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23 March 2017

Dear Philipp,

**Audiology Australia's notes in response to the Productivity Commission's Issues Paper on National Disability Insurance Scheme (NDIS) Costs**

Thank you for coordinated and compiling an Allied Health Professions Australia (AHPA) response to the abovementioned Issues Paper.

In this letter, we have provided some background information about Audiology Australia, our relevant positions, submissions to previous inquiries on the NDIS and member experiences of the NDIS. We have also attached our submission to the Joint Standing Committee on the NDIS's recent Inquiry into the Provision of Hearing Services under the NDIS, which we reference in this letter. We are hopeful that you will find these relevant to the AHPA response.

We note that Audiology Australia will not be making a separate, individual, response to this Issues Paper.

**About Audiology Australia and our members**

Audiology Australia represents 2,500 audiologists in Australia. Our members are in every state and territory of Australia, in metropolitan, rural and remote areas. This is estimated to be over 95% of all practicing audiologists in Australia.

Audiologists work with clients of all ages to help them to preserve, manage and improve their hearing. Audiologists also help clients with their ability to process and understand sounds, and their balance. This includes those clients with complex needs. Audiologists must have completed at least the equivalent of an Australian university Masters-level degree in clinical audiology.

Audiology Australia plays two main roles in the hearing services sector:

Firstly, we act as a regulator of the profession of audiology in Australia. We offer regulation via clinical certification that is recognised and required by the Australian Government, including for access to funding under programs such as:

- Office of Hearing Services' Hearing Services Program;
- Medicare;
- The National Disability Insurance Agency (NDIA); and
- State and Territory workers' compensation schemes (such as Workcover)

Secondly, as the peak professional body in audiology, we give value to our members by providing professional development opportunities, networking, and professional advocacy, support and advice.

**What are the barriers to entry for new providers, how significant are they, and what can be done about them?**

**Are there any cost drivers not identified above that should be considered in this study? If so,:**

### *How do they impact costs in the short and long term?*

**Audiology Australia submits that there are potential costs associated with delivery not explicitly covered in the scheme costs outlined in the Issues Paper.**

Audiology Australia members report difficulties registering as NDIS service providers and in registering for specific support groups. This is particularly the case for the Early Childhood Supports, even though audiologists are listed as one of the professions eligible for this registration group.

In Table 1 on page 6 of the Issues Paper it is stated that one of the intended effects of the NDIS on the disability services market is that “The primary relationship is between the consumer and service provider.”, rather than between the service provide and the funder. Concerns raised by Audiology Australia members suggest that this intent has not been met.

**Additionally, these delays in and/or lengthy registration processes lead to significant costs to audiologists, affecting their ability and willingness to contribute to provide services under the NDIS.**

Audiology Australia is optimistic that these difficulties may reflect ‘transitional’ rather than ‘structural’ issues (see page 8 of the Issues Paper for definitions of these terms). Audiology Australia supports the mutual recognition model proposed in the NDIS Quality and Safeguarding Framework (p.86, published 6 December 2016 by the Department of Social Services). Recognition of Audiology Australia’s clinical certification and tiered provider requirements proportionate to the support risk-level and the size of the provider should address many of the issues.

However, unless the transitional issues are considered when implementing the Quality and Safeguarding Framework, there is a risk that unnecessary processes that increase delays in provider registration time will become structural during the full national rollout.

### *How, and to what extent, can government influence them?*

**Audiology Australia submits that having clearly articulated and nationally consistent provider registration requirements that are proportionate to provider size and service risk as intended by the NDIS Quality and Safeguarding Framework would address this issue.**

Furthermore, in our submission to the Joint Standing Committee on the NDIS’s Inquiry into the Provision of Hearing Services under the NDIS, we state that the NDIA could help to streamline practitioner registration processes by not only recognising registration with an Australian Health Practitioner Regulation Agency Board, but also by recognising practitioner certification by National Alliance of Self-Regulating Health Profession (NASRHP) bodies.

Audiology Australia also supports the proposal in the NDIS Quality and Safeguarding Framework that “There will also be mutual recognition of similar accreditation arrangements (such as for aged care and other community services), which will streamline requirements for providers working across different sectors” (p.86, published 6 December 2016 by the Department of Social Services).

### *Why is there a mismatch between benchmark package costs and actual package costs?*

In our submission to the Joint Standing Committee on the NDIS’s Inquiry into the Provision of Hearing Services under the NDIS, Audiology Australia reported:

“concerns that access to funding through the NDIS may be inconsistent within and across regions, and appears to be dependent on many factors that may not relate to individual participants’ needs and goals. These include:

- the level of advocacy families and individual NDIS participants can afford to invest time and money into;
- the NDIS planner's knowledge of and attitudes towards hearing services; and
- location/jurisdiction.

Audiology Australia members provided examples of funding discrepancies for participants with similar needs and goals. These included the following:

- some participants get funding for higher technology hearing aids, whereas others do not;
- some participants struggle to get funding for aural rehabilitation aimed at capacity building, while others do not; and
- some participants receive funding for higher-level technology to meet their needs while at work or university, while others do not."

**Audiology Australia's position is that funding for specific devices should be based on individual goals and needs in accordance with the NDIS eligibility criteria, and should at least be comparable across all Government-funded programs.**

To what extent have the differences in the eligibility criteria in the NDIS and what was proposed by the Productivity Commission affected participation numbers and/or costs in the NDIS?

In our submission to the Joint Standing Committee on the NDIS's Inquiry into the Provision of Hearing Services under the NDIS, Audiology Australia reported that contradictory and incorrect information is widely spread regarding the eligibility criteria for participants with auditory and balance disorders, for example:

"Feedback from Audiology Australia members predominately related to confusion and concern around the NDIS eligibility criteria for auditory and balance disorders. This confusion and concern has only been amplified as a result of the delay in the release of the NDIA's access (eligibility) work package which was originally planned to be released in the first half of 2016 (Office of Hearing Services, Hearing Services Program NDIS Transition Plan. Department of Health, Australian Government. 2016 Feb). Furthermore, audiologists and their clients have received contradictory information from NDIS Planners and other NDIS staff regarding the eligibility criteria for people with hearing loss."

**"Audiology Australia is hopeful that the NDIS will determine eligibility for participants with auditory and balance disorders based on a best practice holistic assessment.** Audiology Australia is therefore concerned by reports from members that they have been directly advised by NDIS staff that the Hearing Services Voucher Scheme Minimum Hearing Loss Threshold (Office of Hearing Services. Factsheet- Minimum Hearing Loss Threshold (MHLT). 2015 Sep.) or other 'threshold-based' criteria are being enforced by the NDIA. [...]

**A range of personal and psychosocial factors in addition to degree of hearing loss should be considered when determining eligibility."**

Is the current split between the services agreed to be provided by the NDIS and those provided by mainstream services efficient and sufficiently clear? If not, how can arrangements be improved?

Is there any evidence of cost-shifting, duplication of services or service gaps between the NDIS and mainstream services or scope creep in relation to services provided within the NDIS? If so, how should these be resolved?

In our submission to the Joint Standing Committee on the NDIS's Inquiry into the Provision of Hearing Services under the NDIS, Audiology Australia reported, for example:

"Audiologists have also reported that the level of funding some clients receive is not comparable with the Australian Government's Hearing Services Program Community Services Obligations (CSO) scheme. We have received reports that clients have been told that they can receive more funding for a given device through the CSO scheme than through the NDIS. There is therefore an incentive to encourage clients to 'shop around'."

**Audiology Australia's position is that funding for specific devices should be based on individual goals and needs in accordance with the NDIS eligibility criteria, and should at least be comparable across all Government-funded programs.**

"There is confusion about funding for tinnitus. A member of Audiology Australia was informed that supports for tinnitus would no longer be funded by South Australia Health, as this program would move over to the NDIS. However, they have since been informed that their young and adult clients with severe tinnitus are receiving the advice that they will be unable to access the NDIS. Audiology Australia's assessment of the situation is that other members are unaware that tinnitus could be considered under the NDIS."

**Is the planning process valid, cost effective, reliable, clear and accessible? If not, how could it be improved?**

**Are the criteria for supports clear and effective? Is there sufficient guidance for assessors about how these criteria should be applied? Are there any improvements that can be made, including where modifications to plans are required?**

In our submission to the Joint Standing Committee on the NDIS's Inquiry into the Provision of Hearing Services under the NDIS, Audiology Australia reported:

"concerns that access to funding through the NDIS may be inconsistent within and across regions, and appears to be dependent on many factors that may not relate to individual participants' needs and goals. These include:

- the level of advocacy families and individual NDIS participants can afford to invest time and money into;
- the NDIS planner's knowledge of and attitudes towards hearing services; and
- location/jurisdiction.

Audiology Australia members provided examples of funding discrepancies for participants with similar needs and goals. These included the following:

- some participants get funding for higher technology hearing aids, whereas others do not;
- some participants struggle to get funding for aural rehabilitation aimed at capacity building, while others do not; and
- some participants receive funding for higher-level technology to meet their needs while at work or university, while others do not."

**Audiology Australia suggests that the planning process for people with auditory and balance disorders could be improved by Planners requesting a holistic assessment of the client's needs and goals from an audiologist clinically certified by Audiology Australia early in the planning process.** For example, it is unreasonable that plans are approved which specify the funding available to hearing aids and equipment before a holistic assessment of the client's audiological needs has been conducted by an audiologist.

Audiology Australia notes that it is not necessarily the same audiologist who provides diagnostic assessments and aids, as audiologists can 'specialise' in different aspects of diagnosis and rehabilitation. The advice given by one audiologist can be verified by seeking additional opinions in the case that the Planner or participant feel that the advice was incorrect or insufficient.

### What role might technological improvement play in making care provision by the workforce more efficient?

In our submission to the Joint Standing Committee on the NDIS's Inquiry into the Provision of Hearing Services under the NDIS, Audiology Australia reported:

"Advances in technology provide new and exciting opportunities for the delivery of services (Psarros C, McMahon CM. Evaluating the Benefits of a Telepractice Model. In preparation.), especially in remote areas where access to health care is limited and significant inequalities exist (Williams T, Mat C, Mair F, Mort M, Gask L. Normative models of health technology assessment and the social production of evidence about telehealth care. Health Policy. 2003; 64:39-54). Teleaudiology<sup>1</sup> and teleotology, therefore, is likely to shape future audiological practice by changing the way services are delivered to these populations. **Audiology Australia's position is that telepractice is an appropriate model of service delivery for the audiology profession.**"

### What is the capacity of the providers to move to the full scheme? Does provider readiness and the quality of services vary across disabilities, jurisdictions, areas, participant age and types/range of supports?

**Audiology Australia submits that if the issues regarding provider registration, eligibility criteria and planning processes outlined in this letter are addressed, its members are ready for the shift to the full scheme.** Audiologists are used to providing audiology services on a fee-for-service basis. This was done for the age group between 26 and who were previously largely not eligible for the Australian Government's Hearing Services Program through fee-for-service funding by the Medicare items for audiology and under various Private Health Insurers. In addition, the Australian Government's Hearing Services Program also operates on a fee-for-service basis.

Audiologists are used to providing services for a wide range of clients in a wide range of settings, navigating and receiving funding on a largely fee-for-service basis from a range of private and Government funders. They should therefore be able to transition to full scheme, with the support of Audiology Australia and the NDIA.

Please do not hesitate to contact me if you have any questions regarding this response.

Kindest regards,



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<sup>1</sup> Teleaudiology is defined as the use of telecommunications technology such as the internet, computer networks, videoconferencing or telephone to provide access to audiological services for patients who are not in the same location as the clinician (3).