Audiology Australia Position Paper: OHS Clinical Pathway initiative

Audiology Australia wishes to express its strong reservations regarding the implementation of the clinical pathway delivery model. In particular, Audiology Australia is concerned about: (1) the abolition of the audio-link program without certainty that audiometrists have the knowledge and skills required for the OHS program; and (2) the inappropriate role of GPs in the program. Notably, the new clinical pathway will place an increased time burden upon practitioners without any accompanying improvement in client outcomes nor appropriate changes to Provider payments (commensurate with the additional activities practitioners are required to undertake). Audiology Australia has provided suggestions for the way forward and would be happy to discuss the positions taken here further.

1. The abolition of the audio-link program:

The abolition of the audio-link program will lead to professionally-trained audiologists and vocationally-trained audiometrists having equal roles within the program (based on the assumption that both will have the requisite Knowledge and Skills). This has necessitated the proposed adoption of a rigid test battery (or a "one-size-fits all" approach) to ensure that "comprehensive" information is available for medical and hearing health management. The impact of this is three-fold: (a) more time than is justifiable is spent on hearing assessment activities for non-complex clients; (b) clients with complex hearing assessment requirements will not necessarily receive the most appropriate assessments for their needs; and (c) the integration of the results stemming from this "comprehensive" test battery may not be effectively or correctly interpreted, largely because there is an excessive and overwhelming amount of information to analyse and interpret.

While Audiology Australia remains strongly opposed to audiologists and audiometrists having equal roles within any hearing health care environment, this is not the focus of this position paper.

Issues with the implementation of the Knowledge and Skills Set document:

The new OHS Clinical Pathway is based upon the proposal that a qualified practitioner will have the Knowledge and Skills Set required to (a) provide a comprehensive assessment to eligible clients; (b) provide a report to the GP which will inform medical management or referral; (c) provide hearing aids or other assistive listening devices where necessary and; (d) when considered appropriate and beneficial, provide some further rehabilitation activity to particular clients, according to the rules governing OHS services.

Audiology Australia's acceptance of the Knowledge and Skills document was based upon the premise that there would be examination of all potential QPs for the 'initial assessment' work proposed in the modified Clinical Pathway - and that both audiologists and hearing aid audiometrists would sit the 'clinical case assessment' exam. It was envisaged that the differences between the competencies of the two providers would be clearly demonstrated through such an exam. However, it is uncertain whether this exam will occur. While it can clearly be argued that audiologists are assessed in these areas throughout a 2-year Master of Clinical Audiology program, the same cannot be stated for vocationally-trained audiometrists. Hence there is no mechanism that will measure the competence of practitioners to work independently in the area of hearing assessment.

Differences in Knowledge and Skills Sets between audiologists and audiometrists.

In the absence of any direct measurement of knowledge and skill, it is Audiology Australia's position that hearing aid audiometrists trained at a vocational level (whether with a Certificate IV

or a Diploma qualification) will not possess the knowledge and skills required to deliver the service that the OHS Clinical Pathway requires, even after the intensive training program proposed to be developed co-jointly by TAFE NSW and OHS.

To begin, it is questionable whether audiometrists' training can enable them to develop the breadth and depth of knowledge that is needed to make clinical decisions about complex cases.

More importantly, to provide an effective and client-focused (or patient-centred) hearing health service, professional skills (also known as generic skills) are required. In fact, these are identified throughout the Knowledge and Skills document.

By virtue of their university education, audiologists possess the professional skills needed to **apply** relevant knowledge and skills to a range of audiological cases. On the other hand, a vocational program (at any level) cannot teach professional skills to the level that is required for practitioners to work independently within a health care environment. Hearing aid audiometrists are trained to have good technical skills that enable them to perform a battery of hearing tests and fit hearing aids to clients. For these practitioners to be incorporated into the OHS scheme as completely independent practitioners, certain assumptions must be made. These include: (a) that the same battery of hearing tests will be appropriate for all clients and enable accurate management decisions to be made and (b) that audiometrists will be able to interpret results arising in complex cases accurately and report them accurately to GPs. Audiology Australia believes that point a "one-size-fits-all approach" is inappropriate and contrary to best practice in hearing health care and that audiometrists are not effectively trained to provide reports that will be used for medical decision-making.

What are professional skills?

Professional or generic skills are taught throughout an undergraduate degree and developed further throughout a Masters degree and include:

- *high-level evaluative and problem-solving skills* [to identify the most appropriate test battery for the individual *and* to integrate clinical information from various sources (reports from medical or paramedical practitioners, test outcomes and client history)],
- *high-level communication skills which require self-awareness and interpersonal skills* [for effective and culturally-sensitive patient-professional interaction as well as interaction with other professionals];
- *highly developed written skills* [for medico-legal reporting as well as reporting to individuals with various educational levels].
- *self-management and collaboration skills* [to ensure holistic client management];
- *critical analysis skills to apply and adapt knowledge to the real world* [to ensure effective client outcomes both in the diagnosis and rehabilitation]
- *creative thinking skills* [to develop rehabilitation plans that provide clients with opportunities to participate effectively in society]; and
- *lifelong learning skills to stay abreast of the rapidly evolving technology and changes to best practice*.

Audiology Australia does not believe that the new definition of a full assessment, which includes full immitance measures including ipsilateral and contralateral reflexes is justifiable. The necessity of this level of diagnostic testing for non-complex patients with no risk factors for retrocochlear pathology is wrong. Furthermore, the validity and reliability of these tests in the elderly population is questionable. Adoption of this test battery will mean that, for most clients, less time is available for hearing rehabilitation activities including rapport building, information exchange and discussion of rehabilitation options.

It is clear that a prescriptive approach is planned in order that audiometrists can be fully incorporated into the OHS program. However, more than 80% of OHS practitioners are

audiologists. Audiologists are capable of making clinical decisions with respect to the selection and application of the appropriate test procedure for each individual client. A prescriptive approach to the hearing test battery will waste time.

Financial recompense:

Effectively, the new battery of tests means that 610 and 810 work will be undertaken on **all** clients. At the same time, the 610 and 810 items will be removed from the schedule. Thus, an increase in workload actually occurs with a potential *reduction* in the fees paid for clients. This places an unnecessary workload and financial burden on practitioners and providers respectively. It is essential that there is adequate financial compensation for any change.

2. The inappropriate role of GPs within the program:

Lack of recognition of the role of audiologists in hearing health care programs:

The new Clinical Pathway ascribes a central role to GPs in which they are required to give medical consent to hearing health services, which may include hearing aid fitting, for each of their patients. It is not appropriate for a GP to give medical consent for a patient to receive hearing health services, as this is not part of their field of expertise. Audiologists are the professionals trained and qualified to make recommendations for hearing rehabilitation including hearing aid fitting and determine whether medical intervention is required.

Audiology Australia believes that GPs should be a part of the Clinical Pathway only when medical intervention is indicated by clinical results, but not for all clients.

The Federal Government's national review of primary health care is likely to recommend that allied health professionals play a bigger role in delivering health care than is currently the case. OHS's proposal for GPs to be central in hearing health care is clearly contrary to current trends.

Financial recompense:

The proposed changes to the Clinical Pathway mean that practitioners are required to write full reports about each new hearing assessment for GPs. This will greatly increase the time practitioners spend on report writing and report follow up. It is not appropriate that this change is implemented without appropriate financial recompense.

Audiology Australia is concerned about the impact that this extra record-keeping requirement may have upon client outcomes if more appropriate financial recompense is not negotiated; in a viable business it is a fact that less time will be available for face to face client related activities which are far more relevant for the success of the program.

The proposed change to the Clinical Pathway will require providers to "chase" GPs for responses to reports sent. Presently, it is notoriously difficult to secure a timely and appropriate response from GPs. Requiring providers to secure a written response from the GP before proceeding with rehabilitation will increase inefficiency and financial cost in servicing clients as well as delaying the commencement of the rehabilitation process. This clearly creates an unnecessary delay for clients accessing services under the scheme.

THE WAY FORWARD

While there have been rapid advances in hearing aid technology, evidence based research shows that hearing aids alone do not produce satisfactory rehabilitation outcomes for many clients. Furthermore, strategies other than hearing aid fitting enhance rehabilitation outcomes. It is essential that OHS works towards developing a more holistic approach to hearing health services in which rehabilitation, rather than hearing aid fitting is the underlying philosophy. "Rehabilitation" should not be an add-on service (such as Rehab Plus) but the cornerstone of the program.

Clearly, this approach requires that audiologists, who are professionally trained, are the Case Managers within the OHS program. Recognising the differences in the skill sets of audiologists and audiometrists is critical to the development of an effective hearing health rehabilitation program.

A. ***Aural Rehabilitation:*** **Audiology Australia contends that ONLY audiologists are able to provide aural rehabilitation to clients.**

Aural rehabilitation depends upon the application of professional skills to ensure each client is provided with the most appropriate program for their needs. Appropriate rehabilitation cannot and should not be provided by a formulaic approach as it needs to be highly individualized. Audiologists but not audiometrists have this potential because of their university background.

By virtue of their professional skill development and deep understanding of the psychosocial effects of hearing loss, audiologists are able to deliver comprehensive rehabilitation programs, not just hearing aid fitting programs. In light of the current research regarding the efficacy of different rehabilitation strategies, Audiology Australia is developing strategies to ensure all members working in the rehabilitative area focus upon and further develop their skills in all facets of evidence based rehabilitation. Audiology Australia is also working through the accreditation process with the university programs to ensure that this skill area is further developed as a key component of each program.

Audiologists- and not audiometrists- are suitably trained to:

A. perform a comprehensive assessment (that includes diagnostic and rehabilitative assessment of the individual);

B. integrate this information and make medical recommendations to the GP and recommendations to other allied health practitioners, such as psychologists and speech pathologists (where warranted);

C. integrate the available assessment and psychosocial information to provide effective aural rehabilitation based on the individual needs of the client. This rehabilitation is likely to include hearing aid fitting although aid fitting is only a strategy and should not be considered to be either a necessary or a sufficient part of every rehabilitation program.

B. ***Providers:*** Audiology Australia believes that only audiometrists who are current QPs should remain in the OHS program. No further audiometrists should be accepted.

Audiometrists are incorporated into the OHS program because, historically, there were too few audiologists. While audiometrists are well trained for hearing aid fitting, their lack of professional skill training and university education means they are less suitable for a service that attempts to provide fuller rehabilitation. There are an increasing number of audiologists graduating from the university programs [with approximately 150 graduates per year]. There seems to be little justification for adding additional audiometrists to the current OHS program.

Where audiometrists have QP status, it is proposed that audiologists are Case Managers for their clients: the initial assessment is managed by the audiologist although either practitioner can undertake the testing per se. The integration and reporting needs to be undertaken by an audiologist who is suitably qualified to do this. After audiological clearance, hearing rehabilitation should be managed by the audiologist, although hearing aid selection and fitting could be undertaken by either practitioner.

One argument for keeping audiometrists within the program may be that many work in rural environments, where critical shortages in hearing health workers exist. These shortages can be addressed by Audiology Australia in conjunction with OHS. Audiology Australia will work together with the universities to ensure that preferential positions are provided for students living in remote areas and that these students will have clinical placements provided to them within areas which have similar hearing health needs. As such, this argument should no longer be used.

C. ***Comments regarding provision of the initial assessment:*** Audiology Australia contends that those hearing aid audiometrists who are already qualified practitioners within the OHS program are able to provide the initial assessment, only if the audio-link program remains in place and is in fact strengthened to ensure clients requiring referral to an audiologist have an actual assessment appointment with the audiologist.

Audiometrists are technically-trained. The identification for the need for referral cannot simply be made on a prescriptive basis (i.e. providing a list of audiometric patterns that require referral). The first appointment is critical in identifying appropriate referral pathways AND determining the client's rehabilitation needs (which may include hearing aid fitting). With further evolution of the OHS program, audiometrists within the program could conduct the audiometric assessment under the management of the audiologist who would be responsible for the integration of the results and the decision-making process.

D. ***GP referral:*** Audiology Australia believes that GP referral should only be required where there is a medical concern.

Currently GPs receive audiological reports when it is appropriate and this will continue to be the case. However, there is no need for all OHS clients to be seen by the GP after an initial assessment. Audiologists have considerably more in-depth knowledge than GPs in predicting the likely effectiveness of hearing rehabilitation and in identifying medical indicators from client report or test results and, as such, should be able to make independent decisions about whether to proceed with aural rehabilitation or medical referral.

E**.** ***Quality assurance:*** Audiology Australia requests that OHS develops and implements a better quality assurance system. This should be focused on measuring the true rehabilitation outcomes achieved by clients, rather than focusing upon the minutiae of clinical practice. This will allow OHS to provide the necessary feedback to Audiology Australia so that effective responses can be provided. This may encompass omissions in practice or breeches of ethical practice, which may lead to further training or more effective management. The society CANNOT react to vague reports of poor practice.