

House of Representatives Standing Committee on Health, Aged Care and Sport

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Hearing Health and Wellbeing in Australia

3 March 2017

Question no: 1

Topic: NDIS and Hearing Services Program

Type of Question: written

Senator: Mr Zimmerman

Question:

The implementation of the NDIS will affect the way Australians apply for, and receive, hearing services. Can you outline which categories of clients and services will be transferred to the NDIS and which categories of clients and services will remain with the Hearing Services Program?

Answer:

The Department of Health has been supporting the National Disability Insurance Agency (NDIA) on the proposed access guidance for people with hearing loss to enter the National Disability Insurance Scheme. Until the NDIA finalise the access guidance, the Department is unable to specifically identify those clients that will remain in the Hearing Services Program.

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Question no: 2

Topic: National Health Priority Areas

Type of Question: written

Senator: Mr Zimmerman

Question:

As part of this inquiry, the Committee is considering whether hearing health and wellbeing should be considered as the next National Health Priority for Australia. Can you outline what factors may be taken into account when selecting National Health Priority Areas? Could you also outline the relationship between National Health Priority Areas and the National Strategic Framework for Chronic Conditions?

Answer:

The National Health Priority Areas (NHPA) initiative was established by Health Ministers in 1996. A disease specific approach was used to focus public attention and health policy on areas contributing most to the burden of illness in the community, particularly where that burden had the potential to be significantly reduced through improvements in prevention and treatment. Five conditions were initially included under the initiative in 1996 – cardiovascular health, cancer control, injury prevention and control, mental health and diabetes – with a further four conditions identified in later years – asthma (1999), arthritis and musculoskeletal conditions (2002), obesity (2008) and dementia (2012).

In 2005, Australian Health Ministers moved to an integrated, rather than disease-specific, approach through the introduction of the National Chronic Disease Strategy. This approach is reflected in national level and cross-jurisdictional efforts to address chronic conditions, recognising that there are often common risk factors and similar overarching principles to guide treatment. Following a review of the currency and relevance of the Strategy in 2013, a National Strategic Framework for Chronic Conditions has been developed through the COAG Health Council and is currently being considered by all Health Ministers. It will supersede the National Chronic Disease Strategy.

The need to address chronic diseases through a systematic, integrated and coordinated approach has also been adopted in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases and the Global Monitoring Framework for Non-Communicable Diseases developed by the World Health Organization in 2013.

Contrary to stakeholder expectation, not all NHPAs are supported by individual funding allocations or dedicated programs. The granting of NHPA status was not intended to create an obligation for governments to commit to specific actions or funding streams for the respective disease or condition. NHPAs do not constitute an exhaustive list of health concerns, and they do not prescribe or limit the work programs of any jurisdiction.

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HEALTH PORTFOLIO

Hearing Health and Wellbeing in Australia

3 March 2017

Question no: 4

Topic: Noise induced hearing loss

Type of Question: written

Senator: Mr Zimmerman

Question:

Does the Department have any initiatives to combat noise induced hearing loss, particularly for young people using personal music players and attending music concerts?

Answer:

The Department of Health funds research and development activities into hearing health through the National Acoustic Laboratories (NAL), and supports the work undertaken through the Hearing Loss Prevention Program (HLPP). The HLPP has conducted several investigations into hearing health in Australia. The results of that research have informed the creation of the Know Your Noise website which offers a noise risk calculator, where people can measure the level of noise they have been exposed to after attending a noisy event, using music players or from noise in their workplace. The Department also supports the work administered by the World Health Organization which raises awareness of hearing loss and how it can, in some circumstances, be prevented.

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3 March 2017

Question no: 5

Topic: Hearing devices

Type of Question: written

Senator: Mr Zimmerman

Question:

Has the Department investigated the costs of measures to better support hearing impaired people of working age, such as extending subsidies for hearing devices or making hearing devices tax deductible? If so, what are the findings of these investigations?

Answer:

As part of the transition of hearing services to the National Disability Insurance Scheme, the Department is currently reviewing the Hearing Service Program Schedule of service items and fees. The review will include an analysis of the benefits and challenges inherent in the current Voucher Program model of service delivery and consider other reimbursement models which might better support client outcomes, business processes, and simplify administration. A consultant has been engaged to undertake this review and the review of Assistive Hearing Technology which commenced in December 2016. Formal consultation with industry is expected to occur with the release of a public discussion paper later in the year.

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Hearing Health and Wellbeing in Australia

3 March 2017

Question no: 6

Topic: Listing of treatments of vestibular disorders on the PBS

Type of Question: written

Senator: Mr Zimmerman

Question:

Your submission states that the Pharmaceutical Benefits Advisory Committee (PBAC), an independent body, 'would welcome submissions' from companies for the listing of treatments of vestibular disorders on the Pharmaceutical Benefits Scheme (PBS). In your view, is it appropriate for the PBAC to publicise gaps in PBS coverage and actively seek applications for these conditions given the high cost of listing a medicine on the PBS?

Answer:

Yes. In the instance where there is a clearly identified critical gap in clinical need, the Pharmaceutical Benefits Advisory Committee (PBAC) or, more frequently, the Department of Health, may seek submissions from sponsors to address the gap. However, the decision to provide a submission remains at the discretion of the sponsor.

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3 March 2017

Question no: 7

Topic: Specialist services

Type of Question: written

Senator: Mr Zimemrman

Question:

As the sole provider of services to Community Service Obligation (CSO) clients Australian Hearing has been able to develop a high level of expertise in specialist areas relevant to CSO clients. The Committee has received evidence of concerns that the introduction of private operators providing CSO services for-profit will dilute specialist service expertise and reduce the quality of care. How do you respond to these concerns and how will you ensure there is no drop in the quality of care with the introduction of contestability?

Answer:

The Government, led by the Minister for Finance, has been exploring ownership options for Australian Hearing and any questions about this process should be directed to them.

The Department of Health's responsibility is to ensure that health policy outcomes continue to be supported, regardless of possible changes to governance and ownership of Australian Hearing.

The Department has also been working in partnership with hearing sector representatives to guide the development of an appropriate safety and quality assurance model for hearing services in Australia. The national safety and quality model for hearing services will:

- Ensure that people who use hearing care services have greater transparency around what contributes to their clinical outcomes.
- Provide a range of benefits for service providers and clients, in that it sets a clear and consistent outline for the delivery of hearing services in accordance with best practice, and focuses on client outcomes, confidence and trust, as well as encouraging continuous quality improvement.
- Align with the proposed National Disability Insurance Scheme (NDIS) Quality and Safeguards for NDIS clients, to better position the hearing sector for transition to a more contestable environment in the future.
- Provide streamlined obligations of high quality services on hearing care service providers regardless of the funding source.

Work on the development of a proposed safety and quality assurance model will conclude in the first half of 2017, after which broader stakeholder public consultation will occur.

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3 March 2017

Question no: 8

Topic: Voucher Program

Type of Question: written

Senator: Mr Zimmerman

Question:

Does the Department inform people that they are eligible for a hearing aid subsidy under the Voucher Program? How does the Department ensure that if a person visits a private audiology clinic they are made aware of available subsidies?

Answer:

The Department of Health provides detailed information about the Australian Government Hearing Services Program (the program) on the hearingservices.gov.au website. The website provides a platform for people and providers to obtain information about the program; this includes eligibility criteria to receive subsidised hearing services and devices under the Voucher component of the program.

If people are new to the program they can complete an eligibility check on the website and, if eligible, they will be directed to immediately complete an online application for the Voucher program. The program Consumer Guidance Factsheet ensures clients are aware of the subsidies and services available under the Voucher program, and supports clients in making informed choices about their hearing care before, and during, their visit to an audiology clinic.

A private audiology clinic that is not a subsidised hearing service provider has no obligations under the *Hearing Services Administrative Act 1997* which establishes the program.