

11 June 2019

Ms Merrin Prictor
Chair Allied Health Reference Group
Medicare Benefits Schedule Review Taskforce

By email: MbsReviews@health.gov.au

Dear Ms Prictor

Re: Allied Health Reference Group Final Report

Audiology Australia (AudA) welcomes the opportunity to comment on the *Report from the Allied 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. Audiologists are university trained health professionals (entry level is a Masters Degree) who specialise in the identification, diagnosis and rehabilitation of hearing loss, tinnitus, balance disorders, auditory processing disorders, hyperacusis and acoustic shock.

Audiologists provide services through hospitals, community health clinics, government funded agencies, hearing aid clinics, cochlear implant clinics, private practice, university clinics, medical practices, ear nose and throat specialist and otology clinics, occupational hearing conservation programs, programs for compensation of occupational noise injury, community awareness and consumer advocacy. Scientific research and the employment of evidence-based practice are fundamental to high quality and successful outcomes in Australian audiology practices.

AudA considers that the recommendations of the Report, if accepted by the MBS Review Taskforce, will assist in improving access to allied health services and deliver high value patient care across Australia.

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

Key recommendations

Recommendation 1: Encourage comprehensive initial assessments by allied health professionals

AudA notes that a longer consultation of 60 minutes is usually required for an initial assessment for audiologists providing care for patients with a chronic condition and complex care needs (Item 10952), Aboriginal and Torres Strait Islander Peoples (Item 81310), and children with autism, pervasive developmental disorder (PDD) or an eligible disability (Items 82030 and 82035).

However, AudA acknowledges that the Reference Group has attempted to identify a minimum duration of time for a comprehensive initial assessment that could apply to all allied health services and, therefore, we support the recommendation for a new MBS item for allied health initial assessments of at least 40 minutes.

Recommendation 2: Expand allied health involvement under team care arrangements

AudA welcomes an increase in the number of allied health appointments for people with chronic conditions and supports being aligned with other allied health professions to be consistent across professions.

However, AudA considers that this recommendation requires urgent attention. AudA is concerned that the time required to develop and implement a stratification model to identify the optimal number of allied health appointments will add further delays for patients wishing to access these services.

As a guide, AudA proposes that the number of allied health sessions available is increased to align with Recommendation 5 of the Aboriginal and Torres Strait Islander Health Reference Group Report (1): "patients would receive access to ten allied health sessions annually with an additional ten sessions available pending GP review." AudA suggests that a 12-24 month timeframe for review be implemented to determine if the increased number of items is improving the health outcomes of patients.

AudA acknowledges the lack of research data showing the reasons for underutilisation of M3 items. However, we note that many audiologists simply do not use these MBS items because of the prohibitive conditions attached to claiming, patients' expectation that services are bulk-billed and/or the significant gap between the rebate and the actual cost of providing hearing health services.

Given that the current rebates for audiology services are too low, Audiologists often need to charge patients higher out-of-pocket costs if they are to cover their time and expenses. AudA recommends that a range of consultation times be included (not limited to an initial assessment of 40 minutes and 20 minutes for subsequent treatment) and that rebates be increased accordingly.

AudA also strongly recommends that allied health practitioners are consulted if the rebate amount and/or range of consultation times are to be reviewed.

Recommendation 4 - Introduce a practice incentive payment for allied health professionals who provide group therapy under items 81105, 81115 and 81125

AudA recognises the importance of group work and supports this recommendation. AudA requests that consideration be given to expanding a practice incentive payment to include audiologists who provide group therapy. An evaluation study of the highly successful Active Communication Education (ACE) program shows that group communication programs have an important place in the audiological rehabilitation of older adults (2).

Recommendation 6 – Improved access to paediatric allied health assessments

AudA agrees with the recommendation to amend the item descriptor for M10 items to Autism Spectrum Disorder (ASD), Complex Neurodevelopmental Disorder (CND) and Disability and remove Pervasive

Developmental Disorder (PDD). This brings the terminology of MBS item 82030 into line with the current DSM-V definitions.

Recommendation 7 – Improve access to complex paediatric allied health assessments for children with a potential ASD, CND or eligible disability diagnosis

As recognised by the Autism Cooperative Research Centre, determining auditory function is a fundamental, necessary step in diagnosing and providing interventions for ASD and related conditions. Therefore, as part of best practice, a child should have a comprehensive audiological assessment as part of determining the development of an ASD diagnosis. This is important because some indices for ASD may include delayed or atypical language or an adverse response to sound, which are also signs of possible hearing loss. Moreover, undiagnosed comorbid hearing difficulties, if left untreated, may reduce the benefit that the child with ASD gains from the relevant early intervention therapies.

AudA therefore supports the recommendation to increase the number of assessment items for children with complex paediatric conditions from four to eight per lifetime.

Recommendation 8 – Encourage multidisciplinary planning for children with a potential ASD or eligible disability diagnosis

Audiologists have an important role in diagnosing (or ruling out) hearing loss in children suspected of having a diagnosis of ASD. This recommendation will allow audiologists to participate in case conferencing and be remunerated for contributing to the planning and review of care plans of ASD treatment and care and is supported by AudA.

Recommendation 10 – Improve access to M10 items for patients with severe speech and language disorders

As it is best practice that all children being assessed for ASD have their hearing assessed to exclude hearing loss as a cause of their speech and communication delay, AudA welcome and supports this recommendation.

Recommendation 11 – Improve access to the ASD and eligible disability assessment to people aged under 25

The recommendation to increase the age limit to 25 years to provide access to the ASD and eligible disability assessment to young adults is supported by AudA to enable increased numbers of young people to have the ability to seek and obtain a relevant diagnosis if needed so that they can then access appropriate healthcare for their individual needs and requirements.

Recommendation 12 – Improve allied health collaboration during assessments

AudA supports this recommendation. We consider that the ability of audiologists to refer patients directly to other allied health professionals such as speech pathologists, psychologists and nurse practitioners will streamline patient care and reduce the cost and time imposts of unnecessary appointments with other medical practitioners.

Longer-term recommendations

Recommendation 13: Build an allied health research base

AudA welcomes this recommendation to improve the evidence base supporting the effectiveness of allied health services. Scientific research and the employment of evidence-based practice are fundamental to high quality and successful patient outcomes in Australian audiology practices.

Recommendation 14: Improve access to allied health services via telehealth

AudA supports this recommendation which focuses on providing increased and timelier access to audiological services for populations in eligible rural and remote areas.

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

Teleaudiology is already used in Australia by, for example: Australian Hearing for fitting hearing aids and The Shepherd Centre in assisting children develop their listening, spoken language and social skills (3).

The *Roadmap for Hearing Health* (4), developed by the Hearing Health Sector Committee, identified a key action as:

“Expand the use of telehealth (including tele-otology), using both cold case and live consultation, to improve access, momentum and quality of services, and ensure Aboriginal and Torres Strait Islander engagement is considered.”

Further revision of the MBS to allow for teleaudiology services should consider:

- Increased and more timely access to audiological services for populations who are unable to access face-to-face services due to socioeconomic or physical disadvantage
- Increased professional support to personnel involved in delivering services
- Competent performance of services and mitigation of risk for patients and clinics (5).

Recommendation 15 - Pilot non-fee-for-service allied health payment models

AudA supports this recommendation and any investigation of alternative service delivery that may improve health outcomes.

Recommendation 16 – Enhance communication between patients, allied health professionals and GPs

AudA agrees with the recommendation to invest in secure communication methods because it will enhance the ability of GPs and private allied health professionals to collaborate on patient care.

Recommendation 18 - Expand the role of allied health in the Australian public health care system

AudA supports this recommendation. As hearing is one of the most common health disorders to affect Australians, strategies that highlight the important role of allied health services will help reduce the burden of disease in the community and deliver cost savings to the Australian health system.

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 at elissa.campbell@audiology.asn.au.

Yours sincerely



Dr Jessica Vitkovic
President

References

1. MBS Review Taskforce. *Report from the Aboriginal and Torres Strait Islander Health Reference Group* (2018)
2. Hickson L, Worrall L, Scarinci N. (2007). *A Randomized Controlled Trial Evaluating the Active Communication Education Program for Older People with Hearing Impairment*. *Ear & Hearing*, Vol 28(2)
3. The Shepherd Centre. (2015) Submission to the Senate Select Committee on Health (Submission 154).
4. Hearing Health Sector Committee. (2019). *Roadmap for hearing health*. Available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/roadmap-for-hearing-health>
5. Audiology Australia. (2013) Audiology Australia Professional Practice Standards- Part B Clinical Standards.