Australian College of Audiology

SUBMISSION:
HEARING SERVICES PROGRAM REVIEW

11th December 2020

Hearing Review Panel

Hearing-review@health.gov.au

The Australian Academy of Audiology (ACAud) welcomes the opportunity to contribute to the Hearing Services Program Review process.

The Australian College of Audiology (ACAud) is the second largest professional representative body in Australia for hearing professionals. It has the unique position of representing both Audiologists and Audiometrists. ACAud provides an accreditation process and ongoing educational support for its members. ACAud members work across Urban, Regional, Rural and Remote sites. Full members of ACAud are eligible to apply for a Qualified Practitioner number to provide services through the Hearing Services program. ACAud has provided submissions to Government since 1997.

A recent survey of our members when asked of the recent changes to the HSP system announced in the last budget delivered these statistics:

61% were not aware of the changes that were announced.

62% were concerned that it would impact employment in the sector, and,

66% were concerned that the changes would negatively impact client outcomes.

ACAud commends the Department of Health on the Hearing Services Program and the positive impact that it has on the outcomes of older Australians, children and young adults with hearing loss, Aboriginal and Torres Strait Islander peoples.

ACAud appreciates the opportunity to provide a submission on the key issues that the Review Panel have raised and to highlight our concerns around the proposed HSP changes in the 2021-2022 Budget.

Yours sincerely

[redacted]

[redacted]

Hearing Services Program Review- Submission Australian College of Audiology (ACAud)

December 2020

1. **What should be the objectives of and scope of the program?**

The evidence of the impact of hearing loss is well documented both for the individual, their family and communication partners. There is also a strong evidence base around the impact of undiagnosed/ untreated hearing loss on cognitive decline, isolation and depression. As the size of the aging population grows so does the problem. It is estimated that around 30 percent of eligible clients with hearing loss address their loss and seek aural rehabilitation. Even in a supportive and well-funded system such as we have in Australia through the Hearing Services Program (HSP) the uptake of the vouchers and devices is still limited.

The HSP program currently is very device- centric in its claimable services. Information about the program's success appears as clients fitted and devices. As revenue for providers is based on device and its fitting with a yearly review of the device functionality and the stability of the client's hearing thresholds there is increased pressure on providers to top-up and to reduce services where not sustainable such as the thin markets. Although the assessment and fitting are claimable, the majority of clients are seen several more times per year for unfunded services as clinician's seek to ensure that they provide adequate servicing to their clients, optimise device performance and increase client satisfaction and outcomes.

The focus of the HSP objectives and outcomes that they desire need to be more clearly stated with the alignment of these objectives and their claimable items.

Under the program the Government needs to ensure that 'at risk' groups have access to a strong, professional services and a well- funded system to support a system that is sustainable and at a level to produce the desired outcomes for these clients. ACAud believes that the primary objective of the program is to mitigate the impact of hearing loss upon the lives of older Australians with a secondary objective to reduce the stigma of hearing loss through education. The primary objective to be obtained through early diagnosis and effective early action either through medical referral and/or delivery of rehabilitation services.

The scope of the program could be refined by removing the Community Service Obligation (CSO) Scheme and placing it under the auspice of the NDIA. Currently Hearing Australia is the only provider of this scheme. Hearing Australia could then be

directed to focus more attention on the CSO activities of complex adult clients, young Australians under 26 of age, Aboriginal and Torres Strait Islander people and people in remote communities. By removing CSO funding from the HSP the opportunity to examine other vulnerable groups could be undertaken and funded separately to the HSP.

Early identification of hearing loss and actions to prevent it from impacting employment opportunities would be beneficial both socially and economically.
https://onlinelibrary.wiley.com/doi/abs/10.1111/coa.13631
https://www.who.int/healthinfo/statistics/bod_hearingloss.pdf

2. **Which consumers should be eligible for program subsidies?**

ACAud believes that the current eligibility is well formulated and directed. Currently the criteria for device fitting centres around the current Minimum Hearing Loss Threshold (MHLT) of 3 Frequency Average Hearing Loss (FAHL) of greater than 23dB (3FAHL > 23dB) with a further criteria for those not falling within this criteria to include steeply sloping hearing loss and tinnitus. ACAud strongly urges that these criteria are not changed. This is in line with the researched and documented impacts of undiagnosed/untreated loss. The long-term cost of not providing adequate assistance to the aging population on the community well outweigh the cost of the program.

Low-income Australians not currently eligible for assistance. When considering other groups that would benefit from funded access to aural rehabilitation, we need consider those Australians who do not currently qualify for the HSP. For the hearing-impaired person the opportunity to gain/ maintain employment is greatly reduced unless their hearing loss is well managed. The potential for expanding the scheme to hearing-impaired low-income Australians would provide great social and economic benefits. The requirement under NDIA of a 3-frequency average hearing loss of 65 dB or more excludes those individuals whose hearing loss still greatly impacts on their ability to perform in the workplace. The cost of self-funding hearing devices and ongoing management needs is not within their reach. A recent study performed on behalf of the Hearing Care Industry Association (HCIA) indicates that:

"Both males and females with hearing loss had, on average, a lower likelihood of being employed compared to their hearing colleagues (Chart 3.1). Multiplying the gap in employment due to hearing loss by the AWE (adjusted for age and gender) resulted in a total cost from reduced workforce participation of $12.6 billion in 2019-20." (page 16)
https://www.hcia.com.au/hcia-wp/wp-content/uploads/2020/02/Hearing_for_Life.pdf

Hearing-impaired persons in Aged care facilities. The current provision of services and aural rehabilitation options for this group are the same as for those older Australians not in care. The service provision for this group requires further consideration. Services provided for clients outside of a designated hearing clinic require greater funding to cover the additional costs of travel and the impact of reduced clinical time to help other

clients due to this. Alternative service provision is required to ensure that adequate and timely provision of services that have been shown to provide better outcomes for these clients occurs. Clinicians still face the same difficulties in servicing this group as they have for many years. Staff training and education is a critical factor to successful use of devices but has additional difficulties due to staffing changes, shift changes and locum staff. The funding for this high-risk group needs review and updating.

Other groups requiring specialised services are those clients needing a cochlear implant or bone-anchored device.

Once again with a more concentrated effort by Hearing Australia on delivering better results for its CSO clients, it would allow other service providers the economic stability and market latitude to extend services to an increased low-income demographic.

3. **How well does this program interface with other schemes?**

ACAud believes that the three sectors: HSP, CSO and NDIA interface poorly. DVA client expectations and their actual service access under the HSP program are also not aligned. Variations in eligibility, variations in service delivery as well as in eligibility criteria all cause confusion to both service providers and consumers. Clearer boundaries between the three need to be established and to assume that there is little difference between them is inherently dangerous to outcomes.

The proposal earlier this year for Paediatric services to be put to the open market only to have that decision rescinded at the last moment and for it to be rolled into Hearing Australia's CSO is an example, especially when the paediatric age group was considered to be under 26 years of age.

4. **Does the program sufficiently support hearing loss prevention?**

The Hearing Services Administration Act 1997 states that the HSP scheme is first and foremost a rehabilitation scheme not just a program for the fitting of devices. Client education and awareness education is a collateral benefit of the rehabilitation program. Providers do provide additional hearing prevention education as part of their general services but are not funded to perform this under the HSP.

The wider scope of health education remains a part of a general health education program of Government. The HSP's activities generally occur AFTER the development of hearing loss and provide a pathway to aural rehabilitation and counselling. Eligible voucher clients can access a hearing assessment as part of the HSP. Clients not under the HSP scheme can generally access a free hearing screening through most providers. Most providers also perform additional educational services as part of Hearing Awareness week.

The older Australians serviced through the HSP are identified with hearing loss usually due to aging or from previous exposure to noise in the previous workplaces. ACAud

firmly supports the need for activities relating to hearing loss prevention education and an increased awareness by people to reduce the impact of this in later life. This education should begin with children in school. The AS/NZS 1269 standards on Occupational Noise Management clearly states that hearing loss prevention education is part of any workplace progam.

ACAud suggests that education aspects of hearing loss prevention need not be included as part of the HSP unless specific funding is provided to be able to perform this at a level more than it is currently provided. HSP should remain a rehabilitation scheme. If the expectation by HSP is that providers must go above the current level that they provide then this should be a funded item so that this does not reduce the available resources currently employed to see new and existing HSP clients.

General health education is a whole government process and NAL has recently released an excellent study related to public education further emphasising the need to move the education role from the rehabilitation system. Hearing Australia has a unique position to add it to their CSO .

https://www.nal.gov.au/wp-content/uploads/sites/2/2020/11/NAL-making-a-noise-about-hearing-summary.pdf

https://pubmed.ncbi.nlm.nih.gov/22791988/

https://www.aph.gov.au/parliamentary_business/committees/senate/community_affairs/completed_inquiries/2008-10/hearing_health/report/c02

5. **Are the Programs assessment services and rehabilitation activities meeting consumer needs?**

The benefits of early identification of hearing loss are well described.

"Adult-onset hearing loss is insidious and typically diagnosed and managed several years after onset. Often, this is after the loss having led to multiple negative consequences including effects on employment, depressive symptoms, and increased risk of mortality. In contrast, the use of hearing aids is associated with reduced depression, longer life expectancy, and retention in the workplace."

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3655600/

The large amount of data collected through the HSP should be used to review compliance and oversight. As the program itself has the claiming data by providers and Qualified Clinicians in the HSP we would urge that the program continue to audit providers that appear to be claiming services and fittings at a higher than expected levels to ensure that over-servicing is not occurring and impacting on the general expenditure of the program. Outcomes are assessed as part of the Scheme and currently the National Acoustic Laboratory is developing more focussed outcome measures for use in the HSP.

Service access in thin markets such as regional, rural and remote areas are not adequate to provide consistent and timely access for voucher holders. Additional costs are incurred by hearing clinics in these areas such as courier and delivery costs of devices and consumables. For providers who do visiting site clinics the cost for service provision (travel etc) for these clients are not supported by the HSP. Home visits for clients unable to physically attend a clinic also fall within this group. Adequate funding for provision of services for clients in these areas could increase greater access to providers.

During the pandemic HSP modified its rules for service provision allowing for remote fine-tuning to still access clients needing assistance. Although tele-audiology services can be provided for some parts of ongoing care it does not replace the need for face-to-face contact with clients.

Currently providers are not funded for Interpreter services and the ability to access these services is not included as it is under NDIA. To be able to effectively communicate with a hearing-impaired client requires developed skills to optimise their understanding and to be able to make an informed decision. For Culturally and Linguistically Diverse (CALD) clients this adds another level of complexity to the interaction. Without appropriate funding and the use of interpreters where needed the outcomes and choice for clients is greatly impacted.

Older Australians who qualify for the CSO scheme often stay with their provider rather than transfer to Hearing Australia for the additional services even though the clinician has informed them of the benefits and additional device access. Travel to clinics can be a major factor in deciding where clients will seek services. The nearest or most convenient clinic to attend is often preferred and where the client can physically get to. Transportation funding for this client group needs to be considered further in terms of CSO service provision and access for improved client outcomes.

6. **Is the program supportive of consumer choice and control?**

Under the HSP scheme clients are provided with a large range of device options in both the fully subsidised and partially subsidised list of manufacturers product that meet the appropriate criteria for listing. This ensures that devices are of high quality and appropriate to meet the needs of the clients under the scheme. Although these standards have not changed over the last few years manufacturers have naturally over time replaced their listed products with more modern and highly featured devices to meet the changes that have occurred in their technology offerings.

Clients do view the information on the HSP website. it is not unusual for new voucher client today to have spent time on the internet researching devices and features before they even attend for a first appointment.

It is unrealistic to expect that a clinician discusses every device available to a client to a level where they can make a fully informed decision. As a qualified Hearing Care Professional they work with the client towards a final device decision using their knowledge of the clients' hearing loss, COSI goals and budget. ACAud does not support HSP clients purchasing devices through the internet for example for inclusion and subsidy by the program. As services are bundled by the HSP provider the comparison of just the device price on the internet is not appropriate. Clients who purchase a device are usually unaware of the appropriateness of that device for their hearing loss and needs.

More information for clients could be provided by HSP if needed to demonstrate to clients how to proceed through the decision pathway in a general top-level approach.

The HSP providers range from Hearing Australia, large vertically integrated businesses through to small/medium independent business owners. In a highly competitive market the larger scale subsidies, infrastructure, marketing capabilities enjoyed by the larger groups may impact negatively on ensuring that a diverse group of service providers remains sustainable in the market place.

Some concerns are detailed in the Hearing Business Alliance submission to Government in 2016 outlines the impact on business providers.

7. **Are the Programs service delivery models making best use of technological developments and services?**

ACAud believes that its members will always use the most efficient methodology to deliver the full range of Audiological services in an endeavour to deliver best practice outcomes, the decision of when and where to utilise alternative systems should always remain the domain of the clinician providing the service and be dependent upon the individual consumers needs and capabilities. There should be no attempt to prescribe a one size fits all approach when dealing with an older and in some cases cognitively and physically impaired demographic.

There are several studies currently underway to provide insight into tele-audiology services during the COVID Pandemic, much will be learned from the information gained from the providers and clients of the success of this newer way of service provision.

The underpinning aspect of the delivery of all rehabilitation services is high quality and accurate diagnostic assessment, as it stands this cannot be delivered via current tele-audiology systems other than a synchronous system whereby the physical aspects of assessment are still delivered "live". The cost of real time synchronous tele-audiology hardware and set up is prohibitive and high quality, secure communication channels are not always available. Additional costs can be incurred if an assistant is also required on the client side.

Currently a working party has been gathered to define, assess, standardise tele-audiology to ensure that high standard service provision is maintained.

8. **Does the program sufficiently support consumers in thin markets?**

ACAud believes that regional, rural and remote consumers would benefit from more access to services. Additional funding for these services is required to overcome the incurred additional costs due to distance. This would increase the viability of providing services in these regions and provide greater service access.

The use of tele-audiology services can also improve service access for some parts of the required services to these areas. These need to be further developed and funded appropriately.

We have mentioned some of areas for improvement that could potentially improve access and services. We are concerned that these additional costs do not then result in a reduction of funding for current services to those with hearing loss and potentially lessen the outcomes that are currently achieved. Under the current HSP scheme many client appointments and services are not recognised and are unfunded.

ACAud strongly believes that the HSP program changes announced as part of the Budget for 2020-2021 will negatively impact the sustainability of many service providers in the scheme. Although there are positive aspects such as claimable services for yearly reviews for non-aided clients the unintended impact of the changes will disadvantage the providers ability to maintain the same level of servicing especially in thin markets where they bear many additional coss for service provision themselves.

9. **Are there opportunities to improve the administration of the program?**

ACAud believes that the current HSP system works very well and that services delivered by its members are well received and well regulated. The HSP is recognised widely as a 'Champagne service', one of the finest hearing rehabilitation services globally. The changes that have been made since 1997 have all proved to be beneficial to outcomes of Voucher clients.

The introduction of the Hearing Services Portal has been well received by providers. The proposed introduction in the next budget of quarterly Repair and Maintenance payments does increase the administrative burden for most service providers. A quarterly instalment where a provider only receives one quarter payment and then the client claims a $400 repair and then leaves does mean that the provider will be well out-of-pocket for that client's expenses. Further discussion and review is required to ensure that service providers are not considerably more out-of-pocket than they are currently.

The flexibility for servicing and claiming for services during the pandemic was welcomed by ACAud as it allowed providers to continue to service their clients during the difficult times when hearing and communication were vital in terms of quality of life.

ACAud believes that the HSP program could be strengthened by the HSP auditing and managing providers who are found to be over-servicing as a means of deterring this behaviour. The approach of disadvantageously imposing changes on all providers and therefore the negative impacts on service provision for all should be discouraged.

The lack of consultation with providers by the HSP prior to the proposed budget changes 2020-2021 is predicted to result in approximately a reduction of 20% in revenue for providers. In a scheme where providers already supplement the scheme with numerous unfunded client appointments so that they ensure their clients successful rehabilitation this additional burden could see the number of smaller providers disappear and the option for client choice significantly reduced.

10. Does the program effectively make use of data and information to inform decision making?

Providers are required to record a huge amount of data on the HSP site. This data should be utilised by the Hearing Services Program in a way that looks at auditing service provider behaviour, registering voucher applications as well as hearing aid fittings and other service utilisation. The basic information can be accessed on the HSP site.

Use of the program in terms of area of service provision, types of services that were provided and monitoring activities should be utilised to inform the program of over-servicing, program uptake and monitoring. If this data is used to predict expenditure reductions due to changes of various eligibility criteria this would appear contra-indicted for the programs success in ensuring best outcomes for the hearing-impaired persons in Australia. The decision-making process should be independent and have at its core the need to improve service provision and outcomes for the hearing-impaired of Australia.

This information should also be provided to research groups that then could be analysed to provide constructive input as to the scheme changes required for a better service.

The information could and should be used by Government to deliver education programmes in combination with other associated health concerns where indicated. Demographic and usage information should be used in conjunction with Hearing Health Sector groups for planning of workforce demand in the future.

In conclusion ACAud is supportive of the need to utilise government funding wisely and is also cognisant that outcomes for hearing impaired Australians could be reduced greatly by a widespread loss of access to a variety of providers caused by the non-financial viability of delivering services through the HSP.

The proposed changes to the HSP scheme already announced for the 2021-2022 Budget will have significant impact on service providers with a flow-on negative effect on their ability to continue to practice and provide adequate services as required to meet the needs of hearing impaired Australians at the level that is currently provided.