Case study

Creating an audiology workforce ready for change

While the health system reorients to incentivise and support person-centred and sustainable care that focuses on outcomes over activity, and value over volume, health services are already demonstrating such shifts.

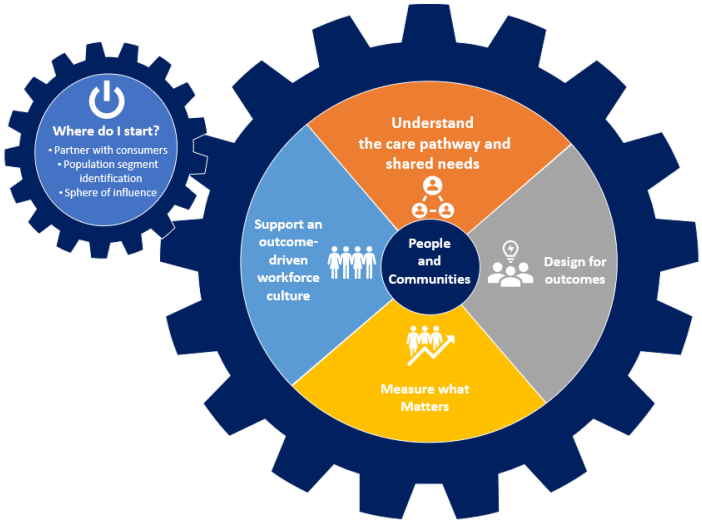

Figure 1

This case study was developed in collaboration with the Allied Health Professions' Office of Queensland (AHPOQ) as part of the Queensland Health Allied Health Framework for Value-Based Health Care (visually represented in figure 1). It has been presented to demonstrate how a shift towards value-based health care was achieved against the domains of the Framework, and particularly highlights the importance of developing an outcome driven workforce culture.

Critical enabler	
Where do I start? **Identifying the population and sphere of influence**	As part of the newborn hearing screening process, risk factors for post-natal hearing loss are recorded. Approximately 3% of the newborn population are born with risk factors. This population segment of children are referred on for a follow up appointment at audiology at 6 weeks (children with a syndrome or craniofacial anomaly), 9 months, and 3.5 years. The program has been running for 17 years with approximately 1,800 referrals a year. Data analysis has demonstrated that of the 22,000 children referred only 200 cases of hearing loss have been identified in the follow up appointments. The costs to identify these children are high and in many cases ongoing care does not improve outcomes, instead resulting in children being maintained within the system for on-going appointments when care is clinically not necessary. This creates long waitlists and a high (33%) failure to attend rate.
Understand the care pathway and shared needs	The identification of this population segment of children led to an examination of the care pathway to identify points at which alternative processes might be implemented to streamline processes and improve outcomes.
Design for outcomes	In 2012, a more streamlined care pathway was presented to the audiology community. It proposed a change in practice to minimise post assessment follow up and consider alternatives to diagnostic assessments at each time

	point, articulating the high cost for these diagnostic assessments and the impact to waitlists. A proposal was made to transition away from their review and treatment model of care to a less intrusive and time-consuming screening model.
Measure what matters	A key element of the case for change was the recognition that the current model of care was not targeting improvement in the outcomes that mattered to the children and their families within the identified population segment. One of the major areas that was being undervalued within the existing model was what value based health care (VBHC) pioneer Teisberg et al (2020) describe as outcomes of calm: the ability to live a normal life while getting care. [i] High failure to attend rates highlighted that the model was not considering or measuring the impact (transport, cost, time) that these ongoing appointments were having on the everyday lives of this population segment of children and their families, who were maintained within the system despite no demonstrated hearing loss symptoms.
Support an outcome driven workforce culture	When the new model of audiology care was first proposed and discussed in 2012, there was resistance from the audiology workforce as it would require a change in the existing long-standing approach. Although audiology was supportive of reducing the number of appointments and assessments for the caseload, there was resistance to modifying the model to a screening model of care (as opposed to diagnostics). The proposal highlighted a broad cultural issue within audiology around medico legal risk appetite. Recognising that importance of ensuring workforce buy-in to the success of a screening model, the clinicians leading the work turned their attention to shifting longstanding ideas and care approaches within the audiology workforce. Over the next decade these clinician leaders prioritised data capture to identify areas of opportunity and provide an evidence base for change. This was combined with ongoing education and awareness raising, highlighting areas for improvement and demonstrating an alternate pathway for children that would still provide safe and quality care. Through engaging and listening to the concerns of clinicians around scope of practice, risk and job satisfaction, running educations briefings, and collecting and sharing data in regular audiology and leadership forums, the leaders of this work have led the audiology workforce on a journey of cultural change. This ongoing engagement over the last decade, demonstrating and continually reinforcing the data and evidence, has initiated a shift in the sector. The audiology workforce across Queensland has now reached a point in which they are accepting of the implementation of a pilot screening model of care for children with risk factors for hearing loss. This has resulted in a VBHC grant being allocated for the pilot program to be implemented.

Challenges and enablers	The increase, and availability, of the Allied Health Assistant workforce has demonstrated that screening models using a delegated workforce are successful.

[i] Teisberg E, Wallace S and O'Hara S. (2020). Defining and Implementing Value-Based Health Care: A Strategic Framework. Academic Medicine: Journal of the Association of American Medical Colleges. Vol.95, no.5 pp 682-685.