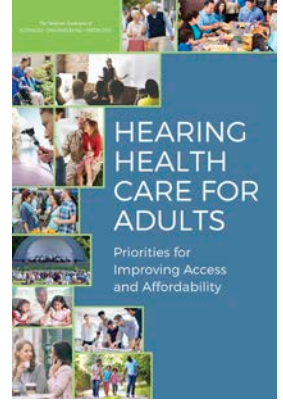


The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Hearing Health Care for Adults: Priorities for Improving Access and Affordability

Public Dissemination Meeting

Keck Center of the National Academies
500 Fifth Street, NW, Washington, DC
Room 100
Friday June 9, 2017
9:00 am – 3:30 pm



Meeting Objectives

- Facilitate discussion on strategies for a multi-pronged approach to improve hearing health care access and affordability.
- Identify needs, barriers, and opportunities for action on hearing health care.
- Brainstorm about new and future actions and collaborations.

Meeting Format

- **Breakout sessions:** In-person meeting attendees can choose which breakout group they would like to join. WebEx attendees will be able to listen to the breakout group in Room 100.
- Given the large number of participants and limited time for each session, all participants are asked to:
 - Stay within speaking time limits
 - Ensure participants across the range of perspectives have the opportunity to speak
- CART will be available in all meeting rooms. Hearing loop will only be available in Room 100.

Agenda

PLENARY SESSION

9:00 – 9:15 **Welcome and Plans for the Day**

Dan Blazer, Chair, NASEM Hearing Health Care Study

9:15 – 9:45 **Opening Session – Updates since the December 2016 Meeting and Progress on Recommendations**

- **Public Awareness – Hearing Loss Association of America**
- **Research Funding Opportunities – National Institute on Deafness and Other Communication Disorders**
- **Public Health – Centers for Disease Control and Prevention**
- **Device Regulation – Food and Drug Administration**
- **Competition, Innovation, and Consumer Protection – Federal Trade Commission**
- **PSAP Standards**

9:45 – 10:00 BREAK AND MOVE TO BREAKOUT SESSION ROOMS

10:00 – 11:15 FACILITATED BREAKOUT SESSIONS

Identifying Short- and Long-Term Goals, Priorities, and Opportunities for Progress

- *What actions can be taken in the short-term and long-term to address these issues?*
- *Who will be involved? What are next steps?*

Group 1: Public Awareness and Consumer Measures

Facilitator: Brenda Battat

Room: Keck 100

Starting Points for Discussion:

Recommendation 11 (NASEM, 2016), bullets 1-3

- *Strengthen publicly available, evidence-based information on hearing through multiple avenues (e.g., centralized websites, community-based services, local councils on aging) that explain hearing and related health concerns for adults of all health literacy levels, and address the breadth of services and technologies, including their comparative effectiveness and costs;*
- *Work through media, social marketing, and public education campaigns to disseminate and evaluate key evidence-based messages about hearing and hearing health and to promote accuracy in media portrayals;*
- *Implement and support a consumer-based metric to enable individuals to understand and track their communication abilities and hearing needs and a consumer-oriented format for audiogram and other hearing test results*

Group 2: Quality Metrics and Health Professional Education

Facilitator: Judy Dubno

Room: Keck 101

Starting Points for Discussion:

Recommendation 2 (NASEM, 2016): The Centers for Medicare & Medicaid Services, the National Institutes of Health, the Department of Defense, the Department of Veterans Affairs, other relevant federal agencies, hearing health care professional associations and providers, advocacy organizations, health care quality improvement organizations, health insurance companies, and health systems should collaborate to

- *Align and promote best practices and core competencies across the continuum of hearing health care, and implement mechanisms to ensure widespread adherence; and*
- *Research, develop, and implement a set of quality metrics and measures to evaluate hearing health care services with the end goal of improving hearing- and communication-focused patient outcomes.*

Group 3: Innovation in Services – Access and Affordability

Facilitators: Dan Blazer and Frank Lin

Room: Keck 105

Starting Points for Discussion:

Recommendation 9 (NASEM, 2016), Bullet 3: CMS should examine pathways for enhancing access to assessment for and delivery of auditory rehabilitation services for Medicare beneficiaries, including reimbursement to audiologists for these services;

Recommendation 10 (NASEM, 2016): The Centers for Medicare & Medicaid Services,

the Patient-Centered Outcomes Research Institute, the Agency for Healthcare Research and Quality, the National Institutes of Health, the Centers for Disease Control and Prevention, the Health Resources & Services Administration, the Department of Defense, the Department of Veterans Affairs, researchers, and health care systems should prioritize and fund demonstration projects and studies, including randomized controlled trials, to improve the evidence base for current and innovative payment and delivery models for treating hearing loss. Specifically,

- *Innovative models to be evaluated should include, but not be limited to, community health workers, telehealth, mobile health, retail clinics, and self-administered hearing health care. These projects and studies should include outcomes that are patient centered and assess value, comparative effectiveness, and cost effectiveness.*
- *Demonstration projects should evaluate the health impact of beneficiary direct access to audiologist-based hearing-related diagnostic services, specifically to clarify impact on hearing health care accessibility, safety, and the effectiveness of the medical home. This excludes direct access to audiologic testing for assessment of vestibular and balance disorders and dizziness, which require physician referral. Successful outcomes would provide evidence of effective communication and coordination of care with primary care providers within a model of integrated health care, and evidence of appropriate identification and referral for evaluation of medical conditions related to hearing loss and otologic disease.*
- *Models that are found to be most effective should be widely implemented.*

Group 4: Consumer Comparisons – Evaluation Criteria and Standardized Terminology

Facilitator: David Zapala

Room: Keck 106

Starting Points for Discussion:

Recommendation 11 (NASEM, 2016), bullets 4 and 5

- *Adopt standardized terminology across manufacturers about the features and capabilities of hearing aids and hearing assistive technologies so that consumers and hearing health care professionals can make easy, clear, unambiguous comparisons; and*
- *Develop and disseminate criteria that individuals and families can use to evaluate and compare hearing-related products and services.*

11:15 – 11:20 RETURN TO PLENARY SESSION – Keck 100

11:20 – 11:45 PLENARY SESSION – Reports from Break-Out Groups
Facilitator: Judy Dubno

11:45 – 12:45 LUNCH – Keck Atrium on the Third Floor

12:45 – 3:00 FACILITATED DISCUSSION – Over-The-Counter Hearing Devices
Facilitator: Ellen Flannery

Participants who would like to comment, please go to the standing microphones and identify yourself and your affiliation. 2 minutes per speaker.

12:45 – 1:45 Package Labelling

1:45 – 2:00 BREAK

2:00 – 3:00 Safety and Quality Requirements and Considerations

3:00 – 3:30 PLENARY SESSION – Next Steps

Facilitator: *Dan Blazer*

- What would be helpful to sustain action and collaborations in this field? What mechanisms are there for reporting back to the larger group?
- Are there working groups/collaborations being started or that need to be formed?

3:30 p.m. Adjourn