Competition and collaboration between service providers in the NDIS

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Competition and collaboration between service providers in the NDIS

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EXECUTIVE SUMMARY

In recent decades governments in industrialised nations worldwide have been embracing market-based models for health and social care provision including the use of personalised budgets. The Australian National Disability Insurance Scheme (NDIS) which commenced full implementation in 2016 is an example of a personalised funding scheme which has involved substantial expansion of public funding in disability services. The scheme involves the creation of a competitive quasi market of publicly funded disability service providers who had previously been block funded and had historical practices of communication and collaborative working. Research has shown that introducing or increasing competition can impact collaborative efforts between service providers. This report utilises qualitative interview data from disability service providers during the roll out of the NDIS to examine the effects of the introduction of a more competitive environment on collaborative working between providers who had historical relationships of working together. The data showed that while collaborative efforts were largely perceived to be continuing there were signs of organisations shifting to more competitive relationships in the new quasi market. This shift has implications for care integration and care co-ordination, providing insight into how increasing competition between providers may affect care integration.

2. INTRODUCTION

Since the 1980s governments in industrialised Anglo nations (such as Australia, Canada, England, and America) have been significantly influenced by neo-liberal logics in relation to public service design and delivery (1). Such reforms have emphasised the role of competition and commercialisation in achieving greater value from a range of public services through privatisation and marketisation mechanisms (1,2). These competitive market arrangements have been progressively introduced in social services and, in some cases, health sectors in countries where since the end of the Second World War these have traditionally been delivered by the state or charitable/non-profit agencies (3,4). As part of this marketisation trend the disability sector worldwide has experienced substantial transformations, most significantly in the move towards personalisation of care and individualised funding models which aim to move from passive welfare models to empowering participants by providing greater choice and control (5–7).

A vast literature outlines the purported benefits of introducing competition into public services, namely increased efficiency, improved service delivery and outcomes, and lower costs (8–13). The perceived benefits of a competitive environment have been embraced in Australia, with various governments since the 1980s driving a marketisation agenda (14,15). Quasi-markets, such as that established by the NDIS, are one type of service delivery model increasingly being used to create market forces in the public sector (16,17). While the specific operation of different quasi markets can differ they are defined by having services largely financed by the state and accomplish particular tasks which have been defined for the public sector (16). Quasi markets are theoretically able to utilise the efficiency of free markets while still maintaining the public benefits and sense of egalitarianism touted of traditional government arrangements (17). Key among the conditions identified for a well-functioning quasi-market have been competition and consumer choice (18).

2.1 Background

2.1.1 Competition and collaboration

While competition has long been hailed as a central component of efficient and effective systems, in recent times the organisational theory literature has bought into question this orthodoxy by highlighting that competition can be more costly to organisations and their services than collaboration and that collaborative connections can be beneficial to both businesses and the public sector alike (19–22). In contrast to competitive strategies, collaborative strategies have been show to increase the development of innovative solutions and facilitate knowledge exchange which in turn can help improve understanding of challenges or problems (23). There is a significant literature exploring collaborative service delivery with focus on areas such as the factors for successful collaboration, motives underlying collaboration, and types of collaborative models (11,20,24–26). Yet as Saunders (18) notes, despite profound marketisation changes to service delivery and the influence this can have on both organisations and staff, the behavioural effects of introducing a market approach are not conspicuous in the literature and are not well understood. Ideas used to inform approaches to marketisation largely come from economic theories, yet these do not necessarily take into account hidden costs relating to complex human needs such as effects on staff motivation or collaborative efforts between services (18).

Collaboration and the establishment of networks are especially important in areas of health and social care such as disability services where providers and professionals need to provide coordinated care for people with complex conditions (27) irrespective of funding arrangements. In the disability sector care co-ordination refers to the communication that happens between service providers, carers and people with disability about care for a particular person, for example between a home care provider and a daily care provider that facilitates community development activities such as taking a walk, going to see a movie or gardening (28). However, in the area of disability service provision there is scant

research investigating the impact that introducing a market based competitive environment may have on collaboration and collegiately between service providers and possible hidden costs incurred by these changes such as negative impacts on care coordination.

A recent evaluation from a trial site of the Early Childhood Intervention branch (which arranges intervention services to children under seven) in the Australian National Disability Insurance Scheme (NDIS) recorded descriptions of diminished networks for collaboration between service providers with the introduction of a quasi market (29). It was reported that service providers had traditionally worked with a collaborative approach but that the market model of the NDIS prompted an initial reframing of collaborators as 'competitors', a trend that was adjusted in some instances as service provider organizations found opportunities to "collaborate in new ways" (Meltzer et al., 2016). In other health and social care areas there is also evidence that competition may have negative outcomes for collaboration. A study on health promoting nutrition agencies in New Zealand demonstrated how collaborative efforts changed in the face of a competitive environment with the introduction of a market approach creating significant external pressures on collaborative efforts such as the need for secrecy or individualised responses in order to achieve an advantage for contracts and sponsorship (30). And Bunger et al. (31) showed that competition between child welfare agencies in the US can undermine collaboration resulting in agencies avoiding collaboration with a competitor leading to detrimental effects on families given the highlighted importance of agencies collaborating in order to deliver complete and coordinated care.

2.1.2 National Disability Insurance Scheme

The Australian National Disability Insurance Scheme (NDIS) is Australia's most expansive policy reform based on personalised budgets (32) whereby individuals are given funding packages, determined by their level of need and self-defined goals, with which to purchase services (33). This reform shifts funding from an exchange between governments and service providers (who were previously block grant funded) to a direct exchange between people with a disability and service providers (34). However the NDIS will inject far greater amounts of funding into the disability services sector than the previous funding arrangements. Scheme rollout was commenced in seven trial sites which targeted different geographies and population groups and then shifted to national roll out in 2016 (35). The scheme is anticipated to be fully implemented across Australia by 2020 (33,36) with approximately 460 000 individuals to receive personalized funding budgets (33,36). Using qualitative interview data from service providers involved in the early stages of NDIS implementation we examine how the establishment of a competitive quasi market has impacted on collaboration and collegiality between service providers and the implications this has for care co-ordination.

3. METHOD

The study is part of a broader program of work on the implementation of the National Disability Insurance Scheme that interviewed or ran workshops with policy makers, service providers and participants (37) and aims to track the implementation of the NDIS, including its successes and challenges, from multiple stakeholder perspectives. This section of the broader project comprised of a study that focused on service provider experiences of implementation, with particular attention to changes in collaborative and competitive working between service providers. The UNSW Human Research Ethics Committee approved the study (code HC16396). Data was collected via semi-structured interviews with service providers in Canberra (CAN), and north east Melbourne (NEM), Australia. Both these sites were involved with early implementation of the NDIS with Canberra being a trial site since 2014 and north east Melbourne since 2016. For the purpose of this study, service providers are defined as organisations registered to provide services under the NDIS in either of our case sites.

Using a list of registered providers available on the NDIS website (38), purposive sampling was used to target providers with more complex organisational structures and a significant client base. These larger providers are crucial to the NDIS market, as if they collapse they are more difficult to replace. Semi-structured phone interviews were held with participating service provider organisations across the CAN and NEM sites (n=29). While we targeted larger organisations, we still interviewed service providers as small as a single employee, such as independent occupational therapists (n=2).

Representatives from participating service provider organisations were asked about the adaptation of their organisation to the NDIS, and how the NDIS is changing the face of collaboration and competition for their organisation. Interviews were recorded and transcribed verbatim. Data was analysed by authors GC, DR and EM using a thematic approach (39).

4. FINDINGS

Interviews with representatives from service provider organisations revealed a number of emergent themes around collaboration in the face of a new more competitive NDIS market. This qualitative data provides insights into how a competitive environment may shape organisational perceptions and relationships in regards to collaboration and collegiately even at a very early stage of change, and provides insight into the flow on effects these changes can have on care coordination for people with a disability. The main themes to emerge were: past relationships and shared mission, the changing nature of collaboration due to competition, information sharing and trust between organisations, staff resources and time management, and the effects of competition on care coordination.

4.2 Past relationships and shared mission

Organisations involved in providing collective goods (such as health or social services) may cohere around a mission which comes from the underlying motivations of those working in these sectors (40) such as an altruistic desire to serve the interests of others (41). Sharing a common mission or commitment to providing a public good may mean that organisations are more likely to see the value of collaboration in supporting that ethos even if a competitive environment is introduced (30). This is a potential explanation as to why some respondents in our study highlighted that even with the change to a more competitive environment with the NDIS the historical relationships between organisations and a feeling of "togetherness" meant that collaborative efforts were being maintained;

I think so far my experience of it [NDIS] has been very positive and that people are really keen to work together…and we've got a real responsibility to work together to get it right so, so far the experience has been good and that's all I've really heard from my colleagues as well is that working with other organisations has been a good experience. [NEM P7]

I've been in it [disability service provider sector] twenty years…there's quite a few different companies that do the same type of work and you build relationships with those other people, over the years. It's a great industry because we all sort of try to work together… Look we've got really good relationships with other companies… because we've known each other for years and if people do have problems we'll just jump on the phone and have a general chat with each

4.3 Early responses to a competitive environment

Over time as market mechanisms progressively start to take effect competition and standardisation of services has been shown to increase, with organisations becoming more sensitive to these changes (42). Our respondents were interviewed at a very early stage of NDIS implementation and as shown above many felt that the collaborative environment evident prior to the NDIS was still largely in place. However respondents were also aware that even in these early stages, a more competitive environment was starting to emerge, and an acknowledgement that as things progressed this competition could start to have greater impact;

> *I think in terms of a competitive market place, I think things will start to change. I think things may start to become more competitive but I think at this point in time the situation is still very much where we're still all learning about the NDIS together.* [NEM P9]

In response to environmental challenges such as the emergence of competition, organisations may develop strategic responses for example by establishing new or more desirable relationships with other stakeholders (43) and developing strategic alliances (44). These responses may have the effect of changing the way in which organisations collaborate in a competitive environment. In the competitive environment of the business sector alliances between companies have been shown to provide a 'collaborative advantage' with the ability to sustain successful collaborations providing a significant competitive advantage (45). It is interesting to note that even in the early stages of NDIS implementation the more competitive environment was resulting in alliance formation between some organisations;

> *[Collaboration] is changing… we worked together in the beginning…[Now] we are all competing against each other and we all share issues, because there's major issues in these early stages, but we're forming alliances…There's nothing formalised as yet. It's sort of just occurring, evolving.* [CAN P14]

> *I don't know if official alliances are happening: they should happen and they will happen. It's yet to see it play out yet.* [NEM P1]

However for some respondents in our study the new competitive environment was perceived as less positive for collaborative efforts with certain organisations beginning to exerting dominance. As this respondent from the low vision/blindness community commented, when there are already a number of service providers servicing the same group of people the introduction of competition can create a perception that organisations will need to compete in order to gain a share of the NDIS market;

> *So we have ourselves; {lists five other service providers]. So quite a crowded space, ours came in specifically too, as an aggressive move for market share when the N.D.I.S. was introduced. So you wouldn't call that anything but competitive, not collaborative.* [CAN P8]

Another respondent identified that the creation of a market environment can also result in larger organisations looking for opportunities to take over less successful organisations which increases the sense of competition;

So [another organisation's CEO]'s certainly got big plans, and she's just taken over [a large local organisation], which was basically going to collapse. And that creates even more of a competitive nature. [CAN P4]

These strategies are similar to those used by businesses operating in the for-profit free market and indeed introducing marketisation of services can lead to changes in characteristics, behaviours, and identity of organisations resulting in the adoption of a more business like mode of operation (46). In the NEM site organisations were provided NDIS readiness support from the peak body for not for profit disability services in the form of business analysis tools. As one respondent commented this focus can lead to a change in organisational thinking due to having to adapt to a more business-like way of operating such as the need for marketing;

They [peak body] offer a program of support that really spans all of the ideas around NDIS readiness including the business analysis tools that they have which then leads organisational thinking around the change in focus on marketing, for example. None of us market particularly well until now, where we have to. [NEM P9]

This respondent's comment also demonstrates that the role of support bodies set up to assist organisations in the roll out of the NDIS has been around increasing the ability of organisations to compete and use marketing strategies to achieve greater market share, further reinforcing that providers are now operating in a competitive environment.

Changing organisational characteristics towards a greater focus on business type strategies could also have implications for the mission of organisations providing a public good given that a key performance indicator is achieving positive outcomes for those they seek to help. For example the crowding out effect where intrinsic or pro-social motivation is reduced when other factors (such as the need to be competitive) are present (18) may have an effect on the ethos or mission of organisations. When organisations no longer share a common mission collaboration between them may also become more difficult.

4.4 Trust and information sharing

Trust and information sharing are integral to many collaborative arrangements and critical for high performing service providers (18). Yet competition can have the effect of reducing cooperation and trust between organisations. As service providers in our study identified, sharing information has the potential to reduce an organisation's competitive edge and viability;

I think that organisations are starting to understand that it's a competitive environment and that collaborating and sharing your information may give away your competitive edge. [CAN P9]

Certainly, though, we are seeing a lot of talk now around not wanting to share… organisations using terms like I.P.: I can't talk about that, I might disclose… [NEM P9]

4.5 Time management and staff resources

As well as a potential need for secrecy and less sharing of information, the imperative for organisations to compete in a marketplace structure can affect time management of staff resources within and between organisations. Prior to the NDIS when service providers were block funded time could be allocated to administrative tasks as well as time spent on communication between care

providers. Respondents indicated that the move to a more commercial environment with the NDIS has had repercussions on the way staff manage their time, for example in their ability to allocate resources to collaborate around care of an individual;

> *But as the commercial imperators grow then the capacity for provider's senior staff once every fortnight to sit round a table and talk about how we're going to continue to support Mr Jones. It becomes fundamentally difficult to do.* [CAN P5]

A changing system has also meant more time needs to be spent on administrative tasks which can reduce the time staff have available for direct service provision with participants;

> *As all this new information comes in, as we're tracking changes, we're doing all the behind the scenes work. We've had to condense what we've been doing in terms of service provision. We actually haven't put on any extra staff in order to meet the need to track all these changes.* [NEM P8]

> *The change [to the NDIS] has just been incredible. The burden on organisations to change the way they operate is taking its toll in terms of how much energy can be spent in*

For the NDIS this means that participants are likely to experience lag times or diminished services while organisation's recalibrate to the new environment. This is likely to have flow on effects for quality of care.

4.6 Care coordination

Similarly, our findings indicate that quality of care is likely to be affected by diminished care-coordination, which has stemmed from the more competitive environment. The flow on effects of introducing a competitive environment such as reduced trust and information sharing and effects on staff resources and time management have significant implications for care coordination. Being able to look holistically at a client's needs and provide integrated services has in the past been achieved through organisations working together to co-ordinate care of an individual. The new NDIS funding arrangements have meant that care coordination activities are not factored into personalised budgets leaving organisations with less resources to allocate to care coordination activities as this respondent highlighted;

> *We will all be significantly impacted from a business perspective because our income will be affected, the capacity for us to implement plans to document outcomes to do all of those things will be impacted.* [NEM P9]

Under block funding funds could be allocated to case management but as this respondent noticed, with the roll out of the NDIS there has been less ability of case managers to contribute time when they are not funded to do so:

> *We have worked very closely with a case management agency in the past…it's been a very collaborative approach. As soon as it has come across to the NDIS space, we don't get a lot of feedback now from that particular case manager because 'time is money'.* [CAN P6]

Being able to provide holistic services to meet all of a participant's needs has also been impacted with one respondent commenting on how the NDIS has created a shake up of this way of providing care;

> *We are finding that some of the NGO's…we may have clients in common and it's a good thing to know who the organisation and its clients are working with, as well, and what kind of services, so that you are across what they're doing, and you can…view that in a holistic way so you're looking at their whole self-care. I think it's still occurring but it [NDIS] definitely shook up the environment and it will probably take some time to continue to develop new relationships.* [CAN P6]

The competitive environment, and the shift from block funding to 'pay for service' model of funding has limited the ability for some organisations to respond to crisis in care, as described by this participant:

> *"See at the moment, someone rings us on a Friday afternoon and says they've got a crisis for a client we're at liberty to say no dollars, no interest, aren't we? If we don't... if they're not our clients we haven't got their package, we haven't got any hours of coordination for them. It doesn't matter who rings, the police. Under the old system if we get phone calls from the police and say so and so was found wandering the street, can we do something? You know we'd send one our case managers out, we might do all sorts of things, but that was just because we were funded to do this sort of stuff across the community. But under the new model if we ain't got an hour of coordination for a person I can't allocate an hour staff time."* [CAN P5]

Further to this, there is concern from some providers that the price for direct supports, such as the crisis management described above, and support for daily living, is too low to provide quality services, resulting in organisations with less quality services (which cost less) being left as the only options for clients:

> *"Were actually making a large loss on NDIS services, and we're actually reviewing all that at the moment and I'm in discussion with high up officials in the NDIS. We have been saying from the word go that it's unsustainable… particularly in direct support delivery which is what we do… it's a loss-making venture."* [CAN P7]

5. DISCUSSION

In both the health and social services sectors evidence suggests that introducing a competitive market can have repercussions for collaborative and collegial efforts between competing organisations. However less research attention has been paid to how the introduction of a market or quasi market environment might affect collaboration between disability service providers who often need to work together to provide care coordination. Our qualitative interview data provides an early insight into what impact the introduction of the NDIS has been on collaboration and collegiately between providers during the early stages of implementation. Importantly, we found that the long established environment of goodwill and shared responsibility between providers which had existed prior to the NDIS is at risk. These historical relationships were seen to be important in maintaining collaborative efforts even when organisations acknowledged the environment they were operating in was becoming more competitive. Moreovoer, they are known to be key to ensuring quality care(47).

These findings are similar to those of Fear and Barnett (30) who reported on the collaborative efforts of nutrition agencies in New Zealand when a competitive market was introduced. They found that agencies were motivated by an altruistic desire to deliver effective health promotion services and did not at first respond defensively to the threat of competition. They were confident that there was value and integrity in a collaborative approach resulting in an initial lack of realisation of the degree to which a market system would challenge their collaborative efforts. The organizational literature proposes that organisations involved in the production of collective goods come together around a mission (see for example: 48,49). As Besley and Ghatak (40) argue the missions organisations pursue from providing a public good arise from the underlying motivations of individuals working in these sectors who share a set of attitudes, values, or beliefs which motivate them to serve the interests of others and perceive an intrinsic benefit in doing so.

Combined with historical relationships organisations in our study identified a shared responsibility and sense of being “in this together”, despite acknowledgement that the NDIS was creating competition between them. As with the nutrition agencies in New Zealand, a shared mission centered around provision of a public good appears to have helped some organisations maintain or perceived to maintain collaborative relationships even with a threat of competition. However the environment in which an organisation operates will influence its activities and decisions (50) With the introduction of a new environment such as competitive market tensions may arise between government demands and the mission of an organisation which can influence its objectives and activities as well as disrupting relationships with other organisations (18). For example Considine, O’Sullivan and Nguyen (46) investigated how governance arrangements changed in non profit employment service organisations when a market environment was introduced. They found that composition, behaviours and characteristics of staff, and organisations identities changed in response to the commercial and competitive environment with organisational boards taking a more businesslike view of the way in which to operate. The implications of this were diminished service quality for citizens.

While there was an overall sense from organisations in our study that collaboration was continuing under the NDIS, there were there was also acknowledgement by some organisations that it was ‘early days’ in the competitive market space and a recognition that organisations were now competing with one another. Similarly to the findings by Considine et al. (2014) this new competitive environment was identified to be changing the behaviours and operation of some organisations, particularly in the areas of information sharing, time management and staff resources – areas which can when impacted can have flow on effects for care-coordination. Information sharing can also be reduced when organisations feel a need to compete for clients. Butcher and Freyens (51) showed that the introduction of competition between Australian not-

for-profit family relationship centres resulted in a significant loss of trust and collegiality between service providers who became less willing to share information or make referrals to competitors. Likewise Eardley, Abello and Macdonald (2001) found that community-based employment service organisations in Australia changed their positioning on information sharing and cooperation when competitive contracts were introduced citing a need to protect market knowledge.

Our research indicates that disability organisations involved in the roll out of the NDIS may be experiencing similar pressures with some reporting that they were less inclined to share information as it could "give away your competitive edge" and potentially affect the viability of the organisation. The formation of alliances between existing organisations and an influx of new for-profit providers may have further repercussions for information sharing as the NDIS evolves which will also be important to monitor. As Schmied et al. (2010) point out these challenges emphasise the importance of organisations developing a shared framework and philosophy from the start. This may be challenging to accomplish if a competitive environment is introduced over a short time frame and organisations have not planned for possible impacts on trust and collaboration or place too much reliance on past collaborative relationships. As Osborne and Murray (52) identify in their work on collaboration between service providers of social services "no matter how much goodwill and trust are developed through prior collaboration, each new venture continues to be embedded within its own context" (p. 17) with a dynamic interplay occurring between pre-history and context.

Staff time management was another area in which organisations identified a change in operation with the introduction of the NDIS. When organisations are block funded, as occurred before the introduction of the NDIS, there may be less imperative to track the time staff spend on any one activity, for example case management, as funding is already a given. However when organisations are required to compete for clients in order to fund their services staff, resources may be more curtailed. Meltzer et al. (29) observed that services providers had no way to bill for collaboration efforts and the significant time spent rebuilding the diminished organisational networks for care co-ordination and support. As one case management agency in our study reported "time is money" [CAN P6]. The introduction of a competitive market was felt to be undermining collaborative efforts because of increased time constraints on the amount of time staff could now set aside for collaboration on care coordination. A requirement for time to be spent on new administrative tasks also means there may be less time able to be spent on service provision including collaboration in case management for individuals. For example one respondent cited that there was a greater need to track changes with the new inflow of information which was resulting in more behind the scenes work with a result diminished ability to provide 'hands on' service provision.

Trust, cooperation, and collaborative strategies are critical to facilitating knowledge exchange, competencies, and innovation between organisations (18,53). Further, providing care coordination for an individual requires not only staff resources in terms of time (54), but relies on information sharing for which a culture of trust, collaboration and collegiality between organisations is essential (18) Yet as shown reforms that change the nature of relationships between service providers such as the introduction of a quasi market can undermine trust and cooperation between providers (18) and evidence suggests that when public service markets are introduced there is a corresponding fragmentation in service provision and coordination (55–57). As Ahgren (27) points out in his examination of Swedish healthcare, primary health care is founded on integration of different providers and this thus brings into question whether quasi-market models and integration of services are compatible. This is thus an important consideration for marketplace reforms in the disability sector, which has traditionally relied on more integrated service provision, an especially important element in providing care coordination.

The maintenance of care continuity is especially important in relation to people living with disadvantage, as the NDIS has the potential to worsen inequities if not implemented with consideration to the different needs of groups of people, such as of people in remote and regional areas, people with psychological or mental disabilities, and people in areas of 'thin' or failing markets (58). Future research will need to examine the ongoing impacts that the introduction of the NDIS is having on collaboration between organisations and how organisations might be responding in terms of changing staff allocations and utilising resources. Additionally it will be important to examine the impacts of any organisational changes on both care continuity and care outcomes for clients, especially given the threat of fragmented service provision as a result of a competitive environment. An investigation of strategies organisations can use to ensure collaborative efforts are maintained and the ways in which these could be implemented is also vital to helping ensure that collaborative efforts can continue to be maintained with the full implementation of the NDIS.

6. CONCLUSION

In this report we have investigated how the introduction of a competitive environment resulting from the implementation of the NDIS has impacted on collaboration between service providers and the flow on effects this may have for care coordination. Using qualitative interview data we found that in this early stage of NDIS roll out service providers still perceived that the historical collaborative relationships of the past were largely being maintained. However there was also acknowledgement that a competitive environment was emerging and that this was already having some negative impacts on the ways in which information was being shared between organisations and the way staff were able to manage their time. These impacts have the potential to effect care coordination as this has traditionally relied upon integrated services which are able to collaborate and share information on clients. Given that a competitive environment has been shown to fragment service provision, more research is required around strategies organisations can employ to maintain collaboration and collegiately even when they perceive a threat of competition. This includes more information on way service providers might negotiate on information sharing and what types of collaboration or partnerships are required in order to provide robust care coordination. For example the idea of 'coopetition' has recently gained prominence in the strategic management field (59) where collaboration and competition are being re-conceptualised as interdependent or interrelated concepts (60). Frameworks which provide strategies for coopetition where organisations both compete and collaborate could prove useful in the health and social care sectors where competitive market mechanisms are being progressively introduced. Given our findings that a competitive environment is already impacting collaboration between disability service providers and the repercussion of this for care coordination, it is vital that organisations are able to develop effective strategies to enable them to continue to provide quality care for individuals even in the face of a competitive environment.

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