



04 February 2021

Dr Karen Hooper
Principal Commissioner
Queensland Productivity Commission
PO Box 12112
George St
Brisbane 4003

Email: enquiry@qpc.qld.gov.au

Dear Dr Hooper

Re: Inquiry into the National Disability Insurance Scheme (NDIS) market in Queensland

Audiology Australia (AudA) welcomes the opportunity to make a submission in response to the Queensland Productivity Commission's (the Commission) inquiry into the NDIS market in Queensland. AudA is the peak professional body for audiologists, representing over 3,000 members across Australia.

Audiologists are hearing health practitioners who provide comprehensive hearing services to a wide range of clients, including NDIS participants. Audiologists help NDIS participants preserve, manage, and improve their hearing and balance and their ability to process and understand sounds. Currently, there are 4,585 people with a hearing impairment who are NDIS participants in Queensland. This represents 6% of the total 78,811 NDIS participants in Queensland (NDIA 2020).

Our submission highlights some of the challenges and concerns raised by our members providing hearing health care services within the NDIS and includes considerations on some of the Commission's recommendations, findings, and information requests.

Aboriginal and Torres Strait Islander people and the NDIS

AudA strongly supports the Commission's Draft Recommendations 30, 31 and 32 to improve the way Aboriginal and Torres Strait Islander participants are supported by the NDIS. We note that Aboriginal and Torres Strait Islander people are disproportionately affected by disability and are often not well served by mainstream services (Ferdinand et al. 2019).

AudA highlights the importance of evaluating programs undertaken to improve delivery of the NDIS to Aboriginal and Torres Strait Islander people with a disability, their families, carers and communities. In October 2020, the Australian Government released an Indigenous Evaluation Strategy, which serves to provide a whole-of-government framework for Australian Government agencies to use when selecting, planning, conducting, and using evaluations of policies and programs affecting Aboriginal and Torres Strait Islander people. Previously, our members have highlighted the importance of Indigenous data sovereignty,

defined as the right of Indigenous peoples to govern the collection, ownership, and application of data about Indigenous communities, peoples, lands, and resources (AIATSIS 2019). We note that while the collection of data is extremely important and necessary for the evaluation of policies and programs, it should be done in a culturally appropriate way, with considerations taken to the collection, use, management, and control of Indigenous-identified data. Determining how evaluations can be led by Indigenous communities and organisations can help to strengthen the evidence base of 'what works', leading to the development of more culturally appropriate services better aligned to the needs of Aboriginal and Torres Strait Islander participants.

Additionally, AudA notes the recent publication of the NDIS Planning Final Report by the Joint Standing Committee on the NDIS (the Committee), which includes a recommendation that the National Disability Insurance Agency (NDIA) update its Aboriginal and Torres Strait Islander Engagement Strategy to address issues concerning planning for Aboriginal and Torres Strait Islander participants – including the need for Aboriginal and Torres Strait Islander planners, support coordination and culturally appropriate services.

The NDIS in rural and remote areas

The availability of audiologists and other health professionals is already limited in rural and remote areas (National Rural Health Alliance 2019). This can result in longer waiting times for participants as service demand exceeds the existing workforce and, in turn, severely impact the ability of providers to deliver services funded by the NDIS. Or, in some instances, there is a total gap in service with no locally based provider available, requiring participants to travel or miss out altogether.

AudA notes that one way to help address these issues faced by rural and remote communities could be through telehealth. Advances in technology are providing new and viable opportunities for the delivery of services, especially in remote areas where access to health care is limited and significant inequalities exist (Psarros et al. 2015). AudA's position is that telepractice is an appropriate model of service delivery for the audiology profession.

Teleaudiology is already used in Australia by, for example: Hearing Australia for fitting hearing aids, The Shepherd Centre in assisting children develop their listening, spoken language and social skills (The Shepherd Centre 2015) and Sydney Cochlear Implant Centre in the programming of cochlear implants (SCIC 2015). The majority of services related to cochlear implants can be delivered using telepractice – from otoscopy to cochlear implant programming (Psarros et al. 2012).

In March 2020, the Department of Health's Hearing Services Program (the Program) administrators notified providers of a relaxation of Program rules in response to the COVID-19 pandemic to allow certain services to be provided by telehealth. Teleaudiology included hearing aid fittings, rehabilitation services and annual client reviews. Providers' feedback regarding the benefits of providing services via teleaudiology included the increased flexibility to meet clients' needs and the preference for teleaudiology to remain in place post

the Program's response to COVID-19. However, it was noted that infrastructure can be a barrier to the provision of services via teleaudiology – particularly in rural and remote areas where internet connection can be poor.

Additionally, as part of the Australian Government's Hearing Services Program Review, the Program's Review Panel recently provided advice to Government, noting that the expanded use of teleaudiology to deliver services in the Program would be an effective means of improving access to services for the majority of clients, including clients with particular needs or preferences which may not be able to be met by their nearby providers, and particularly those in thin markets, such as rural and remote locations.

Improving participant outcomes

AudA members providing hearing services to NDIS participants in Queensland have reported receiving numerous comments from parents regarding funding that has been provided to their child, an NDIS participant, for "community engagement". Parents have stated that they would much prefer that this funding be allowed for them to purchase appropriate hearing aids, which would enable their child to participate more freely in situations where it is difficult to hear and understand what is being said. For example, we note that one family was provided \$14,000 for "community engagement" but simply wanted to use \$3000 of the funding to purchase appropriate hearing aids for their child. However, if the family were able to use the funding to purchase appropriate hearing aids, it would make it easier for their child to enjoy "community engagement" activities.

Additional comments

AudA members have raised the issue of significant funding discrepancies between participants of similar hearing losses. It is understood that participant plans are individual to each participant's needs, yet the significant variations in funding for participants with similar needs and goals has led to confusion on the part of our members about how best to advocate for their clients' hearing health care needs.

Additionally, we highlight the need to simplify NDIS processes and reduce the administrative burden on providers. Our members have raised the issue of time-consuming regulatory processes, which oftentimes seems unnecessary. For example, members have stated that if they recommend a product to a client, they will need to write a lengthy document to justify this product recommendation.

Lastly, AudA believes that the NDIS must fund the full range of required rehabilitation services for hearing loss. Although there is often a strong focus on hearing aids in the media, hearing aids alone are not sufficient for effective habilitation/rehabilitation for hearing loss and its consequences.

Audiologists are trained to offer a holistic rehabilitation plan that may also include support and counselling (as needed) for the individual and family to improve ability to participate in activities that are meaningful to them; individual and group aural rehabilitation, behaviour change counselling, and devices as alternatives to or in addition to hearing aids such as

telephone adapters, frequency modulation (FM) systems and streamers and television devices for hearing assistance.

In AudA's view, it is only through such holistic rehabilitation that outcomes for participants with hearing impairment can be met across all of the domains in the NDIA's outcomes framework – choice and control, daily living activities, relationships, home, health and wellbeing, lifelong learning, work, and social, community and civic participation.

We would welcome the opportunity to discuss this submission with the Commission further. I can be reached via Audiology Australia's Advocacy and Policy Manager, Elissa Campbell, at [REDACTED] or (03) 9940 3900.

Yours sincerely



Dr Barbra Timmer
President

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