

Submission to the Senate Community Affairs References
Committee

Inquiry into Hearing Health in Australia

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October 2009

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Plain English Summary

Hearing services for children in Victoria are provided mainly on a fee-for-service model with an emphasis on funding through Medicare and inadequate funding from the State Government. Audiology departments in many regional hospitals have been closed for several years now and, although some hospitals are now reinstating paediatric audiological services, there are still large areas of Victoria with no service within reasonable travelling distance.

The funding model results in a focus on patient throughput with other important activities such as community education and research being squeezed into "spare" non-clinical time. Southern Health is Victoria's largest metropolitan health service located across south eastern Melbourne and has the largest audiological service in Victoria seeing patients from metropolitan Melbourne as well as the Latrobe Valley and Gippsland. Our aim is to provide the best possible service to our patients and share our extensive knowledge and clinical expertise with the rest of the country so that all Australians with hearing impairment can get the most out of life. We hope that this submission will highlight the challenges we encounter in doing this.

Introduction

Australia's population is both aging and increasing, and hearing health has become an issue of greater significance. The economic impact and cost of hearing loss has been extensively explored in "Listen Hear!" a report by Access Economics in February 2006. There has been a substantial increase in the number of providers of adult rehabilitation services via the Federal Office of Hearing Services (OHS) program and within the private sector of hearing aid providers. Likewise, Australian Hearing's Paediatric Rehabilitation Services have grown and developed in order to support the universal neonatal hearing screening programs occurring within each state and territory. However, diagnostic audiology services in Victoria have decreased.

The Southern Health (SH) Audiology Department is a centre of excellence in paediatric diagnostic audiology. It is the largest public hospital Audiology service in the state of Victoria (based on EFT and occasions of service), and provides paediatric audiological services (as well as adult services) to a vast population base in the south east corridor of metropolitan Melbourne and regional Victoria. In 2008 we diagnosed a child with permanent hearing impairment every 10 days.

The SH Audiology Department, first opened its doors in 1988 as a result of Prince Henry's and Queen Victoria hospitals merging. It began with 1.5 EFT and has grown to approx 10.9 EFT providing approximately 7800 occasions of service (OOS) to both hospital patients (1682 OOS) and the general community (6129 OOS). An increase in the complexity of paediatric patients has occurred over the past twenty years and the department is noted for its clinical expertise in this field.

The SH Audiology Department's growth has mostly been funded by the application of Medicare funding for community patients with only a small allocation from State funded programs. This model of funding, based on fee-for-service has created an ongoing challenge in providing the range of services, community education and student clinical placement capabilities that a tertiary hospital department should provide.

Access to Paediatric Diagnostic Audiology Services

Access to public paediatric diagnostic audiology services in Victoria has declined. Historically, there have been funding issues within the area of public diagnostic audiology in both metropolitan and regional hospital settings. In the majority of public diagnostic audiology settings there is a significant reliance on Medicare as a means of additional funding. Traditional state based funding sources have never been adequate for even the most basic service provision and equipment-related expenses.

Southern Health

The consequence of this has been a significant reduction in access to diagnostic audiology services throughout the state of Victoria with the closures of hospital Audiology departments in regional centres such as Warrnambool, Ballarat, Bendigo and Latrobe Valley. The impact of these closures has resulted in increasing demand on metropolitan public hospital Audiology departments, such as ours; thereby further stretching the limited resources already in place.

There are virtually no private service providers for paediatric audiological services (especially children 4 years of age and under) placing most of the load onto public audiology services. Private Audiology providers do not regard service to this population as financially viable, given the issues of expensive clinical equipment, time requirements and limitations of revenue generation for this demographic. There are also restrictions/regulations in place defining scope of practice meaning that only qualified audiologists can perform these tests reliably. This clinical caseload is therefore serviced by the public audiology services.

A particular issue is the diagnosis and habilitation of hearing impaired infants. Infants born in Victorian hospitals receive a newborn hearing screening test through the Victorian Infant Hearing Screening Program (VIHSP). Its primary role is the early identification of infants with permanent hearing loss of a moderate or greater degree. Infants who fail the VIHSP screening need immediate diagnostic audiological assessment to establish the degree, extent and nature of hearing impairment present and to access appropriate habilitation at the earliest opportunity. These infants almost always have hearing loss, be it permanent or temporary, and typically require several diagnostic appointments. The aim is to have hearing impairment diagnosed within the first 3 months of life and habilitation established by 6 months of age in order to achieve the best outcomes for the child. The cost of providing diagnostic audiological services is borne by the public health service and in most cases is funded through Medicare.

The shortfall in diagnostic audiology services, specifically in regional Victoria, has been highlighted by the rollout of the Victorian Infant Hearing Screening Program (VIHSP) and has been noted by the program. A submission regarding this issue was presented to the Victorian Minister for Health, Hon. Daniel Andrews, MP by Audiology Australia in 2007. While measures are currently being implemented to re-establish paediatric diagnostic audiology services in major regional centres such as Ballarat and Bendigo, there are still no public audiological services in the Latrobe Valley or Gippsland. Regional families, particularly in south eastern Victoria, may have to travel over three hours to access appropriate paediatric diagnostic audiological services at the SH Audiology Department. It should be noted that the VIHSP does not fund or manage diagnostic audiological assessment but that public health audiologists throughout the state contribute to the program as unpaid members of the VIHSP Steering Committee and Diagnostic Working Group.

In some cases there is a need for ongoing hearing surveillance of children up to the age of school entry. Infants who are at risk for Progressive or Late Onset Hearing Loss (PLOHL) cannot be detected by a newborn screening program and require formal assessment on a regular basis so that problems can be detected promptly. Again the cost of providing this ongoing care for children, who often have other disabilities and therefore present audiological complexity, is borne directly by the public health service. This is often achieved by subsidy from other parts of our organisation.

Community Education and Sharing Our Knowledge

Continuing education is required within the wider community to ensure that infants and children are referred appropriately and those at risk of PLOHL are not lost to follow up. The SH Audiology Department regularly conducts education sessions for Maternal and Child Health nurses and other health professionals within the community in order to complement the VIHSP program and maintain awareness of hearing health. Community education programs, especially targeting young people on the risks of noise exposure and resultant hearing loss through the use of MP3 players etc is vital if the prevalence of hearing impairment is not to increase dramatically in the future. In order to do this funding must be allocated and clinical caseloads adjusted accordingly.

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Community-based
services across
the South East

ABN 82 142 080 338

Southern Health is at the forefront of health research. The SH Audiology Department is in a unique position to provide clinically based research not available through University or other research facilities and directly address the hearing needs of the community. Funding is required to resource research and enable sharing of our knowledge. Funding arrangements should be the responsibility of either State or Federal government.

Student Clinical Placements

Southern Health is one of Victoria's leading tertiary training health services and the SH Audiology Department provides clinical placement to university audiology training courses nationally. Growth in the number of university audiology courses and student quotas has resulted in a corresponding increase in demand for appropriate student clinical placements. For example, the number of students undertaking the Master of Clinical Audiology at the University of Melbourne has almost doubled in the past 7 years (from 44 in 2003 to 90 in 2010).

Our capacity to accommodate these students has not increased commensurately, although we have a strong commitment to professional education. High quality placements in paediatric diagnostic facilities are an essential component of any audiological training but come at the cost of clinical throughput. Appropriate funding mechanisms must be established to ensure funding follows the student undertaking specialist paediatric clinical placements.

Recruitment and Retention of Public Sector Audiologists

Public health services often experience difficulty recruiting and retaining staff in a profession where public sector remuneration is in no way comparable to the private sector. The Victorian classification structure, whilst currently under review, is not commensurate with experience, and career paths are very limited. Within the private sector there is the opportunity to have a base salary with additional incentives and commissions and greater career opportunities. Those working in public diagnostic audiology are passionate about public hearing health care.

Public health Audiologists work in an environment where the clinical caseloads are high, equipment is expensive and where a dependence on Medicare funding continues. These issues are the challenges and barriers that need to be addressed in order to maintain the highest standards of audiological care.

Conclusion

The provision of high quality paediatric diagnostic audiological services is critical to the hearing health of Australia. Appropriate funding by either State or Federal government, in a model that values the clinical and non-clinical aspects of the profession, is essential if we are to maintain and enhance the current high level of public paediatric diagnostic services in Victoria. Resources should be clearly allocated to areas of patient services, research and development, capital and teaching and training.



Submission by:

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