

"The hearing health system isn't working. It is confusing, expensive for many, cumbersome. Most importantly, people are not receiving the care and consideration they deserve when it comes to hearing health. Millions of people in Australia are suffering and their lives are falling apart due to unaddressed, unsupported, unaffordable hearing health care and rehabilitation. The situation is dire." – Victoria, age 48 – recently started using hearing aids after putting off taking action, and with many years of hearing health needs ahead.

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PRE-BUDGET

SUBMISSION

Soundfair acknowledges and thanks the numerous people with lived experience of hearing conditions whose personal experiences, stories, preferences and needs inform this submission and every aspect of Soundfair's work.

Soundfair has reimagined hearing health care to focus on the whole person.

Soundfair has worked closely with consumers of hearing services for more than 85 years. We understand what it means to live with a hearing condition, navigate the hearing health system and deal with the broader impacts hearing conditions can have on the lives of individuals and their families. Since 2019, Soundfair has been working on a concept for whole-person, human-centred hearing services by placing the individual with a hearing condition at the centre. Our Connections Model is informed by real life experience, and was developed using human centred design frameworks, in-depth interviews and consultation with many people with hearing conditions, and draws on existing research and evidence. Key themes emerging from this development process have included:

- the need to help people navigate the complexities of the hearing sector
- access to services for those who are not eligible under current funding programs
- the need for independent advice at the beginning of an individual's hearing health journey
- a 'whole of person' approach to hearing services including social and wellbeing supports (to complement the diagnostic and device-centric solutions already available)
- the desire for follow-up and smooth integration with other relevant services and health professionals

Partnering with the Impact Assembly (via PwC), Soundfair facilitated a human centred design workshop in January 2020 that was attended by people with lived experience, audiologists and other health professionals, businesses, researchers, governments, philanthropists, hearing sector alliances/associations and creative agencies.

The results of this workshop formed the basis of our Connection Model which represents Soundfair's longterm service vision for whole-of-person care.



Figure 1. An alternative model for hearing services.¹

¹ Source: Soundfair's submission to the Review of the Hearing Services Program. https://soundfair.org.au/wp-con-tent/uploads/2020/12/Submission_Full.pdf

The Connections Model

Providing person-centred services is at the heart of the Connections Model. Through a shift to this more contemporary and holistic style of hearing health care delivery, potential exists to:

- 1. Help individuals navigate the hearing care system and provide independent advice.
- 2. Work in partnership with individuals to build support plans which focus on the medical, social and psychological impacts of their hearing conditions that matter most to them.
- 3. Connect them with the different professionals and services that empower them to meet their goals.

A 'no wrong door' approach is critical when delivering health care services

The Connections Model starts with a 'no wrong door' approach that separates initial assessment and information from hearing aid provision. This separation ensures that individuals are not pressured into device-only solutions and rehabilitation options are holistic and tailored for the individual consumers. Within this model, opportunity exists for providers to expand their rehabilitation service offering to provide their clients with greater wrap around supports that either complement those with devices or provide greater support and better outcomes for non-device clients.

Any person can access this support via any path (GP, audiologist, other professional or self-referral) to receive a needs assessment (at a predetermined maximum frequency).

The Connections Model consumer pathway: overcoming the complexities of navigating the hearing health system and ensuring that care plans take the whole person into account

Under the Connections Model, the initial consultation with the case manager would be funded through the Hearing Services Program for any person concerned about their hearing condition. This includes tinnitus, balance or other hearing conditions and is in line with the recommendations of the Roadmap for Hearing Health, chap 5, rec 9.

- Where this differs from the existing program is that the initial needs assessment is based on a 'whole person' assessment including psychosocial factors. This assessment would be extensive and evidence-based and extend beyond hearing thresholds (which is shown to be an inappropriate proxy for need).
- The consumer and case manager would then

develop a set of goals and agree on an action plan based on the consumers' needs and preferences.

- The action plan would reflect the bio-psychosocial needs through a tiered combination of psychological rehabilitation/adjustment therapies and devices/equipment, and where necessary, additional interprofessional supports and interventions.
- Note: This would also require that the current Rehab+ offering is also revised so that it is compulsory for all hearing aid fittings and can be claimed irrespective of whether a device is prescribed. This service will have fee that is appropriate, given the skills and complexity of the work undertaken and can be claimed by an appropriately trained professional, based on the needs of the consumer.
- The case manager would be responsible for specifying how the supports are to be funded, including cross-program funding supports (NDIS, Workcover, Program, private health). They will also support the consumer to move into that pathway, thus overcoming the complexities of navigating different funding mechanisms.
- It is also proposed that the funding pathway available via the Hearing Services Program would be determined by the case manager who works with the consumer to determine which tiered package level is appropriate given their needs (as illustrated in Figure 1)
- This methodology of service provision would offer an independent and supported pathway for those consumers who aren't yet ready for hearing aids immediately, or who need access to appropriate information, education and additional supports (and perhaps medical attention) before progressing to hearing devices, and to do so in a non-commercial environment.

Service navigation and connection

Under the Connections Model, the case manager/ support coordinator connects the consumer with the services relevant to their needs, and in doing so, delivers an interprofessional and tailored approach that is based on the needs of the individual consumer. Connected professions would include:

- Audiologists
- ENT surgeons
- Rehabilitation counsellors
- Psychologists
- Occupational therapists
- Local support groups

This model integrates and supports streamlined

entry, and transition between existing providers and other service types). Some services would be offered within the organisation (e.g. non-device rehabilitation) and some offered by referring externally (e.g. fitting hearing aids, referring to an ENT surgeon).

Independent Outcome Assessment

Any organisation who offers this model would also be responsible for monitoring the progress of the consumer through their care plan and for independently measuring whole person hearing health outcomes at the end of intervention. Collection of outcomes data would be consistent and interoperable with existing Hearing Services Program data needs.

Interest in the Connections Model from the Hearing Services Program Review Panel

In its submission to the Hearing Services Program Review, Soundfair presented this model to the Panel who sought further discussion around its operation and potential outcomes. In particular, they were interested to understand both the hearing health outcomes and economic assumptions and efficiencies within the model.

As the model is unique in the Australian hearing services context, further work to determine this level of information is required. As such, Soundfair is proposing a two-phased approach to finalise the Connections Model and investigate its impact on hearing health outcomes as well as the economic benefits of funding such a program.

Future work to establish the Connections Model

Phase 1 – Preliminary Research and Analysis Soundfair has submitted a proposal to the Department of Health via the Hearing Services Review Panel for project funding of \$30,000 to undertake a three-month body of research that will:

- analyse the cost of deliver the non-device rehabilitation programs outlined in the alternative model, and
- 2. investigate and analyse what is known about

similar funding models found in Australia in other health disciplines, and comparable hearing service models found internationally.

This Phase 1 research will enable an assessment of the Connections Model against the successes and limitations of existing models, as well as the potential impacts and benefits of the Connections Model. Within the context of the Review of the Hearing Services Program, we anticipate that this has the potential to provide a valuable resource to the Review panel and inform any post-Review program renewal and transformation.

The insights from this preliminary analysis will also be used to refine the model prior to Phase 2 which aims to pilot the program.

Phase 2 – Piloting the proposed model

Funding for Phase 2 is the subject of this pre-Budget submission, and Soundfair funding of \$1.7 million to pilot the new model over a two-year period (see Table 1 for a summary of activities).

The pilot is proposed to operate across two sites; one in metropolitan Melbourne at Soundfair's clinical site (inner metro Melbourne) and a rural site, which proposed to be established in Golden Plains or Mildura, Victoria. These areas have been selected to take advantage of Soundfair's existing infrastructure and would deliver the model in a metropolitan area as well as a rural location that has one of Victoria's highest proportions of people with complex health needs who are likely to require hearing services (>65 years) and with higher proportion Aboriginal and Torres Straight Islanders.

Expected Outcomes and alignment with the Roadmap for Hearing Health

As a potential part of the future hearing health services landscape, the Connections Model has been developed to align with the guiding principles of the Roadmap for Hearing Health, particularly the domains of enhancing awareness and inclusion,

Table 1. Ph	ase 2: Pilot	methodology	and timeline.
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Stage	Timeline (months)	Activities undertaken
Development	0-6	Establish sites, referral network, onboarding and capacity building of new staff
Implementation	7–18	Implement the model, deliver services and collect data
Follow up and analysis	19–24	 Long-term follow up with consumers to measure hearing outcome assessment and pathway experience. Investigate the experience of service partners. Program pathway analysis and reporting.

identifying hearing loss, providing support and enhancing sector workforce, all of which are specifically addressed through this new model. The model addresses the need to increase and maximise hearing health and access support in a way that is culturally appropriate; is delivered in a personcentred way to ensure individuals can effectively exercise choice and control in a non-commercial environment; ensures that vulnerable individuals do not 'slip through the cracks'; and importantly, has been co-designed with those directly impacted, including consumers, providers and other relevant stakeholders.

Piloting the model will provide fundamental insights that would inform the Australian Government's planning and economic modelling for the Hearing Services Program and beyond and ensure the delivery of high-quality hearing health outcomes for Australians.

Specifically, the pilot program will identify:

- the benefits to consumer hearing health outcomes,
- the benefits of the change in hearing services pathway on the consumer experience,
- the proportion of consumers who require different interdisciplinary interventions,
- the take up of different care packages under various programs,
- opportunities for small business to engage with the program.

Background and context

In mid-2020, Soundfair commissioned research¹ to assess the effectiveness of the current model of hearing health care delivery. This revealed that more than 14 per cent of Australians aged over 50 have been provided with hearing aids, representing over 1 million individual devices. Of this group, less than half (46 per cent) were regular device users while 31 per cent reported rarely, if ever, using their funded devices.

The Soundfair study also found that satisfaction with hearing aids declined when used in common settings such as noisy social environments, with more than 30 per cent of device users reporting listening difficulties in everyday settings. Of those who own hearing aids, usage rates vary between 5 per cent and 40 per cent. Reasons cited for people not using hearing aids include concerns about being stigmatised, concerns that the devices do not provide sufficient benefit, particularly in noisy social settings, and dissatisfaction with device performance.

Over the past 50 years, hearing services in Australia have been particularly device centric. Governmentfunded services focus on the cost of the provision of hearing aids and generally do not work with clients to address the many social difficulties associated with living with hearing loss or managing it. The limitations of this approach are evident in a cost-benefit analysis of the device-centred approach used in Australia, as compared with approaches that address the social aspects of hearing, as part of a more holistic approach to hearing help. The Soundfair study found that the device-centric approach was associated with a high level of non-device usage (24 per cent), which cost approximately \$90 million per annum.

The study also showed that the alternative approach to hearing services could be provided to the approximately one third of clients who needed it, with a cost saving of some \$65 million per annum achieved through the more targeted provision of hearing aids. One particular problem with the existing service model, identified by the Australian Competition and Consumer Commission, was that hearing services were becoming increasingly commercialised to the detriment of addressing clients whose needs were not being met in a holistic fashion. The Commission issued a warning to the community that hearing aid clinics are 'profitmaking businesses, like any other store', noting that staff in some clinics received sales commissions, had to meet sales targets and that they were encouraged to up-sell clients to more expensive devices.

Budget Item	Year 1 (\$m)	Year 2 (\$m)	Total (\$m)
Pilot site staff – audiologists and support staff (including up to three FTE in regional Victoria)	0.55	0.55	1.1
Infrastructure costs and project management fee	0.35	0.25	0.6
Total	0.9	0.8	1.7

Table 2. Connections Model Pilot Budget.