

step up.

Welcome to the inaugural HCIA newsletter, which brings you the latest hearing healthcare information and up-to-date events for the coming months.

The HCIA Story

The first of many to come, **Step Up** will keep you, HCIA's Members, informed and aware of all the latest HCIA and industry news. **Step Up** will be published quarterly – in December, March, June and September.

Issue 1 of **Step Up** reports on some of the matters HCIA has been focusing on since it was established in March 2008, from its dealings with the Office of Hearing Services (OHS) to its "Member Practitioner Survey" which sought the views of its Members in relation to the Clinical Pathways Initiative and Rehabilitation Plus.

The information gleaned from the survey was very valuable and has now been shared with the office of the Minister for Ageing, the Hon. Justine Elliot MP. Her advisors were very receptive to the information HCIA provided to them and we are hopeful our views will be taken into account by both the Minister and OHS.

HCIA wishes to extend its sincere appreciation to all who contributed to the survey. You made the submission to Government a much stronger one, and for that HCIA thanks you. We hope you continue to stay engaged with us.

About HCIA

HCIA's vision – as enunciated on its website – is to serve the Australian community and help all Australians who are suffering from hearing loss achieve a better quality of life. HCIA was established this year after its Founding Members observed a need for greater representation of those in, and involved with, the hearing healthcare industry in Australia. HCIA is now providing a public voice on hearing related matters, is helping to inform policy development, as well as giving its Members

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a point of engagement to consult with and advise Government, the bureaucracy, and the media.

The HCIA Board has four Members:

- John Pappalardo, Chief Executive Officer, National Hearing Care (<http://www.nhc.com.au/>);
- Ashley Wilson, Managing Director, HearingLife Australia (<http://www.hearinglife.com.au/>);
- John Gimpel, Managing Director, Connect Hearing (<http://www.connecthearing.com.au/>); and
- Peter Carstensen, General Manager, AudioClinic (<http://www.audioclinic.com.au/>).

The Board is very supportive of the work of HCIA. As the Chairman, John Pappalardo, recently stated:

“I feel very strongly about this – HCIA is a mechanism for providing a common voice across the industry. It has the ability to represent big and small businesses alike in front of Government, other industry bodies, and the general public on a range of hearing matters. It does this from a very strong position because, after all, it is the providers that treat the hearing impaired clients.”

HCIA’s Members are all service providers who treat thousands of people with hearing disabilities every week. The Board values the strong position HCIA has to use a common voice to influence policy and provide valuable insight into the direction of the industry, and Mr Pappalardo reiterates this sentiment:

“This is incredibly important for an industry which has so many challenges, including the presence of a powerful bureaucracy and a shortage in the labour market.”

HCIA believes it is time to **Step Up**. Together, HCIA and its Members will tackle future challenges, bringing about better outcomes for hearing healthcare and all Australians.

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Profile... CEO Donna Staunton

Donna Staunton is the public face of HCIA. She heads up the organisation and is assisted by Lana Kocic. Ms Staunton's strategic thinking and extensive experience working with Government, the media, and other key corporations and clients puts her in the optimum position to work with the HCIA Board and represent HCIA's Members. Ms Staunton's expertise in management and leadership, obtained from her experience in holding senior management positions in a number of public and private sector organisations, allows her to contribute to the development and implementation of strategies in order to deal with a wide range of complex issues – many of which are faced by the hearing healthcare industry in Australia.

As the Managing Director of The Strategic Counsel, a Sydney-based company specialising in strategic communications and Government relations, Ms Staunton offers her clients measured and strategic counsel – recognising that good governance demands excellent communications and that excellent communications are all about relationships. Ms Staunton provides advice and assistance to allow more effective communication with key stakeholders in Government, the media and elsewhere.

As CEO of HCIA, Ms Staunton is motivated by her Board, HCIA's Members, and the opportunity she has to make a contribution:

“Loss of hearing is a major issue for many Australians, and if I can help guide them to access services provided by our Members which will improve their lives then I will feel very happy to have made that contribution.”

Ms Staunton is eager to present a united voice for HCIA Members and encourages as much active interaction and engagement from Members as possible: “They are dealing with the day to day issues of hearing loss – dealing with clients and their own practitioners. They really need to lead the debate about issues.”

HCIA is here to **Step Up** and support its Members.

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Your Survey

The online survey commenced on 23 June and closed on 4 August – to allow the participation of newly joined HCIA Members. A total of 208 responded to the survey, the majority being qualified practitioners (both audiologists and audiometrists) and the rest being provisional audiologists and audiometrists. 45% had been working in the profession for five years or less, 24% for 5 to 10 years, 17% for 10 to 20 years, 10% for 20 to 30 years, and 4% for 30 years or more. Responses came from all over Australia.

Survey Structure

After collecting demographic data in respect of State or Territory where practicing, practitioner status, and years of experience, the survey sought out the attitudes and statistical data against the proposed new Clinical Pathway and Rehabilitation Plus models and other related operational issues such as GP referral.

Snapshot

The overall picture is one of dissatisfaction with the OHS consultation process in respect of Clinical Pathway and Rehabilitation Plus initiatives. **87%** of practitioners were of the view that the consultation process engaged in by OHS in relation to the Clinical Pathway was either “very poor” or “could be improved,” and **82%** were of the view that the consultation process in relation to the introduction of Rehabilitation Plus was either “very poor” or “could be improved.”

Further, over **76%** of practitioners were of the view that Rehabilitation Plus will not result in greater utilisation of hearing devices – that being the key reason Rehabilitation Plus was introduced in the first place – and the majority of practitioners were of the view, when asked, that the existing Clinical Pathway (i.e. medical clearance at entry) is “about right,” with over **90%** of them not supporting the proposed new Clinical Pathway.

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80% of practitioners indicated that in the three months prior to the survey they referred less than 20% of their clients to a medical practitioner.

The survey results also indicate that GPs have demonstrated an inability to respond to current written requests for medical clearance to occur in a timely manner – if at all – and even then there are delays in the order of 3 to 6 weeks. **79%** indicated that 5% or less of referrals resulted in a written response from the GP. Estimates based on practitioner opinion derived from this survey indicate that only 1 in 4 written referrals actually receive a written response from a medical practitioner.

Over **86%** of practitioners were of the view that acoustic reflex testing (which is now being proposed by OHS) was not required in all new assessments and **82%** supported removal of mandatory medical referral in favour of referral as required. The data collected suggests that only around **0.1%** or less of clients return a medical contraindication to aiding. This is the first time that a medical contraindication rate has been calculated and we believe the figure essentially debunks any proposition that significant contraindications to hearing aid fitting exist.

Over **68%** of practitioners indicated that in the last three months there were no clients interested in the offer of individual sessions under the Rehabilitation Plus Program, and only **21%** of them found 1 to 5 interested clients. **76%** of practitioners found their clients were not interested in group sessions and **12%** of them found between 1 and 5 clients accepting the offer. The majority of practitioners were of the view that most clients would not want group sessions. There was also an issue about practitioners being able to accommodate clients, with over **23%** saying they could not accommodate groups at all, and **43%** saying they could only accommodate 2 to 4 clients at any one time.

The majority of practitioners were of the view that Rehabilitation Plus would have an adverse impact on client waiting lists at visiting sites, and over half the practitioners indicated that it would be very hard to even provide Rehabilitation Plus at visiting sites.

76% did not believe that Rehabilitation Plus would result in greater utilisation of hearing devices, citing factors such as “perceived benefit,” “performance and background,” “unrealistic expectations,” and “low motivation” as being of more significance.

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Other concerns seen to be significant included occlusion, dexterity, unrealistic expectations, change in health/lifestyle, perceived benefit, and ability. Overall, it appears that non-use of devices is due to a number of factors and there are multiple issues that can impede. It would appear that recent advances in technology will help.

The survey is the first of its kind and the data obtained from it will be shared with many in the political arena. HCIA is keen to ensure decision-making in relation to hearing healthcare is informed by practitioners actually working in the field.

The results will also be shared with you as each of the Founding Members and the New Members (mentioned below) have been given access to all the data.

Current Issues in Hearing Healthcare

Whilst there are many issues, HCIA is currently focusing on the following:

- The New Clinical Pathway Initiative;
- Rehabilitation Plus; and
- Changes to the Guidelines for Treating Hearing Impaired Workers.

The New Clinical Pathway

The new Clinical Pathway moves the point of medical consultation for a client from before Audiological assessment to after Audiological assessment. HCIA believes that this will lead to increased inefficiency, greater cost, and unnecessary delay for clients accessing services under the Government scheme and has called on the Government to reject it.

HCIA does not support the new Clinical Pathway Initiative, does not believe it will lead to a faster or more efficient process, or that it will lead to more informed decision making by GPs.

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HCIA has also found that the new pathway will make it much harder for practitioners to properly plan their diaries and it will lead to more cancellations, increasing confusion amongst clients. It will also add more cost to providers because they will be chasing up answers from GPs.

Indeed, HCIA questions the involvement of GPs at all. Whilst aware of the current legislative requirements, HCIA are of the view that GPs have limited knowledge of hearing loss and have a limited ability to understand the reports to really bring value to the hearing rehabilitation process for clients. As one survey respondent said:

“This new proposed system in a sense renders the voice of the Audiologists in the management of the patients’ wellbeing as non-existent.”

HCIA also believes that the new Clinical Pathway Initiative is at odds with the Rudd Government’s policy in relation to the effective utilisation of allied health providers and medical practitioners. HCIA estimates that Government is spending nearly \$7m a year having GPs involved in the Pathway and believes that the Rudd Government should remove the mandatory requirement of medical consultation for hearing healthcare.

HCIA is of the view that clients should only be referred to a doctor “as required” – in cases of medical contraindications – as happens in other areas, such as optometry.

Rehabilitation Plus

HCIA is of the view that Rehabilitation Plus does not address the core issue of device utilisation and may in fact have a detrimental effect on overall service access, particularly in regional areas.

HCIA could not find any research that demonstrates that a one hour session would make any difference whatsoever on the hearing device usage rates and on improved communication outcomes for clients. Indeed, the research HCIA has reviewed suggests multiple sessions are the way to go.

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The majority of practitioners were of the view that Rehabilitation Plus would have an adverse impact on client waiting lists at visiting sites and over half the practitioners felt it would be very hard to even provide Rehabilitation Plus at visiting sites.

HCIA has raised these issues with OHS. It has also raised the issue of adequate compensation for service providers and will continue to argue these points over the coming months. The only financially viable method of providing Rehabilitation Plus would be to do so in a group session, but practitioners are not configured to be able to offer this and the research is still not entirely clear whether group or individual sessions are more beneficial. Furthermore, HCIA's recently completed research shows that clients do not want it.

Changes to the Guidelines for Treating Hearing Impaired Workers

HCIA has been working with WorkSafe (Victoria) and WorkCover NSW over the past few months. The NSW guidelines will be released shortly and, in Victoria, WorkSafe have announced there will be a revision and expansion of the device list, a revision of the hearing fee schedule, and that a tender will be announced shortly for the provision of hearing services to workers. HCIA would like to see a national scheme as it would reduce the cost to business. We will continue to work with both offices and must congratulate them for the robust manner in which they have listened to our views.

HCIA Welcomes New Members

HCIA would like to extend a warm welcome to its two new Members, Widex Australia – represented by CEO Craig Curtis – and the Neurosensory Unit – represented by CEO Nina Quinn.

www.widex.com.au

As part of the evolution in the hearing industry towards vertical integration, Widex Australia came late to the retail arena, but has slowly and strategically built a retail platform in Australia that will ensure that Widex remains a competitive player in both the wholesale and retail markets for the long term. With offices in each state of

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Australia (excluding the Northern Territory) the strategy of the Widex group has been to protect its market share, whilst ensuring that the viability of the independent market is preserved. Joining HCIA early in its evolution, the Widex group supports the concerns of HCIA about the changes to the industry and the lack of consultation by Government.

www.nsu.com.au

The Neurosensory Unit – also known as Queensland Hearing Aids and Audiological Services – has been offering its clients excellent audiological services since 1979. They operate in 13 clinics around the South East of Queensland and Northern New South Wales, employing 20 clinicians and 51 additional management and administration staff in total. The Neurosensory Unit is committed to delivering high quality diagnostic and rehabilitation services to its clients, who include referring medical personnel, Commonwealth and State Government institutions, and individual patients.

If you have an article of news you would like to submit for inclusion in our next newsletter or if you have a question or comment, please email your views to mail@hcia.com.au

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