HEARING CARE INDUSTRY ASSOCIATION

SUBMISSION TO THE HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON HEALTH AGED CARE & SPORT

INQUIRY INTO HEARING HEALTH AND THE WELLBEING OF AUSTRALIA

"Worldwide, 360 million people have disabling hearing loss as a result of various causes, such as excessive noise, genetic causes, complications at birth, certain infectious diseases, chronic ear infections, the use of particular drugs and ageing. It is estimated that half of all cases of hearing loss are avoidable". (World Health Organisation, Fact Sheet No 300, Updated March 2015).

Hearing loss affects approximately one in six Australians and this proportion is projected to increase to one in four by 2050, largely as a result of an ageing population *(The Economic Impact and Cost of Hearing Loss in Australia – a report by Access Economics Pty Ltd, February 2006)*

The Hearing Care Industry Association (HCIA) welcomes the Committee's consideration of this important issue and hopes the Committee will take the opportunity to make recommendations that have the potential to make a difference in the lives of those with a hearing impairment and reduce the economic cost to the Australian community. Details about the members of HCIA can be found in Appendix A.

Introduction

HCIA thanks the Committee for the opportunity to input into its deliberations. In this submission we will touch on a number of matters under investigation by the Committee but at the outset we wish to raise two points:

1. We offer our wholehearted support for hearing health and wellbeing to be the next (10th) National Health Priority for Australia, and
2. We encourage the Committee to consider, and if it thinks appropriate, adopt the recommendations of the Senate Community Affairs References Committee as published in their 2010 report 'Hear Us: Inquiry into Hearing Health in Australia' ("the 2010 Report").

In relation to the first point, strategies to reduce hearing loss in the Australian community need to encompass the continuum of care, from prevention through to treatment and such strategies should have an appropriate evidence base. That is certainly the approach taken with other conditions that have been recognised as National Health Priorities.

The National Health Priorities were first introduced in 1996. Originally five in number, they replaced several hundred 'Health Goals & Targets'. They were designed to give greater focus to health prevention and disease management in areas with a high social and financial cost. Overtime, the original five have grown to nine. We believe that hearing health fits the criteria needed to be a National Health Priority and that the area would substantially benefit from such a focus.

In relation to the second matter, the 2010 Report made 34 recommendations. The majority of them are yet to be adopted. We believe them still to be relevant today.

We would urge the Committee to review the 2010 Report. It is a thorough and substantive examination of the issues relating to hearing health in Australia and we hope that this current inquiry might adopt the recommendations that were made at the time. While we commend all of the recommendations made in 2010, we would like to bring the following specific recommendations to the attention of the Committee.

Recommendation 2: Development of a ten-year strategy to better support, engage and retain hearing impaired Australians in the workforce,

Recommendation 4: Extend the eligibility requirements for entry into the Australian Government Hearing Services Voucher Program to include all Australians, subject to eligibility and a means test, and

Recommendation 20: That the Department of Health and Ageing provides funding to develop a national hearing health awareness and prevention education campaign focusing on the following;

- Those at highest risk of acquired hearing loss,
- The general population so as to raise awareness about hearing loss and de-stigmatise it, and
- Access to support services for people who are hearing impaired.

We believe a significant difference could be made for the benefit of all hearing impaired Australians if those recommendations were adopted and implemented.

We will now focus on some of the specific Terms of Reference of the Inquiry and make a number of recommendations as to how hearing care provision in Australia could be improved.

The causes of hearing loss

Hearing loss may result from:

- Congenital causes,
- Complications at birth,
- Certain infectious diseases,
- Chronic ear infections,
- The use of particular drugs,
- Exposure to excessive noise (including occupational noise such as that from machinery or explosions; recreational noise such as that from personal audio devices; concerts, nightclubs or bars and sporting events),
- Ageing, in particular, due to degeneration of sensory cells, and
- Wax or foreign bodies blocking the ear canal.

Amongst children, chronic otitis media (infection of the ear canal) is the leading cause of hearing loss and it is a particularly significant issue facing Australian indigenous children.

Hearing loss may be mild, moderate, severe or profound. It can affect one ear or both ears and leads to difficulty in hearing conversational speech or loud sounds. People with

such loss can benefit from hearing aids, cochlear implants and other assistive devices; captioning and sign language and other forms of educational and social support.

Half of all cases of hearing loss are avoidable through primary prevention.

HCIA members work in hearing rehabilitation i.e. predominately with adults who have lost their hearing because of exposure to excessive noise or ageing.

Impact and cost of hearing loss

One of the main impacts of hearing loss is on the individual's ability to communicate with others. Limited access to services and exclusion from communication can have a significant impact on everyday life, causing feelings of loneliness, isolation and frustration, particularly among older people with hearing loss.

Hearing loss is not just an ageing issue. It is also associated with an increased risk of heart disease; other cardiovascular diseases including peripheral arterial disease, dementia, depression, other psychiatric disorders; poorer social relations; higher sickness impact profiles and reduced quality of life. HCIA would encourage the Committee to recommend greater investment in research in this area so that the links between hearing loss and other health related conditions could be better understood.

Some facts that highlight the impact of hearing loss in the Australian community are as follows (and the majority of these facts are referenced in the 2006 Access Economics Report):

- In 2005 - 3.55m Australians suffered from hearing loss and nearly half of them were of working age (16-64 years)
- Employment rates for hearing impaired people between the ages of 45 and 65 are lower than for comparable people in the rest of the population (20.5% lower for men and 16.5% lower for women).
- The direct financial cost of hearing loss was $11.5b or 1.4% of GDP – the largest component of this being productivity loss.
- The total economic cost of hearing loss in Australia per annum is $23b.
- $62 per person is spent for hearing loss per annum as compared with $10,904 per person with cancer or $2,064 per person with mental illness.
- There is an average of seven years between a person needing help with hearing and actually seeking help.
- Only one in four people who could benefit from a hearing aid actually have one.
- There are two key factors that motivate a person to seek help. One is that the hearing problem becomes completely unmanageable and the second is that family members put pressure on the individual to do something about their hearing loss.
- Adults with hearing loss also have a much higher unemployment rate. Among those who are employed, a higher percentage of people with hearing loss are in the lower grades of employment compared with the general workforce and this is illustrated well in the Access Economics Report published in 2006.

For the benefit of the Committee, HCIA has commissioned Deloitte Access Economics to update this report. We expect their report to be ready and in a form that can be shared with the Committee in April 2017.

HCIA believes an area of great concern and one that warrants the attention of Government, is that of employment outcomes for people between the ages of 45 and 65 who suffer from hearing problems. These people have substantially lower participation in the workforce: for example more than half of people in this age group with a hearing problem are not in paid work compared to less than a third of those without a hearing problem. This would strongly suggest that hearing impairment has a very substantial and unrecognised effect on workforce productivity.

This is well illustrated in Table 5-4 on page 54 of the 2006 Access Economics Report, which we attach (Attachment B) as this shows the age standardised employment rate for males between the ages of 45-64 years with hearing loss was 20.5 percentage points lower than that of people without hearing loss. The age standardised employment rate for females 45-64 years with hearing loss was 16.5 percentage points lower than that for people without hearing loss.

Improving access to education and vocational rehabilitation services and raising awareness, especially among employers about the needs of people with hearing loss, would decrease unemployment rates among this group.

In its May 2010 Report, the Senate Community Affairs Reference Committee recommended that eligibility for the Australian Government Hearing Services Program be extended to include all Australians, subject to a means test.

In 2011, a sub-committee of the then Hearing Services Consultative Committee reporting to the then Minister of Mental Health and Ageing advised Government on the implementation of this recommendation.

In August 2014 HCIA was encouraged by the then Assistant Minister for Health, Senator Hon Fiona Nash, to put forward a budget submission, which we did. A copy of that Budget submission is attached at Attachment C. In this submission we suggested a very tightly targeted program along the following lines:

- An extension of the Government Hearing Services Voucher Program to low income Australians of working age subject to a co-payment;
- That this access be subject to a means test (nominally, $37,000 p.a. which was the level chosen by the previous Government for the low income superannuation contribution);
- That access be limited to those with an eligible hearing loss, in the same manner as currently operates under the Australian Government Hearing Services Voucher Program;
- That a co-payment of $100 be instituted for those aged 25-65 to ensure that any extension of the program is directed to those most highly motivated;
- That all contracted providers to the Program deliver these services to low income Australians to ensure the widest geographical coverage and the greatest possible choice for individual clients.

Community Awareness, Information, Education and Promotion about Hearing Loss and Health Care

Half of all cases of hearing loss can be prevented through primary prevention. According to data published by the World Health Organisation (WHO Media Centre Fact Sheet number 300 – March 2015), simple strategies for prevention particularly for acquired hearing loss include

- Immunising children against childhood diseases including measles, meningitis, rubella and mumps;
- Following healthy ear care practices;
- Screening of children for otitis media followed by appropriate medical or surgical interventions;
- Avoiding the use of particular drugs which may be harmful to hearing, unless prescribed and monitored by a qualified doctor;
- Referring infants at high risk, such as those with a family history of deafness or those born with low birth weight, birth asphyxia, jaundice or meningitis, for early assessment of hearing to enable prompt diagnosis and appropriate management;
- Reducing exposure to loud sounds (both occupational and recreational) by raising awareness about the associated risks;
- Developing and enforcing relevant legislation and
- Encouraging individuals to use personal protective devices such as earplugs and noise-cancelling earphones and headphones.

As previously mentioned, one in six Australians are currently affected by hearing loss and this will rise to one in four by 2050. In Australia, we have one of the highest rates of penetration of hearing aid utilisation in the world: that is approximately 30% of all people who suffer from hearing loss have a hearing device. This is a great testament to the Federal Government Hearing Services program and to the highly professional clinicians who undertake this work. Not surprisingly, this number varies by severity of the hearing loss. For adults with mild hearing loss, less than 20% own a hearing aid and for adults with moderate hearing loss, the figure is less than 50%.

In Australia, 13% of people who have a hearing aid do not use it (according to 2010 data which is the most recent data we can access). We suspect this number is even lower now. This is down from a figure of 25% in 2006 (Outcomes of the Australian Government Hearing Service Program by Harvey Dillon, Louise Hickson and Tony Lloyd). We understand that internationally the figure is around 30% of people with a hearing aid do not use their device.

This would suggest that the quality of care that Australian consumers are receiving from their hearing health professionals is high. The area is also one of quite rapidly advancing technology. The Director of Australia's National Acoustic Laboratory, Professor Harvey Dillon, has stated *"Imminent further improvements in technology will likely result in hearing aids enabling some people with hearing loss to hear more clearly than people with normal hearing".* This reflects a combination of outstanding work by researchers and a culture of innovation amongst hearing aid manufacturers around the world.

Australia is one of the better providers of reimbursed hearing services to its elderly population of any country around the world. However, while provision to elderly Australians is good, when one examines the population as a whole, we are some way from world's best practice. If Government wished to improve the program, it could consider taking some or all of the following actions:

- Lowering the age of entry to the program to 45 years of age,
- Carefully considering how those aged between 25 and 65 might access hearing services (using similar criteria to that used to gain access to a pension),
- Funding an awareness and education campaign specifically aimed at young people, and
- Implementing a screening program for all Australians aged 50 and over - given that unlike other available health screening services, when it comes to hearing loss, Australians do not have a trigger to prompt them to think about the issue.

HCIA sees as part of its mandate to raise the level of awareness of hearing loss so that people recognise when they have an issue and they then don't wait on average seven years to get help with their hearing loss (which is what happens at the present time).

We know from Australia's experience with previous public health campaigns such as the National Skin Cancer Campaign and the National Tobacco Campaign that awareness campaigns can and do lead to changes in knowledge, attitudes and ultimately in changed behaviour. In the area of hearing health, there is a glaring need for education and awareness programs.

Professor Harvey Dillon, Director at Australian Hearing's research division, the National Acoustic Laboratories, stated that young people need to be aware that noise damage accumulates gradually and is not noticed until it is too late. We completely agree.

We know from data published by the WHO *(see our earlier reference)* that some 1.1 billion teenagers and young adults are at risk of hearing loss due to the unsafe use of personal audio devices, including smart phones and exposure to damaging levels of sound at entertainment venues such as nightclubs, bars and sporting events. Such hearing loss is not trivial. It has potentially devastating consequences for physical and mental health, as well as education and employment prospects.

Data from studies in middle and high-income countries analysed by WHO indicate that among teenagers and young adults aged 12-35 years, nearly 50% are exposed to unsafe levels of sound from the use of personal audio devices and around 40% are exposed to potentially damaging levels of sound at entertainment venues. Unsafe levels of sounds is defined as exposure to in excess of 85 decibels (dB) for eight hours or 100dB for as short a time as 15 minutes.

Safe listening depends on the intensity or loudness of sound and the duration and frequency of listening. Exposure to loud sounds can result in temporary hearing loss or tinnitus, which is a sensation of ringing in the ear. When the exposure is particularly loud, regular or prolonged, it can lead to permanent damage of the ear's sensory cells, resulting in irreversible hearing loss.

WHO recommends that the highest permissible level of noise exposure in the workplace is 85 dB up to a maximum of eight hours per day. Many patrons of nightclubs, bars and sporting events are often exposed to even higher levels of sound and should therefore considerably reduce the duration of exposure. For example, as mentioned, exposure to noise levels of 100 dB, which is typical in such venues, is safe for no more than 15 minutes.

WHO recommends that teenagers and young people can better protect their hearing by keeping the volume down on personal audio devices, wearing earplugs when visiting noisy venues and using carefully fitted and if possible noise-cancelling earphones/headphones. They also recommend that teenagers should also limit the time spent engaged in noisy activities by taking short listening breaks and restricting the daily use of personal audio devices to less than one hour. With the help of smartphone apps, they can monitor safe listening levels. In addition they should heed the warning signs of hearing loss and get regular hearing check-ups.

There is no doubt that Governments also have a role to play by developing and enforcing strict legislation on recreational noise and by raising awareness of the risks of hearing loss through public information campaigns. Parents, teachers and doctors can educate young people about safe listening, while managers of entertainment venues can respect the safe noise levels set by their respective venues, use sound limiters and offer earplugs and “chill out” rooms to patrons. Manufacturers can design personal audio devices with safety features and display information about safe listening on products and packaging.

WHO tells us that 93% of people recognised that they could be listening at a level which could damage their hearing but only 10% of people aged 20-34 use output limiting when using their hearing device. WHO also states that around 75% of people use these devices for five or more days per week.

HCIA would submit that young Australians know very little about the potential danger of listening to loud recreational music and that an awareness and educational campaign is urgently needed. Such a campaign has the potential to be highly effective, both in preventing damage and in cost effectiveness.

HCIA is in a unique position to drive such a campaign. Through its members, we reach over 500,000 people throughout Australia each year. While it may not sound an enormous number, most of these 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. Indeed, we would suggest that there is perhaps no more readily identifiable group of such motivated individuals.

HCIA urges Government to fund an awareness and education campaign specifically aimed at young people. Such a campaign would inform them how they can protect their hearing, particularly in recreational settings.

When it comes to older Australians, HCIA has developed a campaign to build awareness of the burden of hearing loss on the individual and on the community and to instil confidence in the role of audiologists and audiometrists and in the hearing care industry more generally.

The aim of our campaign is to motivate 50+-year-old Australians to talk about their hearing loss and understand what action they should take.

Unlike other screening services Australians do not have a trigger to prompt them to think about their hearing loss and our thinking was to create a memorable 'moment in life' trigger that creates a sense of urgency to talk about hearing loss and take action, that is to have a hearing test. We called the campaign 5@50 and it encouraged people to address the following questions:

1. Do you need the TV volume louder than everyone else?
2. Do you need to ask people to repeat themselves often?
3. Do you think people mumble?
4. Does background noise make it harder to hear?
5. Do people complain that you talk too loudly?

We are very happy to share the campaign concepts with the Committee. We have already gained in principle support for such a campaign from the three professionals organisations involved in hearing care in Australia.

The role of the Australian Government in Hearing Health

The Australian Government has been involved in hearing health since the 1940s. It contributes funding and provides services across a number of areas of Government including Health, Veterans Affairs, Human Services, Industry and Science and the National Disability Insurance Agency. State and Territory Governments also provide a range of services such as newborn screening, hearing assessments through community health services; workers compensation systems, cochlear implantation and school based hearing equipment.

HCIA members operate both in the private market and via the Government's Hearing Services Program. The Program was established under the Hearing Services Administration Act 1997. We believe it to be a highly effective policy that allows eligible clients to obtain services and hearing devices from their choice of any one of approximately 250 different service providers at 2,800 different sites.

Australian citizens or permanent residents 21 years or older are eligible under the Government's Hearing Services Program if they have a hearing loss and they fall into one of the following categories;

- A pension concession card holder or receiving sickness allowance from Centrelink,
- A holder of a DVA Gold card or a White card,
- 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 NDIS care planner or
- Undertaking a vocational rehabilitation program and are referred by the Australian Government Disability Employment Services Program.

As well as services being available through the Hearing Services Program additional services are available from Australian Hearing through the Community Service Obligation (CSO) to clients with specialised needs. CSO services are available to groups who include;

A. People from the above eligibility groups who

1. Have complex hearing needs,
2. Are Aboriginal and/or Torres Strait Islander people, or
3. Live in remote areas.

B. Any Aboriginal and/or Torres Strait Islander person who

1. Is over 50 years of age, or
2. Is a participant in the remote jobs and communities program or the community development employment projects program.

C. Australians under 26 years of age, including young NDIS participants.

In 2013-14 Australian Hearing provided services to

- 30,016 young Australians under the age of 21,
- 2,753 adults aged between 21 and 26,
- 20,071 adults with complex hearing needs and
- 5,371 aboriginal and Torres Strait Islander children and young adults.

Service delivery to eligible clients under the Government's Hearing Services Program has continued to grow since 1997 and in 2013-14 the Program delivered hearing services to 647,545 clients at an administered cost of $401.8m. 85% of these clients were pension cardholders with an average age of eligible clients of 79 years. Each year around 100,000 new clients access the program. Services were provided by over 250 providers from over 2,800 sites, staffed by 1,470 audiologists and 389 audiometrists as Qualified Practitioners. (*this information is based on a submission by the Department of Health to the Senate Select Committee on Health in July 2015)*

Payments are made to hearing service providers (including Australian Hearing) for the delivery of services under the Hearing Services Program. The services include hearing assessments, the cost of the hearing device and its fitting and a Government contribution to the maintenance and repair of hearing devices.

The Hearing Services Program provides for 100% free to client devices and services. However, clients have a choice to 'top up' with their own funds to gain access to higher end and more technically featured hearing aids. This model was introduced to effectively allow the Government to access a quality hearing aid at a price that is an extremely competitive international price. Most health funds also contribute to audiology services, however this only provides partial subsidy and there are out of pocket expenses to the client.

The Hearing Services Program allows a new hearing aid every six years, unless there is a substantial change in clinical need, which has to be verified by a practitioner. We would suggest that with technology moving as fast as it is, six years is a long time to be with a communication device that may or may not be the best to meet the client's need.

There are advantages and disadvantages of each style of hearing aid; however at the current time behind the ear aids are the most popular by a significant margin. The most important features of hearing aids differ from person to person, depending on one's needs and goals. For example, there are now hearing devices on the market, which are inserted into the ear

canal and then left in situ for three months. The client does not have to handle them at all. They are inserted, removed and replaced by an Audiologist. These hearing aids are extremely easy to use and require very low maintenance. They suit someone with a busy lifestyle or someone who has poor dexterity and is unable to reliably maintain, insert and remove a hearing aid.

Devices are now able to manage the wearer's environment automatically. For example, if a wearer is in a noisy environment the device automatically adjusts the noise reduction and microphone features. This is significant, as research in relation to directional microphones consistently show improvement in listening when background noise is mitigated.

Bluetooth wireless connectivity means hearing impaired people can connect their phones and other devices such as a television to their hearing aid. Hearing devices are now completely automatic: they continually scan the environment in milliseconds and make changes to enhance a person's listening experience. This makes a tremendous difference to the way a hearing impaired person can interact in a social and work environment.

It is worth noting that by international standards the Australian system works very well. A paper published in 2015 by Aout (*No 204 September 2015 pp 23-30 "What is the most efficient reimbursement scheme in Europe")* compared reimbursement schemes for hearing aids across Europe. The most efficient schemes were found to have the following features:

- Rehabilitation starting from moderate hearing loss to 25dB,
- The same amount of reimbursement irrespective of age or cause of hearing loss,
- Complete freedom for the client to choose their profession to promote 'competition by quality',
- Choice by the client of their hearing solution, taking into account their hearing loss, their wishes, the financial contribution they wished to make with the expertise and advice of a specialist in hearing solutions,
- Independence of the professional in the choice of best solution for their clients in terms of funders and manufacturers,
- Systematic choice, adjustment, supply and follow-up by the same professional,
- Flat rate reimbursement in the public healthcare system with known periodicity, access to a quality hearing solution, enabling the client to select the more sophisticated devices if desired and leaving the price difference to the client and
- Reliable patient information from a public source, so that the system can promote competition by quality.

Australia's system of providing hearing services to its population has many of these features; indeed we are of the view that the current program delivered by the Office of Hearing Services is world class. It delivers good client outcomes and it has a very low complaint rate. This last point is illustrative.

The Department of Health and Ageing data shows that for the 2014/15 Financial Year, 98 client complaints were received from approximately 1,253,000 claims for hearing services. Focussing on an individual complainant will give a distorted view of what is really the situation. A complaint rate of 1:12,800 services we would suggest is amongst (if not) the lowest in health service provision in Australia.

We would be concerned that making unnecessary changes to the Hearing Services Program could be detrimental to those it now serves.

Special needs clients and Australian Hearing

Since 1997 Australian Hearing has provided services to special needs clients. This ensures access to quality hearing services by groups such as children and young adults under the age of 25 years; eligible Aboriginal and Torres Strait Islanders peoples; eligible clients with complex rehabilitation needs and eligible clients in remote areas.

Funds are allocated to Australian Hearing for the delivery of services under the Community Service Obligations to meet the hearing needs of 'special needs' groups. Clients under these categories receive the same services as those provided to voucher clients but they also receive additional services to address their specific needs.

HCIA acknowledges that the treatment of individuals with 'special needs' requires a concentrated focus and specialist skilled clinical staff, for example, the availability of paediatric audiologists. HCIA concedes that the best model for the provision of this care is for it to be concentrated in a single provider with expertise and focus. Australian Hearing has this. HCIA commends the work of Australian Hearing in dealing with the 'special needs' groups and strongly urges that this part of the program is appropriately funded and that the focus that currently exists, is not lost or diluted in any way.

While there may be gaps in service provision, Australian Hearing is none-the-less providing an extremely specialised service to a very important segment of the Australian population. One of the reasons it can do this so successfully is the very rationale for a Government run service to a special needs group. This has been the focus of Australian Hearing for a number of years and in HCIA's view it would be a great pity if this focus was watered down or diminished in anyway.

HCIA, along with many in the hearing sector, would be appreciative if the Government communicated its decision about the future of Australian Hearing and what the process will be in the event of a transfer of ownership. We expect and would seek an assurance that sound business practice would be adhered to so that fair value is realised and that the Government would conduct any transfer in a transparent fashion. If this does not happen, the potential for market distortion or unintended consequences is high.

The future ownership of Australian Hearing is of interest to many in the hearing services sector and especially those who might be willing to tender to provide services should there be a transfer from government ownership. HCIA's position is that in the event that the ownership of Australian Hearing was to change, the Government should create a fully contestable, transparent process in order to realise fair value for this asset. HCIA opposes a transfer into non-government ownership without such a process. Importantly, HCIA is also of the view that any new service provider(s) would need to be able to fulfil current CSOs and provide consistent, high quality care for all clients of Australian Hearing, particularly Aboriginal and Torres Strait Islander clients, children (up to the age of 26), clients with special needs and eligible people in remote areas.

We understand that responsibility for this matter resides with the Finance portfolio, in consultation with portfolios for Health and Ageing and Human Services. To date, we also understand the Government has spent more than a year and over $2.7million dollars in scoping studies to consider the future of Australian Hearing. This includes deliberating on the merits of a proposal initiated by a private consortium offering to assume ownership of the services currently provided by Australian Hearing.

Two other points

We would like the opportunity to raise two additional points as they relate to hearing health in Australia.

1. Workforce Issues

From the perspective of the peak group that is by far the largest employer of hearing professionals in Australia, we note that this is an area where there is workforce undersupply and the industry needs to utilise the 457 Visa program to meet workforce need. From our perspective, it is imperative that nothing be done to reduce existing workforce supply.

On this point, it is perplexing to us the proposal to remove the Diploma of Audiology from VET Fee Help. This is a 2-year TAFE Diploma, offered at only 2 locations in Australia. It has been taught since the early 1960s. There is no suggestion that this area has been subject to expansion in numbers or subject to abuse. To remove it from VET Fee Help will have a significant negative impact on the hearing health area. For the Committee's information, we attach a submission made to the Senate Education and Employment Legislation Committee, which expands on this issue. (Appendix D)

2. Pathway to access a hearing aid

It is currently a requirement that prior to accessing the Hearing Services Program that all new clients must obtain a medical certificate from a GP. With 104,913 new hearing aids fitted under the program last year, the number of Item 23 (Level B) GP consultations would be higher than this as not every client follows up for a hearing aid fitting. At $37.05 (unindexed) for Item 23, this is a cost to Government of at least $4 million per year for this requirement.

Current legislative requirements mandate this GP consultation. However, we believe it is outdated and in our view a waste of money. We note that the FDA has recently dropped this requirement in the USA and Australia should follow suit. It is a waste of scarce resources.

Summary

In summary, HCIA makes the following points.

- We support Hearing Health being a National Health Priority for Australia,
- We recommend adoption of the recommendations contained within the 2010 Senate report titled 'Hear Us', in particular Recommendations 2,4 and 20,
- We encourage Government to continue to invest in research to further understand the link between hearing loss and other health related matters,
- While Australia's Hearing Services program is very good, we believe changes could be made to further improve its effectiveness, including;
    - Eligibility requirements to access the program should be reviewed, particularly for low income people of working age;
    - Funding an awareness and education campaign specifically aimed at young people, and

    - Implementing a screening program for all Australians over the age of 50.
- We would be concerned about making unnecessary changes to the Government's Hearing Services Program as this could be detrimental to those it now services,
- The non-utilisation of hearing aids supplied under the Hearing Services Program has declined substantially in recent years,
- Consumer choice is an extremely important element of the Hearing Services Program,
- The Hearing Services Program has an extremely low level of consumer compliant,
- There is substantial and unrealised opportunity for prevention of hearing loss, particularly amongst teenagers,
- There is a danger of substantial market distortion if Australian Hearing is moved from Government ownership, other than at a fair market value,
- The area is substantially constrained by workforce issues. This will be worsened by recently announced VET Fee Help changes to audiometry training, and
- The notion of the GP as the gatekeeper to the Hearing Services Program is outdated; a waste of money and is being jettisoned by comparable countries.

A final comment

The hearing services provided in Australia are excellent by international standards, although methods of reimbursement differ substantially between countries and thus international comparisons can be difficult. HCIA notes that for the target Australian population, access is good and waiting times are optimal for best practice outcomes.

HCIA however believes that not enough attention has been given to whether or not the target population is the most appropriate. In Australia, hearing services are provided for special needs groups and for people of pensionable age. The logic to providing hearing services to children is two-fold. First, it aims to minimise for children any disruption to learning and educational development and attainment and secondly, to develop and concentrate expertise in one area, namely Australian Hearing. For what can be a very challenging client group HCIA believes this logic to be sound. However, we are of the view that targeting people of the pension age would appear to be completely arbitrary.

In Australia, only 30% of people who have hearing loss and who might benefit from hearing aids actually have them. While this is quite good by international standards, it is still not world's best practice.

According to the Department of Health's own figures, the average age of people accessing hearing services under the Hearing Services Program is 79 years – yet half of the people in Australia with hearing loss are under 65 years of age.

If Australia were to move towards world's best practice, it should examine uncoupling access to hearing services and the pension age, so that people in the 45 to 64 age group (or part of that age group) could access hearing services at a time when they are highly motivated to use such services and thus remain productive for as long as they can.

Without aided hearing, the hearing impaired person can be expected to suffer losses in remuneration due to underemployment; may make mistakes on the job; experience higher

rates of unemployment and in general, experience an overall reduction in quality of life (anxiety, depression, social isolation) which may negatively impact on job performance.

HCIA accepts that Government funds are limited and understands that moving access from 65 to 45 might need to be done over a longer period of time. HCIA however believes that uncoupling the pension age from the hearing services would have very substantial productivity benefits and enable people to access services when they are most highly motivated to do so. It can also be done on a highly targeted basis, with a means test and co-payments if required.

In relation to hearing technologies, HCIA is of the view that the technology available to hearing impaired people under the Hearing Services Program is of a very high standard and that here Australia is a world leader.

HCIA believes that Government must continue to encourage investment in Australia so that hearing providers can continue to assist hearing impaired Australians, knowing that the need will increase as the population ages.

HCIA believes the Hearing Services Program must be user friendly to all stakeholders so that it enables a sustainable industry whilst providing choice through an excellent range of products and services to the hearing impaired. From our perspective, key to this is maintaining a sensible balance between the 'free to client' and 'top up' devices. The industry can only sustain the best level of 'free to client' products in Australia if the balance between 'free to client' and 'top up" is maintained, as the top up devices well and truly cross subsidise the 'free to client' access. Without this cross subsidy, client access and choice would be diminished.

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