



Participant Experiences with National Disability Insurance Scheme-Funded Allied Healthcare Services During COVID-19

In 2020, the COVID-19 pandemic had a considerable impact on the delivery of healthcare across Australia. Many NDIS-funded supports (including consultations with allied healthcare clinicians) transitioned to remote service delivery via telephone or video over the internet.

The University of Melbourne, in collaboration with the National Disability Insurance Agency, conducted a survey that **aimed** to investigate the experiences of NDIS participants, or their family members/carers, when accessing NDIS-funded allied healthcare supports during the COVID-19 pandemic.



NDIS participants or family members/carers were invited to complete an **online survey** about their **experiences** with:

- accessing NDIS-funded allied healthcare supports during the pandemic
- remotely-delivered allied healthcare consultations and group classes

The survey opened 25th June 2020 and closed 31st August 2020



2,391 people completed the survey, of whom **59%** were family members or carers completing the survey on behalf of an NDIS participant

Characteristics of surveyed NDIS participants



All states and territories of Australia were represented



29% aged 0-18 years
67% aged 19-64 years
4% aged 65+ years



52% were female



84% lived with others



Range of disabilities including:

28% autism
11% intellectual disability
8% psychosocial disability



95% spoke English at home

NDIS-funded allied healthcare supports during COVID-19

In 2020, 1,672 surveyed participants (70%) had funded allied healthcare support for:

Occupational therapist	22%	Exercise physiologist	7%
Psychologist	14%	Dietitian	4%
Speech pathologist	14%	Continence nurse	2%
Physiotherapist	14%	Audiologist	1%

Most (77%) had support from more than one of these professions

During the COVID-19 pandemic:

28% of surveyed participants experienced **cancellation** of at least one allied healthcare support (due to cancellation by the provider or participant inability/unwillingness to transition to remote delivery)

For each support that was cancelled...
57% reported worse stress/anxiety
39% were coping poorly
59% reported a decline in health

57% experienced continuation of at least one allied healthcare support **in-person**

43% same frequency of consultations as before the pandemic
35% fewer than before
15% more than before

63% experienced transition of at least one allied healthcare support to **remote delivery** (**66%** via video, **34%** via telephone)

Experiences with allied healthcare consultations via telephone and video



63% and **69%** were happy with the **privacy/security**

71% and **78%** felt **safe** during the consultation

47% and **64%** felt **safe** doing prescribed activities



55% and **51%** found the technology **easy** to use

55% and **56%** felt comfortable **communicating** via the technology

62% and **66%** were happy with the **management** they received



52% and **61%** believed the care they received was **effective**

31% and **33%** were likely to **choose to use** remotely-delivered services after pandemic

11% and **13%** believed it was **better than in-person** consultations

The most commonly identified advantages of remotely-delivered consultations included **convenience** (**26%** and **29%**), **accessibility** (**15%** and **24%**), and **reduced waiting time** (**14%** and **15%**)

The most commonly identified disadvantages of remotely-delivered consultations included **lack of physical/hands-on treatment** (**20%** and **16%**), **lack of physical contact** (**22%** and **16%**), **difficulty communicating** (**16%** and **15%**), and **lack of visual contact** (**31%**).

Experiences with allied healthcare group classes via video

Only **3%** of respondents had group classes via video during the pandemic.



48% were happy with the **privacy/security**

71% felt **safe** during the group class

79% felt **safe** doing prescribed activities



59% found the technology **easy** to use

45% felt **comfortable** communicating via video

49% were happy with the **management** they received



51% believed the care they received was **effective**

32% were likely to **choose to use** video group classes after the pandemic

14% believed it was **better than in-person** group classes

Differences between allied healthcare professions

Use of remotely-delivered consultations during the pandemic was most common in **psychology (57%)** and **speech pathology (55%)** and least common in **audiology (19% of respondents)** and **exercise physiology (25%)**.



Having fewer consultations than normal during the pandemic was most common in **occupational therapy (40%)** and **physiotherapy (45%)**, and least common in **audiology (17%)** and **continence nursing (19%)**.



Likelihood to choose to have consultations via video after the pandemic was highest in **audiology (100%)** and **dietetics (52%)**, and lowest in **physiotherapy (20%)** and **exercise physiology (23%)**.



Likelihood to choose to have consultations via telephone after the pandemic was highest in **audiology (50%)** and **dietetics (45%)**, and lowest in **exercise physiology (16%)** and **physiotherapy (23%)**.

Conclusions

The COVID-19 pandemic had a significant impact on many participant's allied healthcare. Many experienced cancellations in therapy, however more than half transitioned to remotely delivered services via telephone or video to enable services to continue. Those who had remotely delivered consultations during the pandemic reported positive experiences overall. A third of respondents would be interested in using such services in the future.