



Australian Government
Department of Health

SECRETARY

21 February 2017

Committee Secretary
Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Sir/Madam

**AMENDMENTS TO DEPARTMENT OF HEALTH'S SUBMISSION TO JOINT
STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE
SCHEME**

On 9 January 2017, the Department of Health made a submission to the Joint Standing Committee on the National Disability Insurance Scheme. Since that time, I have been made aware of some amendments required in the submission on the Aboriginal and Torres Strait Islander Specific Measures.

I would like to take this opportunity to clarify this information in the attachment to this letter. In summary:

- On page four of the submission, remove the word “inner” from paragraph three, making it “Opportunistic ear examination is encouraged...”;
- The Aboriginal and Torres Strait Islander Specific Measures section on pages eight and nine have been updated with the correct figures and to clarify the work of specific programs; and
- On page nine, Table 2 has been updated to include the correct costing for the Healthy Ears – Better Hearing, Better Listening program.

Thank you for the opportunity to provide this information to the Committee.

Yours sincerely

Martin Bowles PSM

Encl:

Amendment 1: Department of Health's Submission to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS)



Australian Government

Department of Health

Amendment 1: Department of Health's Submission to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS)

Paragraph 3, page 4:

An Aboriginal and Torres Strait Islander Health Assessment for a child under 15 years must include an ear examination using otoscopy (Medicare Benefits Scheme Item 715). Opportunistic ear examination is encouraged every time an Indigenous child attends a medical clinic, even if the child is not the patient. This model of care embeds ear and hearing health into existing child health primary care and can be beneficial as middle ear conditions can be asymptomatic with fluctuating hearing loss.

Pages 8-9:

Aboriginal and Torres Strait Islander Specific Measures

Through the Indigenous Australians' Health Program, \$36 million (2013-14 – 2018-19) is available for activity to improve ear and hearing health for Indigenous children and youth (0-21 years of age).

Australian government activities are designed to address the range of health system inputs needed to improve ear health. Current activities include:

- health promotion to raise awareness of the importance of health hygiene and early intervention;
- screening of ear health through the MBS health checks;
- multidisciplinary clinical services to treat and manage ear disease and its impact (including by GPs, medical specialists, audiologists and speech pathologists);
- expediting access to surgery for individuals who have been on long waiting lists;
- coordination of activity to improve the patient pathway;
- training of health professionals;
- provision of diagnostic tools such as equipment and clinical guidelines.

In 2015-16, key outcomes from this investment include more than 42,000 patient services in 328 locations, ear surgery for 143 children, ear health training for more than 1,500 health professionals and provision of almost 1,100 pieces of ear health assessment equipment and more than 118,000 disposable ear tips used with ear health assessment equipment.

The Care for Kids' Ears resources, developed as part of a campaign, aim to increase awareness among Indigenous people of ear disease, by highlighting risk factors and promoting the importance of good hygiene, and seeking and following treatment regimens to prevent hearing loss.

Promotional materials and resources include:

- games, posters, literature for children, parents and carers, health professionals, teachers and teachers' aides, early childhood and community groups;
- interactive events such as "Yamba the Honey Ant" road show to introduce children to the ear health and hygiene message; and
- Indigenous ear champions, (high profile Aboriginal and Torres Strait people such as Dr Kelvin Kong) promote, raise awareness and describe the impact of ear disease on schooling, health and home life.

All resources are available electronically or hard copy provided at no charge.

In excess of 66,000 Care for Kids' Ears Health promotion resources were despatched in 2015-16, and the clinical guidelines continue to be available free of charge, electronically and as hard copy.

A further \$33.4 million is being provided specifically for ear health services including complex case management in the Northern Territory over the ten year period 2012-13 to 2021-22 under the National Partnership on Northern Territory Remote Aboriginal Investment.

Page 9:

Table 2: Voucher Scheme services and costs by broad service groups, 2015-16.

Program	2015-16 (\$m)
Voucher Program	\$406.290
Community Services Obligations Program	\$65.284
National Acoustics Laboratory	\$4.334
MBS (Audiology items excluding co-claimed specialist attendances)	\$20.0
Healthy Ears – Better Hearing Better Listening	\$7.33
Total	\$503.238