The Department of Veterans' Affairs (DVA) Submission to Hearing Services Program (HSP) Review

Discussion Issues	Discussion Prompt	Response
1. What should be the objectives and scope of the Program?	Is there a need for clearer objectives for the Program? In your view what should be included in any set of objectives?	DVA considers that the Program objectives should reflect clear, realistic and achievable hearing and communication goals which would apply to the majority of the eligible population. Including expected outcomes, potential limitations, and consideration of alternative pathways to achieve optimal hearing solutions would also be valuable. The Review Panel may like to consider the following for inclusion in the Objectives and/or scope for the HSP: • Inclusion of rehabilitation, wellbeing and communication goals. • Holistic view and person centred focus for hearing needs. • Clarification of expectations of the providers especially in relation to veterans with complex needs.
2. Which consumers should be eligible for Program subsidies?	What changes, if any, should be made to the categories of people who can access taxpayer funded hearing services and what are the likely overall benefits from broader access? What changes, if any, should be made to the types of services that are offered under the Program and what would be the overall benefits?	While DVA does not propose any changes to the current arrangements for access to taxpayer funded hearing services by veterans and their families, there are some specific issues within the veteran community such as mental health issues, and post-traumatic-stress disorder (PTSD) in particular, which impact on achieving good hearing outcomes. There are a range of studies which indicate that tinnitus and hearing loss may impact on veterans seeking treatment for mental health issues including PTSD. (In 2019, Phoenix Australia started exploring tinnitus and hearing loss in the context of treatment for PTSD in veterans.)[i] Current research, while limited, on the implications of veterans' hearing loss and their ability to effectively communicate and manage their mental health may need to be considered by the Review Panel, in the context of expanding the criteria for specialist services or exceptional cases.[ii]

		Certain dependant adult children aged 21 to 24 years, in full time education, were eligible for the HSP under previous legislation (*Hearing Services (Eligible Persons) Determination 1997*) but appear to not be covered under current legislation (*Hearing Services Administration Act 1997*, *Hearing Services Program (Voucher) Instrument 2019*). It would be useful for the Panel to consider whether current legislation regarding the definition of dependants is appropriate, and to review whether public-facing HSP materials clearly and accurately communicate the definition of dependant expressed in current legislation.
3. How well does this Program Interface with other schemes?	Do the interactions between consumer pathways through the hearing services schemes lead to good consumer outcomes? Can they lead to people with similar hearing loss and similar financial capacity, for instance, to have different services and levels of subsidy? Is there enough information about the scope and eligibility criteria of the various schemes? What changes should be made to help consumers and improve equity?	The Program website provides comprehensive and detailed information, however DVA considers the website can be difficult to navigate, and an explicit description of how to source a second opinion or alternate devices would be beneficial. A seamless interface between the Program and DVA programs, such as the rehabilitation program, as well as better attention to tracking outcomes, could allow DVA to ensure veterans are not missing out on support they may be entitled to and safeguard equity of access for clients with similar hearing loss and financial capacity. An interface may also assist in tracking wellbeing, including psychosocial and/or vocational outcomes, for veterans who have hearing impairments and are also participating in the DVA rehabilitation program. A more accessible explanation of the pathway to higher level support for clients with exceptional needs could be made available, rather than relying on providers/suppliers to give this information to clients.

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4. Does the Program sufficiently support hearing loss prevention?	Should hearing loss prevention have a greater focus in the Program, and how could hearing loss prevention best be addressed?	While prevention may generally lead to a decrease in high cost treatment in the long term, this impact may not be realised for some time. Subsidised hearing protection could be considered for high risk occupations and further education into hearing loss may be beneficial. Prevention is certainly important in managing hearing loss into the future; this should possibly be managed as a subset of the HSP or as a separate and distinct program.
5. Are the Program's assessment services and rehabilitation activities meeting consumer needs?	What is the right mix and range of services that consumers would benefit from under the Program? How could consumers, families and friends, work places and others in the community, as well as taxpayers, benefit from a rebalancing of services offered?	It is suggested that rehabilitation and education regarding the management of hearing loss needs an increased focus going forward. Improving and streamlining, simplifying the funding and claiming structure would allow practitioners greater autonomy when managing individual rehabilitation programs, which then reduces the program's focus on purely technological solutions and supports a more holistic and veteran-centric service.

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6. Is the Program supportive of consumer choice and control?	Do consumers receive sufficient information to make informed choices? Do they have adequate control and flexibility over the hearing services that would be in their best interests? What changes, if any, should be made? Should any changes be made to the CSO Scheme? What should be the role of Hearing Australia, as a government service provider in providing hearing services?	Consumer control over the hearing services best suited to their needs may be limited by insufficient technical knowledge leading to unrealistic expectations of the Program. It is difficult to determine whether consumers are appropriately advised given the limited availability of reportable outcomes. The ability to report on the advice provided by hearing providers to clients would likely improve the consistency of outcomes. As noted above, consumers lack specialised knowledge about hearing technology and rely on the advice of their providers. However, when providers are identifying that fully subsidised devices are basic and less technologically advanced, this may lead clients to feel that they have to access the partially subsidised models to gain the level of hearing support they feel they require. Marketing material used by providers may also give the impression that fully subsidised devices are not as useful. There is unfortunately very little peer reviewed evidence that investigates comparisons of hearing aid technology and real world outcomes. The Review panel may like to consider the current available evidence and research regarding mental health and hearing. For veterans this may mean a more significant focus on the effects of hearing loss for veterans with PTSD. The links between tinnitus and anxiety disorders and possible overlap in structural and functional brain activities should be reviewed[iii]. This is particularly relevant to veterans who may have tinnitus from service and possibly PTSD or other mental health issues related to service. The issue of blast injuries and traumatic brain injuries/neurotrauma also needs further exploration in terms of possible impacts on hearing loss/difficulty.[iv] The current evidence indicates there may be linkages and this would support the creation of an additional CSO group – veterans with mental health

		issues/PTSD/neurotrauma – as they are likely to have more complexity in their hearing and wellbeing needs.[v] More broadly, given the unique nature of military service in terms of both its impact on those who serve and society's recognition of veterans' service and sacrifice, the Review panel may like to consider the feasibility of expanding CSO eligibility criteria to include veterans with multiple and/or severe health conditions related to service.
7. Are the Program's service delivery models making best use of technological developments and services?	What are the advantages and challenges of having hearing appointments by telehealth? Are there other technologies, or service delivery channels, that consumers could benefit from in the Program?	Telehealth presents improved opportunities for consumers, veterans and their carers in remote or regional locations to engage with appropriate providers. DVA agrees on the potential benefits of telehealth, not just for rural, remote or infirm veterans but also for younger active veterans who find it convenient to not attend a clinic. However, the use of telehealth technology needs to be carefully managed to ensure that it can accommodate those with hearing difficulties.
8. Does the Program sufficiently support consumers in thin markets?	Are hearing services accessible to those who require them, irrespective of where they live or the size of the consumer group with particular needs? Are the range and levels of government supports effective or are there further issues that need to be addressed?	This issue may be more complex than just 'thin markets' and may be compounded by provider compliance issues and the ability/willingness of each provider to provide access to an increased selection of devices on the fully subsidised list. DVA would welcome measures to ensure that providers consistently consider and offer access to a broader range of fully subsidised devices matched to the client's specific needs. DVA would welcome increased support for managing hearing loss and communication needs in residential aged care facilities, such as through education, communication assistance and acoustic modification and design. Such measures would support clients' broader health and wellbeing, in light of the fact that hearing loss is a risk factor for dementia.

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9. Are there opportunities to improve the administration of the Program?	What is your experience with the administration of the Program, have improvements been well targeted and smoothly implemented, and how do you think the administration could be further improved?	DVA has a strong relationship with the Department of Health and the HSP. An area of concern for DVA is the management of veterans with complex hearing needs and ensuring the wellbeing of the veteran is supported, particularly those with PTSD or other mental health issues. DVA has found it difficult to report on and manage audit and potential compliance issues related to hearing service requests and complaints made to DVA.
10. Does the Program effectively make use of data and information to inform decision-making?	What data should be collected by the Program? Who should hold the data? What data should be published, and for what reasons? Is there a need for more data about hearing and hearing loss in the wider community beyond the Hearing Services Program? Other than the department, who or what government agencies should be able to access the data and for which purposes and with what consumer privacy protections?	Specific data regarding the initial diagnosis, the types of hearing aids and features of devices provided to clients and follow up results from clients is important to collect so as to monitor trends and outcomes. Data about client outcomes is necessary, including for those not fitted with hearing aids, and data about wellbeing should be included in outcome measure reporting. The data should continue to be held by the Department of Health (as the program owner) but data could be provided to DVA for specific clients (where appropriate consent is obtained) and as necessary to assist DVA in making determinations to support additional health, hearing and wellbeing needs. The current provision of annual or ad hoc data has limitations in terms of understanding the hearing needs and concerns of the veteran community. DVA would like to see more formal quarterly reporting on the veteran cohort data if possible to better understand veteran usage patterns of the Program. More granularity of the data such as number of veterans, location, numbers of devices and providers used would be useful for DVA to ensure its policy, program and service delivery settings remain appropriate for the needs of the veteran community.

		De-identified data could be published to inform clients and providers about trends. Improved accessibility and depth of data would also allow for clarity regarding devices and may also show trends regarding the impact of better hearing protection and prevention activities on hearing loss.
Additional Comments		Improved engagement and compliance of providers, greater focus on person-centred care and wellbeing, and a remuneration structure that broadens the scope of services and does not overemphasise technological solutions alone, would support better outcomes for clients. There would seem to be an issue with providers advising veterans that the fully subsidised devices are basic and not as technologically advanced or useful as partially subsidised devices. This sets up a perception for the veteran that they are getting lower quality devices and are not receiving adequate support from the government. The current list of fully subsidised devices contains a reasonable range of devices, but there is some suggestion that some providers may not be providing veterans with access to the full range. For example, clinic chains that are owned by hearing device manufacturers may limit their offering to a single brand of hearing aid. Anecdotally, some of the marketing material being used by providers, such as lifestyle charts, is giving some veterans the sense that they are receiving lower quality hearing devices. Provider evaluation by clients would also support improved understanding of devices are being provided. <u>Key Studies</u> Kramer, S.E., Kapteyn, T.S., Kuik, D.J. and Deeg, D.J.H. (2002). *The Association of Hearing Impairment and Chronic Diseases with Psychosocial Health Status in Older Age.* Journal of Aging and Health, 14(1), pp.122–137

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[i] Phoenix Australia Understanding the impacts of tinnitus on PTSD treatment – News article Understanding the impacts of tinnitus on PTSD treatment - Phoenix Australia

[ii] MacGregor, A., Joseph, A., Walker, G. and Dougherty, A., 2020. Co-occurrence of hearing loss and posttraumatic stress disorder among injured military personnel: a retrospective study. *BMC Public Health*, 20(1).

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