

House of Representatives Standing Committee on Health, Aged Care and Sport

ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Hearing Health and Wellbeing in Australia

3 March 2017

Question no: 1

Topic: International best practice

Type of Question: Hansard, page 3, 3 March 2017

Senator: Mr Zimmerman

Question:

CHAIR: Following up on a question that Dr Frelander asked, regarding world-class services, if you had to name the top three, who in addition to Australia are regarded internationally as the best at supporting people with hearing loss?

Ms Garrett: The United Kingdom is one that comes to mind. I think that Canada has a system as well, but I would be happy to provide you with a list of international programs and perhaps their—

CHAIR: That question was leading to whether those countries that are also regarded as having a world-class system are doing anything differently to the way that we do it in Australia and whether there has been any evaluation of what other nations might be doing.

Answer:

The Office of Hearing Services conducted a desktop review of Commonwealth countries which provide hearing services similar to the Hearing Services Program, such as hearing assessments, provision of hearing devices, and fittings. The top three countries using these parameters are:

1. United Kingdom

The National Health Service (NHS) buys a range of hearing aids to supply to eligible clients.

2. Canada

No single national entity is responsible for the provision of hearing services in Canada. Individual provinces provide hearing services.

3. New Zealand

The Ministry of Health funds hearing aids for eligible clients once in a six year period, except in exceptional circumstances.

These three programs primarily focus on providing hearing devices in contrast to the Hearing Services Program which provide a range of services and devices. None of these countries provide more complex services for clients with special needs as does Australia.

The Department is currently undertaking an evaluation of international standards and programs as part of the Review of Service Items and Fees, conducted by PricewaterhouseCoopers. The report is expected later this year.

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Hearing Health and Wellbeing in Australia

3 March 2017

Question no: 2

Topic: Programs for accessibility for people with hearing loss

Type of Question: Hansard, page 4, 3 March 2017

Senator: Mr Georganas

Question:

Mr GEORGANAS: Yes. For example, if you go to Centrelink, and Medicare is another one. Do you have any programs?

CHAIR: Or even in federal courts and things like that?

Mr GEORGANAS: Yes. Courts et cetera.

Ms Garrett: My understanding, and I would need to confirm this, is that Commonwealth departments do have in place hearing loops and other types of infrastructure to assist those types of people.

Mr GEORGANAS: Yes. Especially the ones that are used by many people. Centrelink and Medicare are the two that come to mind.

Answer:

The Commonwealth has adopted the National Construction Code 2016, Building Code of Australia (Part D3 Access for people with a disability) for the built environment. This includes the inclusion of hearing augmentation systems within its offices and public spaces.

The Australian Government has committed to the National Disability Strategy 2010-2020 (NDS), endorsed by the Council of Australian Governments in 2011. The aim of the NDS is to address the challenges faced by people with disability to improve the accessibility of mainstream services, both now and into the future.

Centrelink and other government agencies provide access to:

The National Relay Service (NRS) - an Australia-wide telephone access service provided for people who are deaf or have a hearing or speech impairment. It is also available to anyone who wants to call a person with a hearing or speech impairment at no additional charge and operates 24 hours a day, 7 days a week;

The National Auslan Interpreter Booking Services - an interpreting service free-of-charge for sign language users. Auslan is funded to deliver interpreting services for Deaf and hard of hearing people to access private health appointments; and

Family Court - the Court has guidelines in place to ensure uniform access to interpreter and translator services. Each registry has at least one courtroom with a hearing loop installed.

Interpreter services for deaf, hearing impaired and/or speech impaired clients are available. Arrangements can be made for AUSLAN interpreters or CART (Communication Access Real-time Translation) service providers to accompany clients who are deaf, hearing impaired and/or speech impaired at court events.

The NRS is a free telephone service that allows deaf, or hearing and/or speech impaired clients with a TTY machine, to make telephone calls to a registry.

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ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Hearing Health and Wellbeing in Australia

3 March 2017

Question no: 3

Topic: MBS listings for genetic testing for hearing loss

Type of Question: Hansard, page 10, 3 March 2017

Senator: Mr Zimmerman

Question:

CHAIR: My second question is about an issue that has been raised with us—the adequacy of MBS listings for genetic testing for hearing loss. I know that this is an issue more broadly than just hearing, but I am wondering whether the department has given any consideration as to whether there would be benefits for testing, particularly genetic testing, if the MBS schedule were expanded?

Mr Stuart: That is probably my bag. I look after the MBS, among other things. This has not crossed my notice while I have been in this role in the last two years. The general pathway to listing of things on the MBS is through the Medical Services Advisory Committee, which is an expert committee that considers all proposals for listing on the MBS. There is certainly a lot of activity on the genetic testing front. What I think I better do is take that question more specifically on notice.

CHAIR: Right. In that regard I think it would be of interest to the committee whether MSAC has actually rejected applications for the listing. I am not sure whether their listing decisions are public—

Mr Stuart: Yes, they are.

CHAIR: Have there been any genetic testing applications relating to hearing that have been rejected by the advisory committee?

Mr Stuart: Okay. We will take that on notice.

Answer:

The Medical Services Advisory Committee has not rejected any genetic testing applications relating to hearing.

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ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Hearing Health and Wellbeing in Australia

3 March 2017

Question no: 4

Topic: Commissions

Type of Question: Hansard, page 11, 3 March 2017

Senator: Mr Zimmerman

Question:

CHAIR: Yes, they get the base product, if I can put it that way, and that is fully subsidised, but the issue is whether you have audiologists who are saying that it is not going to do the job and therefore you need the rolls-royce option. Who would be responsible within government for considering whether commissions should be permitted and are there any other examples within the health sector where the government has actually prohibited commissions in the provision of services?

Ms Garrett: I am not aware of a prohibition on commissions in any other part, but I am happy to look into that. Certainly the ACCC have asked that we consider prohibiting commissions—

CHAIR: Would that be a Department of Health led process within government?

Ms Garrett: We can only prohibit commissions within our program. Our program is not the entirety of the hearing sector. We will certainly look at what the ACCC is recommending to us for prohibiting commissions. The issue is really about the health-care delivery and the vulnerability of a client in that sort of arrangement and so it really is about health, that kind of environment giving the sense—

Answer:

Contracted service providers for the Voucher Scheme are required to offer clients who require a hearing device one that is fully subsidised, in the first instance. The service provider contract requires providers to disclose preferred provider arrangements for hearing devices, including payments of commissions or incentives. Allegations of inappropriate selling pressure within the Program are investigated by the Office of Hearing Services and appropriate action taken, including suspension or termination of a service provider's contract.

Future change to the Hearing Services Program - The prohibiting of commissions within the Hearing Services Program would require a decision of Government to amend the program legislation, *Hearing Services Administrative Act 1997*.

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ANSWERS TO QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Hearing Health and Wellbeing in Australia

3 March 2017

Question no: 5

Topic: Commissions and regulations

Type of Question: Hansard, page 11, 3 March 2017

Senator: Mr Zimmerman

Question:

CHAIR: There's a financial impact, so! Could you take on notice whether there are commissions that have been prohibited in the health sector by the federal government in other areas—so, whether there is any precedent for that type of regulation?

Mr Stuart: There is regulation in at least one other area I am aware of that seeks to prevent kickbacks between referrers and providers, and so we do have regulation in that kind of area, but we will look specifically into the commission's issue. I just want to underline what Ms Garrett has said, which is that our area of concern and interest is the relationship between providers and the people on the program. There is a wider hearing service delivery sector that we do not control or influence.

Answer:

One example of government regulation of the relationship between 'referrers' and 'providers' is the Inappropriate and Prohibited Practices amendments to the *Health Insurance Act 1973* (the Act). The Act relates to pathology and diagnostic imaging services funded under Medicare and aim to prevent inducements or threats that may lead to referrals for pathology or diagnostic imaging services. The Act describes what is, and is not, a benefit permitted between the referrer and provider, and also prescribes a range of criminal and civil penalties for breaches.

Under the terms of the Hearing Services Program Service Provider Contract 2015-2018, contracted service providers are required to disclose to clients any preferred provider relationship with an approved device supplier or manufacturer. The Hearing Services Rules of Conduct 2012 further require that contracted service providers must not encourage a client to purchase a partially subsidised device where an approved free-to-client device would reasonably meet their needs.