24 July 2018

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

By email: mbsreviews@health.gov.au

Dear Dr Lovett

Re: MBS Item 81310 – Audiology health services provided to a person who is of Aboriginal or Torres Strait Islander descent

Audiology Australia welcomes the opportunity to make a submission to the Aboriginal and Torres Strait Islander Health Reference Group of the Medical Benefits Schedule (MBS) Review Taskforce. Audiology Australia is the membership association for the profession of audiology with over 2600 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).

Several studies have found that children living in remote communities experience high rates of severe and persistent ear infections (Edwards & Moffat, 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). 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).

Under MBS item 81310, an audiologist can provide audiology health services to a person who is of Aboriginal or Torres Strait Islander descent upon a general practitioner (GP) referral if either a GP has undertaken a health assessment and identified a need for follow-up allied health services; or the person's shared care plan identifies the need for follow-up allied health services to a maximum of five services in a calendar year.

A GP generally refers a person to allied health practitioners after the annual Aboriginal/Torres Strait Islander Health Check under MBS Item 715, meaning a total of five referrals are available for referral to allied health practitioners, including audiologists as required.

However, it is very common for an Aboriginal and Torres Strait Islander child to need assessment from an audiologist, speech pathologist, a dietician and subsequent follow ups

from the Aboriginal Health Worker. Under this scenario, the total of five available referrals may easily be used in the first month following the annual check.

On this basis, Audiology Australia considers that the total available number of five allied health referrals from the 715 Aboriginal/Torres Strait Islander Health Check is frequently not sufficient to meet the clinical needs of children within remote communities as it is required to be shared across up to 14 allied health professions under the current MBS structure.

In the case of audiology, given the chronic rates of otitis media amongst Aboriginal and Torres Strait Islander peoples, children with chronic otitis media need to be tightly case managed as treatment or surgical interventions are required at critical times. Capacity for funding is necessary to provide audiological assessments in a timely manner and as needed.

For children in remote locations, this challenge is compounded by remoteness and significant unmet need in primary health care, allied health (audiology and speech therapy) and specialist services (Ear, Nose and Throat surgeons). Service delivery models and funding which encourage audiologists to provide audiological assessments in remote locations is required.

To help address these issues, Audiology Australia considers it crucial that audiologists and, more broadly, allied health professionals who work in the primary sector are able to access Medicare funding when working with Aboriginal and Torres Strait Islander peoples. We, therefore, consider that the number of referrals for allied health services available after a 715 Health Check should increase from the current five to at least ten to enable allied health professionals the opportunity to deliver best practice clinical care.

For audiology services, we submit that at least three services are needed per calendar year in order to be able to address 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.

Recent Australian Institute of Health and Welfare data of the Northern Territory public hearing health services from 2007-2016 supports this proposition, showing that there are long-term improved outcomes in ear/hearing health for children who had at least three or more audiological assessments with at least three months between them.

Among children and young people aged up to 15 who had at least 3 service visits between August 2007 and December 2016, the proportion of hearing loss (in 1 or both ears) at the last audiology visit (51%) was much lower than the proportion at the first visit (83%) and the proportions of hearing impairment (among mild and moderate/severe/profound categories) decreased over subsequent audiology services. The research also showed that those who received audiology services at a younger age (0–5 years) were more likely to have improvements in hearing impairment and hearing loss status over time (AIHW, 2017).

Another reason why it is important to ensure the capacity for audiologists to claim a series of audiological assessments within a 12 month period (and beyond) is that there are ear/hearing health conditions in Aboriginal and Torres Strait Islander peoples, which are diagnosed after a series of assessments to verify conditions such as otitis media with effusion (OME).

For OME, diagnosis and management requires repeated assessment in a defined period. Similarly, timely audiological assessment helps inform ENT referral by primary health practitioners for the appropriate management of chronic suppurative otitis media. Repeated

audiological assessment will help inform ENT decision making with respect to prospective ear/s for surgery. In addition, timely follow-up audiological assessments determine the quality and outcomes of any medical or surgical management.

The practical challenges of providing audiological services under the MBS to Aboriginal and Torres Strait Islander children in remote communities is illustrated from the feedback of Audiology Australia members working in Cape York where clinical data shows that, at any point in time, 30-40% of school aged children will have abnormal hearing. However, given the fluctuating nature of conductive hearing loss, it may not be the same children on any particular day. As such, a great deal of audiologists' case load involves monitoring children at risk, on several occasions each year. While there is currently insufficient clinical data for children in the 0-4 years age group, other literature and anecdotal evidence would suggest the rates of abnormal hearing would be at least equal, or higher, in this population.

Within these areas, primary care audiologists are frequently able to work in collaboration with a GP to access certain Medicare procedural items under the GP's provider number - some of which are only valid specifically in the absence of a medical referral. These items also allow their organisations to receive some remuneration for their time and expertise.

However, across the many communities that our members service, staffing is sometimes unstable and there are not always regular GPs with whom audiologists can partner in this way. This has led to some weeks where, for example, audiologists may assess 30 children in community with no Medicare rebates available at all, meaning the relevant organisation simply wears that cost.

On this basis, Audiology Australia considers 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.

Difficulties can also arise in regards to direct referrals to ENT specialists. A 2017 audit undertaken of a selection of GP referrals for patients living in remote Cape York communities to ENT services in Cairns were reviewed against the ENT *Clinical Prioritisation Criteria* (2015), the *Recommendations for Clinical Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations* (2010), and the Qld *Primary Clinical Care Manual* (2017). The audit found that only 22% of these referrals were in alignment with the recommendations in these routinely applied clinical guidelines; a further 30% of the referrals required more case history or audiological information to support the referral and a full 48% of referrals reviewed were inappropriate by the standard supplied in the clinical guidelines (Jacups et al, 2018, unpublished data).

Anecdotal evidence suggests one context for these inappropriate referrals is during the pathway of the 715 Health Check. Referrals may be made to ENTs based on incomplete hearing screening results during the health check, which often reflect the remnants of past middle ear pathology, without waiting for audiology follow up.

As such, the clinical care pathway is currently:

- Hearing Screening during 715 Health Check (this may or may not be completed, due to a number of contributing factors)
- GP review during sign off of Health Check
- GP referral to audiologist
- Audiologist assessment and recommendations to GP
- GP review and refer to ENT with Audiologist results

If provision were made for audiologists to follow the QLD recommended guidelines and refer directly to an ENT following an Item 81310 claim, Audiology Australia believes that this would provide a rich contribution to the reduction of inappropriate ENT referrals, resulting in decreased public waiting lists, rejected referrals that are sent without an audiogram as well as provide savings on Medicare billings for additional GP follow up after audiology and unnecessary specialist assessment.

If you have any questions regarding this submission, please contact Elissa Campbell Research and Policy Manager at Audiology Australia on (03) 9940 3904 or elissa.campbell@audiology.asn.au.

Yours sincerely

Dr Jason Ridgway
President
Audiology Australia

Reference

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