Department of Health and Human Services
STATEWIDE AUDIOLOGY SERVICES, TASMANIAN HEALTH ORGANISATION SOUTH

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Briefing Paper

One Health System

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Date Prepared:  19 November 2014
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Subject:  Cochlear Implant Clinic Funding Submission

Recommendation/s

1. Provide additional funding to the Cochlear implant clinic by Reassigning funding from existing PTAS expenditure to provide additional funding for the allied health component of cochlear implantation

2. That the Purchaser investigates the possibility of providing a complete implant program in Tasmania. This would enable the clinic to raise a Medicare rebate for Audiology services provided to cochlear implant patients

Background

In 2006 DHHS funded the allied health component of long term support for 75 cochlear implant patients plus assessment and acute rehabilitation for 12 new implantees per year. The costs of providing this service were offset by projected savings from the PTAS expenditure.

- Funding was provided for:
  - 0.6 FTE Audiologist AHP3
  - 0.5 FTE Speech pathologist AHP3
  - 0.2 FTE Social worker AHP3
  - 0.2 FTE Admin support

- Cochlear implantees require life time support. With no increase in funding the clinic is now supporting 157 implantees with an additional 20 on the waiting list for surgery in Melbourne
- Staffing benchmarks indicate the staff required to support 150 implantees is
  - 1.2 FTE Audiologist
  - 1 FTE speech pathologist
  - 0.4 FTE Social worker
  - 0.4 FTE admin support
- The current budget is now needed to meet the needs of existing Tasmanian implantees. Consequently no new patients will be accepted in 2015
The increase in demand is driven by:

- Improvements in technology which has led to an increasing number of people becoming eligible for cochlear implantation
- A significant increase in the number of patients being implanted by the Melbourne Cochlear implant clinic. The number of Tasmanians receiving cochlear implant per year has risen from 8 in 2011 to 15 in 2014
- An increasing trend for implantees to receive bilateral implants, often years after receiving their first device. In 2006-2007 none of our patients had bilateral implants, now a third of implantees have bilateral implants
- Regular speech processor upgrades being required as technology improves

Strategies already implemented to meet increasing demand

Initially implantees were seen for activation of their device by the Melbourne Cochlear implant team, and then transferred to the Tasmanian clinic. By 2010 this level of service was no longer possible. Implantees are now only transferred to the Tasmanian clinic following their initial 6 week acute rehabilitation phase. We have also reduced the number of preoperative appointments we can offer.

- This reduction has meant that implantees are now required to travel to Melbourne for at least 10 appointments in the assessment and immediate post op phase
- As expected the reduction in service led to an increase in PTAS of over $60,000 per year (Table 2)

Implantees in the North and North West have, until recently, been seen at monthly outreach clinics in Launceston, Devonport and Burnie. In order to reduce staff travel and make the service more efficient a telehealth model of care has been trialed over the last 12 months

- Nearly 60% of implantees live in North and North West Tasmania
- Experience to date indicates that the great majority of adults and school age children can be effectively seen via telehealth for routine CI rehabilitation
- Implantees that require face to face services are seen at outreach clinics which are provided every three months. If patients need to be seen outside of these clinics they either travel to Hobart or Melbourne
- A clinical assistant is required at the remote location; however this does not need to be an audiologist. During the trial we have successfully used a mixture of hearing screeners and Audiometrists to fulfill this role. The increase in staff hours is more than offset by savings in staff travel
- The telehealth trial has seen a reduction in staff travel cost from $25,000 per year to $12,000 in 2013/14
- The introduction of the telehealth clinics has meant we have been able to provide more appointment’s for patients in the North and North West. An estimated additional 40 appointments per year have been provided, saving over $25,000 in PTAS

Options

1. If additional allied health staff were funded the service could provide 80% of allied health interventions for less than the PTAS expenditure required to send these patients to Melbourne to receive the equivalent service. An estimated 20% of the allied health services will need to continue to be provided in Melbourne. These include services that cannot be provided publicly in Tasmania e.g. vestibular assessment.

2. A comprehensive CI program including surgery could be provided in Tasmania. There is at least one surgeon with cochlear implant experience who is very keen to provide the service in Tasmania. The surgeon is based in Launceston and currently travels interstate on a regular basis to perform Cochlear implant surgery. As well as providing Tasmanians with a better service a clinic which included medical care has the potential to partially fund the Audiology component of care via a Medicare Rebate.
Options

- Increase Statewide Audiology staffing so that 80% of allied health services to cochlear implantees are provided within Tasmania. If implemented over 3 years the cost would be offset by savings to the PTAS budget. This is the preferred option.

- In the short term increase funding as per option one and then investigate providing a comprehensive service, including surgery in Tasmania.

- Decline the increase in staffing. The entire current budget will be needed to meet the needs of the existing implantees. Consequently no new referrals will be accepted from 2015. All new patients will be required to travel to Melbourne for all components of their care. This will lead to a significant increase in the PTAS budget.

Financial Considerations

Proposed Increase in funding to provide 80% of the Allied health component of cochlear implantation in Tasmania, at the patients closest hospital. Based on the current demand there will be at least 200 Tasmanians with cochlear implant by the end of 2016. Table 3 summarizes the increase in staff needed.

Table 3- staffing

<table>
<thead>
<tr>
<th>Role</th>
<th>required for 200 patients</th>
<th>current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiologist</td>
<td>1.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Speech pathologist</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Social worker</td>
<td>0.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Clinic manager (this role was not funded in original funding and has been filled by manager of Universal new born hearing screening program)</td>
<td>0.2</td>
<td>0</td>
</tr>
<tr>
<td>Admin support (no support is provided by outpatient scheduling staff)</td>
<td>0.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Audiometrist (this role is needed for telehealth service and to manage parts and loaners. Cost is offset by a reduction in staff travel and increase in number of patients that can be seen.)</td>
<td>0.5</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL STAFF</td>
<td>4.1</td>
<td>1.5</td>
</tr>
</tbody>
</table>

*Patients will still be required to travel to Melbourne for medical care and 20% of their allied health care. As not all interventions can be provided via telehealth some staff travel will be required.*

Risk Implications

There is a risk that we will not be able to recruit experienced cochlear implant professionals. Additional costs may be incurred in providing training and supervisions. Flexibility in recruitment would be an advantage as for example it may be easier to recruit a full time audiologist in first year and the additional speech pathology or social worker in subsequent years.