HEARING HEALTH SECTOR FORUM

Summary of outcomes 27 September 2018

The Forum convened stakeholders to define initial directions for the Roadmap for Hearing Health

- The Hearing Health Sector Committee held the Hearing Health Stakeholder Forum on 27 September 2018 in Sydney. Membership of the Committee is set out in the Appendix of this document.
- The purpose of the forum was to identify future directions and priorities for the Roadmap for Hearing Health, including key domains, desired outcomes, and preliminary actions.
- The event brought together over 25 representatives from advocacy, product development, service delivery, research, and government. The Forum was facilitated by Penny Gregory and Zaneta Neal from Nous Group.

The Forum included participants from a range of bodies















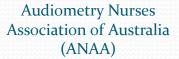


















































The Minister acknowledged the potential of the Roadmap to support enduring change

The Hon Ken Wyatt AM MP, Minister for Indigenous Health and Minister for Senior Australians and Aged Care, addressed the Forum in the morning and answered questions from participants. His address highlighted the following themes:

- The Roadmap has the potential to provide an enduring blueprint into the future for current and subsequent governments.
- While the Roadmap timeframe is to 2025, it is important to also look beyond this to consider the long-term hearing and ear health needs of Australians.
- There is a particular need to address disparities across geographical regions and different population groups, and to especially recognise the needs of Aboriginal and Torres Strait Islander people.
- Genuine co-design will be important for a successful Roadmap. This co-design needs to span different perspectives across sectors, and all governments in Australia.

Leaders of the Roadmap process welcomed the role of participants in the Forum

- Ms Fiona Buffinton, First Assistant Secretary at the Department of Health, outlined the background to the Hearing Health Sector Committee and the Roadmap. She highlighted the value of focusing on long-term objectives for the sector, and working together as stakeholders to develop the priorities to achieve these.
- Mr David Tune AO PSM, Co-Chair of the Hearing Health Sector Committee, provided his perspective on the importance of the Roadmap on the basis of his involvement with the Aged Care Roadmap. He particularly highlight the value of taking an ambitious and forward-thinking approach to the Roadmap. Professor Cindy Shannon, Co-Chair, was unable to be present due to a prior commitment on the day.

The Forum agenda focused on where the Roadmap should aim to make a difference in Australian hearing health

Key topics of discussion included:

- What is one key change or action that you think would make a difference to hearing health in Australia?
- What preliminary Roadmap domains can these issues be grouped into?
- What will each domain achieve for hearing health?
- What short-, medium- and long-term actions should be carried out within each domain?

Participants formed preliminary domains based on ideas about where the Roadmap needed to make a difference

| Domain | | Includes: |
|------------|---|---|
| | 1 Living well in the community | Whole of community awareness and environment, stigma, choice, education, workplace settings, family supports, good consumer information |
| | 2 Aboriginal and Torres Strait Islander ear health | Addressing the needs of Aboriginal and Torres Strait Islander peoples |
| Q | 3 Prevention, detection/identification and early intervention | A focus on the whole life course, social determinants, screening, diagnosis and primary care |
| | 4 Access and affordability, care pathways, support and management across life course | Assisting consumers to easily navigate the service system including across all related services. Future models of care. |
| | 5 Workforce training, availability, adaptability and quality/capability | A workforce that is appropriately skilled and collaborative, taking a cross-sectoral perspective. |
| | 6 Innovation and cross-cutting research | Facilitating research and the use of technology and data to drive improved outcomes. |
| \bigcirc | 7 Monitoring, accountability, quality improvement, cost effectiveness and costsbenefits | Focus on outcomes, data collection and management, sustainability, accountability of government |

Participants noted further issues to be considered as the Roadmap domains are refined

Overarching ideas to reflect in the Roadmap:

- Patient-centredness needs to be core to the Roadmap
- The Roadmap and hearing health sector more broadly should focus on outcomes, rather than outputs or processes
- The Roadmap should clarify who is denoted by the term 'consumer', and how this will this change over time
- The Roadmap should define key terms in the final document, perhaps by referring to existing glossaries

Specific questions relating to the Roadmap domains:

- Would a matrix approach that cross-cuts issues by age and population group be more effective?
- How can the domains better reflect the distinction between products and 'services'?
- Should prevention be singled out as its own domain, given the importance of the topic?
- How can the need for good, independent information to enable informed consumer choice be reflected across the domains?

Participants designed target outcomes for each domain, with supporting actions

After participants agreed a preliminary list of domains, they formed groups to define target outcomes for each domain, and support actions over the short-, medium- and long-term.

Participants were given the opportunity to directly contribute to and comment on multiple domains that reflected their interests.

The following pages show the outcomes and actions developed by the participants for each domain, as well as specific issues raised by the group for further consideration.



Domain 1 | Living Well in the Community

Outcomes

- People can access the supports and services they need to live a good life
- Contribute to the prevention of hearing loss through increased public awareness of the impact and causes of hearing loss
- Reduce the stigma attached to hearing loss
- Workplaces and places of recreation have a level of awareness such that they place a priority on protecting their workforce and customers' hearing

Actions

| Short term | Medium term | Long term | | |
|--|--|--|--|--|
| World Hearing Day Identify key information required for groups to make informed choices – where does this information sit, and who stewards it? Develop public awareness strategy. Identify target groups and discrete messages Communications access equity Recognise impact of hearing loss on the community in order to inform urban design and public policy | • Focussed campaigns: e.g. GPs, noise-creators (gyms, clubs, workplaces) | Addressing hearing loss through universal design principles for an audiofriendly built environment Australians with ear health challenges feel supported and understood Full communication access (spoken word, captions, Auslan, hearing loop) is the norm in public communications | | |

Further issues raised by the group for consideration:

- Consider a strategy for people who are deaf and heard of hearing to be employed in all areas of the workforce, to create positive role models in workplaces.
- The language of 'healthy aging' is important. Is this a place to demonstrate an expectation across the public that 'hearing' (not 'hearing loss') is part of ageing?



Domain 2 | Aboriginal and Torres Strait Islander Ear Health

Outcomes

- Social determinants and inter-sectoral action
- Aboriginal and Torres Strait Islander governance what do people want, and how?
- Culturally appropriate services (including consideration of language)
- Research
- Awareness and actions

Actions

| Short term | Medium term | Long term | |
|---|--|--|--|
| Appropriate local workforce training and support in primary care (KPIs and CQI) | All sector responsibility and support to embed hearing strategies (education, justice, | Aboriginal and Torres Strait Islander workforce at all levels (including ENT) | |
| Review impact of NDIS and other reforms that affect access | housing, employment)Access to evidence-based information across in | Innovation for remote communities (e.g. surgery bus and pre-post | |
| Coordinated care pathways | multiple languages and formats Prevention, detection and diagnosis across the life course | operation expert skill in community) Database of all children (neonatal screening), MyHealth | |

Further issues raised by the group for consideration:

 How can we build capacity in the Aboriginal and Torres Strait Islander workforce?



Domain 3 | Prevention, detection/identification and early intervention

Outcomes

- Information and informed choice: consistent across the country, independent, balanced, understandable, allows comparison
- Access to population based screening, with research into mechanisms, different populations and public awareness
- Funding mechanisms to support changes in pathway, e.g. NDIS
- Maintain a single, national point of referral for children post early-identification of hearing challenges
- National requirement to report against agreed national standards for universal neonatal hearing screening (UNHS)
- Access to whole pathway when concerns expressed
- Prioritisation of hearing health measures: public health/ legislative measures, social determinants

Actions

Identify a comprehensive range of prevention strategies Determine responsibility, feasibility and funding for data collection, and integrate existing systems Convene various UNHS stakeholders to determine national standards and how they would be reported, and mechanisms for national collection

 mechanisms for national collection
 Decide on future direction of hearing services from July 2020

Medium term

- Develop a national data base and integrate with national data collections
- Invest in research to determine best practice for population-based screening
- Build workforce capacity
- Public health campaign on preventing CMV infection during pregnancy
- Audit of current services and monitor compliance with national standards
- Implement reporting against the UNHS standards across states

Long term

- Implementation and funding of agreed population and targeted screening
- Implementation of parliamentary inquiry recommendations

Further issues raised by the group for consideration:

Consider
 separating out
 prevention as
 its own domain



Domain 4 | Access and affordability, care pathways, support and management across the life course

Outcomes

- Australians with ear health issues get the supports they needs, in a timely and affordable manner, from their team of professionals working together
- Australians with ear health challenges have access to affordable care pathways to support and manage their needs throughout their lives
- Children to get what they need, regardless of cost
- Consumer centric, independent advice to support choices and transparency
- Supports to suit the stage of life, e.g. education, workplace support, ageing
- Less focus on devices as the only solution
- Access to cochlear implants, Auslan, vestibular rehab therapy (neuro-physio), medication, psychology

Actions

| Short term | | Medium term | | Long term | |
|------------|--|-------------|---|-----------|---|
| • | Open up NDIS for hearing support – less diagnostics and more about functional needs and choice of provider Eligibility for supports across programs – more consistency, less 'medical' more 'functional' Remove GP gateway in Hearing Service Program (HSP) and save \$50m a year Pilot extended HSP to low income and unemployed, 25-65 years old | • | Recognise primacy of health professional in future models of care regulation, to maintain positive client outcomes Tax deductions for hearing aids, cochlear implants, Auslan services, and vestibular rehabilitation therapy | • | Health professionals supported to share best practices through a national platform |
| • | Clear, independent consumer advice on pathways | • | Portal for independent guidance | | |

Further issues raised by the group for consideration:

- Consider addressing products and services separately to capture important issues such as the appropriate regulation of products, and fostering of a manufacturing system in Australia.
- The Roadmap should aim to make a clear separation between who can provide hearing services and who can supply hearing devices.



Domain 5 | Workforce training, availability, adaptability and quality/capability

Outcomes

- Public recognition of skills and expertise of the workforce
- Workforce that effectively interfaces with other health professions and professionals
- Clear referral pathways seeing the right professional(s) at the right stage
- Workforce that focuses on outcomes and family/person-centred care
- Qualified, skilled and accredited workforce with capacity to meet hearing health and education needs
- A flexible and adaptable workforce that can adjust to new service/technology innovations
- Consumers receiving the best possible services that are timely, affordable and effective

Actions

Workforce audit: qualifications, numbers, gaps, sectors (aged care, primary health) Public awareness campaign about the hearing health

- profession
 Incentivise hearing health professionals to service rural and remote areas
- Develop a suite of workforce metrics: quality and timeliness

Medium term

- If required, fund more university places and building capacity
- Form a transparent national complaints ombudsman/commission
- Audit of education and training requirements
- Demonstrate support for innovative services for small, medium and larger businesses

Long term

- Regulation of qualifications and scope of practice
 - Mandatory
 accreditation of
 industry/clinics
 through quality and
 assurance agency
 that includes
 workforce in its
 remit

Further issues raised by the group for consideration:

- Consider how technology will completely change the workforce in future (e.g. Artificial Intelligence)
- Is this domain about just the hearing sector's workforce, or also allied health and primary health? This may be determined by the initial workforce audit.
- Consider how to highlight professional shortages, e.g. interpreters.
- Consider professions outside of ear health (e.g. mental health professionals, education)



Domain 6 | Innovation and cross-cutting research

Outcomes

- Drive policy decisions
- Drive high quality outcomes and high value
- Drive and deliver disruption in hearing health
- Deliver a culture that embraces and encourages change
- Data for personalisation and optimisation of healthcare
- Data to understand unmet needs that will drive innovative solutions
- Robust, research data exists encompassing all aspects of ear health for all Australians
- Use data to drive innovative solutions, and the personalisation and optimisation of healthcare
- Establish pathways from innovation to services and technology
- Opportunities to utilise 'big data'

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| Short term | Medium term | Long term | | |
|--|--|--|--|--|
| Establish current state to understand needs and opportunities Create a shared language around innovation Facilitate cross-sector collaboration to develop a culture of innovation and research Invest in the required people and structures | • Implement new solutions, systems and pathways. Evaluate and iterate. | Create a self sustaining ecosystem Universal change to the systems, with continuous improvement. Drive standard and quality of care Implemented with appropriate supports | | |

by the group for consideration:

- What is the application for remote/urban areas and Aboriginal and Torres Strait Islander people?
- What research methodologies should be encouraged?
- Consider how to use plain language in discussing this domain



Domain 7 | Monitoring, accountability, quality improvement, cost effectiveness and costs-benefits

Outcomes

• Consumer confidence, satisfaction, trust and sense of value in the services

Actions

Short term

Explanation of what consumers should expect from their service provider and/or device

- Consumer choice supported by better information about cost/benefits
- Identify gaps and possible improvements in existing monitoring
- Establish a clear pathway for consumer redress, concerns and questions

Proportionate selfregulatory framework

Medium term

- Transparency of sales and referral practices
- Engage in credible third party research for evidence-based benchmarks of consumer satisfaction

Long term

- Well-informed consumer
- Greater provider autonomy

Further issues raised by the group for consideration:

 Monitoring, accountability, quality improvement, costeffectiveness and costsbenefits also apply to measuring outcomes or help enable all other domains

Next steps

- Participants concluded the Forum with a sense of unity and enthusiasm for the development of the Roadmap.
- The Hearing Health Sector Committee will use the outcomes of the Forum to create a draft Roadmap. This will be finalised by the end of 2018.
- The draft Roadmap will then be refined further in early 2019, and is anticipated to be complete and delivered to the Minister by the end of February 2019.

Appendix: Hearing Health Sector Committee Members

For further details on the Hearing Health Sector Committee, please refer to the Committee's communique from 25 July 2018, which includes the Committee's Terms of Reference:

http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubs-hearing-communique-25-july-2018

| Prof Cindy Shannon | Co-Chair |
|------------------------|---|
| Mr David Tune AO PSM | Co-Chair |
| Mr Steve Williamson | Deafness Forum Australia |
| Mr Kyle Miers | Deaf Australia |
| Mrs Ann Porter AM | Aussie Deaf Kids |
| Ms Donna Edman | Hearing Care Industry Association |
| Mr Stephen Logan | Hearing Business Alliance |
| Ms Samantha Harkus | Australian Hearing |
| Prof Catherine McMahon | Hearing CRC |
| Dr Tony Coles | Audiology Australia Limited |
| A/Prof Kelvin Kong | Australian Society of Otolaryngology Head and Neck Surgery |
| Prof Harvey Coates AO | Paediatric ENT Service |
| Mr James Battersby | Hearing Aid Manufacturers and Distributors Association of Australia |
| Mr Adam Redman | National Hearing Care |
| Ms Fiona Buffinton | Department of Health |