



**Australian Government**  
**Department of Health**



## Hearing Services Program Review

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# CONSULTATION PAPER

30 October 2020

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## Introduction

### The Hearing Services Program

The Australian Government Hearing Services Program (Program) has two streams – the Voucher Scheme and the Community Services Obligations Scheme (CSO). The Voucher Scheme is established by the *Hearing Services Administration Act 1997* and is supported by the *Hearing Services Program (Voucher) Instrument 2019*. The *Australian Hearing Services Act 1991* describes the establishment, functions and powers of Hearing Australia which delivers the CSO Scheme.

Under the *Hearing Services Administration Act 1997*:

- People who are eligible for the Voucher Scheme include those who are a holder of a Pensioner Concession Card, a Department of Veterans' Affairs Gold Card or White Card (for hearing specific conditions), a dependent or a member of the Australian Defence Force.
- Following a hearing assessment, eligible people who have a hearing loss over a set threshold are offered subsidised hearing services (fully up to a pre-set limit).
- The subsidised products (hearing devices) and services provide hearing rehabilitation, assessment of hearing and advice on hearing loss prevention.
- The products and services are supplied (and fitted and maintained in the case of hearing devices) by accredited service providers who have been contracted to deliver these services.
- There are nearly 300 contracted private providers including Hearing Australia.

As at 30 June 2020 there were<sup>1</sup>:

- 1,035,000 consumers holding an active voucher
- 751,052 consumers who had received at least one service in the previous twelve months within the Voucher Scheme
- 292 contracted service providers, including Hearing Australia, operating from 1,581 permanent sites and 1,623 visiting sites.

The Voucher Scheme provides services to approximately 33 percent of the Australian population who experience hearing loss<sup>2</sup>, of whom approximately 40 percent are aged pensioners (post 66 years of age). Data indicates specific consumer groups, such as Aboriginal and Torres Strait Islander people, either due to a higher prevalence of hearing loss or to a reduced engagement with health services, are particularly under-represented in the Program.

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<sup>1</sup> Annual Program Statistics 2019-2020

hearingservices.gov.au/wps/portal/hso/site/about/program\_stats/annual-program-stats/annual-stats-2018-2019/

<sup>2</sup> [Hearing Care Industry Association, 2020. Hearing for Life - The value of hearing services for vulnerable Australians. \[ONLINE\] https://www.hcia.com.au/hcia-wp/wp-content/uploads/2020/02/Hearing\\_for\\_Life.pdf. \[Accessed 16 July 2020\]](https://www.hcia.com.au/hcia-wp/wp-content/uploads/2020/02/Hearing_for_Life.pdf)

In 2019-20 Hearing Australia delivered a total of 170,995 services to 59,770 consumers under the CSO Scheme, including young Australians (under age 26), adults with complex hearing needs, Aboriginal and Torres Strait Islander people and people in remote communities.

In the 2019-20 financial year the estimated Government expenditure for the Program (Voucher and CSO) was \$533.207 million. This includes \$82.4 million of funding for the CSO Scheme. In the 2020-21 Budget released on 6 October 2020, expenditure was expected to rise to \$599.031 million, partly in response to the COVID-19 pandemic, before reverting to more usual levels the following year.

With an ageing population across Australia, demand for services through the Program will be likely to increase. Greater focus on early detection and intervention, particularly amongst vulnerable groups, may further increase the demand for hearing services. The current arrangements for the delivery of hearing services through the Program have not changed significantly since 1997, yet a number of reviews have identified areas for potential reform to improve program efficiencies.

## The Review

On 14 August 2020<sup>3</sup>, the Hon Mark Coulton, Minister for Regional Health, Regional Communications and Local Government, announced a review into the Hearing Services Program. Minister Coulton has appointed an Independent Panel to conduct the Review. Professor Mike Woods (Chair) and Dr Zena Burgess make up the Panel, supported by an Australian Government Department of Health Secretariat.

The Review will identify opportunities to modernise key components of the Program and ensure it has a strong consumer focus. It will address clinical need, contemporary service delivery and clinical standards, as well as recognise the importance of a sustainable hearing services workforce and industry. It will also explore opportunities to improve access across regional, rural and remote areas, and for Aboriginal and Torres Strait Islander people and vulnerable groups. The Review's recommendations will seek to improve the equity, effectiveness, efficiency and sustainability of the services delivered by the Program.

## Terms of Reference

The Panel has been provided with the following Terms of Reference.

The Review is to examine:

- whether the Program delivers services aligned with clinical need and contemporary service delivery
- how the Voucher and device maintenance payment system compares with advances in the manufacturing sector and product offerings
- how technology is changing the provision of services through the Program
- how Program services are currently delivered and whether access can be enhanced for vulnerable Australians and in thin markets, such as regional, rural and remote areas.

The Review will identify opportunities to:

- improve access to hearing services for low-income earners, vulnerable Australians, those over 65, and those living in regional, rural and remote areas

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<sup>3</sup> Australia's Hearing Services, <https://www.health.gov.au/ministers/the-hon-mark-coulton-mp/media/australias-hearing-services>

- refine the current Voucher and maintenance payment Scheme
- improve Program design, including compliance and oversight
- implement new targeted initiatives that encourage the provision of services in thin markets and the development of alternative service delivery channels.

The Review will incorporate:

- the needs and experiences of clients
- professional standards developed by the hearing sector
- interactions between the Hearing Services Program and other government programs
- the sensitivity of the impact of changes to the program on commercial businesses in the sector
- experiences from the COVID-19 pandemic on provision of services.
- outcomes from any previous inquiries and consultation.

The Government announced in the Budget on 6 October 2020 that it is changing maintenance payment arrangements within the Voucher Scheme and extending the duration of voucher funding from three to five years. Following this announcement, the Minister wrote to the Panel requesting they explore as a priority any implementation concerns or unintended consequences of the policy change

The Panel will submit a Final Report to the Government through the Minister for Regional Health, Regional Communications, and Local Government in July 2021.

## Consultation

The Panel acknowledges that there have been a number of past consultations leading to a series of reports. As per the terms of reference, the Panel will consider these reports, including, but not limited to:

- [Listen Hear!: The Economic Impact and Cost of hearing Loss in Australia](#), 2006<sup>4</sup>
- [The Social and Economic Cost of Hearing Loss](#) in Australia, 2017<sup>5</sup>
- [Hearing For Life](#), 2020<sup>6</sup>
- [Review of services and Technology supply in the Hearing Services Program](#), PwC 2017<sup>7</sup>
- [House of Representatives Inquiry into Hearing Health and Wellbeing](#), 2017<sup>8</sup>

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<sup>4</sup> **Access Economics.** *Listen Hear! The Economic Impact and Cost of Hearing Loss in Australia.* CRC for Cochlear Implant and Hearing Aid Innovation. 2006.

<sup>5</sup> **Access Economics.** *The Social and Economic Cost of Hearing Loss in Australia.*, 2017.

<sup>6</sup> **Access Economics.** *Hearing For Life*, 2020.

<sup>7</sup> **PricewaterhouseCoopers (PwC).** *Review of services and technology supply in the Hearing Services Program.* September, 2017. Vols.

[http://www.hearingservices.gov.au/wps/portal/hso/site/about/whoarewe/publications/pwc\\_report\\_lp/](http://www.hearingservices.gov.au/wps/portal/hso/site/about/whoarewe/publications/pwc_report_lp/)

<sup>8</sup> **House of Representatives Standing Committee on Health, Aged Care and Sport, Australian Parliament.** **Still waiting to be heard... Report on the Inquiry into the Hearing health and Wellbeing of Australia.** [https://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Health\\_Aged\\_Care\\_and\\_Sport/HearingHealth/Report\\_1..](https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/HearingHealth/Report_1..) [Online] 2017

- [ACCC report on the issues around the sale of hearing aids](#), 2017<sup>9</sup>
- [Hearing Loss in Adults](#), Cunningham, Lisa L., Tucci, Debra L., 2017<sup>10</sup>
- [Roadmap for Hearing Health](#)

Consultation will provide critical input to the Review as it seeks to improve the efficiency and effectiveness of the Program. The Panel will consult widely with consumers, hearing services providers, hearing device manufacturers, professional bodies, community and advocacy groups as well as other interested individuals and organisations to ensure a diverse contribution.

Some limited, informal early conversations are also being undertaken to inform an interim report on thin markets which will be provided to government in November 2020. A summary of this report will be available to consumers and stakeholders in December 2020. Submissions on these matters which are made in response to this Consultation Paper will inform the draft and final reports.

The purpose of this Consultation Paper is to invite evidence-based views on the key issues being addressed by the Review, as reflected in the Terms of Reference. The Panel will also be informed by previous reports and research, undertake its own analysis of data and seek feedback from the hearing sector. The paper sets out a series of issues and ‘discussion prompts’ for consideration. While they are not necessarily aligned with individual Terms of Reference, responses will inform the Panel in preparing its overall report.

The Review encourages individual and group-represented submissions.

### Making a submission

Submissions can be made via Consultation Hub or can be emailed to [hearing-review@health.gov.au](mailto:hearing-review@health.gov.au). Discussion prompts posed in this paper are for consideration only, to assist in guiding information relevant to the Review. Responses are not limited to the discussion prompts and additional relevant information is welcome. Wherever possible, please provide facts/data to support your views.

Submissions will be published at the conclusion of the Review. If you do not wish your submission to be published, please indicate this in the submission.

We understand the impact that COVID-19 has had on consumers and the hearing sector, and that this may affect your capacity to respond. Please contact [hearing-review@health.gov.au](mailto:hearing-review@health.gov.au) if you have any questions or concerns.

Submissions close 11:59pm AEDST Friday 4 December 2020.

Further information about the Review is available at [www.health.gov.au/hearing-review](http://www.health.gov.au/hearing-review).

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<sup>9</sup> **Australian Competition & Consumer Commission (ACCC).** *Issues around the sale of hearing aids.* [ONLINE] Available at: <https://www.accc.gov.au/publications/issues-around-the-sale-of-hearing-aids>, [Accessed 16 July 2020]. 2017.

<sup>10</sup> *Hearing Loss in Adults*, Lisa L. Cunningham, Debara L. Tucci, The New England Journal of Medicine, Massachusetts Medical Society, Dec 21, 2017, Available at: <https://www.nejm.org/doi/full/10.1056/NEJMra1616601>, [Accessed 15 October 2020].

## Discussion Issues

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

The Voucher Scheme within the Program has been established by the *Hearing Services Administration Act 1997* (Act). The Act is supported by *the Hearing Services Program (Voucher) Instrument 2019* (Instrument).

The Act defines the categories of people who are eligible to access defined subsidised hearing products and services. It provides for service providers to be accredited and contracted to provide these hearing services and devices. Neither the Act, nor its supporting legislation, define the objectives of the program or its desired outcomes.

The Department of Health website offers a brief statement of aims:

*The Australian Government Hearing Services Program (the Program) aims to reduce the impact of hearing loss by providing eligible people with access to hearing services.*

Further, while the Program's website documents high level desired Hearing Rehabilitation Outcomes,<sup>11</sup> the lack of detailed objectives means these do not have a legislative basis.

#### Discussion prompts

Is there a need for clearer objectives for the Program? In your view what should be included in any set of objectives?

### 2. Which consumers should be eligible for Program subsidies?

Consumers are eligible to receive subsidised services and devices (subject to meeting hearing threshold requirements), through the Voucher Scheme of the Program if they are:

- Pensioner Concession Card (PCC) holders,
- Department of Veterans' Affairs Gold Card holders,
- Department of Veterans' Affairs White Card holders with hearing specific conditions,
- A dependent of a person in one of the above categories,
- Members of the Australian Defence Force, or are
- People referred by the Disability Employment Services (Disability Management Services) Program.

Additionally, subsidised services and devices are provided by Hearing Australia through the CSO Scheme to:

- People eligible for the Voucher Scheme who have complex hearing or communication needs or live in remote areas,
- Aboriginal and Torres Strait Islander people over 50 years of age, and
- People under the age of 26 years.

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<sup>11</sup> <http://www.hearingservices.gov.au/wps/portal/hso/site/about/legislation/contracts/hearing-rehab-2019/>

The Department of Health estimates that there are approximately 3.7 million Australians living with hearing loss<sup>12</sup>. Within this population, there are vulnerable groups with higher prevalence of hearing loss, including residents of aged care homes, people from Culturally and Linguistically Diverse (CALD) backgrounds, people in prison, and people experiencing homelessness.

Further, the program does not currently provide support for people with balance disorders or medical conditions that have a direct impact on a person's hearing health such as tinnitus (with the exception of hearing aids that may have a noise generator in it) or Meniere's disease.

Addressing issues of Program eligibility requires a balance between community health outcomes and the costs to taxpayers. Accordingly, eligibility is expected to address equity goals and target groups of people where there is a net benefit to the overall community.

#### Discussion prompts

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?

### 3. How well does this Program Interface with other schemes?

The Voucher Scheme is one of three main federally funded schemes<sup>13</sup> that provide services to adult<sup>14</sup> consumers with hearing loss. Most consumers join the Program after visiting a hearing service provider who assists them to complete the online registration process.

Eligible consumers who have specialist hearing needs can also join the CSO Scheme, the second subsidised scheme under the Program. The CSO Scheme targets the hearing needs of special needs groups, including children and people under the age of 26, Aboriginal and Torres Strait Islander people over the age of 50 and other adults with specialist hearing needs. This program is delivered solely by Hearing Australia.

A third, separate, subsidised hearing scheme is part of the National Disability Insurance Scheme (NDIS). It funds hearing supports for Australians under the age of 65 years who meet the NDIS access guidelines for hearing impairment. The NDIS also funds additional reasonable and necessary hearing supports for participants if they are not available through the Voucher Scheme. NDIS participants can only receive these additional supports from a service provider registered in the NDIS.

There are differences in the services and devices available to consumers through the different programs. For example, there are differences in eligibility for replacement cochlear implant speech processors under the different schemes. Clients with high levels of hearing loss may be implanted with a cochlear implant which is used in conjunction with a speech processor. Speech processors require replacement over time. For those persons with an existing cochlear implant, a replacement speech processor is available through the NDIS for adults and children but only for children under the CSO Scheme and are not available under the Voucher Scheme.

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<sup>12</sup> Based on aggregate Australian populations statistics (source: Australian Bureau of Statistics), and the prevalence of hearing loss (25dB as measured by 4fahl measures) by consumer age (source: Davis et al).

<sup>13</sup> Voucher Scheme, CSO Scheme, and the NDIS

<sup>14</sup> People aged 26 and over.



It is possible for a consumer to be eligible for all three schemes. A consumer who is eligible for the CSO Scheme will also receive services primarily through the Voucher Scheme but receive additional supports through the CSO Scheme. If they are also aged under 65 years, they may also receive additional hearing supports through the NDIS subject to NDIS eligibility requirements. This means the consumer will also need to have an NDIS plan to receive NDIS funding.

Consumers can also receive hearing diagnostic services from their state and territory health department programs such as Deadly Ears in Queensland or through Medicare if they have a chronic health condition. Consumers in the private market who have health insurance can receive funding to support access to hearing diagnostic services and hearing aids (including cochlear implants). Consumers may alternatively self-fund their required hearing services.

Government support for languages includes the Telephone Interpreter Service and the National Auslan Booking Services (NABS). Consumers living in aged care homes can also access interpreter services if needed.

Multiple programs and consumer pathways can mean consumers may find it difficult to understand the requirements and navigate eligibility criteria of the different programs.

#### Discussion prompts

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?

#### 4. Does the Program sufficiently support hearing loss prevention?

All people, regardless of their current level of hearing loss, are likely to benefit from efforts to prevent further hearing loss. Evidence<sup>15</sup> suggests that prevention actions, such as avoiding high noise levels, leads to better health outcomes.

The *Hearing Services Administration Act 1997* identifies hearing loss prevention as one of the three service areas of the Voucher Scheme, along with hearing rehabilitation and assessment of hearing. In practice, the Program is one of many vehicles through which the Australian Government supports hearing loss prevention:

- In 2007-08 the Government funded research into hearing loss prevention through the Hearing Loss Prevention Program which ran until 2017.
- Safe Work Australia has a code of practice for “*Managing noise and preventing hearing loss at work*”<sup>16</sup>.
- Information on hearing loss is available on the Department’s website through [health direct](#).

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<sup>15</sup> Fausti SA, Wilmington DJ, Helt PV, Helt WJ, Konrad-Martin D. Hearing health and care: the need for improved hearing loss prevention and hearing conservation practices. *Journal of Rehabilitation Research & Development*. 2005 Jul 2;42.

<sup>16</sup> Safe Work Australia, *Managing Noise and Preventing Hearing Loss at Work*, 2015. [ONLINE] [accessed at [https://www.safeworkaustralia.gov.au/system/files/documents/1702/managing\\_noise\\_preventing\\_hearing\\_loss\\_work.pdf](https://www.safeworkaustralia.gov.au/system/files/documents/1702/managing_noise_preventing_hearing_loss_work.pdf)], Accessed 20 July 2020.

- Government funding of the Hearing Co-operative Research Centre has enabled the development of the '<https://hearsmart.org/>' website to promote hearing health and prevent noise-induced tinnitus and hearing loss.
- In the October 2020 Budget, the Australian Government announced funding for a national hearing awareness and prevention campaign.

While the provision of services to individuals through the Program primarily focusses on the assessment of hearing loss and device fittings, providers may provide education to consumers about hearing loss prevention in the course of other services. Other forms of support can range from public hearing health campaigns, to diagnosis and advice provided by health workers (such as GPs), and to education delivered by hearing service providers when consulted by consumers. Many hearing businesses also provide online hearing screening tools to enable Australians to check their hearing.

Support for hearing loss prevention by the Program has primarily occurred through block-funding of projects such as the Hearing Loss Prevention Program and the CSO Program. States and Territories also have responsibility for providing information on hearing loss to their respective residents.

#### Discussion prompts

Should hearing loss prevention have a greater focus in the Program, and how could hearing loss prevention best be addressed?

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

The *Hearing Services Administration Act 1997* (Cth) provides for hearing rehabilitation and the assessment of hearing as two of the three services. The assessment of the consumer's hearing is the gateway service leading to other services. Approximately 52 percent<sup>18</sup> of consumers who are eligible for an assessment through the program receive one.

The most commonly provided service to consumers (who meet the minimum hearing loss threshold)<sup>19</sup> after having received an assessment is rehabilitation by way of the fitting of a hearing device. Under the Program the minimum hearing loss a consumer must have, if they are to be fitted with a hearing device (excluding those who meet exemption criteria), is a 3 frequency average hearing loss of greater than 23dB.

Eligibility for a hearing device with this level of hearing loss is neither consistent with other programs in Australia such as the National Disability Insurance Program,<sup>20</sup> nor consistent with

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<sup>17</sup> S 4 definitions

<sup>18</sup> The Program estimates that there are 2,318,272 Australians eligible for the Program, based on (a) ABS population data for those aged 65+, and (b) the Davis model for prevalence of hearing loss by age. In the last five financial years (FY15-16 to FY19-20 inclusive), 1,216,308 consumers have received an assessment through the Program's Voucher Scheme. The 52 percent figure is calculated from these two values.

<sup>19</sup> The minimum required hearing loss for eligibility to be fitted with a hearing device is greater than 23dB across three frequencies (500Hz, 1000Hz, 2000Hz) with each ear assessed separately.

<sup>20</sup> Generally, the NDIA will be satisfied that hearing impairments of  $\geq 65$  decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz) may result in substantially reduced functional capacity to perform one or more activities: <https://www.ndis.gov.au/about-us/operational-guidelines/access-ndis-operational-guideline/access-ndis-disability-requirements>.

the internationally accepted definition of disabling hearing loss.<sup>21</sup> Therefore, some consumers with relatively low levels of hearing loss are eligible to be fitted with a hearing device under the Program. This raises questions as to whether there is over-servicing of some consumers who may later decide to put aside their taxpayer subsidised device.

It is also a requirement under the Program's [Hearing Rehabilitation Outcomes](#) that the consumers' communication concerns be established during their assessment and that rehabilitation addresses the consumer's communication goals. This includes rehabilitation programs that might be available to the consumer instead of, or in support of, a device fitting.

Significantly higher numbers of people in the Voucher Scheme are fitted with devices than receive other rehabilitation services. While device fitting may be an appropriate pathway for people with significant hearing loss, the lower utilisation of rehabilitation services by providers means consumer access to these services is low.

#### Discussion prompts

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?

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

In the Voucher Scheme, consumers receive hearing services through contracted service providers (providers), which are businesses who employ professional practitioners to staff their clinics. Most services are delivered in a face-to-face session between the consumer and the practitioner, such as in a retail outlet within a shopping centre.

Under the [Service Provider Contract](#), providers are required to offer each eligible consumer who is assessed as benefiting from a hearing device, a range of devices that are listed on a Schedule of Approved Devices in accordance with the best interests of that consumer.<sup>22</sup> Analysis of Program data indicates that 88 percent of providers who have fitted more than 5,000 consumers in the past three years have fitted more than 75 percent of their consumers with devices from a single manufacturer. This indicates that the provider's ownership and contractual relationships with suppliers may influence decisions about devices that are fitted through the Voucher Scheme. Some consumers may not be aware of the full range of listed devices that are available to them.

#### *Role of Hearing Australia*

Hearing Australia is a government statutory body, and the sole provider under the CSO Scheme. As a result, consumers with CSO Scheme eligibility are required to use Hearing Australia for publicly funded hearing services.

For the purposes of the Voucher Scheme, Hearing Australia is a contracted service provider and competes with private sector providers. This may have particular impact on small private providers in regional and rural areas.

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<sup>21</sup> World Health Organisation defines disabling hearing loss as greater than 40dB in the better ear in adults: <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss>.

<sup>22</sup> Service provider Contract cl 7.1.

#### Discussion prompts

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?

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

In March 2020, the Departmental Program administrators notified providers of a relaxation of Program rules in response to the COVID-19 pandemic to allow certain services to be provided by telehealth. This reflected the importance of people accessing services to ensure they are able to communicate while being unable to attend hearing clinics in person. Changes in hearing technology allow some hearing aids to be programmed remotely. These changes, combined with improved access to video calls and meetings have provided a technological basis for the provision of these services remotely. There are, however, limitations to the provision of hearing services via telehealth, particularly in regard to hearing assessments.

The Program's [Deed of Standing Offer](#) sets the minimum specifications and types of devices which can be supplied through the program. Competition means new devices are regularly added to the Program so they are available to consumers. Continued improvements in other technologies, such as cochlear implants and bone conduction aids, are resulting in increasing demand for these devices.

Hearing technology also now extends beyond the hearing devices which are subsidised through the Program and includes interactions with other devices, such as mobile phones for streaming, or remote control functionality. There are also devices (often known as hearables) that can be ordered online and even adjusted directly by the consumer. The line between technology available through a hearing clinic that is fitted by a professional clinician and that which can be ordered online or over the counter without a professional fitting has become blurred in recent years.

#### Discussion prompts

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?

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

Within the context of the Program's Voucher Scheme, a 'thin market' is a group of consumers who have reduced levels of access to hearing services. Thin markets can reflect the failure of market forces to encourage a competitive number of providers, or indeed any providers, to supply services which meet the needs (demand) of a group of consumers.

Contributing factors can include high costs of supply, limited available workforce, negligible economies of scale, high demand for mainly low margin services, low consumer income, cultural reluctance of consumers to engage, and poor health literacy.

Examples of thin markets include, but are not limited to consumers:

- living in regional, rural, or remote areas of Australia
- from Culturally and Linguistically Diverse (CALD) backgrounds
- from areas of greater socio-economic disadvantage (e.g. low income households)

Government intervention is usually necessary to ensure the availability of a basic level of service provision. The Program utilises the CSO Scheme to support access to hearing services in selected thin markets. The Scheme is limited to a single Provider (Hearing Australia) to ensure the quality of service and permit economies of scale at the organisational level.

#### Discussion prompts

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?

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

The administration of any government program needs to balance consumer needs and outcomes, business requirements which ensure there is an available supply of services to consumers, and the responsible and accountable spending of public money.

Under the Program, service providers claim for hearing services after they are delivered to consumers using a set schedule of fees and services that defines 48 service items. Most consumer interactions with the Program are with their hearing service provider.

Currently, the administration of the Program is underpinned by the Hearing Services Portal, the relevant [legislation](#), the [Service Provider Contract](#) and the [Deed of Standing Offer](#). These elements detail requirements such as quotes for consumers to allow them to make an informed choice regarding hearing devices, claim forms, maintenance agreements and schedules which list the approved devices.

Provider claims are submitted through the online Hearing Services Portal. The Portal has improved access to services for consumers, reduced administrative overheads and streamlined payment timelines. It has allowed the deregulation of processes such as the registration of business sites, hearing devices and qualified practitioners to be moved to the hearing industry. It has also meant consumers can access services faster as vouchers can be generated immediately.

Over time, Program changes have been implemented, such as the removal of the need for a medical certificate before accessing services, and the consolidation of five legislative instruments into one.

#### Discussion prompts

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?

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

To support the efficient and effective operations of the Program, information is collected in relation to Australia's hearing market to inform policy development and decisions. For the

Voucher Scheme, all claims submitted by providers are processed and stored by the Program through the Hearing Services Portal. This provides the Program with a transaction-level view of all services delivered. Data relating to the CSO Scheme is provided to the Program by Hearing Australia on a quarterly basis.

The Program does not link consumer data with other data sources such as Medicare, the Pharmaceutical Benefits Scheme, or the NDIS and hence little information is known to the Program about a consumer's non-hearing health status.

All information about a consumer's hearing health, including audiograms, clinical notes and device fitting configuration are stored by their provider. These records can be exchanged between providers, subject to the consumer's consent, should they change providers.

The Program releases de-identified Program statistics and information through the Program's website and periodically responds to data requests from the sector, as governed by the terms of relevant Legislation.

#### Discussion prompts

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?