AATC Abstract

**An ad hoc multidisciplinary team service delivery model for custom and complex AT**

Aim: To present an ad hoc multidisciplinary team model of service delivery that provides individual and mono-disciplinary teams to form and disband to suit the emerging NDIS-driven market.

Outcome: In the emerging market there will be an increasing degree of scrutiny of AT scripting and provision. The distribution of funding into discrete and annual allocations increases the expectation that the outcomes sought will be met by competent and cost-effective providers with limited cycles of review and reconsideration. The ad hoc multidisciplinary team service delivery model allows primary providers to engage peers with relevant competencies to ensure that AT provision is achieved with efficiency, cost-effectiveness and integrity.

Abstract (246 words):

With the NDIS promoting a competitive provider market, there has been a surge in providers operating individually, or in mono-disciplinary teams. Recognising that AT prescription can be complex, there has been some leniency in prior funding arrangements with cycles of provision, review and reconsideration. The financial cost of this process was largely removed from the individual client. NDIS participants, however, have designated funds allocated in advance, and it is very apparent when the AT provision process does not go smoothly. Such an outcome is more likely when the provider operates outside of their areas of competency.

The NDIA is actively in discussion with ARPA, the ACCC and other consumer advocates to ensure that participants have some recourse when funds are wasted by providers who do not operate within the bounds of their competency. Moreover, providers operating outside the bounds of their competency are subject to Australian consumer law and are not covered by their professional indemnity, which is specified for the particular competencies of their profession.

As a result, there will be an increasing need for service providers to engage peers with relevant competencies to ensure that AT provision is achieved with efficiency, cost-effectiveness and integrity. A service delivery model where ad hoc multidisciplinary teams form and disband around individual episodes of care allows providers to leverage the competency of other providers on an as-needed basis. This model, its strengths and potential weaknesses will be discussed and examples provided of how it might operate in practice.