Assistive Technology (AT) Systems in 6+ Countries:

Analysis of some relevant themes

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The Study

➢ Commissioned by the National Disability Authority in **Ireland**
- map the AT system in Ireland
- identify good practice from other countries
- prepare guidance for further development of the Irish system

➢ Covered the AT service delivery systems in **3 settings**
- home / community / everyday life
- employment
- education

➢ **Other countries** covered

| Denmark | Italy | Netherlands | Norway | UK | Germany |

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Different 'Welfare' Regimes & AT Service Delivery Systems

		Welfare regime / AT service delivery system
Denmark		Tax-based funding with AT services delivered by municipalities; universal system
Norway		Mainly national social insurance-based funding of AT, provision by single agency (NAV) (also smaller role played through municipality services); universal system
Netherlands		Combination of (compulsory) private health insurance & municipality services for AT; universal system
Italy		Tax-based funding of national health system which provides AT; universal system for AT provided by the health services
UK		Tax-based funding; universal system for AT provided by national health service, often income-related for AT provided under social service system
Germany		Social insurance funding of AT for employment; largely universal system
Ireland		Combination of public services and publicly-funded NGO services; public-private mix (income and age related)

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Thematic analysis

- ➢ **Policy importance given to AT**

- ➢ **Universality and public-private mix**

- ➢ **Coverage across settings and the lifecycle**

- ➢ **Quality aspects of AT systems and services**

- ➢ **Market functioning and Costs**

- ➢ **Developments in telecare, telehealth, AAL etc.**

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Policy importance given to AT

➤ **increasing recognition** of the policy importance of AT…..

- key role to play in various areas
  - health/social care (especially with ageing population)
  - independent living
  - equality
  - active employment
  - inclusive education
  - informal care
  - etc.

- value for money and cost savings

➤ but this **varies considerably** across countries; much **room for improvement**

- AT is increasing in importance with ageing of the population

- needs to be given more recognition as a mainstream and important part of care systems

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- differences across countries in **overall levels of expenditure** and 'generosity' of systems
 - e.g. expenditure per year on AT (per capita aged 65+): 200 ⟶ 500 euro
    - highest: Norway
    - higher-end: Denmark, Netherlands
    - mid/lower-end: Italy, Ireland, UK

  - increasing recognition of the **value-for-money** of AT expenditure
    - (although this still needs a lot more attention…..)
      - cost/QALY ratios (e.g. for hearing aids in UK, wheeled walkers in SE, etc.)
      - cost savings in other services (e.g. recent work in IT)
      - relative cost of AT compared with other services (e.g. in UK)
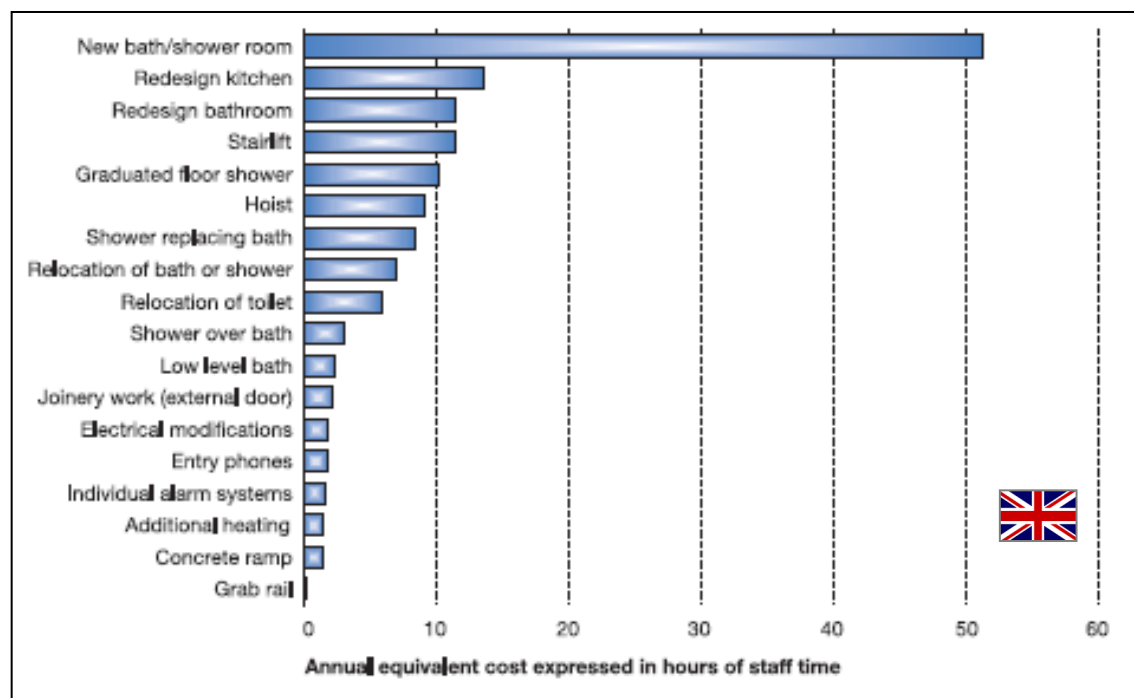
Universality and Public-private Mix

Denmark, Norway	Universal systems; limited private purchase
Netherlands	Currently universal system, but increased private purchase expected
Italy	Universal system for the types of AT provided by the national health services; long waiting times may lead to private purchase
UK	Universal system for the types of AT provided by the national health service; often income-related for other AT, with 'officially-recognised' public-private mix and supports for 'self-funders'
Ireland	Public-private mix (income and/or age-related)

➢ where there is a **public-private mix,** this needs to be explicitly recognised:

▪ public responsibilities to help 'self-funders' (information, quality assurance, price controls…)
   ▪ e.g. 'retail model' approach in UK

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Coverage across settings and the lifecycle

➢ Commonly have **separate, parallel systems** for AT for home/everyday life, employment and education

➢ **Can result in problems**:

  ▪ Uneven coverage of the different settings
  ▪ People can often fall between the administrative 'gaps'
  ▪ Lack of continuity in coverage (e.g. in transition between levels of education, between education and work….)

➢ **Norway** stands out, with a **single agency (NAV)** covering all three settings

➢ **Employment setting**: can sometimes lack clarity and utilisation of AT can be under-developed

  ▪ Interplay between 'reasonable accommodation' obligations of employers and public financing/services
  ▪ 'Green Card' in Norway may be a useful model

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Quality aspects of AT systems and services

➢ **Service standards, guidelines and protocols**

➢ **Specialist AT expertise to support frontline staff**

➢ **AT education and training**

➢ **Information and awareness**

➢ **User/consumer choice**

➢ **Performance monitoring, statistics and evidence base**

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Service standards, guidelines and protocols

➤ Overall, **quality assurance** in this field is **not yet very well-developed**

➤ Various aspects are **being given more attention**, for example:

➤ **UK**: 🇬🇧

- Standards for Community Equipment Service (Wales)

- Quality assurance / accreditation of independent suppliers

➤ **Norway**: 🇳🇴

- National guidelines (e.g. assessment service, urgent repairs, role of AT specialists etc.)

➤ **Netherlands**: 🇳🇱

- Initiative to develop a standard model for function-oriented provision

- Quality assessment tools, such as KWAZO

- Cliq (system for classifying AT); functional approach for insurance system

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Specialist AT expertise (to support frontline staff etc.)

➢ **More developed in some countries** than others – some examples:

➢ **Norway:**

▪ **NAV (Norwegian Labour and Welfare Service) provides:**

▪ Central supports (NAV Sentralt)

▪ Network of county Assistive Technology Centres

➢ **Denmark:**

▪ Central supports (VISO)

▪ County AT centres (not so standardised since re-organisation)

➢ **Italy:**

▪ Independent centres (not official part of national system, are in some regions)

▪ GLIC network (26 centres)

▪ SIVA network (10 centres)

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AT education and training (for frontline, non-specialist staff...)

- **More developed in some countries** than others

- **Norway:**
  - NAV (Norwegian Labour and Welfare Service) provides 400-500 courses annually:
    - Focus on short, continuing professional development courses
    - Accreditation for staff from municipalities for provision of simpler devices

- **Denmark:**
  - 'Danish Centre for Assistive Technology'
    - Text book on AT for Occupational Therapist and Physiotherapist education
    - Regular courses (e.g. on AT in case management, Social Services Act, etc.)

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Information and awareness (for users and other stakeholders)

➢ **Well-developed in a number of countries** (although not always part of the official national system):

	Online information systems	
Denmark	AssistData	www.hmi-basen.dk
Norway	NAV databases	www.nav.no; www.hjelpemiddeldatabasen.no
Netherlands	Vilans database	http://www.vindeenhulpmiddel.nl/
Italy	SIVA portal	www.portale.siva.it
UK	National catalogue, websites of major NGOs, consumer organisation.....	http://www.national-catalogue.org/smartassist/nationalcatalogue
Germany	REHADAT	http://www.rehadat.de/rehadat/
Ireland	AssistIreland website	http://www.assistireland.ie/eng/

➢ **Vary** in terms of:
- extensiveness of content
- interactivity
- user discussion groups
- etc.

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User/Consumer Choice

➤ **Different approaches/models,** more developed in some countries

	Approaches/models
Denmark	• 'Free Choice of Assistive Technology' (2010) – can <u>choose supplier</u> for AT, also can <u>pay the additional costs</u> if would like more expensive device
Norway	• <u>'User Pass'</u> system gives experienced users more direct influence/choice • Experienced users can also use <u>voucher system</u> to get AT directly from suppliers
Netherlands	• Some policies (higher premium) allow free <u>choice of supplier</u> • <u>Personal budget system</u> can be used for some AT under municipality system
Italy	• Some degree of choice – <u>choice of supplier</u> for items on the NT that are not acquired directly from the service or covered under bulk purchase arrangements, can also <u>pay the additional costs</u> if would like more expensive device
UK	• <u>voucher</u> option for wheelchairs • some degree of user choice under 'retail model' (e.g. to <u>pay the additional costs</u> for a different item than the one prescribed)

➤ **Issues** around advice, ownership, maintenance/repair, insurance, etc.

➤ **Challenges** to maximise choice in context of bulk procurement arrangements etc.

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Performance monitoring, statistics and evidence

➢ **Varies considerably** across the countries covered, generally **not much outcomes** evidence

➢ Performance monitoring/statistics strong in **Norway:**

The number of users who have received one or several assistive devices from the AT centres in Norway. Average expenses per user and inhabitant (Values in NOK)

	2007	2008	2009	2010
Number of users who have received one or several assistive devices from the AT centres	152 416	152 844	149 766	146 482
Average expenses per user (NOK)	16 784	17 447	17 573	18 045
Average expenses per inhabitant (NOK)	540	563	543	546

The number of distributed assistive devices from all the AT centres in total and within 3 weeks (%) in Norway in 2008-2010.

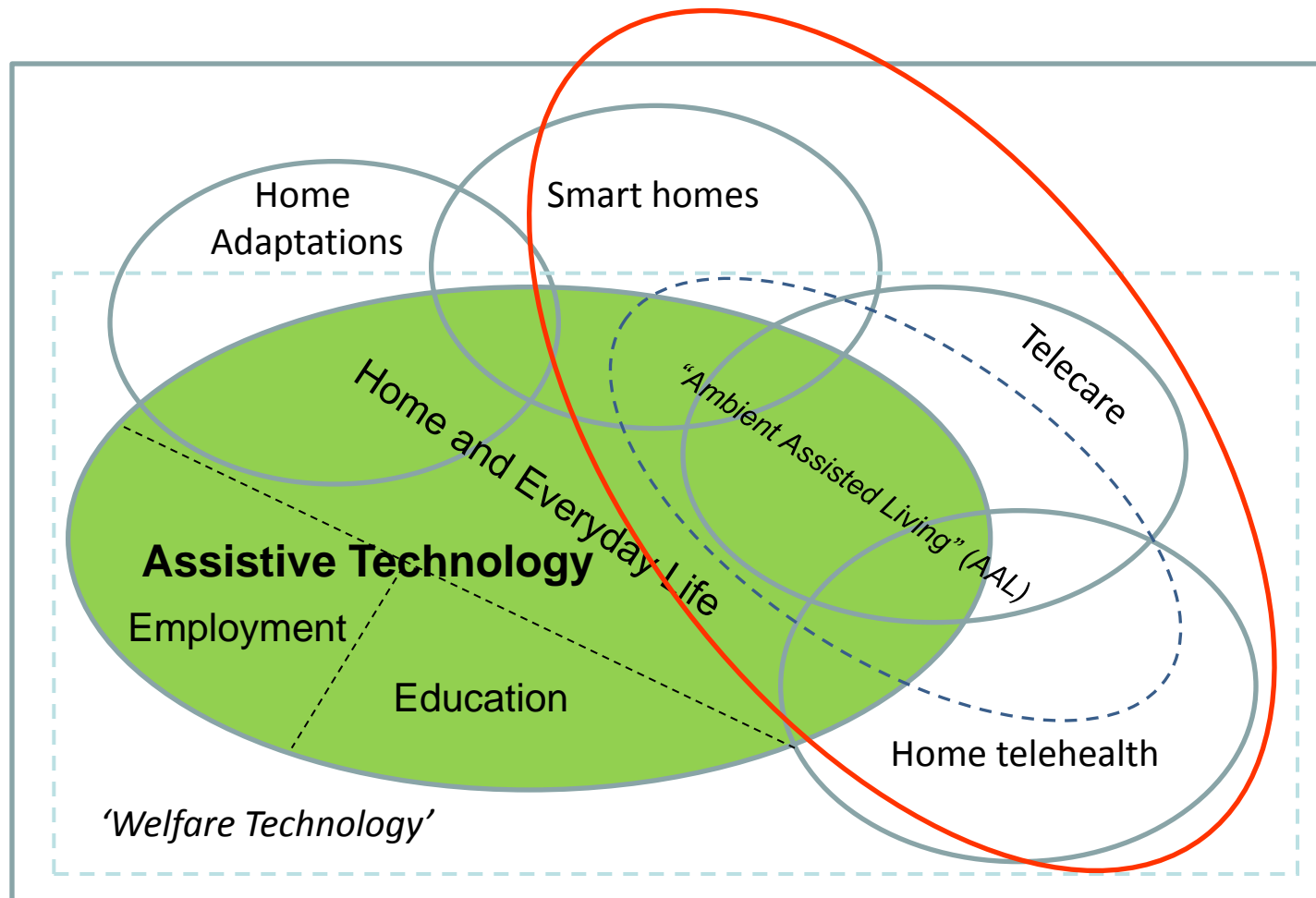|	2008	2009	2010
Number of distributed assistive devices	598 007	581 342	577 105
Number of distributed assistive devices within 3 weeks	458 700	463 245	448 720
Percentage distributed within 3 weeks	77 %	80 %	78 %

➢ Regular surveys of social service users in **UK,** include AT (community equipment):
   ▪ satisfaction with the AT; impact on quality of life, need for help from others; quality of service, waiting times etc.

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Market Functioning and Costs

➤ **Public procurement:** bulk purchase, framework agreements, contracted suppliers....

  ▪ Implications for choice, quality.....?

  ▪ How best to support innovation and vibrant supply side...?

➤ **'In-house'** provision versus **out-sourcing?**

➤ Influencing prices/quality for **private purchasers?**

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Links with other developments?

Home Adaptations

Smart homes

Telecare

"Ambient Assisted Living" (AAL)

Home and Everyday Life

Assistive Technology

Employment

Education

Home telehealth

'Welfare Technology'

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Emerging issues and approaches

➢ **'<u>Welfare Technology</u>'**

  ▪ AT as an important area for industrial innovation programmes

➢ **<u>Universal design</u>** and AT in **<u>mainstream products</u>**

  ▪ implications for AT services?

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Final remarks

➢ **<u>Much to be learned</u>** from developments/approaches in the different countries

➢ **<u>Need for</u>:**

- more and better **<u>documentation of national situations</u>** and developments

- mechanisms for **<u>exchange / 'bench-learning'</u>** between Member States

- further development of the **<u>EU-level perspective and approach</u>** in this field

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Thank You!

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