



AADDM

Australian Association of
Developmental Disability Medicine

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Strategic Plan 2017-2022

President: Dr Jacqueline Small
Vice-President: Prof Julian Trollor

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Introduction

AADDM is an organisation of medical and allied health practitioners who specialise or have an interest in improving the health and wellbeing of over 500,000 Australian children, adolescents and adults with developmental disability (DD). AADDM aims to improve the health of children, adolescents and adults with intellectual and developmental disability through professional development and advocacy. AADDM has been and continues to be a major contributor to government policy with a remarkable history of successful advocacy leading to widespread changes in healthcare delivery throughout Australia

Members of AADDM met on 4 May 2017 in Adelaide to contribute to the development of a strategic plan to enable AADDM to continue to meet its aims and goals over the next 5 years. This meeting was an opportunity for members to consider key issues and opportunities within the health system and wider disability and education sectors and to develop a set of priority themes and actions. Brief presentations highlighted some current national priorities such as the MBS Review and novel partnerships that may better improve health and wellbeing of people with developmental disabilities. A facilitated Delphi type process synthesised the issues raised by members into a coherent set of priorities aligning with key domains.

This strategic plan will serve to guide AADDM activities during the next 2-5 years. The Executive commends this plan to AADDM members and to other organisations interested in improving the health and wellbeing of people with developmental disabilities.

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Methodology

A modified Delphi approach was utilised to develop consensus amongst AADDM members for a new strategic plan for 2017-2022. In preparation for the face to face strategic planning meeting held on 4 May 2017, AADDM members were invited to submit by email priorities for action and specific concerns regarding the health services for people with developmental disabilities.

Fourteen participants, representing 27% (14/51) of AADDM members, subsequently participated in a facilitated face to face meeting to consider these issues and to provide expert opinion about further specific actions and issues that were relevant and important to improve the health of people with developmental disabilities. Participants were subsequently allocated to one of the following categories: health advocacy, building capacity through education and training, health services development, policy consultation and development and research. Three of the groups considered a single category and the fourth, 2 categories. Each group identified the top 3 priorities for action in each category.

A summary of the participants' recommendations was circulated by email to all AADDM members. Twenty (20/51, 39%) members responded, prioritising categories for actions, for recommendations within the categories and proposed some additional activities.

The executive committee approved the final report as the AADDM strategic plan 2017-2022.

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Strategic Activities

AADDM members continue to support our roles in key domains that include (in order of priority):

1. Health advocacy
2. Building capacity through education and training
3. Health services development
4. Policy consultation and development
5. Research

The following tables identify the key domains, priorities for action and potential strategies (see appendix for results from members' survey).

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Domain	Priorities for action	Potential strategies
Health advocacy	National Disability Insurance Scheme (NDIS)	Embed healthy living in NDIS planning
		Build effective interface between disability and health
		Measure impact of NDIS on health service usage
		Train planners/disability professionals about healthy living
		Review onerous nature of form completion
	MBS Review- including item numbers to improve provision of health services for people with DD	Collaboration/partnerships are funded
		Capacity to bill in absence of patient
		Specific item number for health care people with DD
		Longer time for consultations
		Non face to face time funded
		Address implications of age restrictions on some item numbers, eg ASD assessment
	National Data on Health Outcomes for people with DD	Determine key measures and form new partnerships
		Reduce health disparity
		Funding based on reduction in disparity
	Other	Involvement in integrated care initiatives

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Domain	Priorities for action	Potential strategies
Capacity building through education and training	Core training all health professionals	Include DD in core/basic training for mainstream curricula across health, eg medical, nursing, allied health, pharmacy, dental
		Train professionals to increase respect and communication skills
	Specialised training in DD health	Map DD training positions
		Contribute to accreditation/learning goals for training
		Engage with trainees
	Interaction and enhancement of DD health focus within primary health care networks	Build and strengthen interaction between primary and specialist health networks
	Other	Explore opportunity for specialist training or certification
		Increase interdisciplinary work/training from early in training
		Provision of educational opportunity/materials to family/carer groups. Funding/access to self help skills/self health literacy.
		Include people with DD in all health promotion activities
Train other members of workforce, ie non health IDD professionals.		

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Domain	Priorities for Action	Potential strategies
Health services development	Support the further development and equitable availability of specialised health services	Sustainable and ongoing funding
		Provision of services to support complex needs and leadership to enable access and participation, eg communication partners (justice system)
		Registrar/OT/physiotherapy/speech interacting in undergraduate training to avoid silos upon graduation- these people being able to train the health services
	Improve care in hospitals, especially for those with complex needs	Develop understanding and attitudes towards people with DD
		Workforce: social work, clinical practice consultant (nurse). Champions in each department for DD, work across departments and in the community, eg home visits
		Dissemination of resources
		Create template for health care planning that includes communication, sensory and other health information
		Flagging of communication issues on the health record and improving communication with health professionals
		Believing the person with IDD and or their families
		Multiagency groups including police, social services, child protection like MAP5 in SA
	Establish Medicare payments for medical practitioners credentialed in DD	Establish required skills, knowledge, competencies and skills framework
		Develop training and recognition of disability specialisation
Acknowledge recognition of prior learning framework		
Advocate for funding that supports the value of longer consultations and links with self advocacy		

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Domain	Priorities for Action	Potential strategies
Policy consultation and development	Inclusion of people with DD in all policies	Legal underpinning
		Lobby/advocate politicians and departments
	Development of a national framework for the health of people with DD	Collaboration with health departments
		Work with COAG to unify policies
Minimal standards/performance measures for health services.		

Domain	Priorities for Action	Potential strategies
Research	Data linkage to examine health outcomes (including impact of NDIS on health outcomes), health service usage and health related costs	Collect health related data
		Identify important data sets, eg immunisation, cancer registries, deaths, hospital admissions
		identify people with IDD in datasets, recognise as a "population"
	Research to aid development of health related guidelines	Include people with DD in planning of research
	Longitudinal cohort studies to determine the health of people with DD	Collaborate with researchers and services in other fields
	Other	Examine the impact of early diagnosis of DD and health conditions

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Participants 4 May 2017

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