RESPONSE TO HEARING SERVICES PROGRAM REVIEW DRAFT REPORT MAY 2021

DEAFNESS FORUM OF AUSTRALIA

and its members listed below

SUMMARY

While the Review has recommended some positive changes to the Hearing Services Program (HSP), Deafness Forum of Australia feels that the Review has missed an opportunity to improve the lives of many Australians with hearing loss, particularly residents in aged care facilities and people in the criminal justice system.

Deafness Forum does not support the recommendation to remove eligible adults with complex hearing needs from the CSO Program. Removing the safety net of the CSO Program for this client group opens up an unacceptable risk and the most vulnerable people could fall through the gaps and not receive the services and supports they need.

Deafness Forum endorses the inclusion of consumers in co-designing changes to the HSP. However, there are recommendations for five consultations within the Review Report. If those consultations proceed it will be a significant commitment of time and resources from the consumer organisations. It would be appreciated if consideration could be given to funding the time to attend these consultations, to consult with members to get a representative view and to communicate any finding with the members. Consumer representatives may also benefit from receiving some training in how to be balanced and informed advocates as they can feel intimidated in consultations involving industry experts. Any consumer consultation must always be communications accessible with real-time captions provided and a hearing loop and interpreting available on request.

COMMENTS ON THE PANEL'S RECOMMENDATIONS

Deafness Forum offers the following comments on the recommendations:

1. **Defining new Objectives for the Hearing Services Program**
   a) **The Australian Government should define the objectives of the Hearing Services Program to guide: the expectations of those with hearing loss, the Department's administration of the Program, the delivery of services by providers, the participation of other stakeholders in the Program, and the measurement and assessment of client outcomes. The Australian Government should also establish a regular assessment of Program outcomes to ensure the accountability of all participants.**

Deafness Forum supports the Program having clearly defined objectives and establishing mechanisms for measuring the outcomes of the Program. Deafness Forum also recommends that any regular assessment of Program outcomes involve the proposed consumer consultation forum.

b) The Australian Government should undertake community consultation on the following draft objectives before committing to a final set of Program Objectives and to subsequently enshrining them in legislation

There is no indication of who would be included in the community consultation, who would lead it and when it would occur. Deafness Forum supports the inclusion of a broad range of consumers and consumer groups in any consultation regarding the draft objectives.

2. Extension of eligibility to additional priority populations

a) The Australian Government should expand the categories of eligible people under the Voucher stream of the Hearing Service Program to include all Low Income Health Care Card holders.

Deafness Forum supports the inclusion of people on low income into the Program. Some clarification is required around the use of the "Low Income Health Care Card" as the criteria for entry. The Health Care Card is issued automatically to people on particular benefits such as Jobseeker who have to meet an income and asset test. Additionally, people on low income can apply for a Health Care Card such as people in low paying employment or self-funded retirees. There is an income test but no asset test for the Low Income Health Care Card. There appears to be only one card regardless of how it is obtained although the Review Report refers to two separate cards. The income threshold to receive a Health Care Card appears to be at a lower level than the Low Income Health Care Card ie it is more difficult to qualify for a Health Care Card than a Low Income Health Care Card. The Review Report suggests that people who receive their Health Care Card as part of their benefits should apply for a Low Income Health Card. Deafness Forum does not support that suggestion as it would introduce an unnecessary level of red tape and introduce a further delay to a person receiving the supports they need. People receiving a benefit such as Job Seeker have already had their income level assessed by Centrelink so it seems to be a duplication of process to require them to complete another 25 page form in order to access hearing services. People who hold a Health Care Card regardless of whether it is because they are receiving government benefits or because they applied for the card as a person on low income should have eligibility for the HSP.

The income threshold to receive a Seniors Health Card is higher than for a Low Income Health Care Card and people applying for a Seniors Health Card are currently given the option to also apply for a Low Income Health Care Card so using the Low Income Health Care Card as the criteria for Seniors Health Card holders to access hearing services would at least see some self funded retirees receive funded hearing supports.

However, the extension of eligibility to people on a Health Care Card should exclude people who are having their hearing needs met under the NDIS.

b) The Australian Government should expand the categories of eligible people under the Voucher and Community Service Obligation (CSO) streams of the Hearing Service Program to include all Aboriginal and/or Torres Strait Islander people (noting that some choose to enter the Program through Voucher eligibility criteria pathways. Clients choose only one stream).

Deafness Forum supports the inclusion of all Aboriginal and/or Torres Strait Islander people in the Program although this change will still not assist Aboriginal and Torres Strait Islander people in the criminal justice system.

Also, the extension of eligibility to all Aboriginal and Torres Strait Islander people will not address access to the HSP for children requiring an initial hearing assessment. Currently there are policy restrictions on children under 26 years accessing hearing assessment services under the CSO Program. They firstly need to have their hearing assessed elsewhere and have a hearing problem identified. Additional funding is needed for the CSO Program so that this restriction can be lifted.

It is hoped that self-identification is sufficient to determine eligibility rather than a more onerous criteria which would act as a barrier to accessing services.

It is disappointing that the recommendations did not include extending eligibility to all people in residential aged care. The findings of the Royal Commission into Aged Care highlighted that the hearing needs of this group are not appropriately addressed. There is considerable research to support the need for alternative service delivery models to meet the hearing and communication needs of this group. Extending eligibility to the HSP to all residents of aged care facilities regardless of their income level would help to improve the lives of residents and their carers. There are approximately 180,000 people in residential aged care and, according to the Review Report, approximately 130,000 already qualify for the Program. Therefore, the cost to Government to implement this change would be small, especially considering the potential cost saving from moving from individual device fittings that are under-utilised to more effective strategies to meet the needs of many of these clients. Deafness Forum strongly recommends that the Review Panel consider extending eligibility to this client group together with the implementation of an alternative service delivery model as outlined in various research papers.

The report recommendations do not address the hearing needs of people in the criminal justice system. It was hoped that the Review Panel would see that the needs of this group have been overlooked at a State and Federal level and would address that by extending eligibility to hearing services under the Program. Addressing the needs of people in the criminal justice system has fallen through the gaps in part because State Health has responsibility for delivering acute care such as newborn hearing screening programs and diagnostic hearing assessments at hospitals but they do not deliver hearing rehabilitation programs. The only option available to Justice Health to access hearing rehabilitation programs is through the private sector. Government funded hearing rehabilitation is available through Medicare for people with a cochlear implant, or the HSP for people who meet the eligibility requirements or the NDIS for people who meet the access requirements. All of these Programs are funded by the Commonwealth. Extending eligibility for the HSP to people in the criminal justice system does not have to mean that the Commonwealth covers the cost of a service that should be delivered by the States and Territories. The arrangement between the HSP and Justice Health could be through a charge back system from the Commonwealth Department of Health to Justice Health in the State. Hearing services in the HSP would provide a cost-effective alternative for Justice Health. Currently the only option is for Justice Health to pay for the prisoner to access hearing services privately at a cost that is much greater than is available through the HSP. Providing eligibility to the HSP for people in the criminal justice system would provide a clear pathway to hearing assistance and would meet the benchmark of accessing a comparable service to what is available in the public health system outside of prison.

Similarly, the need for hearing services of children who are long term temporary residents or refugees has not been addressed in the recommendations. A change to the recommendation

regarding hearing tests under Medicare would at least allow some refugees to have access to a hearing assessment. This is addressed further in the response to Recommendation 4.

3. Clearer delineation and support for Voucher stream and CSO stream clients

a) The Australian Government should replace the term 'Voucher stream' with a term such as 'National Hearing Support stream' to modernise the Program terminology and better reflect the purpose of the stream.

Deafness Forum supports a change of name of both the Voucher and CSO Programs. It does not support the change of name to "National Hearing Support" as the acronym NHS could easily be confused with other Programs that already use those letters including Newborn Hearing Screening Programs and the National Health Service in the UK.

b) The Australian Government should improve clarity for eligibility to the National Hearing Support and CSO streams by including in the definition of eligible clients for the National Hearing Support stream those clients who have special needs, namely adults with complex hearing needs and adults with cochlear/bone anchored implants. The Australian Government should then remove these categories of adults from the definition of eligible clients for the CSO stream.

Deafness Forum does not support the removal of adults with complex hearing needs from the CSO stream. It was recognised at the start of the Voucher Program that the needs of certain client groups, including adults with complex needs, could not be met under the Voucher Program which was why the CSO Program was created. The bureaucracy of the Voucher Program is likely to become a barrier to service delivery and device options to adults with complex needs, and the most vulnerable people are likely to fall through the gaps and not receive the services they need. The flexibility of the CSO Program which allows for a broad range of services for individuals and an alternative model of service delivery in residential aged care facilities would be lost under the proposed changes. This is a highly vulnerable group requiring particular expertise, intensive communication programs and access to a broad range of technology. These needs cannot be accommodated within the Voucher Program. Also, practitioners under the Voucher Program can be audiologists or audiometrists. Providing services to adults with complex hearing needs is outside the Scope of Practice for audiometrists as outlined by the Professional Bodies. There was no indication in this recommendation that changes would be made to the Voucher Program to ensure that clients with complex needs would only be seen by audiologists and that the rules of the Voucher Program would be modified to accommodate the broader range of services and technology that are required by clients with complex needs.

Because this client group is unlikely to be profitable especially under existing Voucher Program payment levels, some providers may not wish to provide services to clients with complex hearing needs. If this client group is no longer identified as a CSO then there is no requirement for Hearing Australia to act as a safety net for service delivery to vulnerable people. The change is likely to result in less access to services in some locations for other CSO client groups, particularly in rural and remote areas. It may be more difficult for Hearing Australia to maintain the number of sites where it delivers services as the cost of service delivery in the CSO Program may increase if the client numbers are effectively reduced by 40%.

The stated reason for moving this client group ie to improve clarity in eligibility, could be achieved in simpler, more cost effective ways that would not put the needs of eligible adults with complex needs at risk.

Also, the most cost-effective way to assist people with high-cost devices such as implantable devices is to allow them to remain in the CSO Program. The cost of parts and repairs is well above the maintenance payment that Providers receive under the Voucher Program.

c) The Australian Government should implement a system of audits to ensure Providers are appropriately claiming for clients who have special needs, namely adults with complex hearing needs, adults with cochlear/bone anchored implants and clients without specialised or complex hearing support needs.

It was disappointing that the only reference to an audit related to financial arrangements. There was no mention of monitoring the quality of services provided, whether there had been a negative impact with the change to the Voucher Program or whether there had been a reduction in the number of people accessing the service since changes were implemented. The HSP used to undertake regular audits of Providers that included auditing the quality of service delivery. This level of auditing appears to have been abandoned. Deafness Forum believes that it is critical to reinstate a national quality audit system in the Voucher Program regardless of whether clients with complex needs are moved into the Voucher Program.

d) The Australian Government should require all Providers to demonstrate that they have the capacity, skills and cultural awareness capabilities to support clients with specialist hearing support needs, such as adults with complex hearing needs and adults with cochlear/bone anchored implants, and encourage Practitioner Professional Bodies (PPB) to develop appropriate training for clinicians to deliver these specialised hearing services.

Providing services to adults with complex hearing needs is very resource intensive, in terms of time and expertise and requires access to a broader range of technology than is available to Voucher clients, and a knowledge of niche products. It is likely that some Providers, particularly those who predominantly employ audiometrists, will not want to take on this client group. There is no reason for "all Providers" to demonstrate the capacity to deliver services to this client group. In some cases it would *not* be advisable to have all Providers to have staff trained in providing services, for example, to people with cochlear implants given the small numbers requiring these services. It is essential for clinicians to see a certain number of clients to maintain expertise. This would be difficult to achieve if all Providers were expected to have the skills in this area given the small client numbers involved.

It would be essential for clients with complex needs to be able to identify those practices with the capacity, skills and cultural awareness capabilities to support them.

Deafness Forum does not support the removal of adults with complex needs from the CSO Program into the Voucher Scheme. Such a change requires more than Providers demonstrating skills and capacity. It requires a completely different system to support the specialised needs of this client group.

4. **Making better use of Medicare**

The Australian Government, through its management of Medicare, should include within the funded item 'Health assessment for people aged 75 years and older' a full diagnostic hearing assessment where considered warranted by the patient and the GP.

While there is merit to having GPs assess the hearing needs of client's over 75 years, it would be more effective if the assessment occurred much earlier eg age 50 years and there was education on the range of options available to manage any hearing and communication issues identified.

The World Health Organisation (WHO) World Report on Hearing notes that older adults wait 9-10 years before seeking any hearing care so the process needs to begin much earlier. WHO made a conservative estimation of return on investment from hearing screening for adults aged above 50 years. Results based on actual costs estimated a possible return of 1.62 International dollars for every 1 dollar invested in hearing screening among older adults in a high-income setting, and 0.28 International dollars in a middle-income setting, taken as examples.

Reference: *World report on hearing. Geneva: World Health Organization; 2021.*

Deafness Forum supports hearing assessment services at key points in a person's life, for example, at birth, school entry, as part of hearing loss prevention programs for people working in noisy environments, at entry into the criminal justice system, at entry to residential aged care.

The Medicare item which covers the Health Assessment for people aged 75 years and older is also used for:

- People aged 40 to 49 years (inclusive) with a high risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool
- People between the age of 45 and 49 (inclusive) who are at risk of developing a chronic disease
- Permanent residents of a Residential Aged Care Facility
- People who have an intellectual disability
- Humanitarian entrants who are resident in Australia with access to Medicare services, including Refugees and Special Humanitarian Program and Protection Program entrants
- Former serving members of the Australian Defence Force (ADF) including former members of permanent and reserve forces

According to the Medical Benefits Schedule, the assessment for people with an intellectual disability already includes referral for audiometry and the assessment of former services members of the ADF includes assessing whether the person suffers from hearing loss or tinnitus. There would be value in also including hearing assessment in the health check of people entering Residential Aged Care, and Refugees as well as people aged over 75 years.

There also needs to be a clear pathway from the hearing assessment to intervention services if a hearing problem is identified.

5. **Engagement with consumer groups**

The Australian Government should establish a hearing services consumer consultation forum with consumers and representative organisations to facilitate information exchange, to seek advice on improving the equitable, effective, efficient and sustainable functioning of the Hearing Services Program and associated hearing activities, and to explore ways to increase the opportunities for consumer organisations to assist people with hearing loss.

Deafness Forum supports a consumer consultation forum and believes it would be more effective if the forum reported to the Minister rather than the Department. It will be important to ensure that the forum represents the diversity of the Deaf and hard of hearing population in terms of age, language and communication, different levels of hearing loss, cultural needs and geography. It will be necessary to ensure that the forum is communications-accessible with real-time captions always provided and a hearing loop and interpreters available on request.

In order to gather input from members and communicate Program changes with members, organisations would need some financial support to manage these processes effectively. Communication access costs would be incurred.

Support is also needed to train consumers to be balanced and informed advocates for example through https://www.hcnsw.org.au/training-events/online-consumer-training/

6. Client decision-making support

a) The Australian Government should develop a range of illustrative client pathways on the website that clearly show the options for clients who are eligible for hearing services in the Voucher stream and the CSO stream. These should be reviewed at an appropriate time period following implementation to assess their usefulness. Specific pathways should be developed for clients who might benefit from targeted wayfinding information, including: • children and young people under 21 receiving services via Hearing Australia; • Aboriginal and/or Torres Strait Islander clients seeking hearing services; • clients living in rural and remote areas; • clients from culturally and linguistically diverse backgrounds; • clients with complex hearing or specialist needs; and • adults with cochlear/bone anchored implants.

Deafness Forum supports the development of illustrative client pathways.

The first dot point should be children under 26 years not 21 for those who access services under the CSO Program. The pathway for the Voucher stream would include those young adults aged 21-26 years who qualify for services under the Voucher Program although it needs to be made clear that they may not receive the full range of supports that would be available to them under the CSO Program.

The information should also show how different government funded programs intersect eg HSP and NDIS, as there is confusion as to what is covered by each of the Programs. Also, for clients with implantable devices, there needs to be clear information on what is covered by Medicare, health funds, HSP, NDIS and what costs there may be for the client.

b) The Australian Government, following consultation with stakeholders, should incorporate a set of linked Decision Aid Tools in the Program's website to assist prospective clients to make more informed choices before committing to join the Program. This should be reviewed within two years of implementation to assess its effectiveness and advise on improvements.

While supporting the use of decision aids in assisting clients to make decisions regarding their hearing health care, some rigour around the development of the decision aids must be included so clients are able to make an informed choice. At a minimum, any decision aid must comply with the International Patient Decision Aid Standards (IPDAS) Collaboration's six qualifying criteria for decision aids:

- The patient decision aid describes the health condition or problem (treatment, procedure, or investigation) for which the index decision is required.
- The patient decision aid explicitly states the decision that needs to be considered (index decision).
- The patient decision aid describes the options available for the index decision.
- The patient decision aid describes the positive features (benefits or advantages) of each option.
- The patient decision aid describes the negative features (harms, side effects, or disadvantages) of each option.
- The patient decision aid describes what it is like to experience the consequences of the options (e.g., physical, psychological, social).

Decision aids developed by service providers should comply with the additional 10 certification criteria for decision aids which includes:

- The patient decision aid shows the negative and positive features of options with equal detail (e.g., using similar fonts, sequence, presentation of statistical information).
- The patient decision aid (or associated documentation) provides information about the funding source used for development.

Reference: *Toward Minimum Standards for Certifying Patient Decision Aids: A*

Modified Delphi Consensus Process. Joseph-Williams N, Newcombe R, Politi M,

Durand MA, Sivell S, Stacey D, O'Connor A, Volk RJ, Edwards A, Bennett C, Pignone M, Thomson R, Elwyn G. Medical Decision Making 2014 34(6):699-710. https://pubmed.ncbi.nlm.nih.gov/23963501/

Deafness Forum suggests the decision aid tools also be used within clinical practice as well as making them available on the HSP website.

c) Following a review of the effectiveness of the set of linked Decision Aid Tools on the Hearing Services Program website, the Australian Government should consider including them in the Hearing Assessment process, with the data to be stored in the client's clinical file and made available to the clients.

Deafness Forum supports this recommendation.

7. Availability of translation, interpreting and Auslan services

The Australian Government should ensure that audiologists are made aware of the Auslan services available under the NDIS and the NABS programs and how to access these services. (The Panel recognises that a separate Australian Government process is underway to include audiologists and audiometrists as 'approved groups and individuals' with the national Translation and Interpreting Service.)

Deafness Forum supports audiologists and audiometrists being made aware of the availability of Auslan interpreter services and how to access them. They should also be aware of other services such as live captioning.

Deafness Forum also suggests that improvements be made to the availability of materials in other languages in printed form and on various websites that promote the HSP.

It is hoped that the reference to a separate process to include audiologists and audiometrists as an approved group to access services with TIS means that clients will be able to access free language interpreters for hearing services appointments in future.

8. Delivering rehabilitation and support services

a) The Australian Government should undertake a review of the current Schedule of Fees to assess whether:

- **there is an unintended bias in profit margins which favours the supply and fitting of hearing aid devices ahead of providing rehabilitation services, and undertake any necessary rebalancing of the fees; and**
- **the complexity of the current Schedule of Fees can be simplified from the current 55 items to under 20 service items to more clearly capture these rehabilitation interventions.**

Deafness Forum supports this recommendation and suggests unbundling the fees to provide greater transparency. Deafness Forum also suggests that any changes to the Fee Schedule be monitored for any unintended consequences.

b) The Australian Government should amend the scope of the Hearing Services Program to require service providers to offer a more holistic assessment of clients' needs and broader range of interventions to better address those needs. This would include:

- **holistic assessment of clients' needs;**
- **rehabilitation alternatives prior to offering the option of being supplied and fitted with a hearing aid device; and**
- **rehabilitation services as part of providing a device; and**
- **psychosocial support alongside hearing assistance; and**
- **assessment and management plans better suited to diverse clients.**

The recommendation refers to amending the scope of the HSP not just the Voucher stream. Deafness Forum would like to clarify whether this item specifically refers to the Voucher Program or the whole program.

Deafness Forum would also like further explanation of the term "rehabilitation" to better understand the scope of the services that would be included.

The HSP should support a model of patient centred care. Patient centred care (PCC) ensures that people are equal and active partners in the management of their hearing difficulties. Counselling should be provided at the first appointment to identify where clients are on their hearing journey, the issues that have led them there, the issues that need to be addressed, their expectations and their readiness or not to accept a device (or devices). If a client is not ready, it won't work and a hearing service provider who is using best practice would take the time to tactfully explain this and the reasons why - perhaps suggesting a follow-up in a few more months. Consumers also need to be

made aware that a device will not give them 'normal' hearing, things will sound different and it will take time to adjust and why. Currently the first appointment does not allow sufficient time to incorporate an indepth discussion in most clinics, and the eventual outcome can be made more difficult than it needs to be. Following a hearing test, the results need to be communicated in a practical language that clients can understand. Following the device fitting, and apart from the time required for technical adjustments, psychosocial counselling should be provided to focus on clients' needs such as their social/family or employment interactions and how issues around these can be addressed. This takes time, and is individualised where common goals can be set with support and inclusion of family or other communication partner(s). Communication strategies and techniques can also be explored quite apart from the more formal device centric services. An intensive communication training program may be indicated for some clients. The amount of time for this type of rehabilitation varies for each client and the HSP should allow for this in its claiming arrangements.

Consumer organisations are very close to the various issues and have an intrinsic understanding of the ongoing health and social problems caused by not addressing issues outside of device fitting. These organisations provide resources and services which many service providers also access from time to time. Therefore, consumer organisations should be consulted regarding any proposed change in the scope of services available under the HSP not only as advisors but also to consider whether, with some training and funding, they could be part of the service delivery arrangements in a more formal way.

c) **The Australian Government should consider developing and implementing a pilot to test the feasibility of the provision of independent rehabilitation services delivered by counsellors who can provide the necessary psychosocial support for clients, including clients with diverse needs**.

It is not clear why these services cannot be provided by audiologists as part of the HSP as it is within the Scope of Practice as defined by the Professional Bodies. If a feasibility study is going to investigate the provision of independent rehabilitation services it will be important to assess how accessible these services are particularly in rural and remote areas. It would be concerning if the HSP introduced services that are only available to consumers living in certain areas.

9. Assessment of hearing loss

The Australian Government should redefine a hearing assessment to be a comprehensive process that involves an individual's communication and psychosocial needs and should be guided by the National Acoustics Laboratory (NAL) Report to be released in 2021 in redefining the minimum hearing loss thresholds and other communication and psychosocial needs criteria (also referred to as 'eligibility criteria' by NAL).

Deafness Forum has always understood that a hearing assessment was a comprehensive process that involved communication and psychosocial needs. If that needs to be more clearly defined in order to ensure it occurs then Deafness Forum would support that recommendation. Clinicians often appear to be restricted in the amount of time they can spend with clients. It is likely that the more comprehensive process will require the clinician to spend more time with the client and consequently they will need to receive adequate payment to make that possible.

10. Improving access for Aboriginal and Torres Strait Islander people

a) The Australian Government should work with key Aboriginal and/or Torres Strait Islander stakeholders to co-develop alternative models of hearing service delivery that are culturally safe and accessible to increase the proportion of eligible Aboriginal and/or Torres Strait Islander people with hearing loss taking part in the Health Services Program.

Deafness Forum supports this recommendation.

b) The Expert Panel endorses the proposed actions in the Roadmap for Hearing Health to improve access for Aboriginal and Torres Strait Islander people and recommends that the Australian Government implement and evaluate the following short term action regarding enhancing the Sector's workforce: Strengthen the Aboriginal and Torres Strait Islander workforce to deliver hearing health services. This would include support for Aboriginal Health Workers to develop skills in hearing health.

Deafness Forum supports this recommendation.

11. Improving access for people from culturally and linguistically diverse (CALD) backgrounds

The Australian Government should develop a data base and undertake analysis of shortfalls in engagement with, and outcomes from, the Health Services Program for culturally and linguistically diverse populations. The Australian Government should undertake a co-design approach to working with peak bodies representing these groups to address any identified issues impacting on access for eligible clients to the Hearing Services Program.

Deafness Forum supports this recommendation. In the interim, Deafness Forum supports the provision of free interpreter services for consumers attending appointments with an audiologist or audiometrist and also suggests that improvements be made to the availability of materials in other languages in printed form and on various websites that promote the Hearing Services Program.

12. Improve access for Regional, rural and remote communities

a) The Australian Government should maintain Hearing Australia's role as sole provider of CSO services, recognising the critical role that its service plays in maintaining access to hearing health care for eligible people living in regional, rural and remote areas and the likelihood that increased competition would exacerbate service availability for people with hearing loss who live in thin markets.

Deafness Forum supports Hearing Australia remaining as the sole provider of CSO services to all existing client groups. There is concern that adults with complex needs will not receive the services and technology they require if they are seen in the Voucher Program and that the most vulnerable such as people with dual sensory impairment or dementia will fall through the gaps. There is also concern that if adults with complex needs are removed from the CSO Program then it may impact on the availability of services to the remaining client groups.

b) The Expert Panel recognises the ongoing challenges for regional, rural and remote communities in accessing hearing health services and references its previous advice to the Australian Government regarding the changes to Hearing Services Program Voucher stream,

this being: The Australian Government should undertake further analysis and consultation with the sector and community on the following policy approaches:

1. Provide a loading on service items delivered in rural and remote regions (MM 3-7)

2. Provide a loading on service items delivered by small and medium service providers

3. Expand teleaudiology services available through the Program

Deafness Forum suggests that workforce issues in rural and remote areas be explored more broadly.

c) The Expert Panel endorses the proposed actions in the Roadmap for Hearing Health to improve access for people experiencing hearing loss in regional, rural and remote communities and recommends that the Australian Government implement and monitor the outcomes of the following short term action regarding enhancing the Sector's workforce capacity to support these people: Telehealth is made more accessible for hearing healthcare practitioners to provide services to consumers, particularly those living in rural and remote communities.

Deafness Forum supports the use of tele-health but would like to see standards covering technology requirements and expertise implemented before it becomes the norm. It is also important that face to face services continue to be available for those who prefer to attend in person and for people who do not have access to technology eg people who are homeless.

13. Improve access for residents of Aged Care Homes

The Expert Panel endorses the proposed actions in the Roadmap for Hearing Health to improve access for older Australians living in residential aged care facilities and/or receiving aged care services and recommends that the Australian Government implement and monitor the outcomes of the following actions: Enhancing awareness and inclusion: Lift the quality of hearing health and care in aged care across the country, with a particular focus on identification, management and workforce training. Identify hearing loss: Ensure aged care assessment processes, including on entry to residential care, appropriately identify hearing loss and balance disorders.

Deafness Forum supports the actions from the Roadmap but these recommendations were developed prior to the Royal Commission into Aged Care. The findings of the Royal Commission indicate that urgent, significant change is needed to improve the situation of residents. Deafness Forum recommends that eligibility for the HSP be extended to all residents of aged care facilities and that an alternative model of service delivery as currently available under the CSO Program be implemented more broadly.

14. Supply and client choice The Australian Government should enable improved consumer choice by:

(i) amending the Deed to require providers to publish (as a minimum, on their website in an easily accessible manner) the price and features of the devices they supply under the Program;

Deafness Forum supports the recommendation to publish this information but suggests this be done on the HSP website to ensure that the information is presented in a standard format, is transparent, easy to understand and is done in such a way so it is possible to compare devices from different manufacturers. The prices could be the recommended retail price as listed by manufacturers rather than the price from individual providers. Consumers can then use that information to compare devices from different providers. If the information is not provided in a consistent way to allow

consumers to compare devices and prices from various manufacturers it is not particularly helpful. The comparative information will need to be supported by independent information on features, limitations and quality of the various devices to help consumers compare devices.

It will need to be clear what is included in the price eg is the battery charger included in the price of devices with rechargeable batteries, and what additional charges may apply eg higher maintenance costs.

(ii) undertaking a detailed feasibility study into the impacts on clients, providers and manufacturers of deleting partially subsidised devices from the Program; and

It is not clear from the report what this recommendation is aiming to achieve. It is important to understand the reasons for removing the partially subsidised devices from the Program to ensure that the change results in the desired effect and to ensure there is no disadvantage to clients with the proposed changes. If the proposal is to include higher level technology in the fully subsidised range, thereby removing the need for consumers to contribute towards the cost of devices then Deafness Forum would support that arrangement.

Some clients may want to retain a level of choice and control to select higher level technology. If that choice moves outside of the HSP it will be important for safeguards to be in place to ensure that clients do not feel obliged to select a device that is outside of the Program, just as they should not be pressured to select a partially subsidised device within the Program now.

Consumers would like to see the removal of financial or other incentives that are paid to practitioners for fitting particular devices.

(iii) convening a stakeholder working group, including consumer representation, to advise on new minimum specifications and other supply and technology issues.

Deafness Forum supports consumer representation in this working group.

It would also be helpful if this process included investigating the availability of devices that are required to meet the specific needs of a small cohort of consumers. For example, the range of bone conductor aids is very limited as manufacturers move to only producing products that have high volume sales.

15. Broadening the scope of technology

a) The Australian Government should continue its support of flexible service modalities such as tele-audiology and other technologies such as improving Bluetooth technologies as they are discovered and implemented, subject to evaluations of the benefits and costs of those modalities and the level of confidence and comfort felt by clients that their needs are being met.

Consumers would like to see service delivery and devices provided under the Program keeping pace with technology developments.

b) The Australian Government should conduct a review of the benefits and costs of current Hearing Services Program technologies and pricing to inform changes to the Services Schedule, so that updated technologies can be available to all clients into the future

Consumers need confidence that the devices provided under the Program are high quality and provide the best available features to meet their needs. Some consumers are given the impression that the current free to client devices are obsolete or poor quality and this is used as leverage for

them to purchase a partially subsidised device. Better consumer education is needed around device supply.

The review also needs to include changes to ancillary products that are required to support devices to ensure that clients are not bearing more cost to access these devices. For example, there is a move to using rechargeable batteries in devices but at the moment the client has to cover the cost of the battery charger.

16. A national data service

The Australian, State and Territory Governments should commission a feasibility study into the development of a national digital database of hearing screening of infants and children, recognising that the responsibility for universal newborn hearing screening and screening at any other age such as prior to starting school, lies with State and Territory Governments.

Given groups have been lobbying for a database of hearing screening of infants since universal newborn hearing screening programs were introduced almost 20 years ago, it is time to take steps to implement the database rather than spend more time and money on feasibility studies. Australia has a National Immunisation Register so there is a precedent in how such a database could work.

According to the Department of Health's National Framework for Newborn Hearing Screening (August 2013), options for a national data set for state and territory neonatal hearing screening and post screening services have already been developed by the Australian Institute for Health and Welfare (AIHW). The AIHW paper, *National performance indicators to support neonatal hearing screening in Australia*, contains the data standards and proposed national performance indicators.

The lack of data on newborn hearing screening was highlighted as a gap in the Australian Institute of Health and Welfare report on *Australia's children*. The *Australia's children* report aims to give a national overview of how Australian children are faring at a particular point, which can be regularly updated and progress tracked. The report focuses on data which are nationally representative, collected periodically, and which support population-level comparisons. For children, hearing loss can impact on speech and language acquisition, education and social engagement. Data on hearing at birth should be available for monitoring purposes. This data is already collected at a State level so it should not be onerous to have it aggregated nationally.

Reference: *Australian Institute of Health and Welfare 2020. Australia's children. Cat. no. CWS 69. Canberra: AIHW.*

17. Program monitoring and evaluation

a) The Australian Government should develop and invest in a Data Plan for the Hearing Services Program that aims to support the monitoring of the Program's achievements of its objectives (as described in Chapter 2). The Data Plan should address: • improving client clinical outcome measurement (hearing and non-hearing); • qualitative and quantitative program outcome measurement, including client satisfaction measures; • better use of the Hearing Service Portal to capture and analyse data; and • ensuring clients can access their audiological records and assessment reports.

Deafness Forum supports improved data collection by the Program. Currently there do not appear to be any repercussions for Providers who do not deliver an appropriate level of service. It is hoped

that the data would provide the evidence for the Program to take action against Providers who do not deliver the level of service required under the Service Provider Contract.

b) The Australian Government should undertake an internal Preliminary evaluation of the Program in two years, drawing on the improved data availability and measurement tools and a major external evaluation in five years.

Given the proposed timeframe for the preliminary evaluation, it is assumed that the data collection would be already well underway.

18. Research strategy

a) The Australian Government should develop a Research Strategy in consultation with hearing services stakeholders and publish it on the Hearing Service Program website. A guiding principle should be to ensure co –design with each relevant population cohort, with research priorities to include the removal of barriers to access to services and to facilitate the cultural appropriateness of service delivery

Deafness Forum supports this recommendation. It is suggested that a model such as the NCB Families Research Advisory Group (FRAG) be used for this purpose. This model would enable consumers to receive training on research methods and policy, and engage in various project related tasks such as designing research questions, carrying out primary data collection, and interpreting and disseminating findings. https://www.ncb.org.uk/what-we-do/evidence/involving-parents" https://www.ncb.org.uk/what-we-do/evidence/involving-parents

Deafness Forum would also support the development of a Hearing Loss Prevention Strategy as part of the HSP. While the Review Report refers to the development of a Prevention Strategy by Hearing Australia, responsibility for Hearing Loss Prevention needs to be included in the HSP. The WHO World Report on Hearing refers to the importance of Hearing Loss Prevention. A prevention strategy needs to incorporate occupational and leisure noise, otitis media, early identification of hearing loss in children and in adults. Further details are provided in Attachment A.

b) Research funded through the National Acoustics Laboratory also needs to have a more strategic approach, aligning with this broader Research Strategy.

Deafness Forum supports this recommendation.

19. The Longitudinal Outcomes of Children with Hearing Impairment Study

The Australian Government should continue to fund the National Acoustics Laboratory to conduct the Longitudinal Outcomes of Children with Hearing Impairment (LOCHI) Study.

Deafness Forum supports this recommendation.

Deafness Forum also recommends that the Children with Unilateral Hearing Loss (CUHL) study which is investigating the impact of unilateral hearing loss on young children receives ongoing funding to continue this critical work. There are many children with unilateral hearing loss who are fitted with devices yet there is currently no high-quality evidence on how best to manage unilateral hearing loss in young children.

ATTACHMENT A – HEARING LOSS PREVENTION STRATEGY

Issues that should be addressed in a hearing loss prevention strategy.

Occupational Noise Exposure

Worldwide, it is estimated that 16% of hearing loss in adults is caused by occupational noise (Verbeek et al., 2012). Occupational hearing conservation programs for noise exposure can reduce the daily exposure to noise and prevent the associated hearing loss. Preventative strategies include hearing screening for adults at greater risk of hearing loss due to exposure to noise and referral and follow up of appropriate hearing services (Tikka et al., 2020).

Recreational Noise Exposure

In Australia, it is estimated that over 14% of 18- to 35-year-old Australians are at risk of hearing loss from excessive leisure-noise exposure (Beach et al., 2013). Unlike occupational exposure, people voluntarily expose themselves to dangerous levels of sounds while listening through headphones, stereo systems, in live music events or concerts, nightclubs and sporting events. Regular hearing check-ups can help to identify the onset of hearing loss. High-risk populations (those aged 18-35 years) should be encouraged to have regular hearing checks and be provided them with targeted practical advice about reducing their leisure-noise exposure and hearing loss prevention (Beach et al., 2013).

One successful preventative program is the Cheers for Ears campaign is a school health programme designed by the Ear Science Institute of Australia to educate young people and encourage healthy behaviours to prevent noise-induced hearing loss (Eikelboom et al., 2013).

The World Health Organization (2015) review titled Hearing loss due to recreational exposure to loud sounds, highlighted NOISE (Non-occupational Incidents, Situations and Events), an important research tool by the National Acoustic Laboratories in Australia, maintains a detailed and standardized record of sound levels at non-occupational leisure events, provides researchers and health professionals with realistic estimates of the noise exposure involved in various non-work activities to assist with educational and preventative strategies (WHO, 2015; Beach et al., 2013).

Hearing test on primary school entry

In Australia, it is estimated that the rate of congenital hearing loss is 1-2 per 1000 births, with the rate rising to 3.2 per 1000 in children aged 9-16 years (Ching et al., 2006). This rate is much higher than other high income countries, mostly as a result of a higher rate of conductive hearing impairment in Australian primary school aged children (Choi et al., 2017).

The WHO support primary school hearing screening programs as a strategy to mitigate the effect of undiagnosed, progressive or conductive hearing loss, as well as a strategy to educate children on their hearing health trajectory such as safe listening. When linked with effective hearing services and care pathways, school hearing screening can be an effective preventative hearing health strategy, with positive outcomes being reported by WHO, UNICEF, UNESCO and the World Bank (Young et al., 2020; Piotrowska & Skarzynski, 2012).

Otitis Media

Otitis media is a common childhood ear condition that can cause conductive hearing loss and when left untreated, this hearing loss can become permanent (Schilder et al., 2016). Aboriginal and Torres Strait

Islander Australia children are predisposed to suffering from otitis media and experience rates of over 90% in children aged 0-5 years old, one of the highest rates of otitis media globally (Australian Government, 2014). Preventative strategies, including early identification and treatment of otitis media, can lower the rates of associated morbidity and mortality and can prevent or reverse the hearing loss attributed to otitis media.

Dementia

The Lancet Commission on Dementia Prevention, Intervention, and Care (Livingston et al., 2017) called for an ambitious approach to prevention of hearing loss in the fight against the increase in the global burden of dementia. Hearing loss is a recognised modifiable risk factor for dementia (Livingston et al., 2017), with any interventions addressing hearing loss representing a significant opportunity to reduce the impact of dementia by mitigating cognitive decline (McMaster et al.,2018).

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