

20 April 2020

Hon Kevin Andrews MP
Chair
Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600

Email: ndis.sen@aph.gov.au

Dear Mr Andrews

Re: Joint Standing Committee on the National Disability Insurance Scheme's (NDIS) inquiry into the NDIS workforce

Audiology Australia (AudA) welcomes the opportunity to make a submission in response to the Joint Standing Committee (the Committee) on the National Disability Insurance Scheme's (NDIS) inquiry into the NDIS workforce. AudA is the peak professional body for audiologists with over 2,900 members practising across Australia.

Audiologists are hearing health professionals who provide comprehensive hearing services to a wide range of clients, including NDIS participants. Audiologists help NDIS participants preserve, manage and improve their hearing and balance, and their ability to process and understand sounds. Currently, there are 15,272 people with a hearing impairment who are NDIS participants. This represents 5% of the total 338,982 NDIS participants (NDIA, 2019a).

AudA notes there is limited data available on participant experiences within the NDIS. However, a survey conducted of NDIS participants who entered the scheme in 2016-17 and 2017-18 suggests positive outcomes for people with hearing impairments. For children from starting school to age 14, the survey highlighted that participants with a hearing impairment generally experience better outcomes than those with other disabilities. For participants aged 15 years and over, participants with a hearing impairment were more likely to be in a paid job and were more likely to be in open employment. They were also least likely to receive the Disability Support Pension, reflecting their high employment levels relative to other NDIS participants (NDIS, 2019b).

In our submission, we highlight some of the current challenges faced by audiologists providing hearing services to NDIS participants, as well as opportunities to improve hearing health care services within the NDIS. We believe the issues outlined below are important for the Committee to take into consideration.

Providing hearing services to rural and remote communities via teleaudiology

The availability of audiologists and other health professionals is already limited in rural and remote areas (National Rural Health Alliance, 2019). This results in longer waiting times for participants as service demand exceeds the existing workforce and, in turn, severely impacts the ability of providers to deliver services funded by the NDIS. Or, in some instances, there is a total gap in service with no locally based provider available, requiring participants to travel or miss out altogether.

AudA notes that one way to help address these issues faced by rural and remote communities could be through telehealth. Advances in technology are providing new and viable opportunities for the delivery of services - especially in remote areas where access to health care is limited and significant inequalities exist (Psarros et al, 2015). Teleaudiology and teleotology has - and will continue to - shape the way that services are delivered to rural and remote communities. AudA's position is that telepractice is an appropriate model of service delivery for the audiology profession.

Teleaudiology is already used in Australia by, for example: Hearing Australia for fitting hearing aids, The Shepherd Centre in assisting children develop their listening, spoken language and social skills (The Shepherd Centre, 2015), and Sydney Cochlear Implant Centre in the programming of cochlear implants (SCIC, 2015). Indeed, the majority of services related to cochlear implants can be delivered using telepractice, from otoscopy to cochlear implant programming (Psarros et al, 2012).

AudA welcomes the recent NDIA initiative to enable providers to deliver services via telehealth where appropriate and with the participant's agreement to reduce risk of exposure to COVID-19. At the same time, it is also important for providers to ensure that they continue to meet the NDIS Code of Conduct and NDIS Practice Standards to ensure quality service provision. More broadly, this development also reflects greater availability of telehealth services recently introduced in other government schemes in response to COVID-19, including the Medicare Benefits Schedule and the Department of Health's Hearing Services Program (HSP).

We consider the use of telehealth services to be a beneficial step for both providers and participants. It increases the timeliness and accessibility of audiology services for those participants who are unable or prefer not to access face to face services during COVID-19 and increases the ability of all participants who have difficulty accessing hearing services due to living in a rural or remote location or because of socioeconomic or physical disadvantage.

For these reasons, AudA strongly recommends that – after the COVID-19 crisis comes to an end - all clinically appropriate services under the NDIS, including hearing services have the option of being delivered via telehealth on an ongoing basis.

Recommendation 1: AudA strongly recommends that the NDIA should provide for all NDIS services, including hearing services to be delivered via telehealth on an ongoing basis where clinically appropriate and with the agreement of the participant.

Attracting and retaining audiologists by clarifying provider requirements

AudA members have raised strong ongoing concerns about provider registration for hearing services under the current NDIS transitional arrangements.

For several years, the registration groups of "Hearing Services" and "Specialised Hearing Services" were closed to audiologists under the in-kind transitional arrangements between State and Territory governments and "Specialised Hearing Services" was reserved for services provided by Hearing Australia.

While eventually the Department of Health determined that audiologists who were registered with the HSP voucher scheme could also provide services to NDIS participants, the perceptions created by those closed registration groups created significant barriers for audiologists both before and after this change. Due to the closed registration groups, NDIA staff advised many audiologists who were, in fact, eligible to provide services to NDIS participants that they could not do so and for those who did actually manage to register, they were then advised that they could not obtain reimbursement for the services they had provided as the registration groups were closed. These experiences led to a great deal of frustration and confusion and, as a result, a number of AudA members either ultimately chose not to provide services to NDIS participants or have not re-registered to do so.

In preparation for the transitional arrangements coming to an end on 30 June 2020, audiologists can now register for the “Hearing Services” or “Specialised Hearing Services” groups. While this is a positive development, there are major issues that remain unclear from the provider perspective. For instance, the definition of “Specialised Hearing Services” and who can provide services in that registration group has not been clarified. In particular, whether or not the Australian Government intends to introduce contestability for paediatric audiology services and the extent of this contestability remains a significant unknown matter. AudA strongly supports the need for hearing services to infants and children to be delivered by audiologists who have appropriate competence and experience. However, given the current lack of sector wide competency standards for paediatric audiologists and the need for these to be developed (a profession wide project that is estimated to take 18-24 months), this is a matter of some concern to AudA. Given that it is now April and 30 June is only weeks away, there is an urgent need for clarity about these issues.

Without this kind of critical information, AudA members who are right now potentially interested in providing services to NDIS participants are advising us that they are not going to register as they lack the necessary information to understand what these new arrangements will mean for them and their businesses in practice.

Given that there is a small amount of hearing providers currently registered under the NDIS, we are concerned that these low numbers will result in less choice and control for NDIS participants and less availability of services for NDIS participants who will require these services now and in the future.

Recommendation 2: There is an urgent need for the NDIA to clarify how hearing services are to be delivered as of 1 July 2020, including how the registration category “specialised hearing services” will be defined and whether and to what extent hearing services for infants and children will be contestable.

Embracing a holistic approach to hearing health care in the NDIS

Lastly, AudA believes that the NDIS should fund the full range of required rehabilitation services for hearing loss. Although there is often a strong focus on hearing aids in the media, hearing aids alone are not sufficient for effective habilitation/rehabilitation for hearing loss and its consequences.

Audiologists are trained to offer a holistic rehabilitation plan that may also include: support and counselling (as needed) for the individual and family to improve ability to participate in

activities that are meaningful to them; individual and group aural rehabilitation; behaviour change counselling; and devices as alternatives to - or in addition to - hearing aids such as telephone adapters, remote microphone systems and streamers and television devices for hearing assistance. More information about the range of skills of audiologists is [set out in the Scope of Practice for the audiology profession.](#)

In AudA's view, it is only through such holistic rehabilitation that outcomes for participants with hearing impairment can be met across all of the domains in the NDIA's outcomes framework – choice and control; daily living activities; relationships; home; health and wellbeing; lifelong learning; work; and social, community and civic participation.

Recommendation 3: AudA recommends that the NDIA recognises the additional skills and services that audiologists can provide NDIS participants, especially behaviour management, counselling and individual and group aural rehabilitation.

We would welcome the opportunity to discuss any aspect of our letter with you further. I can be contacted via Elissa Campbell, Advocacy and Policy Manager on (03) 9940 3900 or elissa.campbell@audiology.asn.au.

Yours sincerely



Dr Barbra Timmer
President

References

National Disability Insurance Agency (2019a) COAG Disability Reform Council: Quarterly Report: 31 December 2019

National Disability Insurance Agency (2019b) NDIS Participant Outcomes: 30 June 2018

National Rural Health Alliance (2019) Allied Health Workforce in Rural, Regional and Remote Australia: June 2019. Available from:

<https://www.ruralhealth.org.au/sites/default/files/publications/fact-sheet-allied-health.pdf>

Psarros C, McMahon CM. (2015). Evaluating a model of telepractice. In E Rushbrooke & T Houston (eds), Telepractice in Audiology (pp 47-90). Plural Publishing

Psarros C, van Wanrooy E & Pascoe S. (2012). *Management of cochlear implants using remote technology* [Unpublished report]. Melbourne, Australia: Hearing Cooperative Research Centre Project

Sydney Cochlear Implant Centre (SCIC). Are you struggling to hear with your hearing aids on? A cochlear implant could help you restore your hearing [Internet]. 2015 Oct.

The Shepherd Centre. Submission to the Senate Select Committee on Health (Submission 154). July 2015