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HEARING SERVICES PROGRAM OVERVIEW

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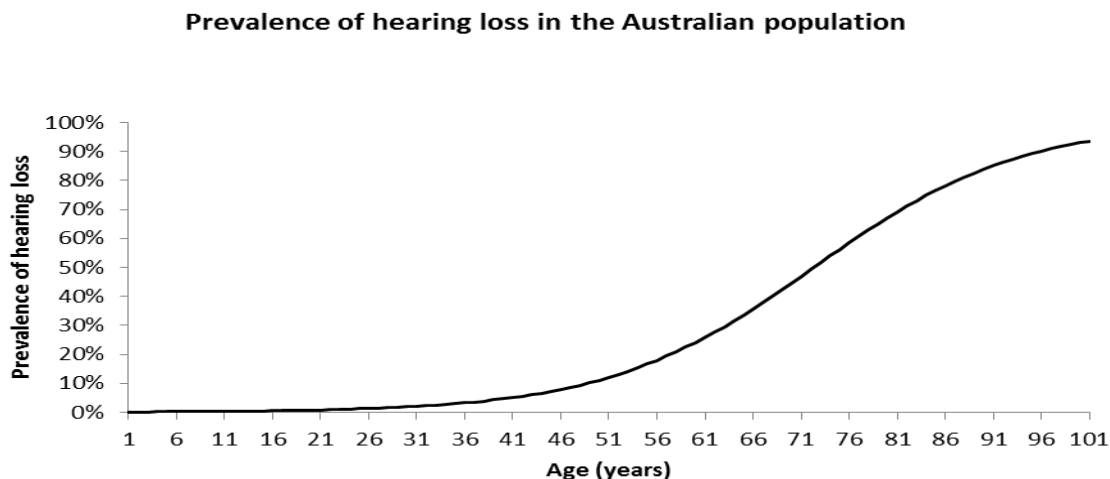
OVERVIEW OF HEARING HEALTH IN AUSTRALIA

Prevalence and Impact of Hearing Loss

Hearing loss affects approximately one in six Australians, and this is projected to increase to one in four by 2050 as a result of an ageing population¹. Hearing impairment will affect a person differently, depending on when the hearing loss occurred and the severity of the hearing loss. The social and psychological effects of hearing loss can include isolation, depression, anxiety, paranoia, stress, loss of concentration, frustration, irritation, perceived inferiority and anger.

For children the effects of hearing loss include delays in language and psychosocial development. Hearing loss can also impact on educational achievements and employment opportunities. The adverse effects can be substantially mitigated by timely diagnosis and early intervention. The annual economic cost to Australia caused by hearing loss was estimated to be \$23 billion annually in 2005².

The following figure illustrates the rise in prevalence of hearing loss with age³.



The incidence of ear disease and hearing loss in Aboriginal and Torres Strait Islander people is three times that of the general population⁴. A higher proportion of Indigenous Australians experience hearing problems than non-Indigenous Australians across nearly all age groups, and across remote, rural and metropolitan areas.

A major factor in the high rates of hearing loss amongst Indigenous Australians is a higher prevalence of conductive hearing loss caused by otitis media (middle ear infection). The onset of otitis media among young Indigenous Australians, especially those living in remote areas, generally occurs in the first few weeks to months of their life. This can result in Aboriginal and Torres Strait Islander children having fluctuating hearing loss, preventing active participation in education and subsequently limiting employment opportunities.⁵

By adulthood, some form of hearing loss can affect up to 70% of Indigenous Australians.

¹ Access Economics & Cooperative Research Centre for Cochlear Implant and Hearing Aid Innovation (Australia) & Victorian Deaf Society, 2006. *Listen Hear! The Economic Impact and Cost of Hearing Loss in Australia*: a report by Access Economics Pty Ltd CRC for Cochlear Implant and Hearing Aid Innovation: Vicdeaf, East Melbourne.

² Access Economics, 2006

³ Source: Office unpublished statistics. Based on Davis (1995). The threshold for hearing loss is 25 dB 4 fahl.

⁴ 2012 Aboriginal and Torres Strait Islander Health Performance Framework pp 47

⁵ Department of Health and Ageing, 2008, *Aboriginal and Torres Strait Islander Health Performance Framework 2008 Report*.

Types of hearing loss

Hearing loss is generally classed as sensori-neural, conductive or mixed.

All hearing loss types can be either acquired (occur due to age, a disease process or injury) or congenital (something occurring or identified at birth). The most common causes of hearing loss are ageing and exposure to loud sounds.

Sensori-neural hearing loss occurs when there is a problem in the inner ear; of either the cochlear (sensori) or the auditory nerve (neural), which disturbs the sound signals being sent to the brain for understanding. This type of loss is most often seen with ageing but can be seen with noise damage. Sensori-neural hearing loss is usually permanent.

Conductive hearing loss occurs when there is a problem in the outer or middle ear which stops the sounds reaching the hearing nerve. It can be caused by a blockage in the outer or middle ear, or problems with the function of the middle ear bones. The nerve usually works normally. This type of loss is often seen with ear infections. Conductive losses can sometimes be helped with medical treatment or surgery.

Mixed hearing loss occurs when there are problems with sounds travelling through both the middle ear and inner ear.

Hearing loss levels can be mild, moderate, severe or profound. This is decided with the results of your hearing test. A mild hearing loss usually means you have some minor hearing difficulties in some situations, while a profound hearing loss means you can't hear any sounds without an amplification device such as a hearing aid or cochlear implant.

Sensori-neural hearing loss affects both the loudness and the quality of the sounds around you. People generally describe this as being aware that people are speaking but not being able to understand them. This can be worse in noisy environments or over distance. This is called loss of sound discrimination.

Conductive hearing loss mostly affects the loudness of the sound. People with this type of loss do particularly well with hearing aids if they are indicated.

The level and type of hearing loss a person has will determine whether a hearing device is appropriate. Not all people with hearing loss want or need a hearing device.

THE ROLE OF THE AUSTRALIAN GOVERNMENT

Currently, the management of hearing health in Australia occurs through public initiatives of the Australian Government and state and territory governments, as well as through private arrangements. The Australian Government has been involved in hearing impairment issues since the early 1940s.

An individual with hearing loss may receive hearing services through various access points which may be supported through a range of funding sources (depending on their individual circumstances and needs).

There are a wide variety of activities to support hearing health. These include prevention, screening, monitoring, hearing loss diagnosis/assessment, hearing aid fitting, cochlear implantation, hearing device management and maintenance and research.

The key players involved in this spectrum of activities are:

- the Australian Government – which contributes funding and provides services across a number of these activities through multiple portfolios including Health, Veterans' Affairs, Human Services, Industry and Science, and most recently the National Disability Insurance Agency (NDIA).
- state and territory Governments – who provide newborn screening services, prevention activities, hearing assessments through community health services, workers compensation arrangements, health care for prisoners, school based hearing equipment and cochlear implantation surgery through public hospitals.
- other – which includes a range of private providers, Aboriginal Medical Services, hearing device manufacturers, private health insurance funds, charitable institutions (operating hearing aid banks), research institutes and universities and private hospitals.

In relation to the Health portfolio, the major contributions are through:

- the Australian Government Hearing Services Program (the program) which provides assessment and hearing devices through a voucher system for eligible clients as well as specialised services for specific groups through a Community Service Obligations (CSO) arrangement delivered by Australian Hearing (AH). Interim arrangements have also been put in place for National Disability Insurance Scheme (NDIS) participants requiring hearing supports to access the program.
- Medicare benefits provide for hearing services delivered by medical practitioners and audiologists. A subsidy for these services is provided through specific audiology related item numbers in the Medicare Benefits Schedule (MBS);
- specific initiatives funded by the Indigenous and Rural Health Division, such as Healthy Ears – Better Hearing – Better Listening.
- assistance provided to state and territory governments under the National Care and other Commonwealth/State Agreements, which contribute to the cost of hearing services delivered through public health services in each state and territory, including cochlear implantation surgery.
- pneumococcal immunization programs to prevent otitis media.
- support for private health arrangements.
- supporting and funding research, including through involvement of the National Health and Medical Research Council (NHMRC) grants.

In 2013-14 the Australian Government provided (via the Health portfolio):

- \$433 million for the program (including the Voucher and the CSO components), with a growth in forward estimates due to an anticipated increase in eligible clients to receive hearing services, driven mainly by an ageing population. The appropriation for the program in 2014-15 is \$491 million.
- \$20.2 million for audiology items on the MBS (excluding co-claimed specialist attendance items).
- \$4.0 million for the Healthy Ears – Better Hearing – Better Listening programme.

THE HEARING SERVICES PROGRAM

The program provides access to subsidised hearing services and devices for eligible people, and supports research that assists with reducing the incidence and consequences of hearing loss in the community.

Administered by the Office of Hearing Services (Office), program components include:

- Voucher Program – enabling eligible clients to obtain hearing services and devices from a national network of private hearing services providers and AH.
- CSO – providing specialist services to children and other eligible groups such as complex adult clients and some Indigenous Australians. CSO services are delivered by AH, the government provider under the portfolio responsibility of the Department of Human Services (DHS).
- Funding program-relevant research - through the National Acoustic Laboratories (NAL) and the NHMRC.

The CSO component includes funding for culturally appropriate outreach programs that are delivered by AH in rural locations and metropolitan locations where people are likely to use the service.

The Role of the Office of Hearing Services

The Office was established in 1997 as a unit with the Department of Health and Family Services to administer the program, including implementing the voucher system. In addition to voucher services, the Office administers funding for specialised services to AH for specific groups, through the CSO.

Legislation

Eligibility for hearing services and the nature of those services is prescribed through legislation. The regulatory framework for the program includes:

- legislation - the *Hearing Services Administration Act 1997*, the *Australian Hearing Services Act 1991*, and seven pieces of delegated legislation;
- a standard contract between the Commonwealth and more than 259 hearing service providers;
- a Memorandum of Agreement with AH for the delivery of CSO;
- a Deed of Standing Offer between the Commonwealth and 18 hearing device suppliers; and
- numerous quasi-regulatory and administrative instruments, some made under legislation, some in accordance with the contract, and some administrative.

Regulation

Audiologists and audiometrists are not regulated professions under Commonwealth or state/territory legislation. As there is no national registration or accreditation scheme, the *Hearing Services Administration Act 1997* requires that an accreditation scheme be established for the purposes of delivering services under the program.

The accreditation scheme requires that staff delivering clinical services (Qualified Practitioners) are members of one of the three professional bodies recognised by the Office for the purposes of assessing competencies and delivering continued professional development. The Practitioner Professional Bodies (PPBs) are:

- Audiology Australia Limited;
- Australian College of Audiology; and
- Hearing Aid Audiometrist Society of Australia.

The Office has a Memorandum of Understanding with the PPBs that defines their role as:

- assisting with evaluations of the provision of clinical services;
- assisting with clinical competence issues;
- establishing clinical standards and certifying clinical competence for hearing practitioners; and
- providing continuing professional education.

The hearing services provided to voucher-holders are the same as services provided to private clients. However, there are rules that providers must follow when providing services to voucher-holders. Service providers are required to enter into a contract with the Office, under which they agree to comply with these rules, standards and guidelines.

While the Office does not regulate the hearing sector, the program effectively sets the standards for the industry by virtue of the percentage of services funded through the program (it is estimated that 60% of all hearing services in Australia are delivered under the program).

Eligibility and Client Information

Voucher Program

Australian citizens or permanent residents 21 years and older are eligible if they have a hearing loss and are:

- a Pensioner Concession Card holder or receiving Sickness Allowance from Centrelink;
- a holder of a Department of Veterans' Affairs (DVA) Gold Card (issued for all conditions), or White Card (issued for conditions including hearing loss);
- a dependent of a person in one of the above categories;
- a member of the Australian Defence Force;
- an NDIS participant with hearing needs referred by their NDIA care planner; or
- undertaking a vocational rehabilitation program and are referred by the Australian Government Disability Employment Services Program.

In 2013-14 the Voucher Program delivered hearing services to 647,545 clients at an administered cost of \$401.8 million; 85% of these clients were Pension Card Holders; the average age of eligible clients is 79 years. Each year around 100,000 new clients access the program. Services were provided by over 250 providers from over 2,800 sites (at the end of 2013-14), staffed by 1,470 audiologists and 389 audiometrists as Qualified Practitioners.

Community Service Obligation

As well as the services available through the Voucher Program, additional services are available through CSO to clients with specialised needs. CSO services are available to groups who include:

- people from the above eligibility groups who:
 - have complex hearing needs;
 - are Aboriginal and/or Torres Strait Islander people(s); or
 - live in remote areas; or
- any Aboriginal and/or Torres Strait Islander person who:
 - is over 50 years of age; or
 - is a participant in the Remote Jobs and Communities Program or the Community Development Employment Projects Program;
- Australians under 26 years of age, including young NDIS participants.

In its annual report for 2013-14 AH reported that it had provided services to 30,016 young Australians under the age of 21, to 2,753 young adults aged between 21 and 26, to 20,071 adults with complex hearing needs and to 5,371 Aboriginal and Torres Strait Islander children and young adults. Services were provided at 127 permanent hearing centres, at 368 visiting centres, at 18 remote sites, from three hearing buses and at 217 Aboriginal and Torres Strait Island outreach sites.

Services Available

Services provided under the Voucher Program include:

- choice of hearing service provider for eligible clients;
- a hearing assessment, including advice and support about hearing loss; and
- if needed, the fitting of an appropriate hearing device and, after payment of a small client contribution, maintenance and repair of those devices.

As well as the services listed above, specialist services are available through the program to CSO clients. Services include cochlear implant speech processor upgrades for children and young adults up until their 26th birthday.

Information on how to apply for services is available at www.hearingservices.gov.au

Program Relevant Research

The program supports research that:

- contributes to the development of improved policies and service delivery; and
- enables Health to better identify the needs of the community in relation to hearing loss.

It does this through the Hearing Loss Prevention Program (HLPP) and research projects undertaken by the NAL (the research division of AH).

NAL Projects

NAL undertakes research and development in the areas of hearing health, rehabilitation and hearing loss prevention. The current funding agreement (2015-16 to 2018-19) provides for a total budget of \$13.5 million (GST inclusive). NAL funding currently supports 26 projects, including partnerships with the Hearing Cooperative Research Centre.

HLPP Projects

The HLPP is administered by the NHMRC and concluded as a funded measure at the end of June 2013. To date over \$11.5million (GST inclusive) has been allocated for 20 HLPP research projects; ten of which have been completed, seven that are in progress and due for completion between June 2016 and June 2017 and three which commenced in 2015.

Linkages to the NDIS

As part of the introduction of the NDIS in 2013, the Australian Government agreed to transition existing Commonwealth programmes that provide support to people with disability to the NDIS. One of these programmes is the Hearing Services Program, which will be transitioned in part to the NDIS by 2019-20.

As an interim arrangement, amendments were made to three legislative instruments⁶, with effect from 1 July 2013, which made NDIS participants with hearing needs eligible for the program. This means that if an NDIS participant is found to require the range of hearing services available under the program; they will be referred by their NDIA care planner, and be entitled to the same range of services as other program clients.

NDIS participants who fall within the CSO parameters will be referred to AH to receive CSO services. Remaining eligible NDIS participants can receive hearing services at a provider of their choice.

It is expected that by 2019-20, when the NDIS reaches full national roll out, a significant portion of program clients under 65 years of age will transition into that scheme. Moving eligible clients of the program to the NDIS will mean that they have far more choice and control over the services they need.

A series of information sessions were held in Canberra, Sydney and Melbourne in June 2015 to clarify the higher level transition arrangements. There are a range of issues that need to be worked through as part of a NDIS transition plan, which will be informed by further stakeholder consultation.

Further detail, including frequently asked questions, is available on the Office website, www.hearingservices.gov.au

⁶ *Hearing Services (Eligible Persons) Determination 1997; Hearing Services (Participants in the Voucher System) Determination 1997; and Declared Hearing Services Determination 1997.*