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Australian Senate Community Affairs

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CANBERRA ACT 2600

Inquiry into Hearing Health Australia

I tender the following submission in the following context:

- I am a Clinical Audiologist of 23 years' experience.
- I am a Full Member of the Audiology Society of Australia, and hold a current Certificate of Clinical Practice.
- I have worked in the areas of rehabilitative and diagnostic audiology, and with patients / clients aged from newborn infants to elderly pensioners and veterans.
- I am currently working part-time at a public hospital and at a private practice.

My area of speciality and expertise has focussed over the last few years primarily in the *diagnostic audiology of school-aged children – specifically Central Auditory Processing Disorders*.

I address the Inquiry specifically in relation to point c): “the adequacy of access to hearing services, including assessment and support services, and hearing technologies”.

Central Auditory Processing is known as “what we do with what we hear”, and involves a complex series of neurological functions which begin at the ear level and end in the brain. It is not as simple as being able to hear tones or repeat back speech on a basic hearing assessment. To obtain a full picture of one’s Central Auditory Processing ability an extensive battery of tests must be undertaken. This is *only* correctly administered and interpreted by an *Audiologist*.

In view of the current concern regarding the recent statistics on the literacy and numeracy level of our children, this support service and diagnostic tool is particularly important.

Central Auditory Processing disorders are recognised by Paediatricians, Speech Pathologists, Psychologists and Educators as a critical factor in the success or otherwise of a child’s educational, social and behavioural development. There is a constant stream of referrals requesting such assessment, which on average takes 1.5 – 2.0 hours, plus interpretation and report writing time. Personally, results from my assessments have impacted on the development of children’s Individual

Education Plans (IEPs), remedial Speech Pathology regimes, diagnoses of behavioural, learning or autistic spectrum disorders, and general planning of educational placements.

Very few Audiology practices offer this service, for the following reasons:

- It is lengthy.
- It involves patients / clients with *normal hearing* (and therefore no prospect of a hearing aid sale).
- It is a specialty which requires extra study and experience for the Audiologist to administer and interpret correctly (and cannot be done so by an Audiometrist).
- The multitude of test materials required is expensive to obtain.
- The follow-up with other professionals and the recommendation of other assistive listening devices is complex and time-consuming.

For those of us who recognise the importance of delivering this service, we are currently hamstrung by the following facts:

- Central Auditory Processing Assessment currently does not have a Medicare item number.
- Audiologists in Private Practice do not have Medicare access equitable with Optometrists.
- Children with normal hearing but learning delays or behavioural issues who require this assessment are NOT being referred by their GP under an EPC.
- Very few Private Health Insurance companies offer any rebate to Audiology, and those who do so provide inadequate "consultation" rebates, yet other Allied Health services such as Speech Pathology, Physiotherapy and Psychology are rebated more satisfactorily.

I have previously corresponded with the Office of the Minister for Health and Ageing, Ms Roxon, regarding this matter. On 8<sup>th</sup> of April 2009 I received a reply from the Hon Justine Elliot MP's office stating:

*"Under the Australian Government Hearing Services Programme.....Australian Hearing receives fixed funding to provide hearing services to all children who have, or are at risk of having, hearing loss that may impact on communication, educational and / or social development. Services are not dedicated to evaluating educational or language disturbances that are not related to hearing loss.*

*Since children with Central Auditory Processing Disorders (CAPD) have normal hearing on pure tone audiometry, Australian Hearing does not provide the type of assessments that are used to diagnose CAPD, nor does it provide hearing and communication improvement programs to children who have CAPD.*

*There is currently no Medicare Benefits Schedule item for Central Auditory Processing assessment."*

This reply simply reiterated my points and confirmed a lack of recognition of the importance of the diagnosis and management of children with Central Auditory Processing issues.

In conclusion, the current situation clearly demonstrates an inadequacy of access to this hearing service. Patients whom attend Private clinics are paying the cost with no fair rebate from either the private or public health insurance system. Patients whom cannot afford to attend privately are being placed on lengthy waiting lists at public hospitals. Once again very few of them offer this service anyway.

I can say that at the present time I am one of only three audiologists at the only public hospital Audiology Department in Queensland that even offers Central Auditory Processing assessments!

To improve access to all Australian families I would urge The Committee to consider the following points:

- Provide Medicare access to fully qualified Audiologists to ensure Australians have access to a professional and thorough diagnostic hearing assessment (and not just a “free hearing screen” aimed at securing a hearing aid sale).
- Pressure the Private Health Insurance companies to rethink their narrow perception of Audiology. They have told me they do not rebate hearing tests because people can get them for free. A child with chronic glue ear who needs regular assessments is not going to be serviced adequately by a local hearing aid sales audiometrist! There are thousands of Australian families who pay private health insurance premiums, but will never need to claim on a hearing aid. However to have their child’s hearing or Auditory Processing assessed they have to pay out with no rebate or sit on a public hospital waiting list. Private Insurers claim to be “proactive in health prevention” but as far as audiology is concerned this is certainly not the case.

*“Hearing Health”* is not just about the prevention or management of hearing *loss*. It is also about the diagnosis and management of *what we do with what we can hear*, and the management and remediation of children and adults who have a disorder in their auditory processing ability.

Thank-you for the opportunity to present this submission.

Mrs Jennifer Wimberger

September 20<sup>th</sup>, 2009.