

step up.

Welcome to the first issue of HCIA's newsletter **Step Up** for 2009, bringing you the latest hearing care information and up-to-date events for the coming months.

HCIA – The Year So Far

Already, 2009 is shaping up to be a bumper year for the Board and staff of HCIA.

HCIA recently submitted an application for funding to the Department of Health and Ageing to implement a Hearing Loss Prevention Program over the period 2008-09 to 2011-12. We were given letters of support from the Deafness Forum, ACAud, ASA, and HAMADAA and are hopeful we will be successful in gaining access to at least some of the funds that have been made available.

Our submission was aimed at young people as HCIA believes that young people are at a greater risk than ever before of suffering from hearing damage caused by excessive exposure to recreational noise. With Federal Government funding, HCIA has a terrific opportunity to address this issue through the implementation of a comprehensive awareness and education campaign.

The campaign will target young Australians who are in upper Primary or Secondary school and who are leaving school to join the workforce. The program will also target parents and educators, proprietors of licensed entertainment venues, and other health professionals. HCIA intends to work in collaboration with other bodies in the hearing healthcare area to develop and implement the campaign over a period of four years.

We believe HCIA is in a unique position to drive such a campaign. Through its members, HCIA can reach over 500,000 people throughout Australia. Many of these

step up.

people are adults experiencing hearing loss and are thus much more likely to be highly motivated to prevent hearing loss in their children and grandchildren.

The Department has indicated they have received a number of applications for funding and that agreements with the successful applicants will be finalised in June 2009.

An Alternative Clinical Pathway

HCIA has been successful in having the Office of Hearing Services review the Clinical Pathway Initiative which was announced in the 2007-08 Federal Budget. Supported by extensive stakeholder feedback which showed that the proposed Clinical Pathway was seriously flawed, the Minister has now provided in-principal agreement to an alternative Pathway, thus addressing the majority of issues highlighted by HCIA's members.

The alternative Pathway allows for Audiologists and Audiometrists to manage the entire care episode for the majority of clients (around 80 per cent) from assessment to rehabilitation to follow-up, with provision for same-day fitting for clients. Importantly, there will also no longer be a routine requirement for all new clients to see a medical practitioner for medical clearance prior to entering the Program.

The Office states that the new Pathway "addresses the majority of issues highlighted during stakeholder consultations and ensures that appropriate checks and balances are in place to ensure safety and quality outcomes for clients."

The key features of the alternative Pathway are as follows (quote):

- *Better use of medical skills;*
- *Improved access to the Program for the majority of clients;*
- *Safeguards in place for clients requiring further investigation of medical or non-routine indicators; and*
- *Safeguards in place where there is a minimal hearing loss:*
 - *to ensure clients receive appropriate services*
 - *to ensure the appropriate use of government funded services.*

step up.

Clients assessed with straightforward age related hearing loss (an estimated 80 per cent of clients) will proceed straight to rehabilitative services. No routine clearance/visit to a medical practitioner will be required for clients unless medical indicators are present. The Audiometrist or Audiologist will provide a written report of the assessment to the client's medical practitioner for information only. Clients identified as having non-routine indicators will be referred to an Audiologist for a Secondary Assessment.

The Secondary Assessment will include a review of the client's audiometric history and further testing. Then, if fitting of a device is not contraindicated, the Audiologist will provide clearance to the Audiometrist for fitting and other rehabilitation services. If, however, medical indicators are identified, the Audiologist will write a report for the medical practitioner and to the referring practitioner.

The alternative Pathway also states that the minimum hearing loss threshold will be a 3 FAHL hearing loss of greater than 25dB for clients to be eligible for the fitting of a hearing device. Those with a 3 FAHL hearing loss less than or equal to 25dB would not normally be eligible for the fitting of a hearing device but, if the practitioner considers there is a case for fitting, an "exceptions" case may be submitted to the Office for approval.

Finally, clients not eligible for the fitting of a hearing device will still be eligible for a rehabilitation service (670 item), providing them with training and strategies to manage the effects of their hearing impairment.

HCIA is of the view that the revised Pathway is significantly better than the one proposed by the Office last year – and we believe your feedback helped drive amendments to the former draft.

HCIA commends the Office for removing the mandatory requirement for medical consultation for clearance to the hearing Program, except where medical indicators are identified. Such a change will – as HCIA emphasised – save Government approximately \$3 million per year* and will more effectively utilise allied health

*This figure is based on the number of vouchers issued by the OHS in 2006/07 multiplied by the rebate paid by Medicare to GPs (i.e. 87,963 x \$32.80).

step up.

providers and medical practitioners, which is in keeping with the Government's National Primary Health Care Strategy.

There are still some matters that HCIA will seek to clarify with the Office. For example:

- Would the Office review the number of medical indicators and the number of non-routine items?
- What does "standard age-related hearing loss" actually mean?
- How will the Secondary Assessment be funded?
- Does the Secondary Assessment need to be a face to face assessment?
- What about rural and regional clients – will they be disadvantaged?
- Would OHS consider alternative referral processes?
- What is the evidence that supports the efficacy of a 3 FAHL rule?
- How many assessment clients does OHS anticipate will be "exception" requests?
- Does the proposed 3 FAHL rule apply to the better or worse ear?
- What about hearing loss in the higher frequencies?

If any of you can think of any other questions that HCIA might ask about the alternative Pathway, please feel free to send them through to mail@hcia.com.au.

Other News

HCIA's Board members will meet with the Federal Minister for Ageing, the Hon. Justine Elliot MP, on 7th May 2009, to appraise the Minister about issues facing the hearing care industry.

In support of the Deafness Forum of Australia's annual Hearing Awareness Week, HCIA has become a Gold Sponsor of the event. Hearing Awareness Week will be held from 23rd – 29th August 2009, and aims to raise awareness about hearing impairment and its effect on sufferers and the community.



step up.

A Change Of Location

HCIA has moved its office location to:

Suite 2 Level 2
24 Bay Street
Double Bay NSW 2028

We also have new phone and fax numbers:

P – (02) 9327 8836
F – (02) 9327 8995

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

In the meantime, be sure to give us your feedback or thoughts on the Office of Hearing Service's proposed alternative Clinical Pathway Initiative.