Hearing Review Panel
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The Hearing Health Sector Alliance welcomes this opportunity to respond to the Hearing Services Program review. The Alliance acknowledges the Review Panel's interim advice released on 4 December 2020 about implementation of budget measures and looks forward to discussing the proposed policy approaches with the Panel in coming weeks.

The Alliance's response to the Hearing Services Program review reflects a consensus position and the common ground for at least the majority of members.

The Alliance's response is informed by its five priorities:

- A national prevention and awareness communication strategy
- Focus on hearing and ear health for Aboriginal and Torres Strait Islander people, including equity
- Significantly enhance hearing health for older Australians in aged care
- Provide greater support for vulnerable Australians, including those on low incomes, in accessing affordable hearing health care
- Enhance and focus research to inform the development of public policy.

The starting point for this response is that Australia's Hearing Services Program is a world leading scheme in its approach and scope, with many strengths including (in no particular order):

- The Program meets the needs of many Australians through its Voucher and Community Service Obligation schemes including:
    - older Australians who meet the eligibility criteria
    - children and young adults with hearing loss through a highly skilled single service provider
    - Aboriginal and Torres Strait Islander peoples who qualify for the Community Development Program
    - certain vulnerable groups
- The Program subsidises, or partially subsidises, approximately 80 per cent of the hearing aids sold in Australia. In 2019-20, 292 contracted service providers with 2,869 Qualified Practitioners delivered services across 3,204 sites under the voucher scheme. In 2019-20, with more than 750,000 active voucher clients across Australia, service providers delivered more than 1.4 million hearing services and provided more than 390,000 devices.
- Fully funded hearing assessments for eligible Australians encourage hearing help-seeking and promote long-term management of hearing health, including regular check-ups
- Consumers can choose their provider under the Voucher scheme with widespread availability of providers in urban and more populated regional areas.
- Choice and flexibility around hearing devices allows for customisation of the rehabilitation program, including the type and style of device most appropriate, as well as the technology level required to meet the client's individual needs.
- The Deed of Supply is essential to this, providing a guarantee of quality and setting minimum standards for devices supplied to the Program.

- Supporting children into early adulthood through the Community Service Obligation scheme of the Program helps this group to reach their potential in terms of social and emotional maturity, education, employment and quality of life.
- The Rehab Plus program offers audiological rehabilitation and support for clients to improve the psychosocial impacts of hearing loss through communication training, social coaching, personal-adjustment counselling, and referral for specialist services.
- Allowance for tele-audiology services has been instrumental in ensuring that vulnerable Australians continued to access hearing services during the pandemic.
- Funding annual reviews of the hearing rehabilitation program (and associated devices) promotes healthy long-term self-management of hearing health and enables early intervention to ensure optimal hearing.
- Strong practitioner standards with hearing healthcare practitioners having to comply with PPB professional and ethical standards for accreditation to attain a QP number which is recognised equally for both Audiometrists and Audiologists.
- The voucher application process is easy to navigate, easier to access following removal of the GP referral requirement and claims are processed quickly.
- The Program's administration team maintains strong communications with providers and practitioners and the Contracted Service Provider Contract provides confidence for businesses to plan and manage their financial viability.
- The Program Portal provides
    - helpful information, enabling providers to see claiming history, current devices, 3FAHL, maintenance details, cultural/language details, eligibility details and processes to correct claiming mistakes and make manual claims.
    - easy access to initiating/renewing vouchers for clients.
    - easy access to relocate clients.

The Alliance is pleased to have the opportunity to comment on:

- the key issues being addressed by the Review
- implementation concerns and unintended consequences of Program changes announced in the 2020-21 Budget.

Alliance representatives look forward to discussing this response with the Review Panel on 18 December. In the meantime, please contact me if you have any questions.

Yours sincerely

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[redacted]

About us

The Hearing Health Sector Alliance was formed in 2019 to work with governments to help improve outcomes for Australians affected by hearing loss and other debilitating ear conditions, following the Council of Australian Governments' endorsement of the first Hearing Health Roadmap aimed at improving the lives of the millions of Australians affected by hearing loss.

The Alliance currently has 13 members, bringing together representatives of four key constituencies: consumer groups, hearing health professional bodies, industry associations and research organisations.

Response to Hearing Services Review Consultation Paper

December 2020

1. What should be the objectives and scope of the Program?

The Alliance proposes the Program's objectives should be to:

- improve the quality of life of Program participants and their ability to participate socially, educationally and economically through addressing their hearing needs
- provide high quality hearing services that are based on the latest research and delivered by appropriately qualified and skilled clinicians
- provide high quality hearing devices that meet the standards specified in the Deed of Supply and that are part of the Program's list of registered hearing devices
- provide information, advice and support to a client's family, carers and significant others
- deliver hearing loss prevention strategies that:
  - address workplace and leisure noise
  - reduce the prevalence of hearing loss in Aboriginal and Torres Strait Islander communities arising from otitis media.

COMMENTARY

The Program's objective, according to budget documents, is to:

> Provide hearing services and a range of fully and partially subsidised hearing devices to eligible Australians to help manage their hearing loss and improve engagement with the community. Continue support for hearing research, with a focus on ways to reduce the impact of hearing loss and the incidence and consequence of avoidable hearing loss. (Health Portfolio Budget Statements 2020-21)

The Program's objective is described elsewhere as "reducing the impact of hearing loss" [Hearing Services Program] and "…maximising…potential for independent communication and…quality of life" (Hearing Rehab).

The Alliance's view is that the Program objective/s should be clearly and consistently defined for both people with hearing loss and providers with a strong focus on:

- addressing the hearing and communication needs of people with hearing loss and their families
- improving their quality of life.

The impact of hearing loss can be far-reaching with consequences both for the person who may experience reduced health-related quality of life (including anxiety and depression) and those around them. A review of the impact of hearing loss for older adults (Laplante-Lévesque, Hickson, & Worrall, 2010a) found evidence that the following activities are limited by hearing loss:

- speech perception, especially in adverse environments eg ambient noise, no visibility of the speaker, accented speech etc
- comprehending radio and television broadcasts
- locating sound sources such as footsteps and cars

- detecting environmental signals eg ringing telephones, doorbells and alarms
- interpersonal interactions, leading to social isolation.

Impacts on significant others have also been determined (Scarinci, Worrall & Hickson, 2009):

- Communication difficulties
- Negative relationship changes
- Reduced socializing
- Emotional responses eg frustration, feelings of burden.

2. Which consumers should be eligible for Program subsidies?

The Alliance considers eligibility for hearing services based on a pure tones average is neither a strong indicator of hearing health need nor predictor of outcomes. In the absence of alternate eligibility criteria with better sensitivity and specificity, the Alliance strongly recommends retaining:

- the Program's current eligibility criteria under both the Voucher and CSO schemes
- the current Minimum Hearing Loss Threshold (MHLT) of 3 Frequency Average Hearing Loss (FAHL) of greater than 23dB (3FAHL > 23dB)

These criteria allow clinicians to apply their professional judgment in consultation with the consumer to determine how best to meet the consumer's needs and support optimal outcomes. Existing arrangements ensure broad access to the Program which, in turn, delivers benefits for consumers, the community, workplace and economy.

Addressing and treating mild to moderate hearing loss is also shown to reduce the risk of dementia (Dementia prevention, intervention, and care: 2020 Report of the *Lancet* Commission) which itself represents a significant burden on the Australian economy (Economic cost of dementia in Australia 2016-2056, NATSEM, February 2017).

The Alliance recommends extending eligibility to certain vulnerable groups and expanding on Program services, as described below.

COMMENTARY

Extending eligibility categories

The Program should act as a safety net for:

- those who are likely to be affected by hearing loss and would benefit from assistance with their hearing needs but may not be in a position to meet the costs
- vulnerable groups and those requiring specialised services and programs such as children with hearing loss, Aboriginal and Torres Strait Islander people and frail elderly people in residential aged care facilities.

The Alliance suggests extending the Program to other vulnerable groups.

People of working age on low incomes who do not qualify for the Program or the National Disability Insurance Scheme (NDIS) face serious affordability barriers to hearing services. The 2019 Hearing Health Roadmap proposed "…additional support for [this group] to access hearing health services…".

Access to the Program would provide opportunities for this group to improve their work prospects (gaining work, working more hours or undertaking more complex/skilled work) and/or undertake vocational or higher education. The Hearing for Life report (2020) presents a strong case for the social and economic benefits of increased support for this group of vulnerable Australians, estimating a potential fiscal benefit of $268.1m.

Commonwealth Seniors Health Card holders who receive the card to assist with the cost of health services except the Hearing Services Program. Access to the Program would recognise the hearing and financial needs of this group, exacerbated by the COVID-19 pandemic and current economic circumstances. This group of older Australians are an important part of the unpaid workforce as carers of elderly parents and/or grandchildren and as volunteers. Undiagnosed and under-treated hearing problems may restrict this group from participating in these activities and lead, as research suggests, to reduced health-related quality of life with attendant costs to the health system.

Improving the quality of hearing health and care for the elderly in aged care facilities is one of 8 priorities identified by the 2019 Hearing Health Roadmap. The elderly in aged care facilities or receiving home care require different models of hearing care which recognise their more complex needs owing to other health conditions such as vision loss, physical disabilities and dementia.

Eligible adults with a cochlear implant Adults in receipt of an Age Pension cannot access a replacement speech processor under the Voucher scheme. This is out of step with other programs (eg NDIS, Veterans Affairs) that cover the cost of this technology for other population groups (eg children under the CSO, Veterans, eligible NDIS recipients). This anomaly was identified as an action item in the Hearing Health Roadmap and needs to be addressed.

People in the criminal justice system Hearing loss can negatively impact a person's ability to hear in a courtroom, their daily interactions in prison and their progress through a rehabilitation program.

Aboriginal and Torres Strait Islander prisoners are over-represented, accounting for 28% of the total Australian prisoner population [Prisoners in Australia ABS, December 2019]. Studies identify higher levels of hearing loss in the prison population compared to levels in the community [Murray, N, Le Page E, Butler T 2004; Quinn S, Rance G, 2009]. The 2019 Hearing Health Roadmap and two Parliamentary inquiries (Still Waiting to be Heard, 2017; Hear Us, 2010) recommended action to address the hearing needs of prisoners.

Children who are long term temporary residents have their hearing screened at birth but they cannot access the Program for ongoing hearing services. Similarly, older children of people on working or student visas do not meet the Program's eligibility criteria. The Program should provide hearing services so the language and cognitive development of these children does not fall behind and affect their education.

<u>Extending Program services</u>

Expanding on the types of services provided by the Program for all clients – beyond the fitting of devices – would be beneficial.

Individuals should be able to access services that address the wide range of impacts that a person experiences on account of their hearing loss including:

- social impacts (communication and assertiveness training)
- emotional impacts (self-esteem, isolation, rejection, loss, loneliness)

- mental health impacts (anxiety and depression)
- access to education and work and how to cope in those environments (access to support devices and services)
- tinnitus management programs provided by a clinician with expertise in this area.

The Program's scope should extend to educational services such as providing information about hearing loss, expectations management, developing communication strategies and plans for individuals, community-based organisations and staff at residential aged care facilities.

Communication programs (individual or group) are a valuable, evidence based option (Hickson et al, 2007, 2019) which should be available to all clients as and when they need them. Many people continue to have communication difficulties even when fitted with hearing devices.

Program funding should be extended to fund accessories that enhance hearing aid functionality to improve listening and communication including those that support Bluetooth connectivity.

Hearing aid use in aged care residential facilities can be problematic for many reasons eg residents require staff support to manage them, staff workloads and lack of education about hearing aids means they are frequently unable to provide the support required, lack of clarity around responsibility and ongoing support for hearing aid use (Meyer & Hickson, 2020).

Models of care for this group should include a screening and intervention program for aged care, a key action proposed in the Hearing Health Roadmap. This should encompass hearing service delivery "in situ" (ie in the home or in a residential facility), appropriately framed education for the person with hearing loss and their carers (familial or professional) and communication plans as a complement or alternative to hearing devices as well as application of universal design principles to aged care residential care facilities.

The Program's funding model does not recognise or compensate providers for the additional costs associated with delivering care to this group in an environment that is neither conducive for the person with hearing loss or their service provider. The Community Service Obligation (CSO) scheme of the Program provides a potential model of care for this group ie specialised services that are not means tested. Consideration should be given to extending access to the CSO and/or extending the model to the Voucher scheme of the Program which would support increased services to this vulnerable group. This would accord with the Royal Commission's recommendation 18.1(b) to

> "ensure residential aged care includes a level of allied health care appropriate to each person's needs, the Australian Government and the Australian Aged Care Commission should, by no later than 1 July 2024, require providers to enter into arrangements with each of the following professional groups to provide services as required to care recipients: optometrists; audiologists."

At the other end of the age spectrum, the introduction of universal newborn hearing screening has meant that nearly all children born in Australia with a hearing loss are diagnosed within the first few months of life. However, there is no national approach for the detection and diagnosis of hearing loss developing in the years after birth. As a result, the diagnosis of hearing loss may be delayed and not identified until they are having problems at school or later in life.

While hearing screening for children starting school makes good sense, the Alliance notes that the Australasian Newborn Screening Committee will shortly start a process to collect and review the evidence for doing so.

3. How well does the Program interface with other [hearing services] schemes?

The Alliance considers the Program's interface with other schemes should be improved through better coordinated service delivery to enhance consumer access and improve hearing health outcomes.

COMMENTARY

Currently, the Program's interface with other hearing services schemes and other Government programs for adults is poor. Variations in eligibility and service delivery for the Voucher and CSO schemes, the NDIS and Veterans' programs create confusion for consumers and providers.

For children aged 0-6 years, the streamlined pathway to access the CSO scheme, the National Disability Insurance Scheme (NDIS) and early childhood education services works well. It guides families through what would otherwise be an overwhelming and complex process to access support for the hearing and communication needs of newborn babies, infants and young children diagnosed with hearing loss.

Children with later onset hearing loss may take some time to access hearing assessment, appropriate services and support as the referral pathway from diagnosis is not as clear cut. There is confusion about, and different eligibility arrangements for, services provided through the CSO scheme, the NDIS and State and Territory health and education services. Consequently, children and their families can miss out on the support and services they need which creates inequitable outcomes.

Adults with hearing loss are confused about their eligibility for and how to access different supports from the Program, the NDIS and the Employment Assistance Fund.

Within the NDIS, the level of funding and support is highly dependent on the NDIS planner and the client's ability to advocate for what they need. As a result, NDIS participants with similar conditions may receive different levels of funding in their NDIS plan. This model can work against those with low levels of health literacy or who experience language or cultural barriers.

As mentioned earlier, the Program is out of step with other programs in relation to adults with cochlear implants. A pensioner who can access the CSO scheme for specialised hearing services cannot access a replacement speech processor unlike Veterans' Affairs CSO clients and those eligible for the NDIS. This anomaly needs to be addressed.

The Program's interface with the aged care system, as noted earlier in this response, is failing to meet the hearing and communication needs of elderly Australians.

4. Does the Program sufficiently support hearing loss prevention?

The Alliance considers the Program should include a greater focus on prevention and recommends:

- hearing loss prevention should be one of the core objectives of the Program
- awareness and education activities about hearing loss prevention should be sustained and funded over time to drive behavioural change

- a national strategy on hearing loss prevention be developed as a component of the National Preventative Health Strategy, with multi-year funding to support implementation as occurs with some other health priorities.

COMMENTARY

The Alliance welcomes Australian Government funding for a national hearing health awareness and prevention campaign. The 2019 Hearing Health Roadmap and two Parliamentary inquiries (Still Waiting to be Heard, 2017; Hear Us, 2010) identified the longstanding need for, and significant benefits of, awareness and education activities. The Alliance supports ongoing funding for the hearing prevention campaign to drive behavioural change.

Hearing loss prevention should be one of the main objectives of the Program. Exposure to noise is a major, and predominantly preventable, cause of adult onset hearing loss, much of which occurs in the workplace (Still Waiting to be Heard, 2017). The HEARing Cooperative Research Centre has described noise induced hearing loss as "the most significant contributor to the prevalence and degree of acquired hearing loss in adults" (submission to Parliamentary Committee inquiry into hearing health 2017).

However, the Program currently has no obvious role in prevention despite the obvious social and economic benefit for individuals and communities. Findings of the 2017 Parliamentary inquiry into Australia's hearing health are highly relevant to the work of the Review Panel.

The Alliance notes the importance of taking a long term view of the value of prevention activities and investing accordingly. The Lancet Commission's 2020 report on dementia prevention, intervention, and care identifies hearing loss as one of 12 modifiable risk factors for dementia, which itself represents a significant burden on the Australian economy (Economic cost of dementia in Australia 2016-2056, NATSEM, February 2017).

The urgency and importance of addressing hearing impairment amongst indigenous children features prominently in the 2019 Hearing Health Roadmap and the 2017 Parliamentary Inquiry (Still Waiting to be Heard). The short and long term benefits of this area of hearing loss prevention are well documented including for communication skills and educational attainment.

The Program's past support for hearing loss prevention research has been useful to a point. However, no practical action seems to come from the research findings.

The Program could make a greater contribution by developing a national strategy on hearing loss prevention and then funding the implementation of the strategy. The Alliance recommends the Program takes leadership on this issue which might include forming partnerships with other levels of government and funders of other hearing services programs. The potential long term fiscal, social and economic benefits of preventing hearing loss would far outweigh investment in developing, implementing and sustaining a national strategy (and there may be successive strategies).

The strategy ought to address

- Immunisation
- Early identification and intervention across the lifespan
- Prevention of otitis media in Aboriginal and Torres Strait Islander children
- Noise in the workplace

- Leisure noise
- Education and awareness activities.

A national strategy on hearing loss prevention should be a component of the National Preventative Health Strategy currently under development.

The Review Panel may find it helpful to look at data in other health areas about the long term benefit of sustained investment awareness activities, for example, in skin cancer prevention efforts, particularly for younger Australians [AIHW 2016 and AIHW 2018]. Longitudinal data collection would need to be funded to monitor and evaluate outcomes for hearing health which is not currently the case.

As with many other health issues, early identification and intervention can have a profound impact on the severity of patient outcomes. Earlier intervention – whether rehabilitation or hearing devices or both – represents a form of secondary prevention and not just for hearing loss. The 2020 Lancet Commission dementia report notes that hearing loss may result in cognitive decline through reduced cognitive stimulation. The Lancet Commission specifies action to reduce hearing loss and encourage use of hearing aids to reduce the risk of dementia "across the life course".

The Alliance draws attention to the fact that not all hearing loss is preventable, notably age related hearing loss (presbycusis), which is an inevitable deterioration in hearing ability (Gates, Mills, The Lancet, 2005). Preventive measures may help reduce the severity of hearing loss because the effects of cumulative noise exposure across a lifetime, ototoxic medications and other health issues (diabetes and high blood pressure) exacerbate the effects of presbycusis. Program resources should not, therefore, be re-allocated from treatment to prevention.

5. Are the Program's assessment services and rehabilitation activities meeting consumer needs?

The Alliance consider the Program has many strengths but could do more to recognise the range and value of assessment and rehabilitation options to complement and augment other treatments. This may require changes to services fees which should not be at the expense of other Program elements.

The Alliance strongly disagrees with suggestions to align Program eligibility with the NDIS or the WHO definition of disabling hearing loss. Raising the MHLT to the level proposed by PwC in 2017 would render a significant number of current clients ineligible and result in longer term costs to consumers and the Australian economy.

COMMENTARY

The Alliance considers the Program has many strengths not least the number of Australians who derive social and economic benefits from the Program's services. Reports commissioned by the Hearing Care Industry Association bear this out (The Social and Economic Cost of hearing loss in Australia, 2017; Hearing for Life, 2020).

Payment arrangements, consistent with the Program's objectives, are structured to focus on the measured hearing impairment and on the use of hearing devices to improve perceived sound. There is sound evidence to support the value of hearing devices as a treatment for hearing loss (Ferguson et al, 2017; Johnson et al, 2016). The Lancet Commission's 2020 report on dementia prevention, intervention, and care

identifies the use of hearing aids for hearing loss as a "specific action" to address dementia risk factors "across the life course".

As identified earlier, access to funding for a broader range of services would help address the range and diversity of consumers' needs including aural rehabilitation services, additional devices, management services (eg for tinnitus), communication programs, better support for those with Cochlear implants etc. Research identifies that those who are well informed and motivated are key factors in the eventual success of using hearing devices (Laplante-Lévesque, Hickson & Worrall, 2012; Ridgway, Hickson & Lind, 2015).

The Program's payment structure does not support the range of assessment and rehabilitation options that hearing practitioners should provide or have available for their clients. The fee schedule should be reviewed so that it supports good clinical practice and provides appropriate payment for assessment and rehabilitation services as well as devices.

The Alliance is concerned by the consultation paper's reference to the Program's eligibility being out of step with the NDIS and the WHO definition of "disabling hearing loss". Comparing eligibility for different hearing services programs and definitions for different economies is misleading. Comparisons should start with the respective objectives of those programs. The NDIS, for instance, is designed to support people with severe and profound disabilities unlike the Hearing Services Program where eligibility is based on more moderate hearing loss with affordability measures aligned with the welfare system.

It is also important to note that the Program's design should be fit for purpose with its cultural, social and economic context. Australia is a highly developed economy with a track record of adopting emerging technologies early to enhance productivity and quality of life. Treating mild to moderate hearing loss delivers short and long term benefits to the person with hearing loss, their family, community and the economy, as evidenced by the studies and reports mentioned elsewhere in this response. Moreover, treatment should incorporate a management or care program to meet the communication and psycho-social needs of a person with hearing loss at any stage of their hearing care journey.

The Alliance considers eligibility for hearing services based on a pure tones average is not a strong indicator of hearing health need or predictor of outcomes. In the absence of alternate eligibility criteria with better sensitivity and specificity, the Alliance strongly recommends retaining:

- the Program's current eligibility criteria under both the Voucher and CSO schemes
- the current Minimum Hearing Loss Threshold (MHLT) of 3 Frequency Average Hearing Loss (FAHL) of greater than 23dB (3FAHL > 23dB)

The PwC's recommendation in 2017 to raise the Minimum Hearing Loss Threshold from 3FHAL > 23dB to an "international comparator" of 4FAHL > 40dB would result in a significant change in the number of Australians eligible for the Program. The PwC's recommended MHLT would have rendered ineligible almost 30% of the clients current in 2016-17. PwC projected full year savings of $18.9m. The Alliance considers changing the MHLT would be a retrograde step in the short term with serious long term consequences for consumers' mental and physical health as well as quality of life including social isolation, cognitive decline, dementia, diabetes etc. The wider community would bear the burden of increased social and economic costs.

In summary, the Alliance emphasises the social and economic value of the current Program and draws attention to the potential to increase this through expansion and enhancement of Program services,

appropriately funded. The Deloitte Access Economics analyses commissioned by HCIA provide sound evidence for this.

As demonstrated powerfully during the pandemic, effective communication plays a vital part in ensuring the health, well-being and economic security of Australians and especially those whose hearing is impaired through ageing, illness, work or leisure related damage.

6. Is the Program supportive of consumer choice and control?

For most Program beneficiaries, the Voucher scheme provides individuals with choice of provider and control by fostering a competitive market. In addition to existing arrangements, including the Deed of Supply, the Alliance suggests improving:

- information about rehabilitation options
- financial support for providers to invest more time in explaining how a consumer can maximise the outcomes of the selected option
- transparency about what is available to clients eligible for the CSO scheme to enable providers and their clients to make better informed decisions about their options.

The Alliance recognises and thanks the Government for funding the development of paediatric hearing care standards which will help improve outcomes for this vulnerable group.

COMMENTARY

Just as people with hearing loss are not homogeneous, the concept of choice and control may differ for discrete population groups. Children and older Australians living with dementia are stark examples of different needs and capabilities to exercise choice and control.

For most Program beneficiaries, the Voucher scheme provides individuals with choice of provider and control by fostering a competitive market. This ranges from large entities that operate nationally – including private businesses and Hearing Australia – to small businesses and independent operators. Alliance members support competition on a level playing field in the Voucher scheme. A signal of the success of the Voucher scheme is the level of take up of services, a key measure for any publicly funded program.

The Program's Deed of Supply supports choice through access to a very wide range of hearing device technology in both the fully and partially subsidised device listings with competitive warranties, trial periods offered by the service provider and supported by the manufacturers, and maintenance support.

The Program, however, could enhance consumer choice and control.

Consumers would benefit, for example, from more information about rehabilitation options available within the Program to support better informed choices. Consumer organisations could play an important role in disseminating this information.

Providers, with appropriate reimbursement of their time, could spend more time with their clients explaining options and, if a hearing device is selected, how to maximise communication outcomes.

Decision aids could feature in this. These are "tools that help people become involved in decision making by making explicit the decisions that need to be made, providing information about the options and outcomes, and by clarifying personal values." (Ottawa Hospital Research Institute, 2015).

Decision aids are widely used in healthcare to facilitate shared decision-making and there are a number of studies on their use in audiology. Decision aids summarise intervention options and outcomes of each option according to recent scientific literature, presented in in a simple visual format adhering to health literacy principles. In audiology, options typically presented to hearing services clients include hearing aids, assistive devices, communication programs, no action.

The consultation paper refers to Program data that suggests consumers may be unaware of the full range of listed devices owing to their hearing service provider's ownership and contractual relationships with suppliers. It would be challenging for a single provider to inform a consumer of all possible device choices and many providers provide a handful of choices. Instead, the hearing care provider makes a recommendation based on their professional training and experience which should be in consultation with the client about their needs, expectations and aspirations. This is not dissimilar to the decision making process that occurs in optometry, dental and some surgical services.

In the absence of a market response driven by consumer demand (eg a comparator website), consumers may be generally satisfied with the clinical judgment and recommendations of their provider.

For children aged 0-6 years, there is a well-developed pathway from universal newborn hearing screening to diagnosis and fitting, through to engagement with early intervention. The current CSO arrangement is valued highly by families who are at their most vulnerable when their child is diagnosed and ill-equipped to make an informed choice about providers and services. Choice and control might not be exercised until after an initial period of support when families are better informed.

For this population, choice and control should be supported by:

- effective paediatric standards
- paediatric specialists
- providers being able to provide effective counselling and support of families at the various stages of their child's life to support choices that impact on their development
- outcomes measures, with clear accountabilities.

<u>The CSO</u>

The Alliance strongly supports the services funded and delivered through the CSO scheme. The CSO is effective in addressing the needs of vulnerable consumers whose needs are complex. The CSO service delivery arm – Hearing Australia – has developed expertise that is valued by CSO beneficiaries particularly the families of deaf children.

There is a lack of information about what counselling and other services are provided through the CSO, its service standards and what level of hearing aid technology and assistive listening technology is available. Greater transparency about what is available to clients eligible for the CSO scheme including "Specialist Hearing Services" would enable providers and their clients to make better informed decisions about where the client's needs are best addressed. This information could also help shape the market for other vulnerable groups ineligible for the CSO.

7. Are the Program's service delivery models making best use of technological developments and services?

The Alliance strongly supports:

- the Deed of Supply as a means of providing access to, and choice of, up-to-date hearing technology
- the use of tele-audiology as an option for hearing services delivery with appropriate reimbursement for providers.

The Alliance welcomes Australian Government funding to develop standards and guidance about using tele-audiology safely and effectively to deliver quality hearing care.

The Alliance does not support Program subsidies for devices, bought online or otherwise, without the involvement of a hearing care professional in the process.

COMMENTARY

The Program should keep pace with technological developments in hearing and related devices to ensure quality outcomes for consumers and minimise the need for co-payments to access new technology.

The Program, through the Deed of Supply, gives consumers a wide choice of hearing devices including technology that enables connectivity to other devices so consumers can participate in digital environments, supporting their social, community, educational and workplace engagement.

As identified earlier in this response, consideration should be given to subsidising technologies to support the communication needs of those in challenging environments such as residential aged care facilities.

The Alliance does not support Program subsidies for devices bought without the involvement of a hearing care professional in the process online or otherwise to safeguard a person's long term hearing health. As hearing loss may be caused by a variety of factors, trained and accredited hearing health professionals possess the skills necessary to ascertain the cause of a person's hearing loss and make the most suitable recommendations for treatment in accordance with their clinical needs. This may include support and counselling, individual and group aural rehabilitation, behaviour change counselling and hearing devices.

The Alliance strongly supports the use of tele-audiology as an option for hearing services delivery. The Hearing Health Roadmap identified it as a key opportunity to improve access. The rapid adoption of tele-audiology service delivery under the Voucher scheme during the pandemic demonstrated its value and convenience to consumers. This fast moving area of health service delivery has the potential to deliver even more value to providers eg by extending their market reach and to those consumers who:

- live in regional areas
- are part of a thin market (regardless of location)
- have mobility or other health issues for whom even short distance travel to a hearing clinic can be challenging
- who find it inconvenient to attend a clinic eg younger people for work/study/transport reasons.

Another potential advantage of tele-audiology is facilitation of family-centred hearing care which enables family members to participate in appointments. At present only approximately 30% of adult client

appointments include a family member. This is important because of the impact of hearing loss on family communication and interaction.

Some people with hearing loss who live in remote areas have benefited from tele-audiology delivery of hearing services for some time through the CSO scheme. Data on experiences, outcomes and even costs could help inform future planning for tele-audiology through the Voucher scheme.

It is important that clients can exercise choice about whether to access hearing services through tele-audiology or by attending an appointment in clinic. It is also important that future planning for tele-audiology delivery of hearing services considers the costs for providers which, in turn, should inform fee structures.

The Alliance welcomes Australian Government funding to develop standards and guidance about using tele-audiology safely and effectively to deliver quality hearing care. This will cover clinician expertise, software and hardware capabilities.

8. Does the Program sufficiently support consumers in thin markets?

The Alliance suggests program redesign to improve access, choice, control and outcomes for consumers in thin markets through incorporating the best features of the CSO's specialised hearing services into the Voucher scheme, particularly for the elderly in home or residential care.

The Alliance also suggests specific changes to the Voucher scheme to:

- recognise the higher transport and travel costs involved in delivering services to regional/rural locations
- provide funding for interpreter services to support access by people from culturally and linguistically diverse (CALD) backgrounds.

The Alliance notes that these changes would require increased Government investment in the Program and this should not come through reallocation of existing Program funding.

The Alliance notes, with concern, that Program changes announced as part of the Government's 2020-21 Budget will exacerbate access problems in thin markets. The Alliance strongly recommends meaningful engagement about implementation with stakeholders, especially providers, to avoid unintended and negative consequences for consumers and providers.

COMMENTARY

The Alliance does not consider the Program adequately supports consumers or providers in thin markets. It is concerned that Program changes announced as part of the Government's 2020-21 Budget will exacerbate access problems.

The Alliance acknowledges the CSO's important role in providing a safety net for consumers in thin markets with Hearing Australia providing services to those who require specialised programs, are vulnerable or where the services may be commercially unviable for other providers to deliver. The Alliance acknowledges the challenge of delivering cost effective services and for clinicians to maintain their skill levels when these client groups are spread across multiple providers.

Anecdotal evidence indicates, however, that these groups are not exclusively served by the CSO and that private providers are delivering services in a number of different thin markets. However, as a result of the Voucher scheme's service fee structure which focuses on less complex hearing services, providers rely on cross-subsidisation to cover the additional costs of delivering services which are low margin or not claimable, or they sustain a loss.

For example, the Voucher scheme's fee structure, unlike the NDIS, does not:

- recognise the higher transport and travel costs involved in delivering services to regional/rural locations
- fund interpreter services to support access by people from culturally and linguistically diverse (CALD) backgrounds.

The Voucher scheme's design is inadequate to support the delivery of hearing care to residents of aged care facilities as documented in the 2019 Hearing Health Roadmap and by the Royal Commission into Aged Care Quality and Safety.

There is an opportunity here for program redesign to improve access, choice, control and outcomes for consumers in thin markets through incorporating the best features of the CSO's specialised hearing services into the Voucher scheme. This would require increased Government investment in the Program which should not come through reallocation of existing Program funding.

Tele-audiology has an important part to play in overcoming distance barriers to access and for those with mobility or other issues who struggle to attend appointments in clinic. The Hearing Health Roadmap identified this as a key opportunity to improve access. As previously discussed in this response, the Alliance strongly supports tele-audiology as an option for consumers and providers.

Budget measures

The impact of Program changes announced as part of the Government's 2020-21 Budget will exacerbate access problems in thin markets. This is acknowledged by the Health Department in its Regulatory Impact Statement (RIS, September 2020).

The Alliance acknowledges the Review Panel's interim advice released on 4 December 2020 about implementation of budget measures and looks forward to discussing the proposed policy approaches with the Panel ahead of its final advice to Government in March 2021.

The Alliance is concerned that any recommendations the Panel may propose will significantly lag the impact of anticipated negative impacts of the Budget measures on those markets, particularly in regional and remote Australia.

Any reduction of services to already thin markets will have a negative impact on consumers through increased access costs, delayed diagnosis and/or under-treatment. As identified in the Hearing for Life report (2020), the economic and social costs of hearing loss in Australia are very significant.

The Lancet Commission found that addressing and treating mild to moderate hearing loss is also shown to reduce the risk of dementia [Dementia prevention, intervention, and care: 2020 Report of the *Lancet*

Commission] which itself represents a significant burden on the Australian economy (Economic cost of dementia in Australia 2016-2056, NATSEM, February 2017).

9. Are there opportunities to improve the administration of the Program?

While the Alliance's overall view of the Program's administration is positive, the Alliance is disappointed by the lack of consultation about Budget measures prior to announcement. The Alliance notes these measures will increase the administrative burden on providers and reduce revenue, affecting the future viability of some businesses.

The Alliance strongly recommends meaningful engagement about implementation of Budget measures with providers to ameliorate the negative consequences for providers and for consumers should business viability issues result in reduced or withdrawn services.

The Alliance encourages the Government to:

- retain and expand on pandemic initiatives in the redevelopment of the Schedule of Service Items
- reorient the Schedule of Service Items from a compliance approach to one that is driven by hearing rehabilitation outcomes
    - to encourage best practice in client-centred care.

This may require greater investment in the Program which should not come at the expense of existing Program funding.

COMMENTARY

The Alliance thanks the Government for taking a pragmatic approach to service delivery "rules" to ensure uninterrupted access to hearing services during the pandemic at a time when the ability to communicate, obtain information and socially engage was vital to both physical and mental health outcomes. In doing so, the following became apparent:

- the importance of prioritising client focussed hearing services
- the redundancy and inefficiency of a number of rules for consumers and providers
- the value of tele-audiology in hearing services delivery for consumers and providers.

The Alliance acknowledges the benefits to consumer access realised by streamlining the Voucher application process through removal of the requirement for a medical referral.

The Alliance acknowledges too the benefits of the Hearing Services Online (HSO) portal which meets businesses' day to day operational needs. This portal has also cut red tape and the administrative burden associated with maintaining device schedules.

The Alliance encourages the Government to:

- retain and expand on pandemic initiatives in the redevelopment of the Schedule of Service Items
- modernise the Program's administrative approach

    - by, for example, accommodating and leveraging contemporary work, business and communication practices in a digital environment
- reorient the Schedule of Service Items from a compliance approach to one that is driven by hearing rehabilitation outcomes
    - to encourage best practice in client-centred care.

This may require greater investment in the Program, the fiscal benefits of which may not be realised for some time. In the meantime, new funding should not be reallocated from existing Program funding.

The Alliance considers more could be done to communicate and clarify consumers' eligibility under the Voucher and CSO schemes. For example, more active and targeted communication about access to specialised services (eg to 21-26 year olds, Indigenous clients aged over 50 years or CDP participants) should result, at least, in encouraging more people to seek help at an earlier stage and perhaps avoid more costly interventions when diagnosed or treated at a later stage of hearing loss.

Similarly, raising awareness of the hearing supports available through the NDIS for those who are eligible could contribute to increased take up of work (more hours, more skilled jobs) and education amongst those of working age.

The Alliance acknowledges the CSO scheme is structured so that Hearing Australia assumes all of the responsibility for administrative compliance. This is important as it removes potential deterrents and barriers for the most vulnerable to access the services they need.

<u>Budget measures</u>

The Alliance is disappointed about the lack of consultation prior to announcement about Budget measures, in particular:

- increasing the duration of the Voucher, from three to five years
- ceasing maintenance payments during the twelve month warranty period for a hearing device
- changing maintenance payments from twelve months in advance to quarterly.

The changes to maintenance payment arrangements will significantly increase the administrative burden on providers at the same time they experience sizeable drops in revenue and experience additional costs arising from other measures.

Moving from annual to quarterly maintenance payments will require providers to invest time and money in re-tooling IT and business processes (policy, procedures, staff training, accounting systems etc) in readiness for implementation. In the first two years of implementation (2021-23), according to the Health Department's RIS, providers can expect to see revenue fall by close to 20%. This will threaten the viability of some providers – as acknowledged in the RIS – including those that operate in thin markets. The consequences for consumers are not yet clear but unlikely to benefit consumer access, choice and control.

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

The Alliance's starting point is that data collection about the Program should be valued and resourced appropriately. It should involve providers but not be onerous for them.

The Alliance considers that data sources outside the Program would enrich policy formulation, program evaluation and enhance decision-making about the Program.

In 2019, the Hearing Health Roadmap proposed a key short term (2 years) action "to determine the responsibility, feasibility and funding for standardised national reporting of hearing loss, and establish a national database. The Alliance endorses and recommends this course of action.

COMMENTARY

The Alliance considers the Program has insufficient data on outcomes to inform decision-making. To monitor, evaluate and report Program outcomes against objectives, standards and clear measures must be defined to organise data collection and information about:

- quality of service
- client quality of life
- expected client clinical outcomes including whether communication goals were attained
- whether groups targeted for assistance are accessing services
- client satisfaction with the services provided.

Most of the data collected under the Voucher Program does not indicate how the intervention provided has impacted on the client in the short term and over time. Published data mostly relates to outputs such as vouchers issued or devices fitted.

In addition, more Program information is needed about the profile of clients and their demographics. This would help identify whether target groups are accessing services eg those who live in regional/rural/remote areas or those from culturally and linguistically diverse communities.

From both an evaluation and research perspective, collecting substantially more data about who uses the Program, their clinical and quality of life outcomes and the quality of service would help inform future changes to the Program and assess whether those changes deliver the expected outcomes. It would also be useful to have data about people who are not fitted with hearing aids and the outcomes for their hearing health and well-being.

The 2017 Parliamentary inquiry (Still Waiting to be Heard) recommended the Program and National Acoustic Laboratories prioritise funding for research to focus, amongst other things, on "longitudinal research on the experiences of adults undergoing treatment for hearing impairment". The Alliance supports this being pursued with appropriate funding.

Better co-ordination of data collected about hearing loss by other Government agencies – including the NDIS and Veterans Affairs – could deliver significant value for research and analysis of service delivery and hearing health outcomes. Together with data collected elsewhere (hospitals, workers' compensation schemes etc), a rich national data collection could be established. In 2019, the Hearing Health Roadmap proposed a key short term (2 years) action "to determine the responsibility, feasibility and funding for standardised national reporting of hearing loss, and establish a national database. This should be pursued with appropriate funding.

In the meantime, data collected by the Program should be de-identified and published to inform provider and consumer decisions. Research organisations including universities, private research entities, the National Acoustic Laboratories (NAL) and the Australian Institute of Health and Welfare (AIHW) should be able to access datasets to assist with program analyses and support hearing policy formulation. Researchers with an interest in related areas such as ageing and dementia would benefit too from an enriched and more transparent data collection.

Hearing Australia publishes an annual demographic report on children fitted with devices. This is a vital piece of information and is used by newborn hearing screening programs, early childhood early intervention agencies and other educational programs.

A key enhancement to the data collection for children would be the development and implementation of a national database for newborn hearing screening to help monitor the effectiveness of programs and to ensure that no children fall through the gaps between screening, diagnosis, hearing rehabilitation and early childhood early intervention programs. This would be important data for not only the agencies involved but also for the AIHW to report on the timeliness and effectiveness of the pathway and also for other research projects such as Generation Victoria.