bomb blast several years ago, with severe chorioretinal atrophy. Due to prior involvement with the client at a low vision agency, I received this private referral.

Visual acuity was found to be Right: Hand Movements, Left: Light Perception (directional). Central vision loss was extensive, as shown by the Humphrey visual fields and OCT (Figures 1a and b, 2a and b). A combination of Bjerrum fields and 'clock-face method' allowed me to determine the ideal eccentric viewing position. Until eccentric viewing had commenced, the client was unable to use simple optical magnification aids, due to extensive central vision loss. I was fortunate enough to be granted an initial 8 hours, then a subsequent 8 hours of rehabilitation time with this client, in addition to 2 hours of report-writing time. Following 16 funded hours of eccentric viewing, the patient's results are as shown.

Near acuity improved from N80 to N12 with improved reading speed and skills in writing.

NDIS is also considering funding a closed-circuit television electronic magnifier to allow the client to see notes on a Smart Board whilst studying English at a local TAFE facility. In addition, funding is being sought for a vertical reading stand. The client has also received orientation and mobility training and an iPhone with built-in assistance for navigation.

As the NDIS rolls out nationally, a wider range of orthoptic case studies will hopefully be presented by orthoptists

utilising this valuable service Australia-wide. For the latest updates and timing on the roll-out of the NDIS near you, look for 'Every Australian Counts' or 'myplace.ndis.gov.au' online.

## REFERENCES

1. National Disability Insurance Agency. National Disability Insurance Scheme-Homepage; 2016 [Cited 2016 25<sup>th</sup> Jul] Available from <https://myplace.ndis.gov.au/ndisstorefront/index.html>.
2. Jirojwong S, Liamputtong P. Population Health, Communities & Health Promotion. Melbourne: Oxford University Press; 2009.
3. Silveira S. Reporting for the National Disability Insurance Scheme: incorporating the functional impact of vision impairment. *Aust Orthopt J* 2015;47:17-23.

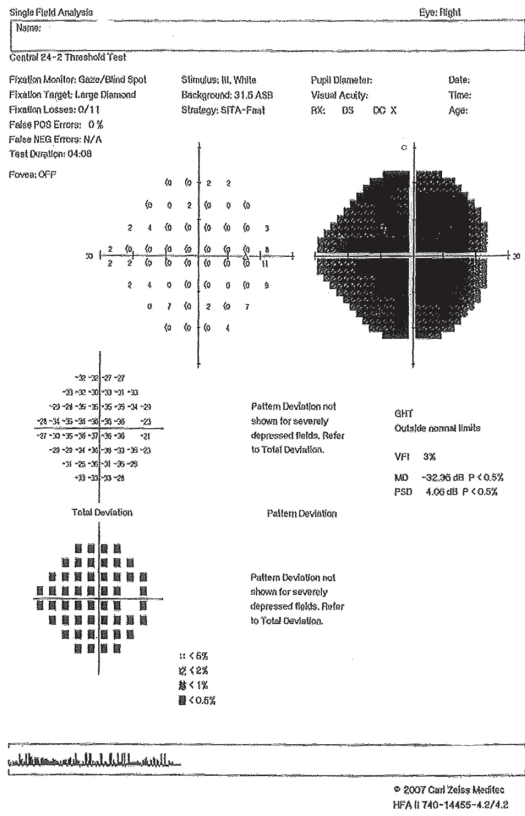


Figure 1a. Humphrey visual field right eye.

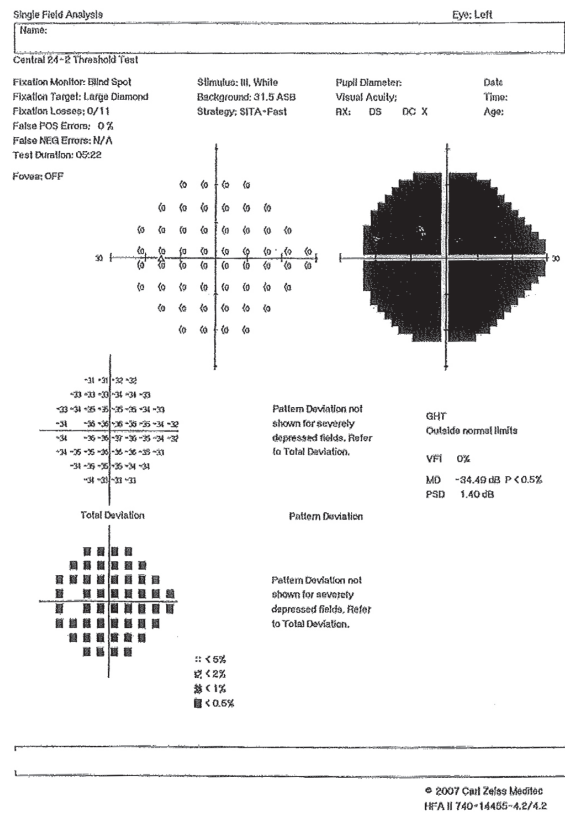


Figure 1b. Humphrey visual field left eye.

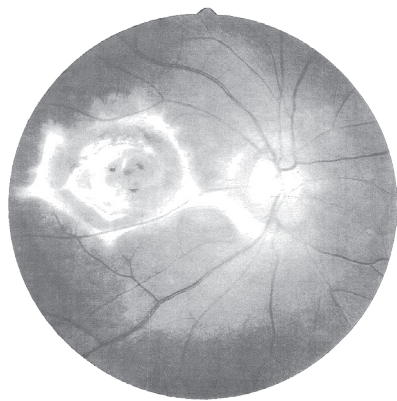


Figure 2a. OCT right eye.

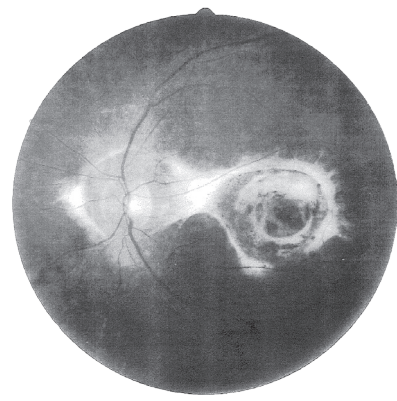


Figure 2b. OCT left eye.