Dear National Disability Strategy,

I am a Rehabilitation Medicine Physician working for over 20 years in Victoria, in particular in the care of adults with disability arising from neurological disorders. I have worked at Royal Talbot Rehabilitation Centre (Austin Health) for 17 years and 5 years ago I started a small private practice. The main focus of my private practice is to provide specialist input to people living with long term neurological disability. My private practice has no association with any private hospital. In addition to consults at my rooms, I also offer home visits to patients who find travel to my rooms to be too difficult. There are no other similar practices in Victoria.

Initially my client base was mostly compensable patients with funding from insurance companies. Over time however, many non-compensable, Medicare-only patients have asked for my involvement. As bulk-billing is not an option for me to maintain my practice, many of these clients have decided not to engage with me.

There are Rehabilitation Medicine Clinics at many public hospitals, however these often have long waiting lists and are not designed for complex outpatient assessments, do not allow for the Physicians to meet with the community therapy teams and do not offer home visits.

The revelation is that there are people living with long term disability in the Victorian community who are unable to access specialist services to address their highly specialised needs. While Rehabilitation Medicine Physicians are well placed to provide a holistic assessment and management plan, their availability to these individuals is limited.

Overall I believe that this is a gap in healthcare availability for our most vulnerable people living in the community. To address this gap I suggest that the Federal and/or State governments invest in NDIS clinics in the health services. An NDIS service may be able to generate revenue for the health service by billing for consults and case conferences, however such revenue does not cover salaries, in particular if time is required to attend patients at home. In my opinion, each public service should provide at least an extra 7 hours/week for one Rehabilitation Medicine Physician to provide an NDIS service. A central database or Registry could be developed to accept referrals centrally and distribute to the closest service, while monitoring need and waiting times.

Of course, my experience is limited to the Victorian public health service and this issue may not be the same in other states.

I am attaching my private practice information sheet to provide explanation of the service that a Rehabilitation Medicine Physician can provide.

Kind Regards,

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