

11 June 2019

Assoc Prof Ray Lovett
Chair Aboriginal and Torres Strait Islander Health Reference Group
Medicare Benefits Schedule Review Taskforce

By email: MbsReviews@health.gov.au

Dear Assoc Prof Lovett

Re: Report from the Aboriginal and Torres Strait Islander Health Reference Group

Audiology Australia (AudA) welcomes the opportunity to comment on the *Report from the Aboriginal and Torres Strait Islander Health Reference Group* (the Report) of the Medical Benefits Schedule (MBS) Review Taskforce.

AudA is the membership association for the profession of audiology with over 2800 members across Australia, many of whom work directly with Aboriginal and Torres Strait Islander peoples.

Hearing loss among Aboriginal and Torres Strait Islander peoples is widespread and much more common than for non-Indigenous Australians (Burns & Thomson, 2013) and is characterised by earlier onset, higher frequency, greater severity and greater persistence (Jervis-Bardy et al, 2014). In 2014–15, 8.4% of Aboriginal and Torres Strait Islander children aged 0–14 years had a hearing condition - 2.9 times the rate for non-Indigenous children (Productivity Commission, 2016).

Several studies have found that children living in remote communities experience high rates of severe and persistent ear infections (Gunasekera et al, 2009; Coates, 2009; Edwards & Moffat, 2014). As many as 90% of Aboriginal and Torres Strait Islander children in some remote communities can have otitis media infections at any one time. While not as prevalent as in remote communities, the rate of otitis media among Aboriginal and Torres Strait Islander children living in urban and rural settings is still estimated to be around 40% (House of Representatives, 2017).

Audiologists are experts in good hearing and ear health. Using their specialist skills and knowledge, audiologists assess how people of all ages hear and, with the application of technology, re/habilitation and therapy, audiologists help people with hearing loss and related disorders with their learning and communication difficulties. Audiologists – together with other health professions such as Aboriginal and Torres Strait Islander Health Practitioners, medical practitioners, nurses and speech pathologists – play a crucial role in hearing health care for Aboriginal and Torres Strait Islander peoples. They work to reduce the incidence of otitis media and the negative psychosocial impacts of otitis media and hearing loss across many different fields, including primary health, diagnostic assessment, specialist medical and rehabilitation services, research, health workforce development and service program management

AudA considers that the recommendations of the Report, if accepted, will assist in improving access to allied health services, increase the delivery of culturally safe and appropriate health care and encourage the growth of Aboriginal and Torres Strait Islander health services.

AudA has provided feedback on the Report's recommendations that relate directly to hearing services.

Key recommendations

Recommendation 1: Enable bulk-billing incentives to be billed in conjunction with provision of allied health services for Aboriginal and Torres Strait Islander peoples.

AudA supports this recommendation. The recommendation is consistent with AudA's submission to the MBS Review Taskforce (2018) that any additional Medicare options that are available for audiologists to bill under their own Medicare provider numbers would be very helpful to assist audiologists with their regular case load as well as contributing to the assessment and planning of GP Management Plans and Team Care Arrangements. Bulk-billing incentives may also remove cost barriers for follow-up care and access to services.

Recommendation 3: Change the name of M11 and M3 items to "Comprehensive primary health care follow-up services"

AudA supports the recommendation to change the category name of M11 and M3 items to "Comprehensive primary health care follow up services". We consider that this more accurately reflects the group of providers and the scope of activities under these categories to include Allied Health practitioners, Aboriginal and Torres Strait Islander health workers and health practitioners, mental health nurses and nurses.

Recommendation 4: Pool access to allied health items that are available following the completion of a health assessment and the creation of a GPMP/TCA.

AudA supports this recommendation that will provide patients with access to a combined ten services, regardless of their entry pathway.

If implemented, this initiative will assist in enabling audiologists to make an immediate positive impact in terms of devoting more time and resources to improving the hearing health of Aboriginal and Torres Strait Islander peoples, including having more time to contribute to the planning and review of care plans of patients with complex/chronic needs. This is particularly important for those people who cannot be appropriately assessed by anyone other than an audiologist, for example, children aged under three years or with conditions that increase the complexity of hearing evaluation. Given the persistent early onset and high prevalence of ear disease, AudA also strongly recommends mandatory frequent, periodic ear surveillance for all health contacts (including babies) in children 0-5 years (AudA 2018).

Recommendation 5: Increase the number of allied health sessions available for Aboriginal and Torres Strait Islander peoples.

AudA supports the recommendation to increase the number of allied health sessions for Aboriginal and Torres Strait Islander peoples from five to ten with an additional ten services available pending GP review.

A GP generally refers a person to allied health practitioners after the annual Aboriginal/Torres Strait Islander Health Check under MBS Item 715. In the case of an Aboriginal and Torres Strait Islander child, it is common for that child to need assessment from an audiologist, speech pathologist, a dietician and subsequent follow ups from the Aboriginal Health Worker.

For audiology services, the increased number of allied health care services will assist in addressing the hearing health care needs of Aboriginal and Torres Strait Islander peoples and especially children in order to be able to provide positive hearing health care outcomes.

Recommendation 7: Ensure that health assessment templates and content reflect best practice

AudA supports this recommendation as it will help ensure that the activities conducted during a health assessment (item 715) are consistent with the *National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander People*. A standard template for item 715 that is aligned to best practice guidelines will assist in improving clinical outcomes.

Recommendation 8 - Update the allied health referral form for Aboriginal and Torres Strait Islander peoples' health assessment

AudA supports this recommendation as it will assist with providing clear communication between the patient and GP and facilitate access to allied health services.

Longer-term recommendations

AudA supports in principle all of the following longer-term recommendations in the Report, which we consider will improve access to high-quality, safe and culturally appropriate health services for Aboriginal and Torres Strait Islander peoples:

Recommendation 12 - Invest in the growth and sustainability of the Aboriginal and Torres Strait Islander health worker and health practitioner workforce.

AudA strongly supports building an appropriate and capable workforce of Aboriginal and Torres Strait Islander Health Workers. Improving and supporting the participation of Aboriginal and Torres Strait Islander peoples in health training courses and tertiary education for health-related disciplines is vital to increasing Aboriginal and Torres Strait Islander participation in the health workforce (AIHW 2018).

Recommendation 13 - Invest in an awareness campaign that explains the roles and scopes of practice of Aboriginal and Torres Strait Islander health workers and health practitioners.

Recommendation 14 - Establish a MBS data governance, reliability and monitoring group to provide guidance and oversight of Aboriginal and Torres Strait Islander peoples' MBS claims data to ensure accuracy

Recommendation 15 - Ensure that all MBS revenue generated from the 19(2) Directions for state and territory clinics, funded under the Indigenous Australians' Health Programme, delivering primary health care to Aboriginal and Torres Strait Islander peoples is invested back into primary health care services

Recommendation 16 - Enhance social and emotional well-being support for Aboriginal and Torres Strait Islander peoples through an MBS rebate for social and emotional well-being support services delivered by accredited practitioners

Recommendation 17 - Promote culturally safe health services for Aboriginal and Torres Strait Islander peoples to all health providers.

Issues not addressed in the Report

Referrals

AudA submits that the current requirements regarding referrals that apply to the MBS items for audiologists place unnecessary barriers to the smooth transition of patients along their pathways of care.

Examples of how this process can negatively affects patients include:

- An adult who has their hearing assessed by an audiologist working in a hospital and who is identified as requiring hearing aids will need to obtain a referral from a medical practitioner in order to access the Department of Health Hearing Services Program's Voucher Scheme. However, we acknowledge that changes to the referral pathway to enable an audiologist to refer a patient directly to the Hearing Services Program are being considered as part of the Department of Health's current Thematic Review of the legislation supporting the Hearing Services Program. An audiologist visiting a remote community and recognises that a child has otitis media with accompanying hearing loss and would benefit from use of hearing aids. The audiologist must request the local nurse to organise for the child to be seen by the next visiting medical officer so that the medical officer can make a referral to the ENT to obtain clearance to fit the hearing aids. It is not inconceivable that there will be a six to twelve month delay before the hearing aids are actually fitted.

An integrated system must be developed which allows patients to seek the services of an audiologist without requirement for a medical referral. These changes would streamline patient care and reduce the cost and time imposts of unnecessary appointments with other medical practitioners

Teleaudiology

AudA acknowledges that development of telehealth solutions is a longer-term recommendation of the Allied Health Reference Group and submits that teleaudiology services have the potential to improve access to hearing services for Aboriginal and Torres Strait Islander people in rural and remote areas who are likely to have fewer opportunities for face-to-face care.

AudA submits that the MBS needs to be reviewed and brought up-to-date with current telepractice models of service delivery.

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

Yours sincerely



Dr Jessica Vitkovic
President

References

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